

INCREASING ACCESS TO NEXT GENERATION INJECTABLES

30 JANUARY – 2 FEBRUARY 2017

DAKAR, SENEGAL

Executive Summary

From January 30 to February 2, 2017, 150 researchers, health professionals, advocates, and donors from 19¹ countries met in Dakar, Senegal for three days to strategize how best to strategize advocacy and policy approaches for introducing and increasing access to subcutaneous depo provera via Uniject, also known as DMPA-SC or Sayana® Press². The Advance Family Planning (AFP) initiative³ co-organized the meeting in collaboration with PATH and IntraHealth, along with a global steering group of international nongovernmental organizations (INGOs) and in-country partners. Each of the African and Asian countries represented left the meeting with evidence-based objectives specific to policy changes needed to increase access to DMPA-SC. They also developed a preliminary plan for engaging decision-makers, donors, and other stakeholders. Subsequent to the meeting, participants ensured that advocacy action plans were discussed, refined, and implemented to increase access to this method in their countries. [See the AFP website for meeting presentations.](#)

Reflecting the aim of the meeting, then Senegal Minister of Health, Awa Coll-Seck, highlighted her country's efforts to expand access to DMPA-SC within a broader method mix. Although the participants came from very diverse countries, all saw DMPA-SC's potential to overcome barriers to contraceptive access and relieve the health system through alternative channels of provision, including self-injection. Donors⁴ stood ready to support country-led efforts. Initial support for the meeting was matched two to one by cost-sharing from other organizations and donors. One hundred and twenty-four of the 150 participants funded (in full or in part) their own travel costs.

A session featuring World Health Organization (WHO) and experts in HIV acquisition and hormonal contraception helped countries anticipate [guidance](#)⁵ issued in March and provided WHO with greater insight into potential implications for introduction and scale-up of DMPA-SC. Within a week following the meeting, Kenya and Nigeria convened policymakers and others in their countries to chart a course for increasing access to DMPA-SC. Other countries created taskforces and used connections made to organize policymaker visits to learn first-hand about the realities of increased access and self-injection. Two participants published pieces related to the meeting⁶. Participant evaluations confirmed the meeting's utility and importance. A survey of participants in September

¹ Bangladesh, Benin, Burkina Faso, Democratic Republic of the Congo, Ghana, Guinea, India, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Senegal, Uganda, United Kingdom, United States, Zambia

² Reproductive Health Supplies Coalition (RHSC). 2017. *An overview of subcutaneous DMPA: A new type of injectable contraception that expands access and options.* https://www.rhsc.org/fileadmin/uploads/rhsc/Tools/DMPA_Kit/Files/Handouts_for_decision_makers/DMPA-SC_advocacy_handouts_1_product_overview_2017.pdf.

³ The Advance Family Planning initiative is led within the Bill & Melinda Gates Institute for Population and Reproductive Health and Department of Population, Family and Reproductive Health of the Johns Hopkins Bloomberg School of Public Health. See www.advancefamilyplanning.org.

⁴ Children's Investment Fund Foundation, Bill & Melinda Gates Foundation, William and Flora Hewlett Foundation, David and Lucile Packard Foundation, United Nations Population Fund, U.S. Agency for International Development, UK Department for International Development

⁵ World Health Organization (WHO). 2017. *Hormonal contraceptive eligibility for women at high risk of HIV.* Executive Summary. WHO/RHR/17.04.

⁶ [Jay Gribble/Palladium](#) and [John Stanback/FHI360](#)

2017 found that nearly all had applied the evidence shared at the meeting to improve access to DMPA-SC following the meeting.

Co-organizers supported meeting outcomes in three important ways:

- ***Planning and advocacy.*** Along with PATH, AFP reached out to INGOs and in-country partners to assess how ready countries were to introduce and increase access to DMPA-SC. IntraHealth contributed to the program and helped manage on-the-ground logistics. AFP's advocacy partners facilitated use of [the AFP SMART approach](#)⁷ to set priorities and implement advocacy strategies after the meeting.
- ***Policy-relevant evidence.*** PATH used its own resources and independent funding to prepare [a suite of advocacy materials](#)⁸ summarizing the current state of knowledge. These materials ensured that all participants shared a basic understanding of the method and the policy issues amenable to evidence-based advocacy. In addition, [PMA2020 data](#) helped inform objective setting for Burkina Faso, the Democratic Republic of the Congo, and Nigeria.
- ***Subsequent financial and technical support.*** Four countries—Benin, Guinea, Mauritania, and Togo—have applied for funding for DMPA-SC advocacy through the [Opportunity Fund](#), AFP's small grants program managed by PAI. Malawi, Mozambique, Nigeria, and Senegal also expressed interest but could act on plans made in Dakar with existing resources. All participants shared in-kind support to carry forward the ideas for action generated during the meeting. For example, partners in the Support for International Family Planning Organizations (SIFPO) project were able to build on the Dakar meeting outcomes; working with PATH and other partners in Uganda, they convened sub-Saharan African stakeholders in Uganda in July 2017 to observe DMPA-SC delivery there and to review the program and policy opportunities for taking availability of the method to scale. All AFP focus countries represented have included DMPA-SC advocacy in their current work plans and PATH and John Snow, Inc. continue to provide technical support through the Subcutaneous DMPA Access Collaborative, launched in September 2017.

Opportunities for Advocacy & DMPA-SC Scale-up

After reviewing the status of DMPA-SC in their countries, participants turned to prioritizing opportunities for subsequent actions by policymakers, program managers, and donors. Throughout, they grounded discussion in the need for counseling and a broad choice of contraceptive methods to

⁷ Advance Family Planning Advocacy Portfolio. November 2015. <http://advancefamilyplanning.org/advocacy-portfolio>.

⁸ "Advocacy Pack for Subcutaneous DMPA." Reproductive Health Supplies Coalition. <https://www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa/>

meet the need for quality family planning services. The following includes advocacy plans developed during the meeting and refined subsequently.

Integrate DMPA-SC into National Family Planning Strategies

Engage National Governments

Successful DMPA-SC introduction and scale-up will depend on engagement with national ministries and other officials to integrate provision of the method into existing programs/structures. In identifying priorities, consideration should be given to both national and subnational needs and capacity to provide resources, as well as to implications for non-health sectors, such as education or youth development. Commitment to the availability of a broad range of contraceptive options should be the foundation for all efforts focusing on DMPA-SC. Research, communication, and advocacy strategies used for introduction and provision of other methods should inform DMPA-SC efforts and provide greater understanding of method use, discontinuation, and preferences.

Support Task-Sharing Policies

[WHO task-sharing guidance](#)⁹ supports DMPA-SC self-injection and its provision by a range of healthcare providers. Bolstered by evidence of safety and efficacy, many governments are considering or already allow task-sharing policies that would support improved access to DMPA-SC through a range of delivery channels, including community-based distribution, pharmacy/drug shop administration of injectable contraception, and self-injection. Healthcare providers at all levels should be seen as champions of task-sharing. Development of policies and programs for scale-up should include these providers and rely on them for medical expertise during the introduction of DMPA-SC and as the method is integrated into existing programs. Healthcare providers and community stakeholders should also be engaged in plans to enable women to self-inject DMPA-SC.

Prioritize Data Collection/Monitoring

Incorporating DMPA-SC into relevant, routine service statistics collection and program evaluation is vital to the success of efforts to integrate the method into existing family planning systems. This may involve inclusion of DMPA-SC and accommodation of self-injection in country health management information systems. It may also require longitudinal research and digital means of data collection to adequately reflect how DMPA-SC use affects contraceptive use overall, discontinuation, and reliance on other family planning methods.

Strengthen Procurement Systems for “Last Mile” Delivery of DMPA-SC

Develop and Cost Procurement Plans at All Stages of Scale-up

⁹ World Health Organization (WHO). 2015. *Health worker roles in providing safe abortion care and post-abortion contraception*. Guidance. WHO. Available at http://apps.who.int/iris/bitstream/10665/181041/1/9789241549264_eng.pdf?ua=1&ua=1.

As DMPA-SC becomes better known and more available, country stakeholders will need to ensure that forecasting, procurement, and distribution systems are able to match demand. Coalitions focused on policy and program change can identify resource needs and gaps in the system for policymakers and donors to address.

Ensure Equity in Availability

DMPA-SC has great potential to overcome barriers to family planning in rural areas and for youth and those living in poverty. To realize this potential requires that providers are trained in and able to offer complete and unbiased family planning counseling services, recognizing and respecting individual needs and preferences.

Mobilize the Private Sector

Addressing availability and affordability within the private and public sector is also paramount. Social marketing has successfully been used to provide DMPA-SC through the private sector in several countries and could be more widely encouraged and incorporated in scale-up efforts. Pharmacies and drug shops can also be important community-based sources of contraceptive information and DMPA-SC. In both cases, provision of DMPA-SC outside the formal sector should be considered within the context of national plans and priorities.

Address Specific Issues

Build a Common Ground for Advocacy Efforts

To ensure coordination of efforts, evidence (particularly findings from pilot studies and regarding safety and efficacy of DMPA-SC) should be shared widely with all stakeholders at the national and subnational levels. Strategic communication of research findings and cultivation of leaders within professional associations, community groups, and among policymakers can help to anticipate emerging advocacy issues. Effective communication and cultivation can also build a foundation of expertise and support for scale-up of the method and improvements in family planning overall. Focused site visits for influential decision-makers can also enrich understanding of DMPA-SC's place in provision of a broader contraceptive method mix.

Adapt to Emerging Issues

The WHO guidance on risk of HIV acquisition and hormonal contraceptive use (including depo provera), points to the need to incorporate flexibility into any DMPA-SC advocacy or scale-up effort. As new evidence becomes public (such as the [ECHO study](#)) and because many factors will influence access to and use of DMPA-SC, priorities need to be regularly reevaluated considering emerging information and developments. As donor and government funding or method pricing change, for example, advocates and policymakers will need to adapt their strategies.

Road Map for Successful Integration & Scale-up

Directly after the meeting, participants reported that the meeting fulfilled its objectives and gave them the evidence and guidance on DMPA-SC opportunities to support broader country-led advocacy. Following the meeting, participants returned to their countries and either initiated or continued DMPA-SC advocacy. They were able to build on the experiences of other countries to better understand how to advocate, create a plan for advocacy in their own country/community, and implement strategies for improving policies related to task-sharing, national government engagement, and self-injection. While many understood the complications of including policymakers in a meeting of this type, they felt that government officials would have greatly benefited from hearing firsthand the research findings and experiences of other countries.

A subsequent survey in September 2017 of a sample of participants found that all countries represented were taking steps to increase access to DMPA-SC. Most saw these efforts lead to new developments in access and none of the respondents reported any challenges.

The survey results are promising: as a result of this meeting, timely, evidence-based advocacy and a defined strategic approach to scale-up influenced decision-makers' actions. Despite most countries now having an existing working group or taskforce related to improving DMPA-SC advocacy, respondents expressed a need for more resources, coordination, and funding for advocacy and to support policy and program priorities.

The need for cross-communication among researchers, advocates, policymakers, service providers, and donors is clear—investment in engagement of all five key audiences means women are better supported in finding and using the family planning method that is right for them. This meeting focused on DMPA-SC integration and scale-up within a broader contraceptive method mix, but the framework could be used as a roadmap for other family planning methods or other public health interventions.

Conclusion

DMPA-SC introduction in low- and middle-income communities is a unique opportunity to expand women's choice of quality family planning services, advance countries towards FP2020 goals, and increase task-sharing initiatives to reduce the burden of healthcare systems.

“I found the Dakar meeting to be extremely informative and productive. The organizers forced us to consider the uncomfortable but crucial questions—where are the blockages? Who in the Ministry do you need to approach on this issue? Who within your team will host the meeting and when will it be? As a result, teams came away with a clear, realistic idea of what needed to happen to make progress. In my case, I was able to work with partners to organize a donor visit to Kenya which included a meeting with the Ministry of Health on the topic of self-injection. This is just one example which highlights the usefulness of the Dakar meeting in terms of generating action. There is always a danger for high level meetings to drift into abstract discussion, but this one certainly stood out to me as an incredibly focused, productive and results-oriented event.”

Emma Foster, UK Department for International Development

Sustaining these opportunities through integration and scale-up of high impact interventions can however only happen if local and international partners work synergistically with governments to fully integrate this new method and the innovative service delivery strategies it supports (community-based distribution, social marketing, self-injection, etc.) within national family planning programs.

Experts and advocacy champions, such as those who participated in the Dakar meeting, can play a key role in bridging local research findings with policy change through evidence-based advocacy. Initiatives such as those of the DMPA-SC Access Collaborative can also support faster progress in meeting the demand for family planning information, services, and supplies. Collectively, these efforts will lead to increased access to all contraceptive methods for women and girls living in their countries and globally.

Acknowledgements

The *Increasing Access to Next Generation Injectables* Working Meeting was coordinated and facilitated by AFP, PATH, and IntraHealth. A global steering group identified participants, suggested resources and expert speakers, shaped the agenda, and led follow-up activities.

This report was informed by meeting rapporteurs, Marieme Diouf Diallo, Independent Consultant, and Julie Hernandez, Tulane University, with Jennifer Drake, PATH. It was written by Beth Fredrick and Christina ChereL, AFP and reviewed by Sarah Whitmarsh and Kathryn Barrett, AFP.

Seed funding for the meeting was provided by TJ Mather, who also provided support for subsequent advocacy efforts within the participating countries. Many other organizations and donors provided time, funding, and in-kind support to the meeting, the DMPA-SC research and experience shared, and country-led advocacy.



Over 150 participants from around the world gathered in Dakar, Senegal, 30th January to 2nd February to join the *Increasing Access to Next Generation Injectables* working meeting (photo courtesy of Fadioul Yacinthe NIANG).

Appendix

Increasing Access to Next Generation Injectables Working Meeting Participant List

Last Name	First Name	Organization	Country
Achola	Roselline	UNFPA	Uganda
Adamu	Nafisatu	Planned Parenthood Federation of Nigeria	Nigeria
Adedeji	Olanike	UNFPA	Nigeria
Affo	Jean	John Snow, Inc.	Benin
Akpala	Okezie	The Palladium Group - TSU	Nigeria
Akumu	Evelyn	FHI 360	Uganda
Alhassane	Oumarou Oussouba	Pathfinder International	Niger
Anang Sowah	Benjamin	Planned Parenthood Association of Ghana	Ghana
Avoce	Josephat	OSV Jordan & Benin FP Coalition	Benin
Ba	Marie	IntraHealth	Senegal
Ba	Mayouma	PATH	Senegal
Barrett	Kate	Advance Family Planning	USA
Belanger	Erica	International Planned Parenthood Federation	UK
Bertrand	Jane	Tulane University	USA
Binanga	Arsene	Tulane University	DRC
Bodenheimer Gatto	Alison	Pathfinder International	USA
Boubacar	Moumouni	PSI	Niger
Boureihiman	Ouedraogo	ABBEF	Burkina Faso
Brose	Aaron	Advance Family Planning	USA
Bruce	Kayla	Tulane University	USA
Burke	Holly	FHI 360	USA
Castaño	Fabio	Management Sciences for Health	USA
Chekweko	Jackson	Reproductive Health Uganda	Uganda
Chidinma	Onuoha	DKT Nigeria	Nigeria
Chintu	Namwinga	Society for Family Health/PSI	Zambia
Chiriswa	Bernard	Marie Stopes Kenya	Kenya
Ciloglu	Arzum	Johns Hopkins Center for Communication Programs	USA
Compaore	Celestin	SOS Jeunesse	Burkina Faso
Coulibaly	Norbert	UNFPA WCARO	Senegal
Cumbana	Helena	PSI	Mozambique
Danmusa	Sada	The Palladium Group - TSU	Nigeria
Daves	Jen	Bill & Melinda Gates Foundation	USA
Diagne	Awa	Matron, Nguerigne Bambara Health hut	Senegal
Diallo	Moctar	IntraHealth International	Mali

Last Name	First Name	Organization	Country
Diop	Isseu	Shops Plus	Senegal
Diop	Nafissatou	Population Council	Senegal
Diop	Siga	FHI360	Senegal
Diouf Diallo	Marieme	The Palladium Group	Senegal
Ekow Mensah	Daniel	HealthKeepers Network	Ghana
Elliott	Megan	Marie Stopes International	UK
Ezire	Onoriode	Marie Stopes Nigeria	Nigeria
Fahnestock	Margot	The William and Flora Hewlett Foundation	USA
Foster	Emma	Department for International Development	UK
Fredrick	Beth	Advance Family Planning	USA
Glover	Caitlin	Clinton Health Access Initiative	USA
Gning	Sanou	Marie Stopes Senegal	Senegal
Gray	Kate	International Planned Parenthood Federation	UK
Gribble	Jay	The Palladium Group	USA
Guiella	Georges	ISSP	Burkina Faso
Hernandez	Julie	Tulane University	USA
Hetle	Kristin	Meeting Facilitator	Norway
Hoemeke	Laura	IntraHealth International	USA
Husband	Rebecca	PSI	USA
Hyjazi	Yolande	Jhpiego	Guinea
Ishaku	Salisu	Population Council	Nigeria
Jacobstein	Roy	IntraHealth International	USA
Jega	Farouk	Pathfinder International	Nigeria
Jumbe	Lydia	ChildFund Zambia	Zambia
Kabore	Alain	UNFPA	Burkina Faso
Kade	Kristy	PATH	USA
Karklins	Sabrina	Advance Family Planning	USA
Kasongo	Gaby	PSI - Association de Sante Familiale	DRC
Kasse	Seynabou	Marie Stopes Senegal	Senegal
Kastler	Kristina	The David and Lucile Packard Foundation	USA
Katumbo	Babeth	PATH	DRC
Keeley	Robin	Population Council	USA
Khan	Imrul	Marie Stopes Bangladesh	Bangladesh
Kiarie	James	World Health Organization	Switzerland
Kiese	Rose Mutumbo	CAFCO	DRC
Kirowo	Melissa	Management Sciences for Health	Kenya
Koffi	Cedric	PATH	Senegal
Kuleba	Ilda	PSI	Mozambique
Kyaddondo	Betty	National Population Council	Uganda

Last Name	First Name	Organization	Country
Lacoste	Maryjane	Bill & Melinda Gates Foundation	USA
Lesage	Pierre-Loup	PSI	Madagascar
Magalhaes	Elisa	International Planned Parenthood Federation	UK
Maiga	Modibo	The Palladium Group	Ghana
Malmqvist	Alison	PSI - Association de Sante Familiale	DRC
Malonza	Isaac	Jhpiego	Kenya
Malster	Jim	PSI	Senegal
Mane	Babacar	Population Council	Senegal
Marjara	Pritpal	PSI	India
Martin	Jacques-Antoine	DKT International	DRC
Mas de Xaxas	Mercedes	PAI	Spain
Mbila	Moise	ABEF-ND	DRC
Mbo	Marie-Louise	PATH	DRC
McCarthy	Erin	The Children's Investment Fund Foundation	UK
McGinn	Erin	The Palladium Group	USA
Morsalin	Anwar	Social Marketing Company	Bangladesh
Muganda Onyando	Rosemarie	PATH	Kenya
Mugenyi	Richard	Reproductive Health Uganda	Uganda
Mugirwa	Patrick	PPD ARO	Uganda
Mulyanga	Sam	Jhpiego	Kenya
Murphy	Maggie	John Snow, Inc.	USA
Mutesa	Monica	PATH	Zambia
Mutisya	Raymond Mutisya	Jhpiego	Kenya
Mutunga	Angela	Jhpiego	Kenya
Naluyiga	Hasifa	PATH/Advocacy for Better Health	Uganda
Narayanan	Shankara	PSI	India
Ndaw	Mbarka	ACDEV	Senegal
Ndiaye	Bineta	ASBEF	Senegal
Ndour	Marguerite	PATH	Senegal
Ngouana	Rodrigue	IntraHealth Internatinoal	Senegal
Ngwira	Bagrey	College of Medicine, University of Malawi	Malawi
Niang	Awa	Head of FP Services, CS Pikine	Senegal
Noelsonq	Rivo	Palladium/HP+	Madagascar
Ntabona	Alexis	ExpandNet	DRC
Odeku	Mojisola	NURHI	Nigeria
Odula-Obonyo	Carol	OB/GYN	Kenya
Omoluabi	Elizabeth	PMA2020	Nigeria
Osinowo	Kehinde	ARFH	Nigeria
Polis	Chelsea	Guttmacher Institute	USA

Last Name	First Name	Organization	Country
Ralidera	Onisoa	Management Sciences for Health	Madagascar
Ramahavory	Jimmy	PSI	Madagascar
Ratsimanetrimanana	Fensoa	UNFPA	Senegal
Reichenbach	Laura	Population Council	USA
Saad	Abdulmumin	USAID	USA
Saleh	Mariyah	FHI 360	Nigeria
Saloucou	Lydia	Pathfinder International	Burkina Faso
Sanoussi	Elisha	PSI	Niger
Sar	Aminatou	SECONAF	Senegal
Sarker	Sukanta	UNFPA NY	USA
Sarr	Arona	IntraHealth International	Senegal
Sarr	Cheikh	ADEMAS	Senegal
Shaw	Sarah	Marie Stopes International	UK
Smith	Ellen	The Palladium Group	USA
Stanback	John	FHI 360	USA
Sunkutu	Kanyanta	UNFPA East and Southern Africa Regional Office	South Africa
Sy	Fatimata	IntraHealth International	Senegal
Syan	Brigitte	Equilibres et Populations	Burkina Faso
Talla	Hawa	IntraHealth International	Senegal
Taranta	Dorah	Pathfinder International	Uganda
Tifft	Sara	PATH	USA
Tossou	Justin	ABMS	Benin
Toure	Cheick	IntraHealth International	Mali
Toure	Fatou	Reseau Siggil Jigeen	Senegal
Turke	Shani	PMA2020	USA
Turnbull	Wendy	PAI	USA
Van Boven	Tom	Family Planning 2020	USA
Vwalika	Cheswa	Society for Family Health/PSI	Zambia
Waller	Kimberly	Pathfinder International	USA
Walugembe	Fiona	PATH	Uganda
Wanja	Minnie	The Palladium Group - ESHE FP Project	Kenya
Wheatley	Nkemdiri	Marie Stopes International	UK
Whipkey	Kim	PATH	USA
Wood	Rob	The Palladium Group - ESHE FP Project	Kenya
Wood	Siri	PATH	USA