

October 30, 2019

Advancing Contraceptive Options

Innovations for sexual and reproductive health

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Introduce new methods, improve existing methods, expand availability to increase access

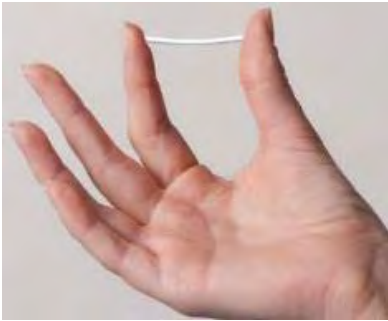
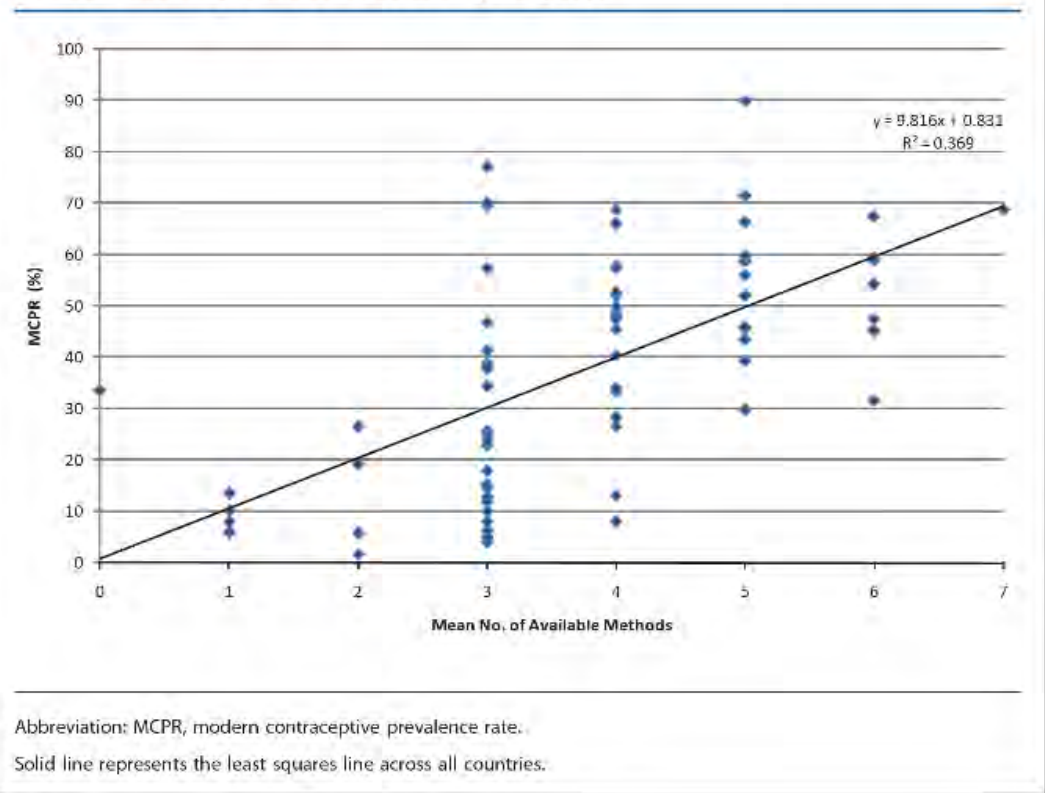


Photo credits: Family Planning NSW (row 2, left); all other photos PATH

When a greater range of methods are available, more women will use modern contraception

FIGURE 3. Relationship Between MCPR for 113 Surveyed Countries and Number of Available Methods, According to the 50% Accessibility Rule, 2009

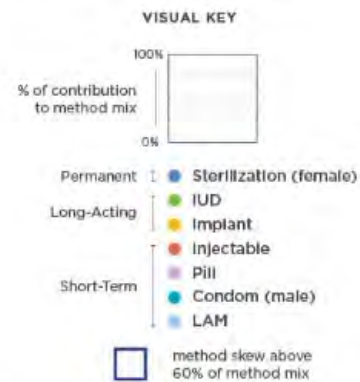


Ross J, Stover J. 2013. Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009. *Global Health Science and Practice*.

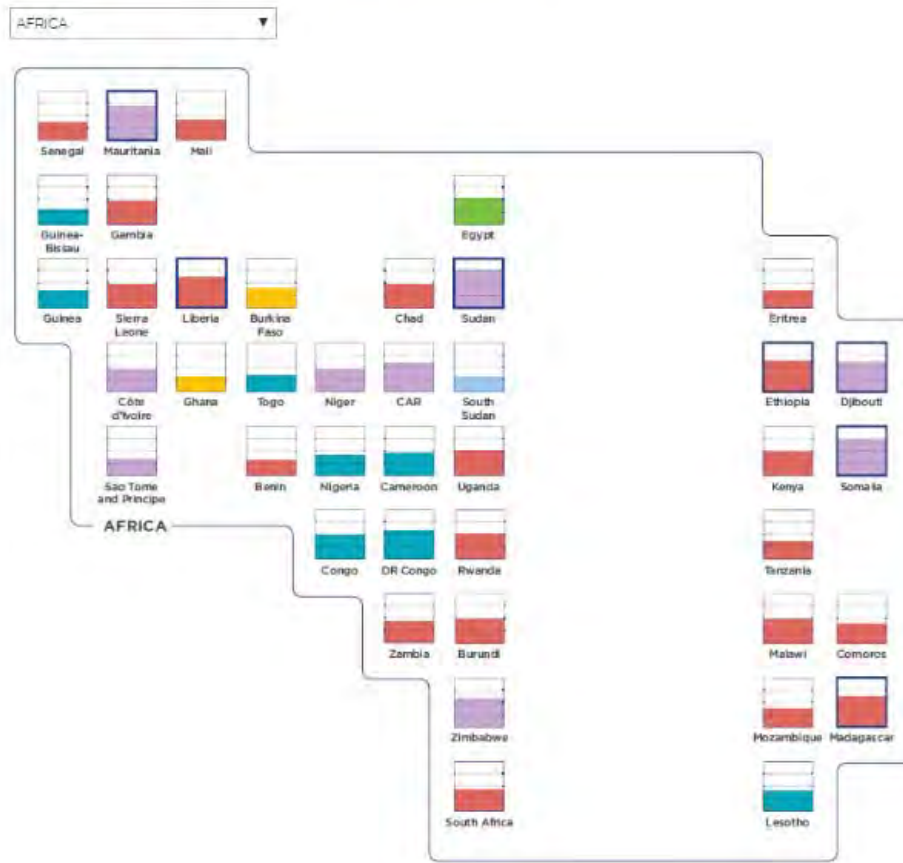
Injectables are the most common contraceptive method in several African countries

FIGURE 18 MOST COMMON METHOD BY COUNTRY

This map shows the most commonly used modern method in each country and the percentage of the method mix it constitutes. Countries in which one method makes up more than 60% of the method mix are considered to have high method skew.



Click [here](#) to see how method mix has changed over time in Haiti, Nepal, Senegal and Uganda. Or you can click on these countries on the map.



Source: FP2020 <http://progress.familyplanning2020.org/content/measurement>

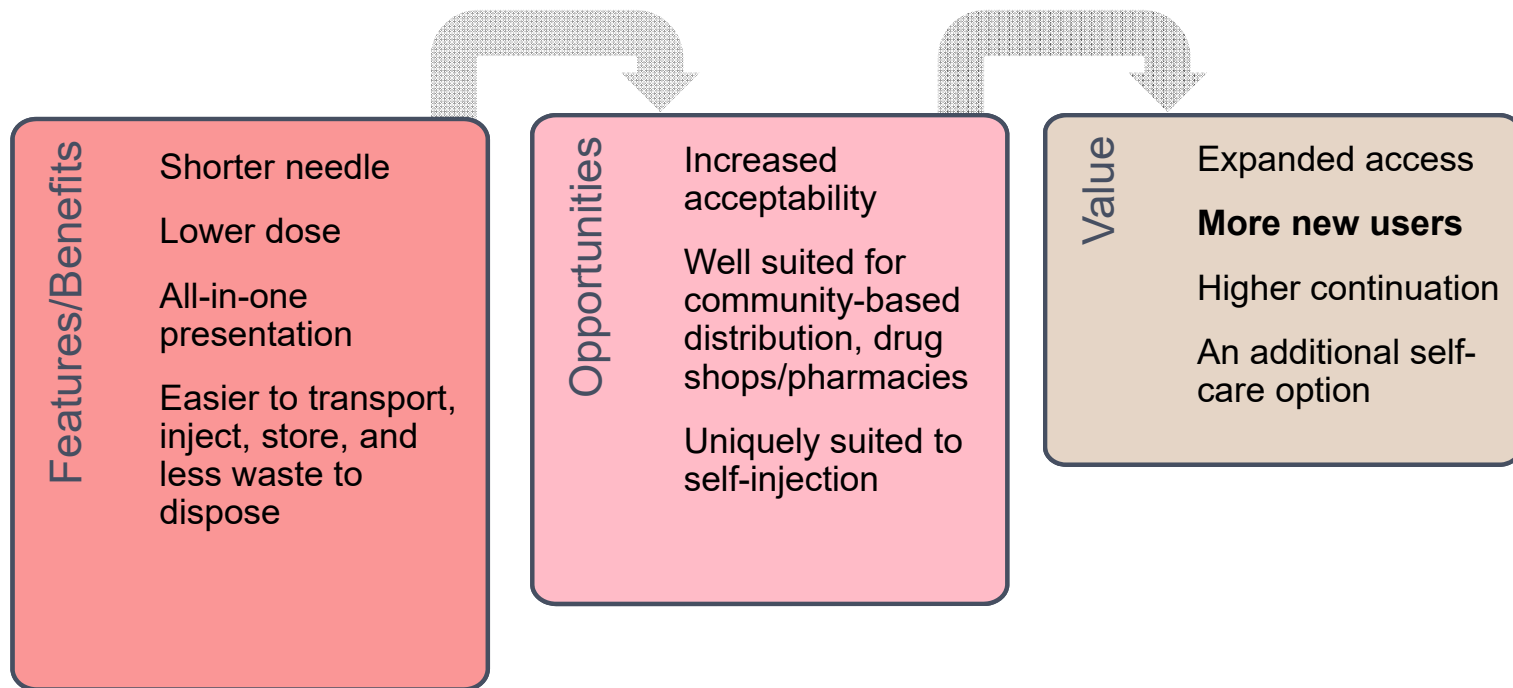
Subcutaneous DMPA (DMPA-SC; brand name Sayana[®] Press) is a new injectable that is administered under the skin.

DMPA-SC is:

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



The transformative potential of DMPA-SC and self-injection



More information: www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa



The current subcutaneous DMPA-SC product, Sayana Press, regulatory approval*

- Approved by regulatory authorities in the European Union and nearly 60 countries worldwide.
- Registered for self-injection in 54 countries, including more than 20 FP2020 countries, the UK, and several European countries.

Pricing*

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

**Information current as of September 2019.*

WHO strong recommendation in favor of contraceptive self-injection

New recommendation on self-administration of injectable contraception

REC 10 (NEW): Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.

(strong recommendation, moderate-certainty evidence)

Remarks

- Medical eligibility for the injectable contraceptive method should be verified according to the WHO *Medical eligibility criteria for contraceptive use* (MEC) (6), and providers should advise end-users of precautions and be available to discuss potential side-effects.
- This recommendation refers to depot medroxyprogesterone acetate in its subcutaneous form (DMPA-SC).
- Instructions on how to self-inject are available in the WHO global handbook for family planning.
- Note: For additional existing guidance on self-administration of injectable contraception, see section 4.2.3.



“A strong recommendation was made in favor of the intervention [self-injection], with every GDG [Guideline Development Group] member who offered an opinion saying that benefits outweighed any potential harms.

Available online at:

<https://www.who.int/reproductivehealth/publications/self-care-interventions/en/>

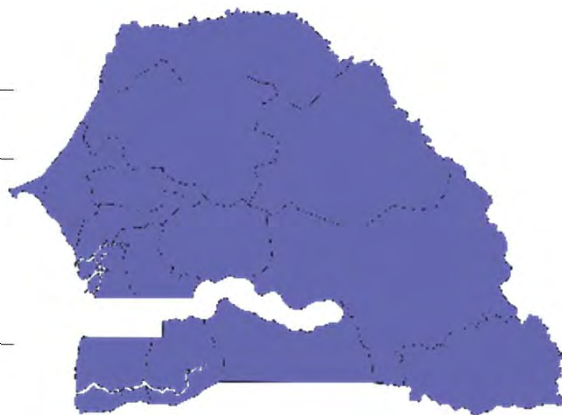
PATH
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Most women can learn to self-inject

Senegal

Self-injection study participants

Proficient	87%
Would like to continue self-injecting in the future	93%
Able to store DMPA-SC securely	97%



Uganda

Self-injection study participants

Proficient	88%
Would like to continue self-injecting in the future	98%
Able to store DMPA-SC securely	98%

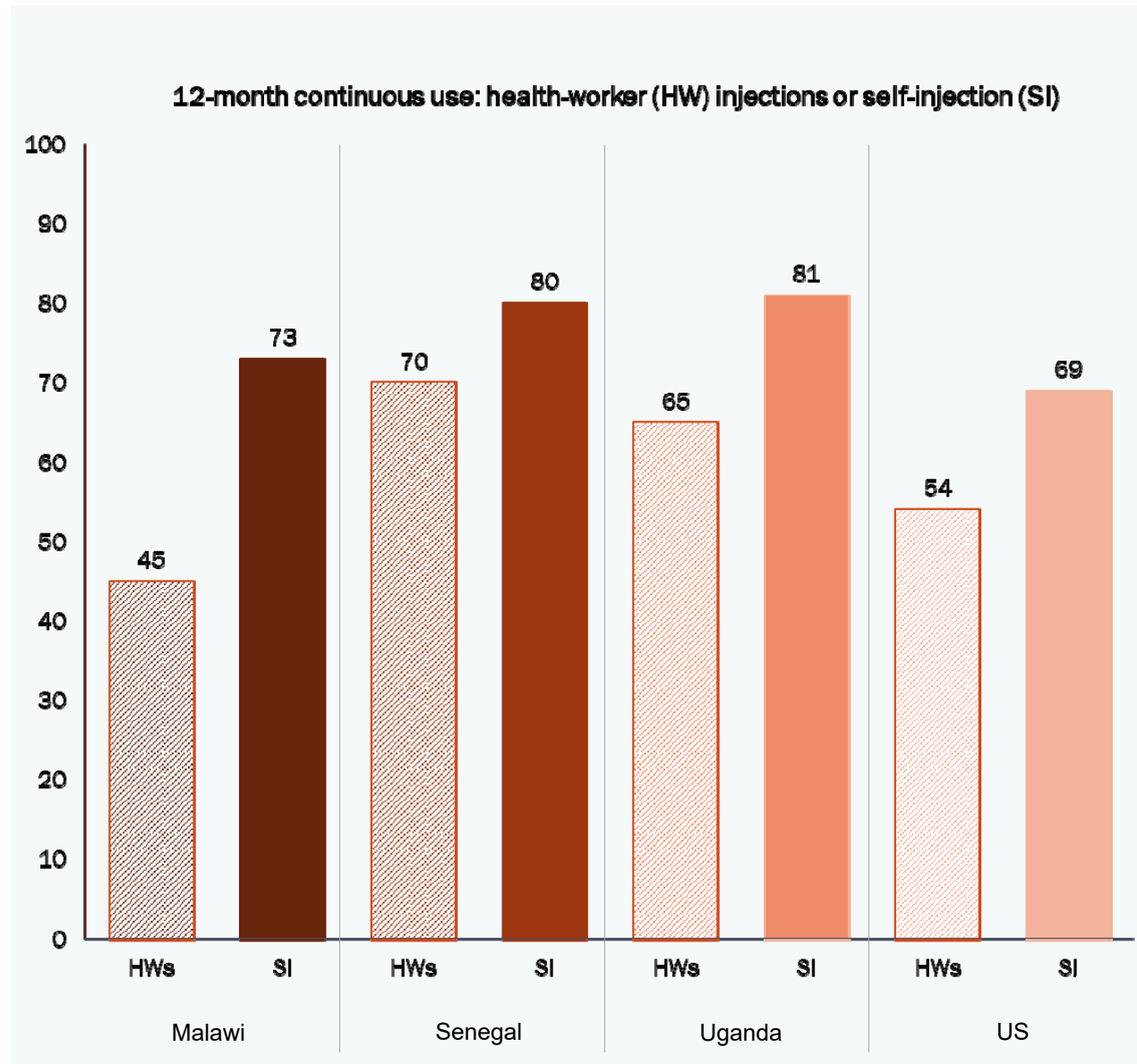


Source: PATH. Self-Injection Feasibility and Acceptability. Seattle: PATH; 2018. <https://www.path.org/publications/detail.php?i=2836>

Self-injection enables women to continue using contraception longer

Significant differences across 4 countries

Continuous use of DMPA at 12 months was significantly higher in all four countries among self-injectors than among women who received DMPA injections from health workers.



94.8%

of clients in Uganda planned to
continue with self-injection

Who are the first self-injectors reached by the Uganda program?

- 33% are using modern contraception for the first time
- 56% are younger than 25
- 41% traveled more than an hour to reach their health worker



Self-injection could
prevent 11,000
additional
pregnancies and
save \$1.1 million per
year in Uganda*

*Relative to facility-administered DMPA-IM.

Enabling policy environment in Uganda

- Village Health Teams, Uganda's community health cadre, may administer short-term contraceptive methods including injectables (2010)
- Approval of self-injection of DMPA-SC by the Uganda National Drug Authority (2017)
- Provision of injectables in drug shops (temporarily approved in **2018**)
- Integration of self-injection in Uganda's National Clinical Guidelines (in process)



“I am in charge now. I inject myself from home.....If I ever have another child, it will be because I want one.”

-Betty: Self-injector, Mubende district, Uganda

Slide 15

KB12 Emmanuel/Edson: add some additional closing language to the notes, tying this to ICPD/SDGs and PATH Uganda as you feel appropriate
Keith, Bonnie, 10/29/2019

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

http://www.path.org/publications/files/RH_sp_dmpa_sc_guidance_11_scaleup_2017.pdf

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https://www.rhsupplies.org/fileadmin/uploads/rhsc/Tools/DMPA_Kit/Files/Tools_to_inform_a_dvocracy_and_communications/DMPA-SC_advocacy_tools_4_case_study_2017.pdf

For more information contact

DMPA SC resources

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