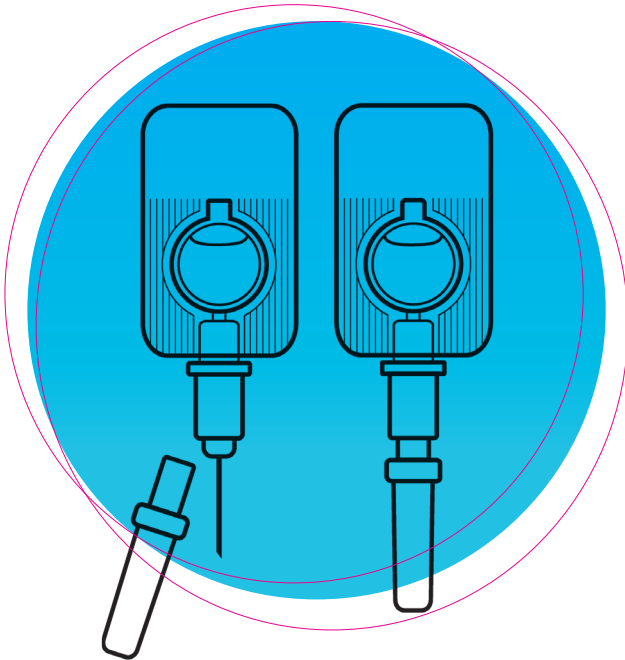


TOOL 1

This page is for instructional use only. When printing this tool in Adobe Acrobat, please start your printing with page 2, unless you mean to print this page.



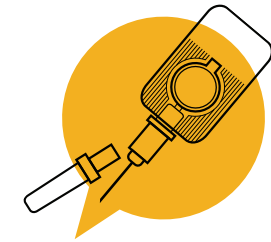
An overview of DMPA-SC: A new type of injectable contraception that expands access and options

Description: This educational tool provides a high-level overview of DMPA-SC (the Sayana[®] Press product). It offers quick facts about DMPA-SC, its potential for empowering women and adolescent girls, its availability, and how DMPA-SC is different from intramuscular DMPA.

Target audience: Decision-makers.

Tips for use:

- Pair this handout with other materials in the resource pack for distribution to decision-makers such as:
 - Evidence digest: What we know about DMPA-SC, a new type of injectable contraception
 - Policy brief: DMPA-SC: New, easy-to-use injectable contraception
- The last page of this document (“How is DMPA-SC different from intramuscular contraception?”) can be printed as a stand-alone handout for decision-makers or stakeholders as needed.



Quick facts about DMPA-SC

(Sayana[®] Press)

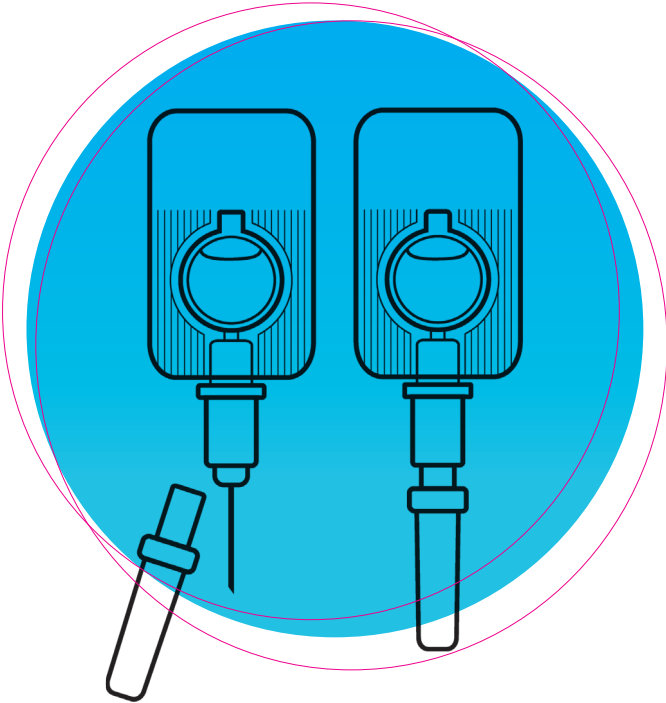
- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
- **Easy to use**, including for community health workers and women themselves (self-injection).
- **Small and light.**
- Simple to inject due to **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year shelf life.**
- Available in at least **16 countries.**
- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).

An overview of DMPA-SC:

A new type of injectable contraception that expands access and options

A new type of injectable contraception is transforming the way women and adolescent girls access and use family planning. **Subcutaneous (SC) depot medroxyprogesterone acetate (DMPA)–or DMPA-SC**–is an innovative product that makes injections simpler. Because DMPA-SC is easy to use, any trained person can administer it, including community health workers, pharmacists, and even women themselves.

As governments work to ensure a wide variety of contraceptives is available in their country, they should consider how offering DMPA-SC can address unmet need and increase access through a range of delivery channels:



Benefitting users, providers, and health systems

- **99 percent effective** at preventing unintended pregnancy when given correctly and on time every three months.
- **Discreet contraception** for women and adolescent girls.
- **Prefilled** and ready to inject.
- **Easy to use.**
- **Small and light.**
- **Simple to inject** due to short needle.
- **Stable at room temperature** (15°C to 30°C).
- **Three-year shelf life.**
- **Simplified logistics**–no need to match vial with syringe and needle.
- **Easy to deliver** through clinics, community-based distribution, pharmacies, and drug shops.



The term “DMPA-SC”: What you need to know

DMPA-SC is a general term used to describe an injectable contraceptive that is administered under the skin. Traditional DMPA is injected into a muscle, which generally requires more training and skill.

Sayana® Press*, manufactured by Pfizer Inc, is the brand name of the DMPA-SC product available today in most countries. The “all-in-one” product combines the contraceptive drug and needle into a single device. Other versions of DMPA-SC products may become available in the future.

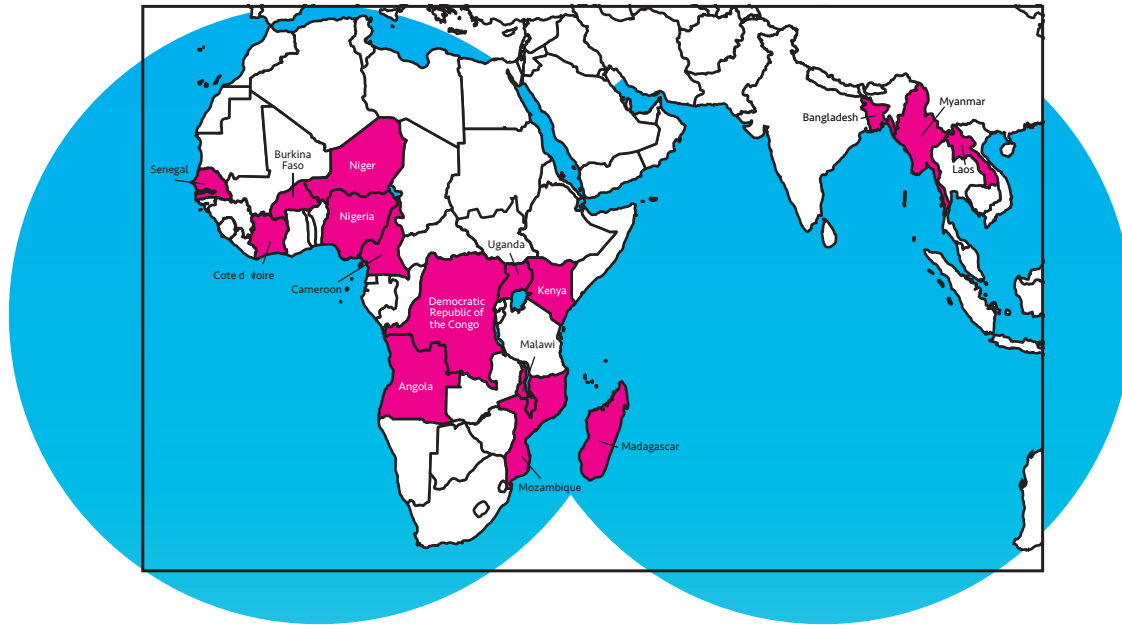
The information in this overview is specific to Sayana Press.

* Sayana Press is a registered trademark of Pfizer Inc.

“Sayana Press is an easy method. I like it because it is all-in-one and always ready for use. It makes the work easier and I lose less time. In the end, I have more time to spend with clients.”

–Midwife, Senegal

Countries where DMPA-SC introduction is ongoing



Taking off around the world

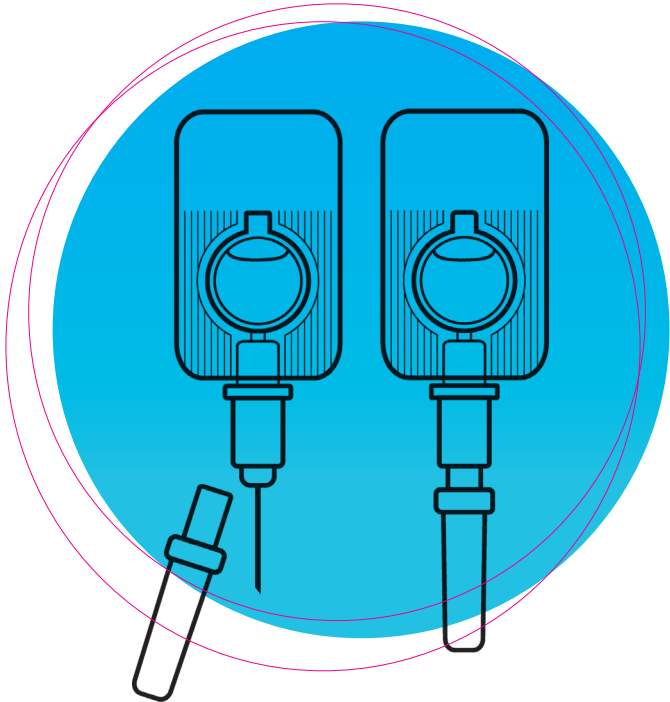
- Available in at least **16 countries in Africa and Asia**.
- **Approved by regulatory agencies** in the European Union and more than **25 countries worldwide**.
- **Offered at US\$1 per dose for qualified purchasers**—for example, ministries of health and donors—in the world's 69 poorest countries.
- In increasing demand—**9 million doses procured to date**.



Putting power in women's and adolescent girls' hands

- User-friendly design makes it **possible for women to self-inject with proper training**.
- Product is **registered for self-injection** in the United Kingdom, several European countries, Niger, and Nigeria, and is under review for approval in at least ten more countries.
- **Self-injection is supported by the World Health Organization** when women have access to training and support.
- Evidence from Uganda and Senegal indicates **self-injection in sub-Saharan Africa is feasible and acceptable**.

How is DMPA-SC different from intramuscular (IM) injectable contraception?



DMPA-SC (Sayana® Press)

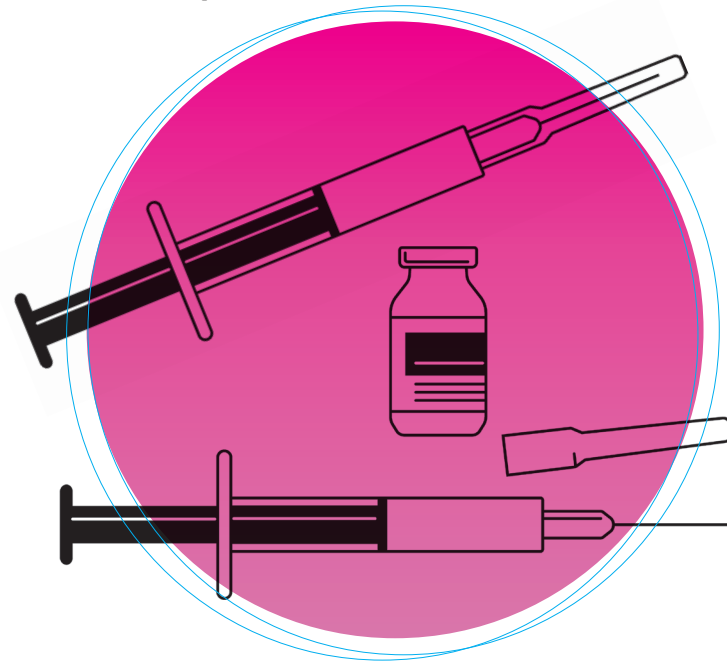
Comes in a prefilled, **“all-in-one” injection system.**

Is injected into the skin.

Has **lower dose of DMPA** (104 mg).

Has 1-centimeter needle.

Is currently available to qualified purchasers for **US\$1 per dose**. Cost-effectiveness is being studied when compared to DMPA-IM.



DMPA-IM (Depo-Provera®)

Comes in a **vial with a separate syringe.**

Is injected into the muscle.

Has **higher dose of DMPA** (150 mg).

Has 1.6-centimeter needle.

Is currently available for about **US\$0.70–0.80 per dose**.

What do DMPA-SC and DMPA-IM have in common?

- **Safe and highly effective at preventing unintended pregnancy.**
- **Delivered every three months.**
- **Comparable in regards to side effects.**
- **Based on the lower dose, DMPA-SC is expected to have a side-effect profile that is similar to or better than that of DMPA-IM.** Some women may experience side effects with either DMPA product, such as menstrual bleeding irregularities, headaches, weight gain, and injection-site reactions, including mild pain or inflammation.

TOOL 2



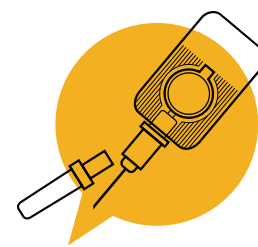
Evidence digest: What we know about DMPA-SC, a new type of injectable contraception

Description: This document compiles existing evidence on DMPA-SC and specifically on the Sayana Press product. Data are grouped into top-line, evidence-based messages, with corresponding data from different countries.

Target audience: Decision-makers.

Tips for use:

- When sharing this document, point out the sections that resonate most with your target decision-makers, such as how DMPA-SC has the potential to reach new users of family planning or to empower women through self-injection.
- Incorporate relevant data points in the digest into any advocacy messaging or materials you develop.



Quick facts about DMPA-SC (Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
- **Easy to use**, including for community health workers and women themselves (self-injection).
- **Small and light.**
- Simple to inject due to **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year shelf life.**
- Available in at least **16 countries.**
- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).



Evidence digest: What we know about DMPA-SC, a new type of injectable contraception

Injectable contraceptives are among the world's most widely used reversible methods for preventing pregnancy. They offer women safe and effective protection, convenience, and privacy. Traditionally, injectable contraception has been administered through an intramuscular (IM) injection of the three-month, progestin-only drug depot medroxyprogesterone acetate (DMPA). DMPA-IM is available mainly through clinic settings, which remain out of reach for many women and adolescent girls.

A new type of injectable called subcutaneous (SC) DMPA—known as DMPA-SC—has the potential to dramatically increase access. This digest summarizes evidence on DMPA-SC, an injectable administered under the skin rather than into the muscle. All data refer to Sayana® Press*—a DMPA-SC product that combines the drug and needle in a single, simple device. Sayana Press is manufactured by Pfizer Inc. and is prefilled in the BD Uniject™ injection system.

* Sayana Press is a registered trademark of Pfizer Inc.

Evidence at a glance

Evidence indicates that DMPA-SC (Sayana Press):

- Is highly effective and safe.
- Is acceptable to family planning providers and clients, including women and adolescent girls.
- Increases access because it is appropriate for task shifting and for delivery through multiple channels, including community-based distribution, self-injection, and private sector outlets.
- Reaches new users of contraception, especially when delivered through community channels.
- Can be self-injected with training and support.

Evidence digest: What we know about DMPA-SC, a new type of injectable contraception



DMPA-SC offers women and adolescent girls an additional choice for effective, safe, acceptable contraception.

Sayana Press (DMPA-SC) is a highly effective and safe contraceptive option:

- 99 percent effective at preventing unintended pregnancy, when given correctly and on time every three months.
- Labeled for administration in the front of the thigh or in the abdomen. More recent research has shown the product is equally effective when injected in the back of the upper arm.
- Safe to use for most women and adolescent girls, including women on antiretroviral therapy. As with any hormonal product, some women experience side effects, which may include menstrual bleeding irregularities, headaches, and weight gain.
- Stable at most room temperatures, up to 30°C, with a 3-year shelf life.

Family planning providers and clients, including young women and adolescent girls, like DMPA-SC (Sayana Press):

- In the Democratic Republic of Congo, a recent study of community-based distribution found that more than 90 percent of those who accepted DMPA-SC and were followed up three months later chose to receive a second injection (Tulane University).
- In Nigeria, more than 70 percent of users sampled have either continued to use DMPA-SC or say they plan to continue (University of California, San Francisco [UCSF]).
- In Senegal and Uganda, acceptability studies in 2012 found that 80 percent of women in Senegal and 84 percent in Uganda who received DMPA-SC said they would select it over intramuscular DMPA if both types were available (FHI360).
- In Niger, Senegal, and Uganda, 44 percent of DMPA-SC doses administered during introduction were to women younger than age 25 years and 12 percent were to adolescent girls younger than 20 years (PATH/United Nations Population Fund [UNFPA]).

“It was easy to use. I like the size, and also it has a good needle.”

–Adolescent girl, Uganda

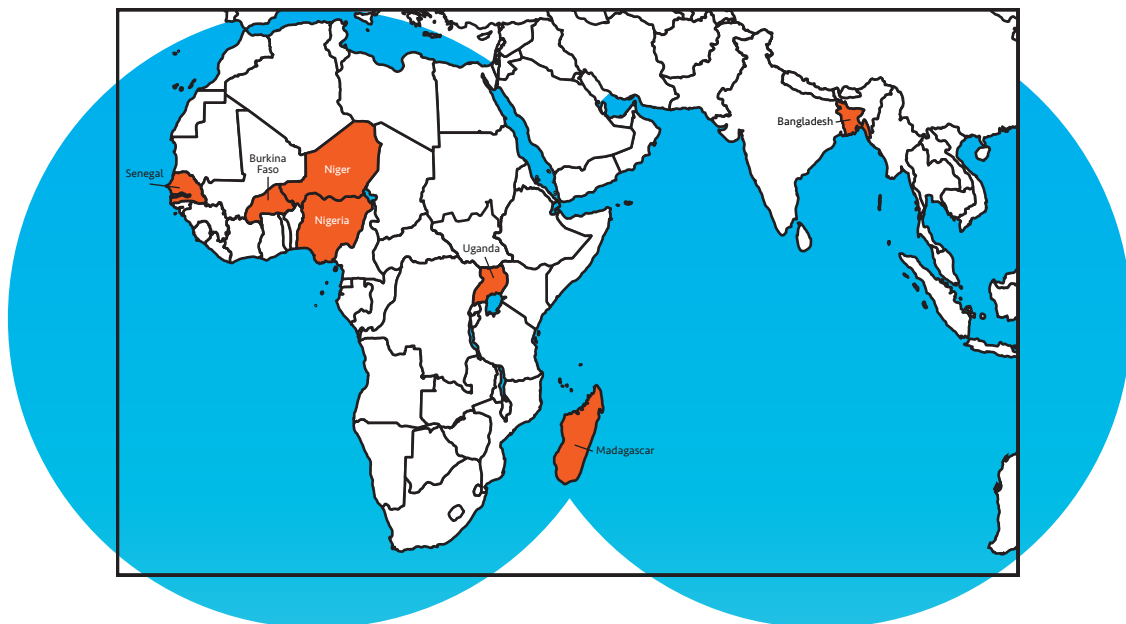
Evidence digest: What we know about DMPA-SC, a new type of injectable contraception



At least seven countries in sub-Saharan Africa and South Asia have expanded their contraceptive method mix and included DMPA-SC (Sayana Press) in routine family planning services; 20 countries have procured DMPA-SC:

- Nine million doses have been procured to date (John Snow, Inc.).
- More than a million doses have been administered by providers across seven countries, as detailed below.

Countries where DMPA-SC has been included in routine family planning services



Country	Service delivery channel	Number of doses administered
Bangladesh	Private sector	125,000 (Social Marketing Company)
Burkina Faso	Mostly public sector	195,000 (UNFPA)
Madagascar	Community health workers	238,000 distributed to providers (Population Services International)
Niger	Mostly public sector	44,000 (UNFPA)
Nigeria	Private sector	725,000 distributed to providers (DKT Nigeria/UCSF)
Senegal	Mostly public sector	120,000 (PATH)
Uganda	Public-sector community health workers	130,000 (PATH)

Evidence digest: What we know about DMPA-SC, a new type of injectable contraception



DMPA-SC (Sayana Press) expands access for women and adolescent girls through channels that are closer to where they live.



COMMUNITY-LEVEL

DMPA-SC (Sayana Press) can be administered successfully by community health workers, a critical source of family planning products and information:

- In Uganda, around 2,000 trained community health workers (CHWs) (called Village Health Teams) administered all 130,000 doses of DMPA-SC during the pilot introduction between late 2014 and mid-2016 (PATH).
- When both DMPA-SC and DMPA-IM are available from CHWs, DMPA-SC tends to make up the majority of injectables administered—72 percent in Senegal and 75 percent in Uganda (PATH).
- In the Democratic Republic of Congo, 97 percent of research participants who received DMPA-SC from medical or nursing students through community-based distribution said they were very comfortable receiving the injection that way (Tulane University).

DMPA-SC (Sayana Press) can expand the options available to women who have never used contraception before—because it makes it easier to deliver injectable contraception through more remote channels:

- In Burkina Faso, Niger, Senegal, and Uganda, a two-year pilot introduction reached 135,000 women who had never used family planning before (PATH/UNFPA).
- In Niger, where DMPA-SC was the first injectable contraception offered at remote health posts, 70 percent of doses were to new users of family planning at the outset of introduction (PATH/UNFPA).
- In clinics in Mozambique (Population Services International) and private outlets in Nigeria (DKT/UCSF), nearly one-third of DMPA-SC users were new contraceptive users.

Community Health Workers (CHWs)

are a proven source of family planning products and information, including injectable contraception (The High Impact Practices in Family Planning Initiative).

“It’s really very easy; I had no problem doing so. I see only advantages mainly that contribute to staying healthy.”

–Senegal self-injection research participant

“If I have the knowledge and the health worker has told me to come back in case I get a problem, then I would prefer to inject myself.”

–Adolescent self-injection research participant, Uganda



SELF-INJECTION

Women can self-inject DMPA-SC (Sayana Press) with training and support and consider self-injection acceptable:

- In Uganda, a recent study found that nearly 90 percent of women could self-inject competently and on time three months after being trained, and 98 percent of women who tried self-injecting expressed the desire to continue self-injecting (PATH).
- Also in Uganda, a qualitative study found that many adolescents interviewed could envision trying self-injection themselves. However, some still preferred having providers administer injections due to factors like fear of needles or provider expertise (PATH).
- In Ethiopia, women who participated in a qualitative study valued the time and expense that could be saved through self-injection. Most women who had initial concerns about their ability to self-inject changed their minds after they saw a product demonstration (PATH).

The World Health Organization (WHO)

recommends self-administration of products like Sayana Press in circumstances where family planning clients have training and support.

“I don’t need to travel long distance. It is easy, safe, and gives me the freedom to manage it myself.”

–Self-injection research participant, Uganda

Research on the effectiveness of self-injection

In Pfizer Inc.’s original clinical trials of Sayana[®] (DMPA-SC in a prefilled glass syringe) and self-injection research in the United States and Scotland, there were no pregnancies among women practicing self-injection, and nearly all reported it to be convenient and easy (Arias RD 2003; Prabhakaran S and Sweet A 2012; Cameron A et al. 2012; and Beasley A et al. 2014).



PRIVATE SECTOR

DMPA-SC (Sayana Press) may be an appropriate option for pharmacy and drug shop administration of injectable contraception:

- In Nigeria, DKT International Nigeria led private-sector introduction of the product in November 2014, marking the first commercial offer in Africa, including through pharmacies (DKT Nigeria).
- Uganda is on the verge of officially authorizing administration of DMPA-SC and DMPA-IM in pharmacies and accredited drug shops (FHI360).

Drug shops and pharmacies are a promising source of family planning products and information, including injectable contraception (The High Impact Practices in Family Planning Initiative, WHO).

Evidence digest: What we know about DMPA-SC, a new type of injectable contraception

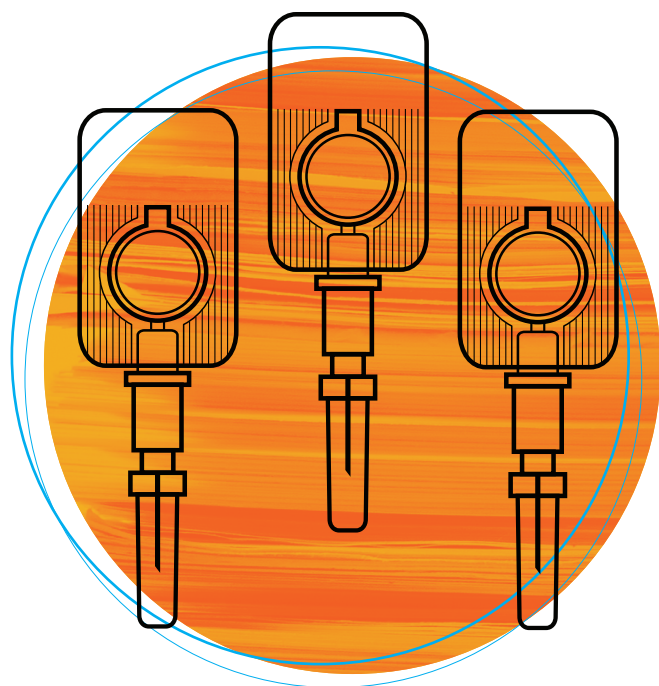


Research on the Future of Injectable Contraception: What We Still Need to Know

While evidence on DMPA-SC (Sayana Press) is growing, some questions are still unanswered. For example, it's still unknown whether women will generally use DMPA-SC longer than traditional DMPA-IM due to its unique attributes, such as ease of use and access, shorter needle, and lower dose. It is also unknown whether the method—either through regular delivery channels or self-injection—reduces costs. Studies in progress in Burkina Faso, Malawi, Senegal, and Uganda will help address these unknowns, with results anticipated in 2017:

- In Burkina Faso and Uganda, studies are exploring whether women who receive DMPA-SC injections from clinic providers (Burkina Faso) or CHWs (Uganda) continue using injectable contraception longer than women who receive DMPA-IM from the same types of providers. They also assess relative costs of each method (PATH).
- In Malawi, research is exploring whether women who self-inject DMPA-SC continue using injectable contraception longer than women who receive DMPA-SC from either clinic or community providers. The study also examines whether pregnancy rates or side effects differ between the two groups (FHI 360).
- In Senegal and Uganda, studies are examining whether women who self-inject DMPA-SC continue using injectable contraception longer than women who receive DMPA-IM from clinic providers and what the relative costs are (PATH).

TOOL 3



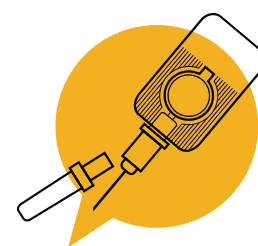
Resources: What we know about DMPA-SC, a new type of injectable contraception

Description: This document lists key references and resources from the evidence base on DMPA-SC. It is a companion document to “Evidence digest: What we know about DMPA-SC, a new type of injectable contraception.”

Target audience: Advocates and decision-makers.

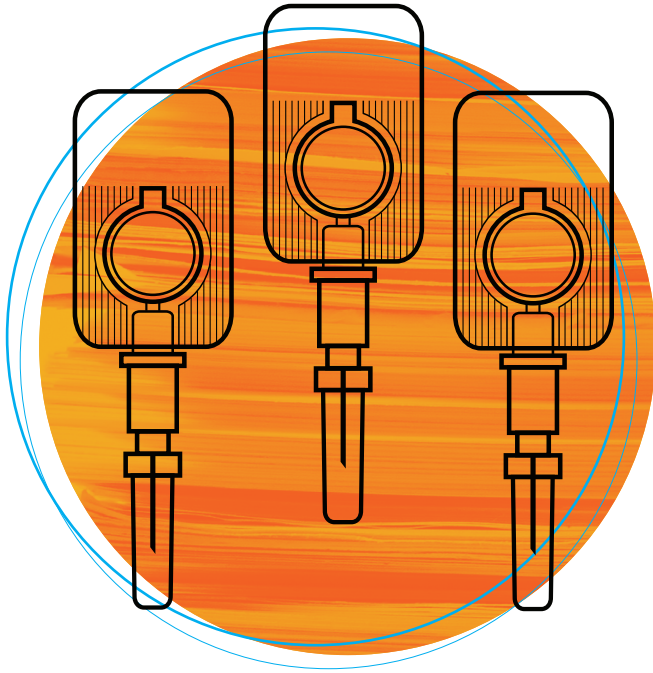
Tips for use:

- Pair this document with the Evidence digest if your target decision-maker would like to have access to the data presented in the digest.
- Consider this document a resource for yourself. Read through the articles and publications to build your knowledge of DMPA-SC.



Quick facts about DMPA-SC (Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
- **Easy to use**, including for community health workers and women themselves (self-injection).
- **Small and light.**
- Simple to inject due to **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year shelf life.**
- Available in at least **16 countries.**
- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).



Resources: What we know about DMPA-SC, a new type of injectable contraception

Sayana Press (DMPA-SC) is a highly effective and safe contraceptive option.

[Sayana® Press clinical brief](#) PATH 2016

[Pharmacokinetics of subcutaneous depot medroxyprogesterone acetate injected in the upper arm](#) Contraception 2014

[Progestin-only contraception: Injectables and implants](#) Best Practice & Research Clinical Obstetrics & Gynaecology 2014

[Sayana® Press: Can it be a “game changer” for reducing unmet need for family planning?](#) Contraception 2014

Family planning providers and clients, including young women and adolescent girls, like DMPA-SC (Sayana Press).

[Observational study of the acceptability of Sayana® Press among intramuscular DMPA users in Uganda and Senegal](#) Contraception 2014

[Preference for Sayana® Press versus intramuscular Depo-Provera among HIV-positive women in Rakai, Uganda: A randomized crossover trial](#) Contraception 2014

[Provider acceptability of Sayana® Press: Results from community health workers and clinic-based providers in Uganda and Senegal](#) Contraception 2014

[Acceptability of Depo-subQ in Uniject, now called “Sayana Press”](#) FHI 360 2013

Resources: What we know about DMPA-SC, a new type of injectable contraception

DMPA-SC has been delivered through routine family planning services in a number of countries.

[Advancing community-based access to Sayana Press: Expanding the reach of the formal health system](#) Advancing Partners & Communities 2016

[Monitoring Sayana Press pilot introduction](#) PATH 2016

[Training doesn't end there: Lessons learned from supportive supervision of providers offering a new injectable contraceptive in Burkina Faso](#) UNFPA Burkina Faso 2016 (See Presentation 1)

Community-based distribution of injectables, including DMPA-SC, is feasible and acceptable.

[Injections and beyond: Training community health workers to provide contraception in Uganda](#) PATH 2016 (See Presentation 3)

[Pilot research as advocacy: The case of Sayana Press in Kinshasa, Democratic Republic of the Congo](#) Global Health: Science and Practice 2016

[Task shifting in Sayana Press introduction in the Democratic Republic of Congo \(DRC\)](#) Tulane University DRC 2016 (See Presentation 2)

[The community health worker: A game changer for family planning](#) PATH 2016

[Community health workers: Bringing family planning services to where people live and work](#) High Impact Practices (HIP) 2015

[Operational assessments of Sayana[®] Press provision in Senegal and Uganda](#) Contraception 2014

[Feasibility of administering Sayana[®] Press in clinics and communities: Summary findings from an operational assessment in Senegal](#) PATH 2013

[Operational assessment: Administration and management of Sayana[®] Press in clinics and communities in Uganda](#) PATH 2013

[Global experience of community health workers for delivery of health related Millennium Development Goals: A systematic review, country case studies, and recommendations for integration into national health systems](#) Global Health Workforce Alliance 2010

[Community-based health workers can safely and effectively administer injectable contraceptives](#) World Health Organization (WHO) 2009

Resources: What we know about DMPA-SC, a new type of injectable contraception

Self-injection of DMPA-SC is feasible and acceptable.

[A prospective cohort study of the feasibility and acceptability of depot medroxyprogesterone acetate administered subcutaneously through self-injection](#) Contraception 2016

[Stakeholder views on self-injection of DMPASC in Senegal and Uganda](#) PATH 2016

[The mother: Giving women control](#) PATH 2016

[Health worker roles in providing safe abortion care and post-abortion contraception](#) WHO 2015 (Page 62)

[Pfizer's Sayana® Press becomes first injectable contraceptive in the United Kingdom available for administration by self-injection](#) Pfizer 2015

[Home-based administration of Sayana® Press: Review and assessment of needs in low-resource settings](#) Contraception 2014

[Perceptions of home and self-injection of Sayana® Press in Ethiopia: A qualitative study](#) Contraception 2014

[Randomized clinical trial of self versus clinical administration of subcutaneous depot medroxyprogesterone acetate](#) Contraception 2014

[Pilot study of home self-administration of subcutaneous depo-medroxyprogesterone acetate for contraception](#) Contraception 2012

[Self-administration of subcutaneous depot medroxyprogesterone acetate for contraception: feasibility and acceptability](#) Contraception 2012

[Home-based administration of depo-subQ provera 104™ in the Uniject™ injection system: A literature review](#) PATH 2011

[Self-administration of subcutaneous depot Medroxyprogesterone acetate by adolescent women](#) Contraception 2010

[The acceptability of self-administration of subcutaneous Depo-Provera](#) Contraception 2005

[Self-administration with UniJect® of the once-a-month injectable contraceptive Cyclofem®](#) Contraception 1997

Pharmacy and drug shop provision of injectable contraception, including DMPA-SC, is promising.

[Key role of drug shops and pharmacies for family planning in urban Nigeria and Kenya](#) Global Health: Science and Practice 2016

[Drug shops and pharmacies: Sources for family planning commodities and information](#) HIP 2013

[WHO recommendations: Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting](#) WHO 2012

TOOL 4



An advocacy case study: Increasing access to DMPA-SC in Uganda

Description: This document describes key evidence-building efforts, advocacy actions, and policy changes in Uganda brought about by committed decision-makers, implementing organizations, and advocacy groups to increase access to injectable contraception, including DMPA-SC.

Target audience: Advocates.

Tips for use:

- The case study is primarily intended for advocates to see an example of the policy pathway for DMPA-SC introduction in Uganda, through community-based distribution, pharmacies and drug shops, and self-injection. You can draw on experiences and lessons learned from Uganda to inform your policy goals and advocacy strategy for increasing method choice and access with DMPA-SC in your country.
- Decision-makers may also be interested in learning from the Uganda advocacy case study. You can print this as a handout for policy audiences.



Quick facts about DMPA-SC (Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
- **Easy to use**, including for community health workers and women themselves (self-injection).
- **Small and light.**
- Simple to inject due to **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year shelf life.**
- Available in at least **16 countries.**
- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).



An advocacy case study: Increasing access to DMPA-SC in Uganda

Like many countries, Uganda has made notable progress in increasing family planning (FP) use over time. Yet, many women and adolescent girls who want to prevent or delay pregnancies are not using contraceptives—especially those who live in remote places, where health clinics are often out of reach. Thanks to strong FP leadership from the national government, Uganda seized an opportunity to pioneer introduction of a new type of injectable, subcutaneous (SC) depot medroxyprogesterone acetate (DMPA), or DMPA-SC. The product's ease of use could expand access and options for women.

In recent years, the Ministry of Health (MOH), nongovernmental organizations (NGOs)/implementing organizations, and advocates worked together to build evidence and influence policies to support introduction and scale-up of DMPA-SC (Sayana® Press*) through multiple delivery channels, especially community-based distribution (CBD). Efforts to create an enabling environment for offering the product through pharmacies and accredited drug shops and self-injection are also in progress. As a result, a number of key policy changes have been enacted or will soon be approved that enable greater access to DMPA-SC for women and adolescent girls.

Paving the way: Creating an enabling environment for FP, especially injectable contraception

In the early 2000s, more than one-third of currently married women ages 15 to 49 years in Uganda had an unmet need for contraception. The difference between urban and rural areas was stark. While 23 percent of women in urban areas had an unmet need for contraception, the number climbed to almost 36 percent in rural areas (Uganda 2000–2001 DHS).

* Sayana Press is a registered trademark of Pfizer Inc.



Key takeaways from Uganda for advocates

- Uganda started from a strong place of commitment to FP and increasing access to injectable contraception, which paved the way for policy changes needed to support introduction and scale-up of DMPA-SC.
- Even with strong leadership and political will, efforts to increase access to injectable contraception (DMPA-IM and DMPA-SC) spanned nearly two decades. New countries can move faster, learning from evidence and experience in Uganda and beyond.
- Factors for success in Uganda:
 - Linking increasing access to DMPA-SC to Uganda's FP2020 commitments.
 - Close collaboration between the MOH, implementing organizations, and advocates along the way.
 - Commitment from all stakeholders to generate and use evidence to inform policy change.
 - Fundamental openness by the MOH to task-shifting and improving women's and adolescent girls' access to DMPA through multiple channels: community-based distribution, private sector, and self-injection.

An advocacy case study: Increasing access to DMPA-SC in Uganda

Determined to increase contraceptive access and use, especially among women in rural and remote places, the MOH signaled growing interest in expanding access to injectables. Injectable contraceptives, which at the time consisted only of intramuscular (IM) DMPA, was the most widely used modern contraceptive method in the country.

NGOs soon undertook a series of evidence building and advocacy activities to improve access to injectable contraception through CBD:

- In 2003, NGO partners conducted a successful two-year CBD pilot of DMPA-IM. The approach was then broadly integrated into NGO and government programs throughout the country and, in 2010, was included as part of Uganda's Village Health Team (VHT) initiative—a national cadre of public-sector community health workers who routinely deliver preventive health service.
- Champions used evidence from the pilot to advocate for key policy changes, such as formal authorization of CBD of injectable contraception and development of service delivery guidelines and training curricula for VHTs.

Against this backdrop, Uganda became an increasingly vocal champion of FP. For example, at the July 2012 London Summit on Family Planning that launched FP2020, the Government of Uganda committed to lowering unmet contraceptive need from 34 percent to 10 percent by 2020. The national government's adoption of CBD of injectable contraception, coupled with its championship of FP, created an important foundation for introduction of DMPA-SC.

Widening contraceptive options and access: Creating policies and piloting DMPA-SC through CBD

Global momentum began building for DMPA-SC right around the time of the FP2020 launch. Because DMPA-SC is easy to use in any setting, Uganda MOH officials saw DMPA-SC as an important contributor to meeting its broader FP goals, including its FP2020 commitments. In 2012, global partners and donors selected Uganda for an operational assessment and acceptability study of the new product. Results indicated that the majority of women and community health workers preferred DMPA-SC over DMPA-IM. With these favorable results in hand, advocates and NGOs began working closely under government leadership to plan for introduction of this new type of injectable.

While introduction was hastened by Uganda's supportive policy environment for CBD of injectables, the process took several years and required several steps, including the following policy initiatives:

- **Gaining regulatory approval:** Pfizer Inc. submitted a regulatory dossier for DMPA-SC to the Uganda National Drug Authority (NDA) in

Important milestones for introduction and scale-up

2003: Evidence collected on feasibility of community-based distribution (CBD) of injectable contraception (intramuscular depot medroxyprogesterone acetate [DMPA])

2010: Policies developed for CBD of injectable contraception (national policy guidelines, Village Health Team [VHT] guidelines, and training)

2012–2014: Introduction policies for subcutaneous (SC) DMPA, or DMPA-SC—introduction strategy, regulatory approval, operational policies

2014–2016: DMPA-SC (Sayana Press) piloted through VHTs

2015: DMPA-SC self-injection feasibility and acceptability research

2016: Based on VHT pilot results, Uganda commits to scale up DMPA-SC (Sayana Press)

2016: DMPA-SC is added to Uganda's Essential Medicines List

2016: Research results disseminated on self-injection, and self-injection pilot initiated in one district

For the future: Scale-up of self-injection, and authorization and introduction of DMPA-SC in pharmacies and accredited drug shops



An advocacy case study: Increasing access to DMPA-SC in Uganda

2013, and the NDA officially registered DMPA-SC (Sayana® Press) in mid-2014. This approval enabled the United Nations Population Fund to submit a product order to Pfizer Inc. so that the product could be imported into the country.

- **Developing an introduction strategy:** While the regulatory dossier submitted by Pfizer Inc. was under review, the Maternal and Child Health Cluster of the MOH—with input from NGO partners—approved a plan focusing on CBD of DMPA-SC through VHTs in June 2013.
- **Establishing operational policy:** NGO partners worked closely with the MOH to revise the official VHT FP training curriculum to integrate DMPA-SC, and the curriculum was officially approved in June 2014.

With these policies in place, in 2014, the Ugandan government launched a pilot introduction of DMPA-SC through the VHT program. More than 2,000 VHTs in 28 districts were trained by multiple NGO partners on FP, including how to administer both DMPA-SC and DMPA-IM. Over a two-year period, VHTs administered more than 130,000 doses of DMPA-SC (Sayana Press). Nearly one-third were to first-time FP users and more than 40 percent to women younger than age 25 years—two key target groups for the MOH.

In 2016, drawing on evidence from the pilot introduction and encouragement from advocates, the government of Uganda made a public commitment to scale up DMPA-SC and include it on the country's Essential Medicines List (EML). The product is now in the process of being formally included on the EML, enabling Uganda's National Medical Stores to procure and distribute the product throughout the country.

Looking toward the next frontier: Advancing self-injection and private sector provision

Uganda's successful DMPA-SC CBD efforts opened the door for the country to pursue additional avenues of access: self-injection and distribution through pharmacies and accredited drug shops.

Intrigued by the transformative potential of self-injection, in 2015 the Uganda MOH co-led a study examining the feasibility and acceptability of the practice. The study found that nearly 90 percent of women could self-inject competently and on time, three months after being trained—and almost all of them wanted to continue self-injecting. In 2016, the MOH convened a major dissemination meeting—attended by a wide range of FP donors, implementers, advocates, and representatives of districts throughout the country—to showcase the results and plan next steps.

Favorable evidence on self-injection helped propel additional progress in Uganda. By mid-2016, Pfizer Inc. had submitted a dossier to the NDA for a DMPA-SC (Sayana Press) label update to include self-injection,



An advocacy case study: Increasing access to DMPA-SC in Uganda

which received contingent approval in August. Based on this preliminary approval by the NDA and explicit MOH authorization, self-injection has already been piloted in one district of the country—with NGOs and advocates monitoring the rollout of self-injection in the country.

Making injectable contraception (DMPA-IM and DMPA-SC) available through private pharmacies and accredited drug shops represented another critical opportunity to expand access. These outlets are a common source of contraceptives in Uganda, especially for adolescent girls and young women. To enable provision of injectable contraception through pharmacies and accredited drug shops, NGOs advanced a number of key advocacy initiatives in the past few years, including the following:

- A high-level policy dialogue with key decision-makers to discuss evidence on and recommendations for the delivery of injectable contraception by drug shop operators in Uganda.
- Collaboration with the MOH to form a “Drug Shops Task Force” to gather and align stakeholder input on the proposed policy change and to share additional evidence and recommendations.

As a result, in 2016 the MOH requested that the National Drug Authority reclassify all injectable contraceptive products to enable their administration by pharmacists and accredited drug shop operators. The policy change is pending approval.

Learning lessons from Uganda

The increasing availability of injectable contraception, including DMPA-SC, in Uganda’s FP program is a testament to both the Ugandan government’s commitment to FP and the work of advocates and health practitioners who have gathered and packaged critical evidence to inform policies and practices to make injectables more widely available. Advocates in other countries can learn from Uganda’s process to move injectables into communities, private-sector outlets, and even into women’s own homes. Going forward, this work and continued efforts have the potential to ensure injectable contraception is accessible to every woman and adolescent girl, no matter where she lives.

“Self-delivery of Sayana Press and family planning in the hands of users is good progress.”

—Dr. Dinah Nakiganda, head of reproductive health for the Ugandan Ministry of Health

TOOL 5



DMPA-SC access staging tool: Identify your country's stage

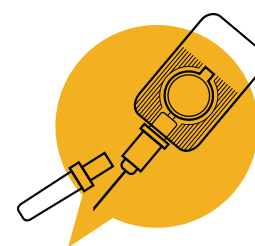
Description: This tool is designed to help you identify your country's stage when it comes to access to DMPA-SC. The four stages are:

- **Stage 1: Initiation**
- **Stage 2: Preparation**
- **Stage 3: Introduction**
- **Stage 4: Integration**

Target audience: Advocates, decision-makers, implementers.

Tips for use:

- Review this tool before developing an advocacy strategy. Your country's stage will influence the policy goals and advocacy actions upon which you will focus.
- Read through each stage and find the one that most closely represents the goals that decision-makers, donors, implementing organizations, supply chain partners, the private sector, and advocates in your country are working to achieve.
- Given that most countries are likely at separate stages for DMPA-SC administered by health workers as opposed to self-injection, consider staging your country separately for these delivery options.
- After you've identified your country's stage (by delivery channel, if applicable), refer to "Key actions for advocates to advance DMPA-SC" for guidance on the types of advocacy actions that are relevant for advocates at any of the four stages.



Quick facts about DMPA-SC (Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
- **Easy to use**, including for community health workers and women themselves (self-injection).
- **Small and light.**
- Simple to inject due to **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year shelf life.**
- Available in at least **16 countries.**
- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).



DMPA-SC access staging tool: Identify your country's stage

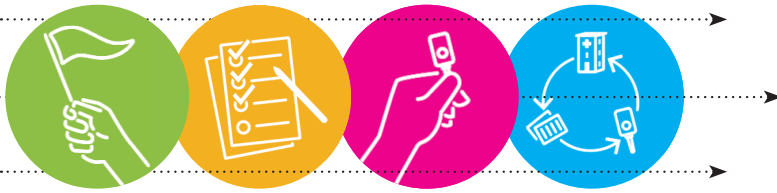
Introduction and scale-up of new contraceptive technologies, including DMPA-SC (Sayana® Press*)— subcutaneous (SC) depot medroxyprogesterone acetate (DMPA)—can dramatically expand access and options for women and adolescent girls. The process tends to follow four stages: ● **initiation**, ● **preparation**, ● **introduction**, and ● **integration**.



Staging Tip:

Your country does not need to meet every criterion to be in a particular stage. Remember, the criteria represent the goals that your country hopes to achieve. If your country has satisfied all the criteria in a particular stage, then your country is in the next stage.

* Sayana Press is a registered trademark of Pfizer Inc.



Stage 1: Initiation

Status: *FP leaders in your country are open to product introduction, and registration is on the horizon.*

- Your Ministry of Health (MOH) has expressed interest in making DMPA-SC available through public and private sectors.
- Key stakeholders such as MOH officials, donors, implementing organizations, supply chain partners, the private sector, and advocates
 - understand how introducing DMPA-SC could advance national FP or health goals or
 - have identified key research questions they need to have answered, if relevant.
- A manufacturer of a DMPA-SC product (for example, Pfizer Inc.) is preparing or has submitted an application for registration to your national drug regulatory authority--or efforts are ongoing to pursue an importation waiver to obtain product in the country.



Stage 2: Preparation

Status: *A DMPA-SC product is registered, and FP leaders and implementers are preparing to introduce the product.*

- Product is registered for administration by health workers and/or for self-injection, or an importation waiver for the product is in place for your country.
- A mechanism is established to coordinate introduction and align stakeholders.
- An introduction plan/strategy is developed, which includes plans for scale-up.
- Funding to support introduction is identified and secured.
- If relevant, research studies needed to answer key questions are completed or implementation research is planned that may help pave the way for product introduction or policy change to increase access. For example, research studies could examine the feasibility of specific cadres of health care worker in administering DMPA-SC (community health workers, medical students, pharmacists).
- If relevant, provisional approval (for example, on a pilot basis) is given by the MOH for any departures from national service delivery policies (for example, who can provide injections).



Examples of key research questions

- Could DMPA-SC help us reach women and adolescent girls who have never used FP before?
- Is community-based or private sector delivery feasible in our context?
- Are women and adolescent girls interested in self-injection?

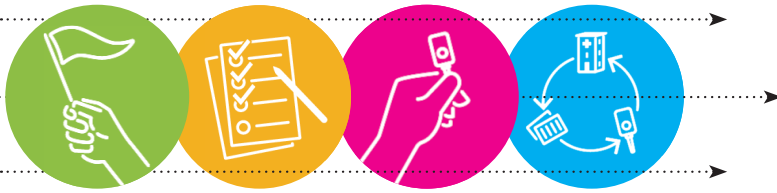


Staging Tip:

If DMPA-SC is registered in your country, then your country will automatically be in at least the preparation stage.

A note about research studies

As evidence on DMPA-SC grows, consider whether your country can use research findings from other countries to support product introduction. Not every country should, or will need to, conduct its own studies.



Stage 3: Introduction

Status: A DMPA-SC product is available to clients through routine service delivery channels (or implementation research studies, if needed), and FP leaders are considering/ planning for scale-up.

- Product has been procured and has arrived in your country.
- Product is available through some combination of the following service delivery channels, either from providers or through self-injection:
 - Public-sector facilities (hospitals, health centers, health clinics, health posts/huts).
 - Community-based distribution in public or private sectors (community health workers/volunteers).
 - Private sector (pharmacies, accredited drug shops, private for-profit facilities, social marketing programs, private not-for-profit organizations).
- Scale-up discussions and planning have begun or are underway.



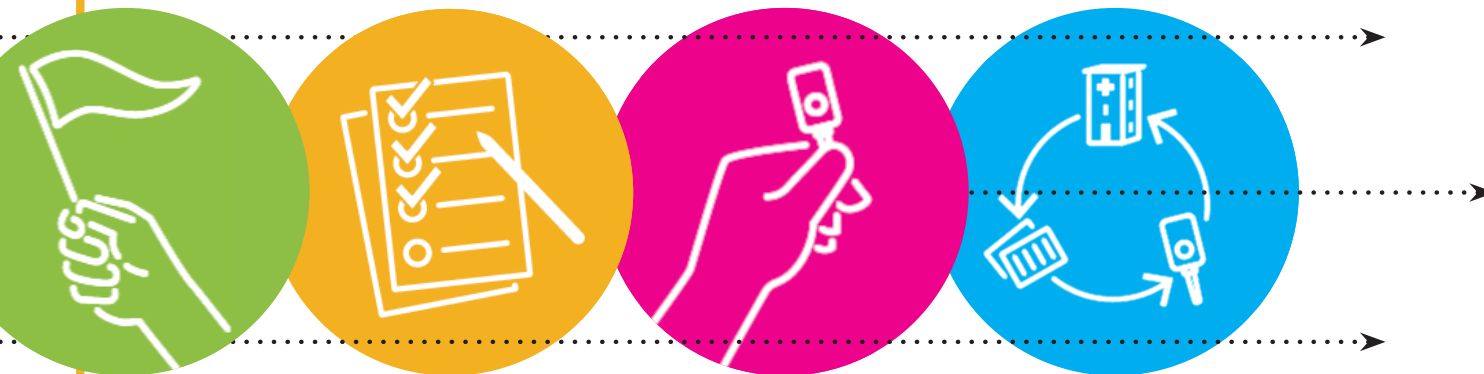
Stage 4: Integration

Status: A DMPA-SC product is integrated in national systems for contraception that enable long-term access throughout your country.

- Product is fully integrated into your country's health system (public and private providers), including policies and protocols, training, supply chain, and monitoring systems.
- Policies that support product access at scale are approved and implemented (for example, National Essential Medicines List; policies on training and use; policies on community-based distribution, private sector provision of contraceptives, and self-injection; policies promoting accountability).
- Product is available in routine service delivery channels throughout your entire country, and all relevant providers understand related policies.
- Sustainable financing sources for procurement, distribution, and demand generation are identified and secured (for example, through national budgets).

TOOL 6

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Key actions for advocates to advance DMPA-SC

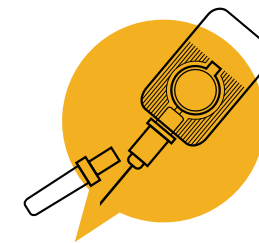
Description: This tool identifies high-impact actions to advance access to DMPA-SC depending on your country's access stage (see "DMPA-SC access staging tool: Identify your country's stage"). Actions are grouped by key themes:

- Using evidence to inform decision-making.
- Conducting direct advocacy with decision-makers.
- Informing and influencing policies.

Target audience: Advocates.

Tips for use:

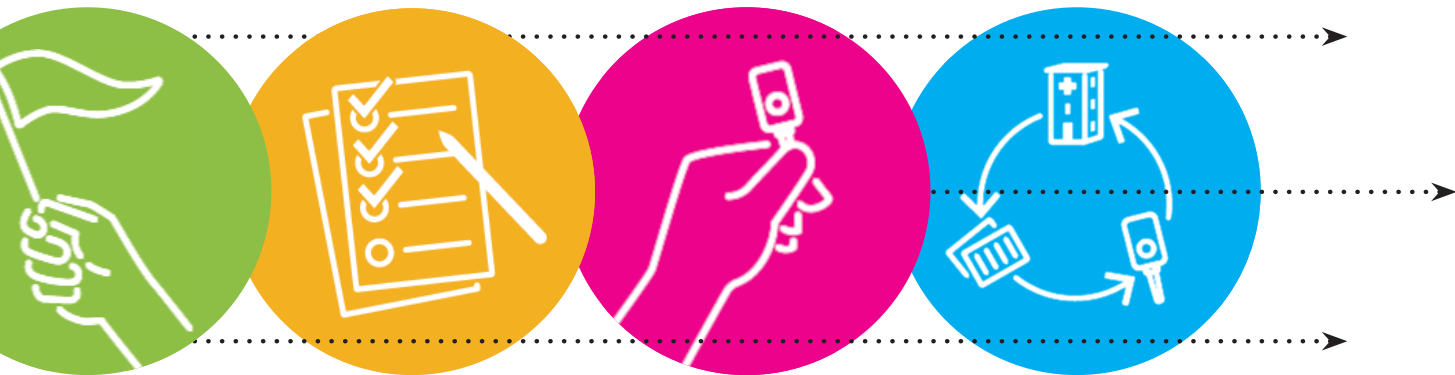
- Consider this tool a starting point for generating policy goals and advocacy actions relevant to your country's stage.
- Recognize that these are illustrative actions meant to serve as a starting point for your advocacy efforts. Don't be afraid to innovate! Creativity and ingenuity can make a huge difference in the lives of women and adolescent girls.
- Refer to "Important policies for advocates to influence to advance access to DMPA-SC" for examples of policies that you may need to inform as part of your advocacy.



Quick facts about DMPA-SC

(Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
- **Easy to use**, including for community health workers and women themselves (self-injection).
- **Small and light.**
- Simple to inject due to **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year** shelf life.
- Available in at least **16 countries.**
- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).



Key actions for advocates to advance DMPA-SC

Many family planning (FP) advocates are already pursuing increased choices and access to contraception for women and adolescent girls in their country. The introduction and scale-up of an easy-to-use injectable called DMPA-SC (Sayana[®] Press*)—subcutaneous (SC) depot medroxyprogesterone acetate (DMPA)—is an exciting opportunity for FP advocates to incorporate into existing efforts. This includes advocacy efforts that advance their country's FP2020 commitments and the Sustainable Development Goals—especially Goals 3 (good health and well-being) and 5 (gender equality).











Helpful Hint:

It is important to frame your DMPA-SC advocacy within the larger context of informed choice, broad method mix, and contraceptive access. A wide range of FP methods should be accessible to women and adolescent girls, and they should be able to freely choose the method that best meets their needs.

* Sayana Press is a registered trademark of Pfizer Inc.

Use **evidence** and data to help inform decision-making on DMPA-SC.

Action	Stage 1: Initiation	Stage 2: Preparation	Stage 3: Introduction	Stage 4: Integration
Share information with your country's decision-makers about how introduction of DMPA-SC can help increase method choice, address unmet need, and expand access to contraceptives in their country.				
Learn about your decision-makers' DMPA-SC information needs and connect with research and/or implementing partners to identify existing evidence that can be shared and/or to determine if new data or studies are needed.				
Encourage researchers to engage a wide variety of decision-makers, advocates, and women's and youth groups in the design of introduction data collection or research studies in your country. This will help ensure their buy-in and interest in using results to make informed changes to policies and programs.				
Track new research or introduction data on DMPA-SC in your own or neighboring countries. Collaborate with research and implementing partners to spotlight studies/efforts and their importance for evidence-based decision-making.				
Work with researchers and implementers to help translate and package their emerging data and evidence for specific use by policymakers, including informing their decision-making on: <ul style="list-style-type: none"> • DMPA-SC-related policy development and implementation. • National and subnational scale-up of DMPA-SC. • Expansion of DMPA-SC through additional delivery channels. 				

Your innovative action here:



Helpful Hint:


















The DMPA-SC advocacy pack has a variety of evidence-based tools and templates—including a product overview, policy brief, evidence digest, and myths and facts guide. Start off by getting familiar with these tools and the evidence they offer. You can then adapt these resources for use with decision-makers in your country.



We love your ideas.

Tell us what action you are doing to advance access to DMPA-SC in your country that can be shared with others.

Engage in direct **advocacy** to build momentum for DMPA-SC.

Action	Stage 1: Initiation	Stage 2: Preparation	Stage 3: Introduction	Stage 4: Integration
Generate demand for DMPA-SC in your country, especially among health workers, women, and adolescent girls. Bring citizen voices to bear on the decisions and actions of policymakers, including through media.				
Conduct and/or update a stakeholder mapping to identify key decision-makers and influencers—including donors—with whom to engage on DMPA-SC advocacy.				
Foster commitments by decision-makers to expand access to broadening contraceptive choice and access for women and adolescent girls, including making DMPA-SC available in your country.				
Conduct direct outreach meetings with target decision-makers, donors, and influencers on DMPA-SC, including specific calls for: <ul style="list-style-type: none"> • Introduction of DPMA-SC to expand contraceptive method mix and access for women and adolescent girls in your country. • Consideration of a total market approach—both public and private sectors—in the provision of DMPA-SC. • Development and/or harmonization of related health and development policies to support scale-up of DPMA-SC through multiple service delivery channels. • Dedicated, long-term funding—including domestic resources—for DMPA-SC and other contraceptive supplies. 				
Build alliances with advocates working on broader contraceptive access issues—such as task shifting, private-sector engagement, or method choice—and include DMPA-SC messaging and policy objectives as part of a shared advocacy agenda.				
Monitor DMPA-SC program/introduction sites to ensure there is a broad method-mix (not just DMPA-SC) and informed choice for women and adolescent girls, as well as to guard against stockouts of DMPA-SC and other contraceptive supplies. Bring issues to the attention of implementing partners and ministry officials.				

Your innovative action here:



Helpful Hint:












Depending on your country context, there are many relevant policies for expanding access to DMPA-SC—from the Essential Medicines Lists to costed implementation plans. The tool, “Important policies for advocates to influence to advance access to DMPA-SC,” illuminates key policies for consideration.



Helpful Hint:

Don't go at it alone with your advocacy for DMPA-SC. In addition to collaborating with other advocates, make sure you are working with and within broader FP and reproductive health mechanisms in your country. Chances are that your government, donors, and other stakeholders are already coordinating on FP—for example, through FP2020 or technical working groups—and it will be strategic for advocates to feed into these existing forums.

Understand, inform, and influence **policies** that expand access to DMPA-SC.

Action	Stage 1: Initiation	Stage 2: Preparation	Stage 3: Introduction	Stage 4: Integration
Draw on the tool, “Important policies for advocates to influence to advance access to DMPA-SC,” in order to conduct a mapping of your country’s policy gaps, bottlenecks, and potential enablers to support expanded access to DMPA-SC for women and adolescent girls across implementation stages.				
Bring together decision-makers, advocates, researchers, implementers, health professionals, and citizen representatives in targeted dialogue aimed at jointly addressing and/or advancing critical issues through policy change and implementation.				
Provide targeted policy-development support given your individual or organizational expertise and/or facilitate connections between decision-makers and global and regional partners to ensure policy development support for introduction and scale-up of DMPA-SC.				
Monitor the implementation of relevant policies and their impact on access to DMPA-SC for women and adolescent girls and spotlight accountability challenges to key decision-makers and duty-bearers.				
Your innovative action here:				



Helpful Hint:

As you conduct your policy mapping, it is important to keep in mind the different service delivery channels you aim to leverage for DMPA-SC in your country. These channels vary from public-sector facilities to private retail outlets, such as pharmacies or drug shops, and from community-based distributors to home/self-injection of DMPA-SC by women themselves. Depending on your target service delivery channel(s), there may be unique policy barriers or opportunities. For example, if your country is exploring using community health workers to teach women how to self-inject, you may need to develop or amend specific policy guidelines.

Your Access and Accountability Checklist

As an advocate, one of the most important roles you can play is to ask key questions of decision-makers about access related to DMPA-SC. Doing so can help hold decision-makers accountable for advancing or approving critical policies. For example, asking your ministry of health (MOH) about the status of product registration can help reinforce this as a priority issue and encourage the MOH to address any bottlenecks in the registration process.

Use this checklist of questions to spark dialogue with relevant stakeholders at any stage of implementation.



Stage 1: Initiation

- Does your MOH understand how the ease of use and unique features of DMPA-SC can provide opportunities to expand access to injectables and broaden the method mix?
- Is product registration underway?



Stage 2: Preparation

- Has the product been registered?
- Has a comprehensive introduction plan been developed, and is someone accountable for overseeing it?
- Has funding been identified and secured to support introduction?
- Do policy restrictions on community-based distribution, private-sector provision of contraceptives (pharmacy/drug shop access), or self-injection exist?



Stage 3: Introduction

- Have contraceptive stockouts happened, and in which delivery channels?
- Have data and information from introduction efforts and research studies been shared with decision-makers and advocates?
- Are policy discussions on scale-up taking place? Do these include dialogue on product affordability to the MOH and consumers, and sustainable financing for procurement, distribution, and programming?



Stage 4: Integration

- Has DMPA-SC been made available throughout your country?
- Has DMPA-SC been included in all relevant policies affecting access, including the national Essential Medicines List, community-based distribution, private-sector provision, and self-injection?
- Has sustainable financing been identified and secured to support access at scale?

TOOL 7



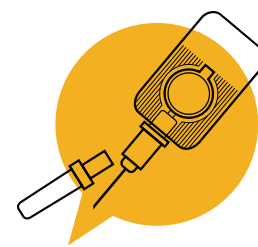
Important policies for advocates to influence to advance access to DMPA-SC

Description: This tool provides an overview of key policies that affect introduction and scale-up of injectable contraceptives, including DMPA-SC.

Target audience: Advocates.

Tips for use:

- Leverage this tool to help identify policies that may need to be changed in your country to enable increased access to DMPA-SC through a variety of service delivery channels.
- This tool also works in concert with:
 - The policy brief: DMPA-SC: New, easy-to-use injectable contraception
 - The tool “Key actions for advocates to advance DMPA-SC.”
- Although this tool is designed for advocates, policy information and resources contained within can also be shared with decision-makers.



Quick facts about DMPA-SC (Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
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- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).



Important policies for advocates to influence to advance access to DMPA-SC

One of the most exciting things about DMPA-SC—subcutaneous (SC) depot medroxyprogesterone acetate (DMPA)—is its potential to empower women and adolescent girls and dramatically increase contraceptive access.

The simplicity and ease of use of DMPA-SC products like Sayana® Press*—an innovation that combines the contraceptive drug and needle into one device—open the door for a range of trained individuals to be able to administer the product, from community health workers to pharmacists and to women themselves. Including DMPA-SC as part of a broad contraceptive method mix can help countries address unmet need, reach new users, deliver on Family Planning (FP) 2020 commitments, and take steps toward achieving Sustainable Development Goals—especially Goals 3 (good health and well-being) and 5 (gender equality).

The promise of expanded access can only be fulfilled if enabling policies are in place. Many countries, however, have policy restrictions that hamper the provision of injectable contraceptives through key service delivery channels such as community-based distribution (CBD), private-sector provision, and self-injection. This document highlights policies that are important for advocates to understand and influence as they strive to ensure DMPA products, including DMPA-SC, are within reach for all women and adolescent girls.



Registration: What advocates need to know

Registration is the first step for countries that want to expand access to DMPA-SC. In general, new contraceptive products must be registered with your country's national drug regulatory authority (NDRA) before they can be purchased, imported, and used. Manufacturers are responsible for submitting registration applications. The decision to pursue registration of injectables in your country ultimately rests with the manufacturer, who must see a market opportunity.

In general, the NDRA decides whether to register a product based on a review of information submitted by the manufacturer, independent of advocates or implementing partners. However, you can indirectly influence whether registration is pursued by getting your Ministry of Health (MOH) interested in DMPA-SC and/or the delivery option of self-injection. If your MOH is championing the product with donors and the manufacturer, then this can help advance registration. Once the registration application has been submitted, you can also check in with your MOH and/or NDRA to make sure the process is moving forward in a timely way. Finally, importation waivers may be an option for obtaining product in your country if registration is not yet finalized.

* Sayana Press is a registered trademark of Pfizer Inc.



Essential Medicines List (EML)

What is the policy?

A national EML is a key policy that identifies safe, efficacious, and cost-effective health products needed for a country's population.

Why should you care?

The national EML could be important for scaling up injectables in public-sector facilities in your country. In some countries, a new injectable must be included on the national EML (listed by formulation, not brand name) for the government to be able to purchase and distribute it through public-sector channels.

Where can you find more information?

- [Essential Medicines for Reproductive Health: Guiding Principles for their Inclusion on National Essential Medicines Lists](#)
- [World Health Organization Model Lists of Essential Medicines](#)



Policies on community-based distribution (CBD) of injectable contraceptives

What is the policy?

These policies allow community health workers/volunteers/distributors to administer injectable contraceptives. Types of policies may include:

- Policy guidelines and service delivery standards for reproductive health/FP.
- Community health worker policies.
- Task-shifting/sharing policies.
- Scope of work policies.
- Training curricula and accreditation bodies for community health workers and pharmacists that include injectable contraception administration.

Why should you care?

Many countries have community workers/volunteers/distributors that provide counseling and methods (standard days method, male and female condoms, pills) to reach remote populations. CBD policies that address injectables are often needed for the product to be scaled at the community level. Ensuring that your country has a policy supporting CBD of injectables is critical for reaching underserved women and adolescent girls, including new users of contraception. If your country already has a policy on CBD of injectables, it may need to be updated to permit CBD of DMPA-SC products, such as Sayana Press.

Where can you find more information?

- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I \(Community-based Access to Injectables\) Strategy \(Advocacy Toolkit\)](#)
- [Community-Based Health Workers can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation](#)
- [Optimizing Health Worker Roles to Improve Access to Key Maternal and Newborn Health Interventions through Task Shifting](#)



Policies on private-sector provision of contraceptives

What is the policy?

These include a range of laws, regulations, and policies that affect private sector participation in the contraceptive market. For example, these may impact:

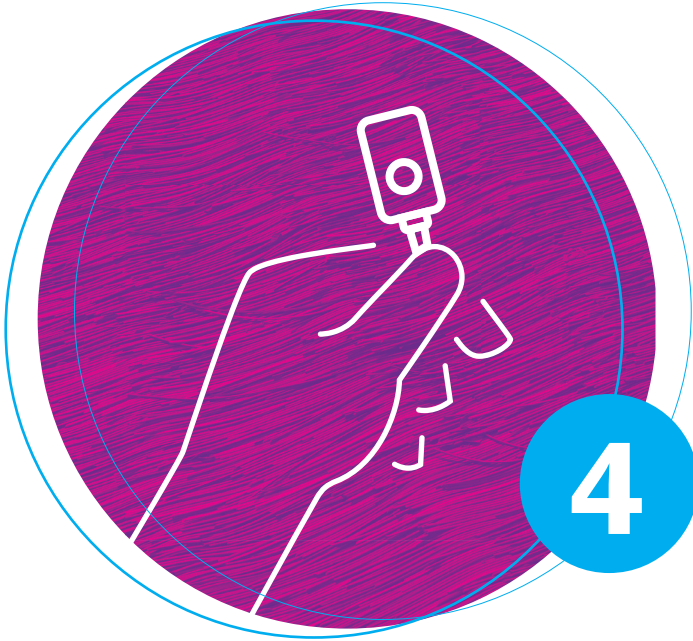
- Whether and which types of businesses or cadre of health workers can sell injectables.
- Whether and which types of private providers can administer injectables.

Why should you care?

Private retail outlets—such as pharmacies and drug shops—are often an important source of contraceptives, especially for adolescents and young people. However, many countries have policy barriers that hinder private-sector provision of contraceptives. For example, some countries have laws that exclude certain types of providers (such as pharmacists) from administering any type of injectable. Ensuring your country has policies that are favorable to private-sector distribution of injectables, including traditional intramuscular injectables and DMPA-SC, can help create more sustainable access and potentially reach more young people, as well as new users of contraception.

Where can you find more information?

- [Meeting Demand for Modern Contraception: Role of the Private Sector](#)
- [Reaching Youth with Modern Contraception](#)
- [Health worker roles in providing safe abortion and post-abortion contraception](#) (WHO guidance that recommends pharmacists can administer injectable contraceptives)



Policies on use: Guidelines, training materials, and job aids (including for self-injection)

What is the policy?

These policies provide guidance and instruction on DMPA-SC. Materials and training should be customized by target audience: health professionals, community health workers, and/or women and young people (for self-injection).

Why should you care?

Guidelines, training materials, and job aids are foundational resources that support introduction and scale-up. You can play a key role by advocating with your MOH to develop and widely disseminate the resources and ensure their availability among providers and end users.

Where can you find more information?

- [Tools for Sayana Press Introduction: Training and Communications](#)
(includes materials for self-injection)



FP Costed Implementation Plans (CIPs)

What is the policy?

CIPs are multiyear, actionable road maps that help governments be strategic and efficient in investing limited resources to meet the growing demand for FP and achieve their FP goals, including FP2020 and Ouagadougou Partnership commitments.

Why should you care?

Including DMPA-SC in your country's CIP can be useful in maintaining commitment and mobilizing resources for scale-up.

Where can you find more information?

- [FP2020 Costed Implementation Plan Resource Kit](#)



Policies affecting self-injection

Because self-injection is such a new approach, there is little country experience with the types of policies—if any—that may need to be changed to enable women to self-inject. At minimum, the product must be registered for self-injection. If the product is already registered for administration by health workers, the manufacturer will need to submit a product label update to the NDRA. If DMPA-SC is not yet registered in your country, any new registration application for the product overall is likely to include self-injection, based on stringent regulatory approval received in the United Kingdom in 2015.

Explore with FP leaders in your country whether any type of formal authorization will be required to permit self-injection, following regulatory approval. Determine whether your country will need to have policies that support advance provision of DMPA-SC to women (for example, through facility providers or CBD agents, or through pharmacy and drug shop sales). Consider whether community health workers or pharmacists might be well positioned to teach clients to self-inject in your context, and what policy revisions might be required to support that.

TOOL 8



Policy brief: DMPA-SC: New, easy-to-use injectable contraception

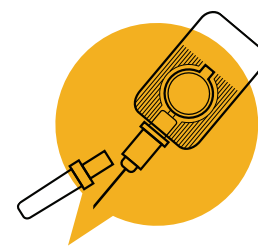
A groundbreaking opportunity to increase access for women and adolescent girls

Description: This document provides background information about the environment for family planning, a brief description of DMPA-SC, an overview of evidence on how DMPA-SC expands access through multiple delivery channels, and policy and advocacy recommendations for country decision-makers tied to the country's "stage."

Target audience: Decision-makers, including officials from the ministry of health and ministry of finance.

Tips for use:

- Customize this policy brief before using with decision-makers in your country. Instructions for how to tailor information and policy recommendations to your country's context are included in the document, including where to cut and/or copy in relevant text.
- Make sure to identify your country's access stage using "DMPA-SC access staging tool: Identify your country's stage" before customizing this policy brief.



Quick facts about DMPA-SC (Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
- **Easy to use**, including for community health workers and women themselves (self-injection).
- **Small and light.**
- Simple to inject due to **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year shelf life.**
- Available in at least **16 countries.**
- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).



Policy brief: DMPA-SC: New, easy-to-use injectable contraception

A groundbreaking opportunity to increase access for women and adolescent girls

The need to redouble family planning efforts in Country A

Access to modern contraceptives has a powerful effect on the lives of women and adolescent girls. Family planning (FP) improves the health of women and their families, strengthens women's empowerment, and reduces poverty. Moreover, increasing access to a wide range of contraceptive methods will help our country meet its FP2020 commitments and ultimately achieve the Sustainable Development Goals. Yet, in Country A, XX percent of married women of reproductive age who want to prevent or space pregnancies are not using contraception, in part because existing methods are not accessible or acceptable.

Country A's FP2020 commitments

Highlight your country's FP2020 commitments in this box.



Tips for customizing the first two sections:

- Include a statistic on your country's unmet need for contraception, as well as use of injectable contraception in your country.
- See [PMA2020](#) or the [Demographic and Health Surveys websites for data](#).
- Highlight your country's FP 2020 commitments in the box provided. See the [FP2020 website](#) to find your country's commitments.

Policy brief: DMPA-SC: New, easy-to-use injectable contraception

A groundbreaking opportunity to increase access for women and adolescent girls

A new contraceptive option is transforming access

Recent innovations in injectable contraception hold promise to dramatically increase access to contraception for women and adolescent girls. Injectables are already familiar to and used by many women in **Country A** [specify what percentage of women use injectables in your country, if data exists]. A new type of injectable, known as subcutaneous (SC) depot medroxyprogesterone acetate (DMPA)—or DMPA-SC—can make injections simpler. Sayana® Press* is the brand name of the DMPA-SC product available today in most countries. The “all-in-one” Sayana Press combines the contraceptive drug and needle into a single device that is simple to use and requires minimal training. It is well-suited for reaching women and adolescent girls where they live, especially through:

- Community-based distribution (CBD).
- Private-sector outlets, such as pharmacies and drug shops.
- Self-injection by clients in their homes.

Experience and evidence support expanding access

Over the past several years, many countries have launched DMPA-SC (Sayana Press). More than one million doses have been administered through routine FP services in seven countries through mid-2016. Available and emerging evidence from pilot introductions, self-injection research, and other studies shows that the product is greatly expanding access to contraception for women and adolescent girls, especially through remote delivery channels.



COMMUNITY-BASED DISTRIBUTION

Many women and adolescent girls with unmet need in **Country A** live in rural and remote areas [specify how many, if data exists], and could benefit from being able to obtain injectable contraception in their communities.

Evidence suggests not only that community health workers can administer DMPA-SC but also that CBD can reach new users of contraception:

- Trained community health workers successfully administered at least 150,000 doses of DMPA-SC (Sayana Press) in Senegal and Uganda between 2014 and mid-2016.

* Sayana Press is a registered trademark of Pfizer Inc.

Global momentum builds for DMPA-SC

The current “all-in-one” DMPA-SC product (Sayana Press) has captured the attention of national governments, FP donors, implementing organizations, and advocacy groups:

2011: Received stringent regulatory approval in the United Kingdom (followed by registrations in many FP2020 countries).

2012: Public-private FP2020 commitment to increase access to DMPA-SC at affordable price levels announced.

2014–2016: Successful pilot introductions took place in Burkina Faso, Democratic Republic of Congo, Madagascar, Niger, Nigeria, Senegal, and Uganda.

2014: A reduced price was negotiated to allow qualified purchasers in the world's poorest 69 countries to obtain Sayana Press at US\$1 per dose, a price much closer to that of traditional intramuscular injectables like Depo-Provera.

2015: Registered for self-injection in the United Kingdom and several European countries.

2016: Registered for self-injection in Niger and Nigeria; under review for approval in at least 10 more countries.

Policy brief: DMPA-SC: New, easy-to-use injectable contraception

A groundbreaking opportunity to increase access for women and adolescent girls

- Pilot introductions and research studies in a variety of countries indicate that CBD of DMPA-SC (Sayana Press) is reaching a substantial number of women who had never used modern FP before.



PHARMACY AND DRUG SHOP PROVISION

Private retail outlets, such as pharmacies and drug shops, are often an important source of contraceptives, especially for adolescents and young people. A recent analysis shows that about half of adolescents in sub-Saharan Africa, Asia, and Latin America obtain contraception from private sector sources, including private pharmacies (Strengthening Health Outcomes Through the Private Sector [SHOPS] Project). [Specify how many adolescent girls/and or women access contraceptives through the private sector in your country, if data exists].

Several countries are beginning to explore the potential of making DMPA-SC available through pharmacies and drug shops:

- In Nigeria, DKT International, a social marketing organization, introduced the product in 2014 through private sector outlets, including pharmacies.
- In Senegal, the social marketing organization ADEMAs has begun to offer the product through pharmacists.
- In Uganda, the government is in process of changing its policies to enable provision of injectable contraception by pharmacies and drug shops.



SELF-INJECTION

Self-injection of contraception can be an important way to overcome access barriers and empower women to initiate their own protection. Many countries are expected to consider enabling women to self-inject as the practice receives national regulatory approvals and as evidence on self-injection grows.

Studies to date suggest that self-injection of Sayana Press is both feasible and acceptable to women:

A recent study in Uganda found that nearly 90 percent of women could self-inject competently and on time, three months after being trained (PATH).



Tips for customizing this section

- Mention the number of women and adolescent girls with unmet need for contraception in your country, and include the number of women who access contraception from the private sector. See [PMA2020](#) or the [Demographic and Health Surveys websites](#) for data.
- Swap in any key findings on CBD, pharmacy and drug shops, and home and self-injection from the Evidence Digest.

Policy brief: DMPA-SC: New, easy-to-use injectable contraception

A groundbreaking opportunity to increase access for women and adolescent girls

Policy and advocacy recommendations

In order to realize the potential of DMPA-SC and ensure widespread access, an enabling policy environment is essential. Decision-makers have critical roles to play in championing FP, engaging and coordinating stakeholders, and strengthening policies that expand access for women and adolescent girls.



Initiation stage:

- **Be a vocal champion for increasing contraceptive method choice and access for women and adolescent girls.** Learn about how new contraceptive methods, including DMPA-SC, can advance your country's FP goals and FP2020 commitments while making a positive difference in women's and adolescent girls' lives.
- **Engage multisectoral stakeholders in discussions on introducing new contraceptive methods, including DMPA-SC.** Foster policy dialogue across government, donors, implementing organizations, supply chain partners, the private sector, and advocates on introduction planning, including how to increase access through multiple public and private delivery channels. Reach out to donors and the product manufacturer to initiate registration.



Preparation stage:

- **Help ensure product registration progresses smoothly and is achieved.** Encourage your national drug regulatory authority to maintain ongoing communication with the manufacturer (for example, Pfizer Inc.) and work in a timely manner to address any obstacles that may arise.
- **Make sure important building blocks of product introduction are in place.** Identify a clear, centralized mechanism to coordinate introduction efforts across government, implementing organizations, supply chain partners, the private sector, and advocates. Develop a comprehensive introduction plan, as well as key policies on use such as guidelines, training materials, and job aids. Ensure that monitoring data collected during introduction



Tips for customizing this section

- As a first step, use "Advancing access to DMPA-SC: Identify your country's implementation stage" DMPA-SC" to determine your country's stage.
- After identifying your country's stage, include only the recommendations that correspond with that stage. Delete the other stages and corresponding recommendations. Also delete your country's stage header.
- Update the recommendations for your stage to make them as specific as possible. For example, include the names of decision-making bodies or particular policies.

Policy brief: DMPA-SC: New, easy-to-use injectable contraception

A groundbreaking opportunity to increase access for women and adolescent girls

will be available to answer the questions of key FP leaders. Secure funding to support introduction efforts.

- **Identify any policy restrictions on CBD, pharmacy and drug shop provision, and/or home/self-injection.** Account for which policies will need to be created, updated, and/or aligned to facilitate widespread access to injectables, including DMPA-SC.



Introduction stage:

- **Monitor introduction progress, share information, and address any obstacles.** For example, monitor use and connect with supply chain experts so that you can identify and work swiftly to address common bottlenecks, such as potential stockouts of contraceptives (including injectables) at introduction sites.
- **Advance policy changes that expand access to injectable contraceptives.** Ensure that injectables, including DMPA-SC products, are included in policies, such as:
 - The National Essential Medicines List.
 - Policies allowing CBD (service delivery standards for FP/ reproductive health, community health worker strategies and training curriculums, task-shifting/sharing policies).
 - Policies allowing private-sector provision.
 - Policies allowing self-injection (as needed).
 - Broader FP/ reproductive health policies, like national strategies or FP costed implementation plans.
- **Move forward discussions on scale-up.** Convene government, donors, implementing organizations, supply chain partners, the private sector, and advocates to discuss strategies for scaling up DMPA-SC. Use data from introduction efforts or research studies to guide decision-making.



Tips for how to customize policies

- Include specific policies that your government needs to change to increase access to injectables, including DMPA-SC.
- Refer to “Important policies for advocates to influence to advance access to DMPA-SC” for more information and resources on relevant policies.

Policy brief: DMPA-SC: New, easy-to-use injectable contraception

A groundbreaking opportunity to increase access for women and adolescent girls



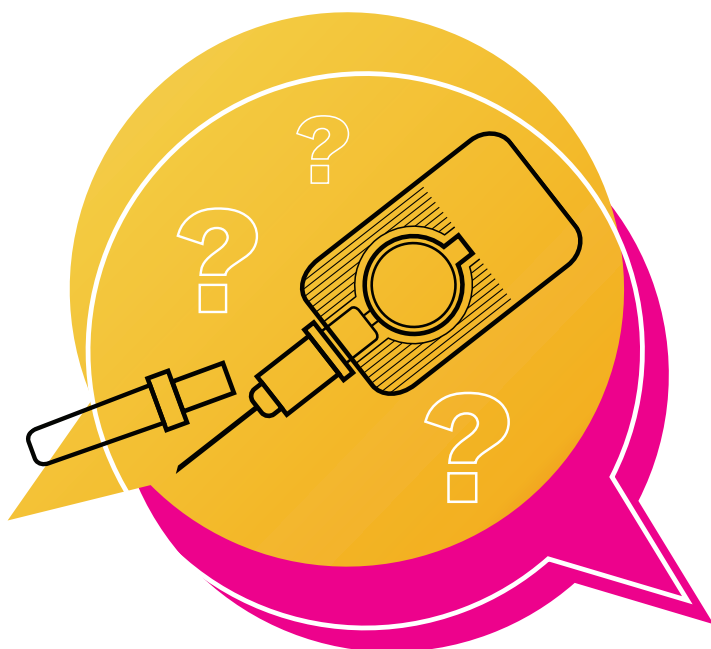
Integration stage:

- **Ensure that DMPA-SC is consistently available and provided within a full range of contraceptive options and quality services.**
- **Secure sustainable, long-term funding to support access to DMPA-SC at scale.** Commit domestic resources to support scale-up to help build country ownership and reduce dependency on donors. Include DMPA-SC in costed implementation plans for FP.
- **Robustly disseminate and implement policies [name the specific policies] that expand access to injectable contraceptives.** Ensure that policy changes are communicated and made available to relevant stakeholders from the public sector, private sector, and civil society. Provide sufficient human and financial resources to implement policy changes.
- **Support subnational health officers and decision-makers to ensure adequate supplies and training resources, as well as implementation of task-shifting/sharing policies.**

Widespread access on the horizon

Injectable contraception, including DMPA-SC, can make a big difference in the health and lives of women and adolescent girls but can only do so with political commitment, supportive policies, and adequate funding in place. Decision-makers, donors, implementing organizations, supply chain partners, the private sector, and advocates must work together to ensure injectables, as part of a broad method mix, are widely accessible.

TOOL 9



DMPA-SC key facts:

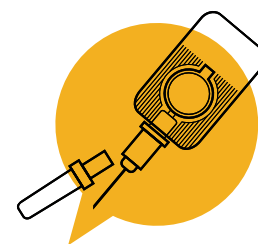
Answering questions and dispelling common myths about a new type of injectable contraception

Description: This document offers concise, evidence-based information to help answer common questions and dispel myths about injectable contraception. Myths are not stated directly because repeating a myth may reinforce it in people's minds.

Target audience: Advocates.

Tips for use:

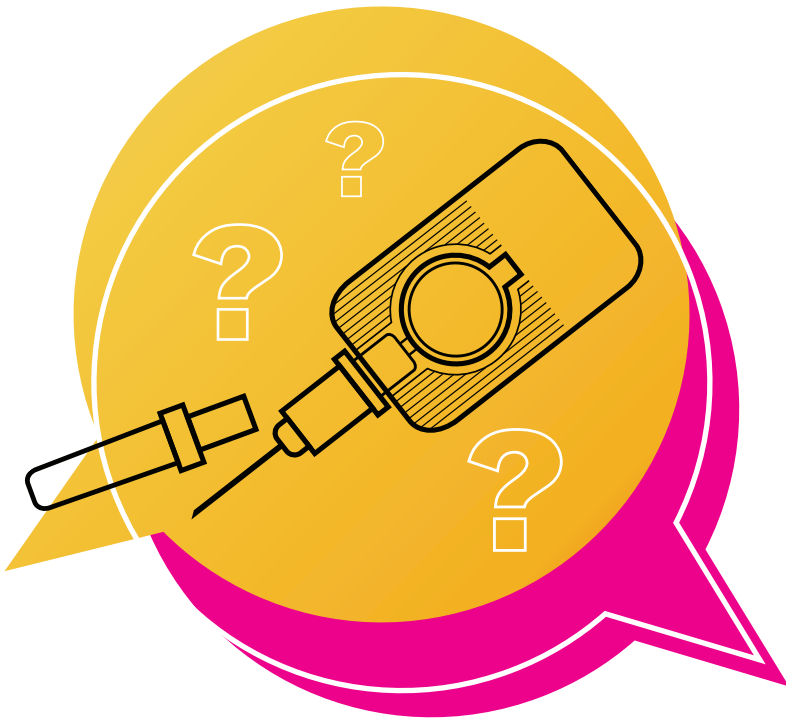
- Incorporate answers into your messaging with decision-makers and media officials, especially if these questions are asked frequently in your country or community.
- Important policies for advocates to influence to advance access to DMPA-SC



Quick facts about DMPA-SC

(Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
- **Easy to use**, including for community health workers and women themselves (self-injection).
- **Small and light.**
- Simple to inject due to **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year shelf life.**
- Available in at least **16 countries.**
- Can be purchased at **US\$1 per dose** by qualified buyers (including MOHs in FP2020 countries).



DMPA-SC key facts:

Answering questions and dispelling common myths about a new type of injectable contraception

USE

Q

Can most women use injectable contraception that contains DMPA (depot medroxyprogesterone acetate), whether it is administered into the muscle (intramuscular–IM) or under the skin (subcutaneous–SC)?

A

YES. Most women and adolescent girls of reproductive age who want a safe, effective, and reversible method can use injectables containing DMPA.

- For information about women who should not use DMPA injectable products (for example, women with very high blood pressure or worsening diabetes), refer to the [World Health Organization's Medical Eligibility Criteria for Contraceptive Use](#).

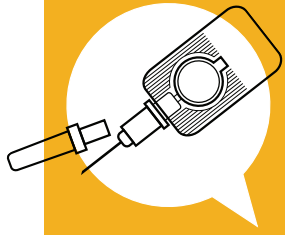
Q

Can adolescent girls and women who have never had children use injectable contraception?

A

YES. Adolescent girls and women can have safe pregnancies and healthy children after using injectable contraception.

- After stopping injectable contraception, adolescent girls and women may not get pregnant right away. That effect is just temporary. It might take a woman 6 to 12 months after her last injection to become pregnant.
- If a woman is pregnant and uses any injectable contraceptive, it will not have any negative effects on or end the pregnancy.



DMPA-SC key facts: Answering questions and dispelling common myths about a new type of injectable contraception

Q Can injectable contraception cause side effects?

A **YES.** All hormonal contraceptives have potential side effects. Some women will experience them, and some will not.

- Injectables containing DMPA can disrupt women's menstrual cycles, affect their libido, and cause weight gain and headaches. For example, a woman might not have any monthly bleeding, and this is normal. If this happens, it is because bleeding has stopped completely. The blood is not stuck in her body.
- Clear, up-front counseling on and discussion of management strategies regarding possible side effects with potential users are important.

ADMINISTRATION

Q Can most people administer injectable contraception?

A **YES.** Most people can learn how to inject DMPA-SC with sufficient training and support.

- Community health workers and pharmacy or drug shop staff can be trained to give safe and effective DMPA-IM and DMPA-SC injections.
- Women and adolescent girls can be trained to self-inject with DMPA-SC (see below).

STORAGE

Q Can health workers and women safely store injectable contraceptive products in remote facilities, villages, and homes?

A **YES.** Injectable contraception can be stored at room temperature (up to 30°C), until its expiration date.

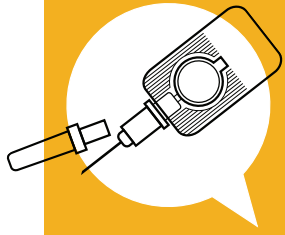
- Women who tried self-injection in Senegal and Uganda were generally able to store DMPA-SC units safely and discreetly in their homes.

SELF-INJECTION

Q Can women and adolescent girls successfully self-inject?

A **YES.** Recent research in Senegal and Uganda demonstrates that most women living in rural areas can be trained to self-inject, especially using image-based instructions for training and support.

- Most women who have the chance to try self-injection say they like it.
- Uganda is beginning to roll out routine self-injection outside of research and will closely track the experience to identify best practices.



DMPA-SC key facts: Answering questions and dispelling common myths about a new type of injectable contraception

Q Why should family planning programs consider the option of self-injection?

- A
- Self-injection puts the power of contraception in women's hands. Women who have more control over their fertility have greater opportunities for education, training, and employment. They can increase financial security for themselves and their families, which benefits societies and economies.

Q What do we know about disposal of DMPA-SC units after self-injection?

- A
- A recent self-injection study in Uganda found that 94 percent of women disposed of the used device in a pit latrine (not a sustainable approach long-term), and 71 percent stored it in an impermeable household container prior to disposal.
 - Programs should strategize how to recapture used devices for incineration. New efforts in Uganda are engaging community health workers to assist with safe disposal.
 - Self-injection training should include emphasis on the importance of securing used, uncapped devices in impermeable household containers before disposal.

INJECTABLE CONTRACEPTION AND HIV

Q What do we know about injectable contraception and HIV?

- A
- No hormonal contraceptive method protects against HIV. Women who use any hormonal contraceptive method (including injectables) should use condoms to prevent HIV and other sexually transmitted infections.
 - While some studies have suggested that women using progestogen-only injectable contraception may be at increased risk of HIV acquisition, other studies do not show this association. In 2012 and 2014, a World Health Organization (WHO) expert group reviewed all available evidence and agreed that current evidence does not suggest restricting use of hormonal contraceptives, including DMPA, for women at high risk of HIV.
 - WHO advises that women at high risk of HIV infection should be informed that injectables containing DMPA may or may not increase their risk of HIV infection. Women and couples with high HIV risk should also be informed about and have access to HIV preventive measures, including male and female condoms.
 - Family planning advocates, implementers, policymakers, providers, and clients can work together to advocate for stronger links between health services preventing unplanned pregnancy and those preventing and treating HIV.

TOOL 10



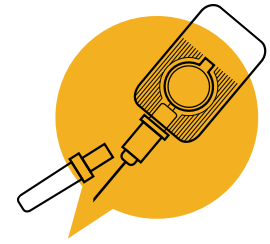
DMPA-SC social media images

Description: These images are designed to spark interest in and conversation about DMPA-SC on social media (for example, Facebook, Twitter).

Target audience: Advocates and decision-makers.

Tips for use:

- These images are great for getting people’s attention—use them when you have a major moment or “policy ask” to share.
- Coming soon: These images can also be paired with social media messages that are currently under development and will be added to this advocacy pack.



Quick facts about DMPA-SC (Sayana® Press)

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months.
- **Prefilled and ready to inject.**
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DMPA-SC Advocacy Pack:

How to use the materials

EVIDENCE COMPILATIONS: TOOLS 1-4

TOOL 1

An overview of DMPA-SC:

A new type of injectable contraception that expands access and options

Description: This educational tool provides a high-level overview of DMPA-SC (the Sayana® Press* product). It offers quick facts on the benefits of subcutaneous (SC) depot medroxyprogesterone (DMPA), or DMPA-SC; its potential for empowering women and adolescent girls; its availability; and how DMPA-SC is different from intramuscular DMPA.

Target audience: Decision-makers.

Tips for use:

- Pair this handout with other materials in the resource pack for distribution to decision-makers such as:
 - Evidence digest: What we know about DMPA-SC, a new type of injectable contraception
 - Policy brief: DMPA-SC: New, easy-to-use injectable contraception
- The last page of this document (“How is DMPA-SC different from intramuscular contraception?”) can be printed as a stand-alone handout for decision-makers or stakeholders as needed.

* Sayana Press is a registered trademark of Pfizer Inc.

DMPA-SC Advocacy Pack:

How to use the materials

TOOL 2

Evidence digest:

What we know about DMPA-SC, a new type of injectable contraception

Description: This document compiles existing evidence on DMPA-SC and specifically on the Sayana Press product. Data are grouped into top-line, evidence-based messages, with corresponding data from different countries.

Target audience: Decision-makers.

Tips for use:

- When sharing this document, point out the sections that resonate most with your target decision-makers, such as how DMPA-SC has the potential to reach new users of family planning or to empower women through self-injection.
- Incorporate relevant data points in the digest into any advocacy messaging or materials you develop.

DMPA-SC Advocacy Pack:

How to use the materials

TOOL 3

Resources: What we know about DMPA-SC, a new type of injectable contraception

Description: This document lists key references and resources from the evidence base on DMPA-SC. It is a companion document to “Evidence digest: What we know about DMPA-SC, a new type of injectable contraception.”

Target audience: Advocates and decision-makers.

Tips for use:

- Pair this document with the Evidence digest if your target decision-maker would like to have access to the data presented in the digest.
- Consider this document a resource for yourself. Read through the articles and publications to build your knowledge of DMPA-SC.

DMPA-SC Advocacy Pack:

How to use the materials

TOOL 4

An advocacy case study: Increasing access to DMPA-SC in Uganda

Description: This document describes key evidence-building efforts, advocacy actions, and policy changes in Uganda brought about by committed decision-makers, implementing organizations, and advocacy groups to increase access to injectable contraception, including DMPA-SC.

Target audience: Advocates.

Tips for use:

- The case study is primarily intended for advocates to see an example of the policy pathway for DMPA-SC introduction in Uganda, through community-based distribution, pharmacies and drug shops, and self-injection. You can draw on experiences and lessons learned from Uganda to inform your policy goals and advocacy strategy for increasing method choice and access with DMPA-SC in your country.
- Decision-makers may also be interested in learning from the Uganda advocacy case study. You can print this as a handout for policy audiences.

DMPA-SC Advocacy Pack:

How to use the materials

ADVOCACY IN ACTION: TOOLS 5-8

TOOL 5

DMPA-SC access staging tool:

Identify your country's stage

Description: This tool is designed to help you identify your country's stage when it comes to access to DMPA-SC. The four stages are:

Stage 1: Initiation

Stage 2: Preparation

Stage 3: Introduction

Stage 4: Integration

Target audience: Advocates, decision-makers, and implementers.

Tips for use:

- Review this tool before developing an advocacy strategy. Your country's stage will influence the policy goals and advocacy actions upon which you will focus.
- Read through each stage and find the one that most closely represents the goals that decision-makers, donors, implementing organizations, supply chain partners, the private sector, and advocates in your country are working to achieve.
- Given that most countries are likely at separate stages for DMPA-SC administered by health workers as opposed to self-injection, consider staging your country separately for these delivery options.
- After you've identified your country's stage (by delivery channel, if applicable), refer to "Key actions for advocates to advance DMPA-SC" for guidance on the types of advocacy actions that are relevant for advocates at any of the four stages.

DMPA-SC Advocacy Pack:

How to use the materials

TOOL 6

Key actions for advocates to advance DMPA-SC

Description: This tool identifies high-impact actions to advance access to DMPA-SC depending on your country's access stage (see "DMPA-SC access staging tool: Identify your country's stage"). Actions are grouped by key themes:

- Using evidence to inform decision-making.
- Conducting direct advocacy with decision-makers.
- Informing and influencing policies.

Target audience: Advocates.

Tips for use:

- Consider this tool a starting point for generating policy goals and advocacy actions relevant to your country's stage.
- Recognize that these are illustrative actions meant to serve as a starting point for your advocacy efforts. Don't be afraid to innovate! Creativity and ingenuity can make a huge difference in the lives of women and adolescent girls.
- Refer to "Important policies for advocates to influence to advance access to DMPA-SC" for examples of policies that you may need to inform as part of your advocacy.

DMPA-SC Advocacy Pack:

How to use the materials

TOOL 7

Important policies for advocates to influence to advance access to DMPA-SC

Description: This tool provides an overview of key policies that affect introduction and scale-up of injectable contraceptives, including DMPA-SC.

Target audience: Advocates.

Tips for use:

- Leverage this tool to help identify policies that may need to be changed in your country to enable increased access to DMPA-SC through a variety of service delivery channels.
- This tool also works in concert with:
 - The policy brief: DMPA-SC: New, easy-to-use injectable contraception
 - The tool “Key actions for advocates to advance DMPA-SC.”
- Although this tool is designed for advocates, policy information and resources contained within can also be shared with decision-makers.

DMPA-SC Advocacy Pack:

How to use the materials

TOOL 8

Policy brief: DMPA-SC: New, easy-to-use injectable contraception

A groundbreaking opportunity to increase access for women and adolescent girls

Description: This document provides background information about the environment for family planning, a brief description of DMPA-SC, an overview of evidence on how DMPA-SC expands access through multiple delivery channels, and policy and advocacy recommendations for country decision-makers tied to the country's "stage."

Target audience: Decision-makers, including officials from the ministry of health and ministry of finance.

Tips for use:

- Customize this policy brief before using with decision-makers in your country. Instructions for how to tailor information and policy recommendations to your country's context are included in the document, including where to cut and/or copy in relevant text.
- Make sure to identify your country's access stage using "DMPA-SC access staging tool: Identify your country's stage" before customizing this policy brief.

DMPA-SC Advocacy Pack: How to use the materials

COMMUNICATION AND VISIBILITY MATERIALS: TOOLS 9-10

TOOL 9

DMPA-SC key facts: Answering questions and dispelling common myths about a new type of injectable contraception

Description: This document offers concise, evidence-based information to help answer common questions and dispel myths about injectable contraception. Myths are not stated directly because repeating a myth may reinforce it in people's minds.

Target audience: Advocates.

Tips for use:

- Incorporate answers into your messaging with decision-makers and media officials, especially if these questions are asked frequently in your country or community.
- This document can also be printed as a handout for decision-makers as needed.

DMPA-SC Advocacy Pack: How to use the materials

TOOL 10

DMPA-SC social media images

Description: These images are designed to spark interest in and conversation about DMPA-SC on social media (for example, Facebook, Twitter).

Target audience: Advocates and decision-makers.

Tips for use:

- These images are great for getting people's attention—use them when you have a major moment or “policy ask” to share.
- Coming soon: These images can also be paired with social media messages that are currently under development and will be added to this advocacy pack.

DMPA-SC Advocacy Pack: How to use the materials

Additional materials under development as part of the DMPA-SC Advocacy Pack

- **Glossary of terms related to DMPA injectables.**
- **Illustrative decision-makers and their roles in increasing access to DMPA-SC.**
- **Media advocacy toolkit items:** Talking points for public relations/media visibility, customizable blogs, op-eds, press releases, letters to the editor, and sample social media messages (Facebook posts, tweets).
- **Adaptable PowerPoint presentation** on DMPA-SC and increasing access.
- **Fact sheet on DMPA and HIV risk** (TBD, based on timing of release of updated World Health Organization recommendations).
- **Additional country case studies** (TBD).

Dissemination of the DMPA-SC Advocacy Pack

Working drafts of the initial ten resources in the DMPA-SC Advocacy Pack will be made available on the [Advance Family Planning website](#) alongside reports and presentations from the Increasing Access to Next Generation Injectables meeting.

Final materials in the DMPA-SC Advocacy Pack will be available on the [Reproductive Health Supplies Coalition website](#). The target date for widespread launch of the DMPA-SC Advocacy Pack is March/April 2017.