

ADVANCING CONTRACEPTIVE OPTIONS

# Injectable contraception

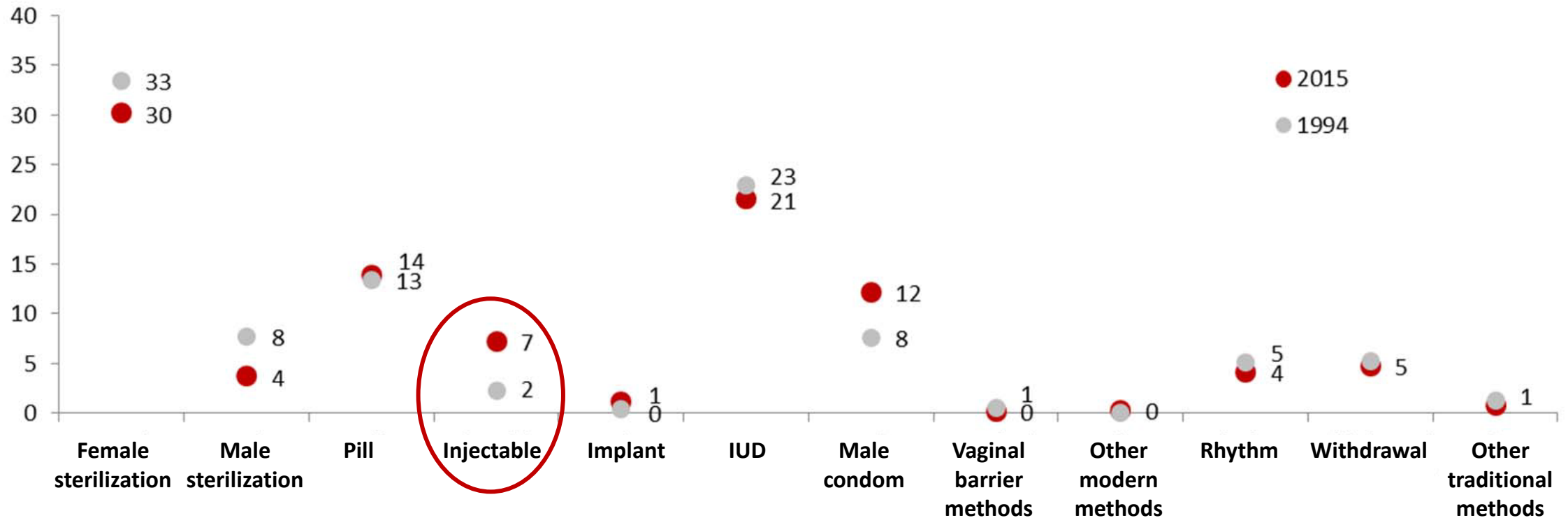
Global priorities

Jennifer Kidwell Drake, MPH  
Portfolio Director  
Advancing Contraceptive Options  
February 15, 2018



# Global use of injectables has increased since 1994

Figure 14. Percentage share of specific methods of all contraceptive use among married or in-union women aged 15 to 49 worldwide, 1994 and 2015

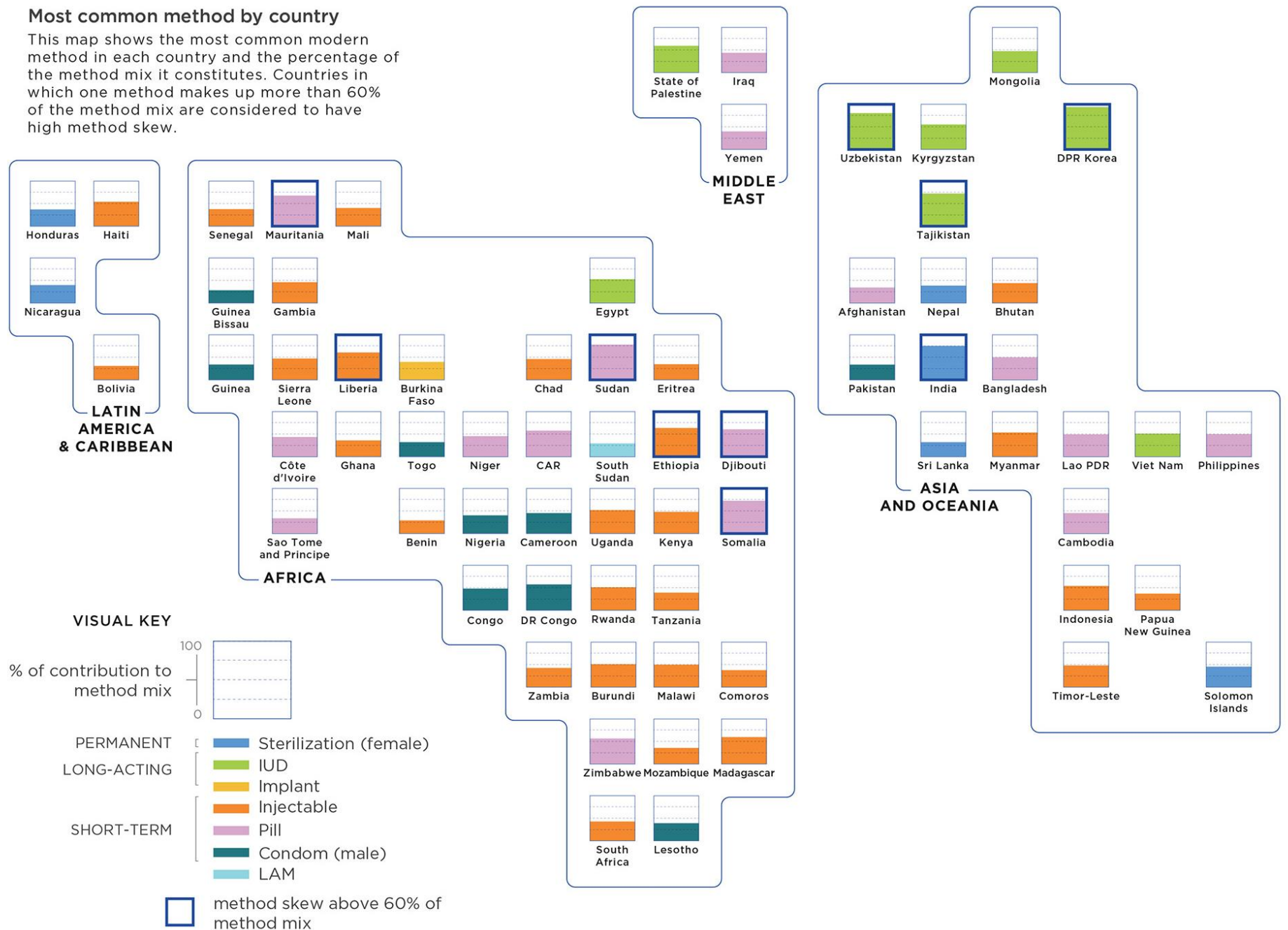


Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). Trends in Contraceptive Use Worldwide 2015 (ST/ESA/SER.A/349). <http://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptiveUse2015Report.pdf>

# Injectables are the most common method in several countries

## Most common method by country

This map shows the most common 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.



# How do DMPA injectable users compare to modern contraceptive users overall? Results from PMA2020 surveys

More DMPA users are in union; fewer are in urban areas and completed primary school

They receive their method from public sector SDPs

	Modern contraceptive users In union	DMPA users In union	Modern contraceptive users Urban	DMPA users Urban	Modern contraceptive users Completed primary school	DMPA users Completed primary school
<b>Burkina Faso</b>	85%	92%	35%	20%	23%	12%
<b>Indonesia</b>	99%	100%	49%	43%	61%	55%
<b>Nigeria</b>	77%	96%	55%	36%	72%*	54%*
<b>Uganda</b>	76%	81%	23%	20%	80%	80%

	Modern contraceptive users	DMPA users
<b>Burkina Faso*</b>	87%	99%
<b>DRC*</b> Kinshasha	25%	58%
Kongo Central	43%	55%
<b>Ghana*</b>	54%	87%
<b>Niger*</b>	92%	99%
<b>Uganda</b>	55%	48%

Trends were also observed for wealth. More injectable users were categorized as being in the lowest two wealth quintiles, compared to modern contraceptive users overall.

\*statistically significant differences between groups

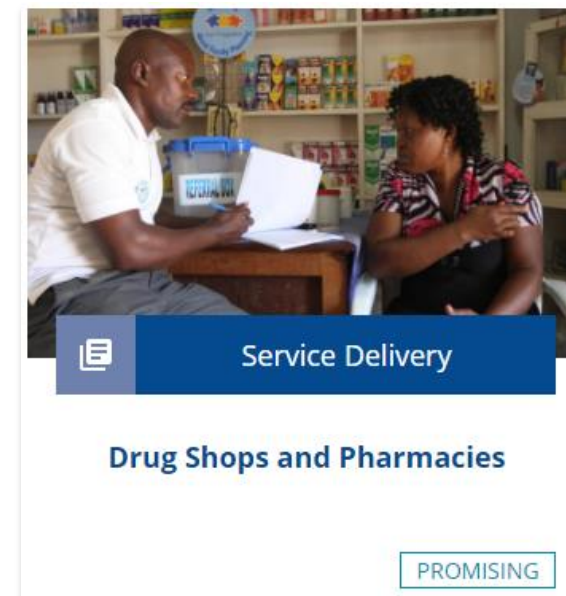
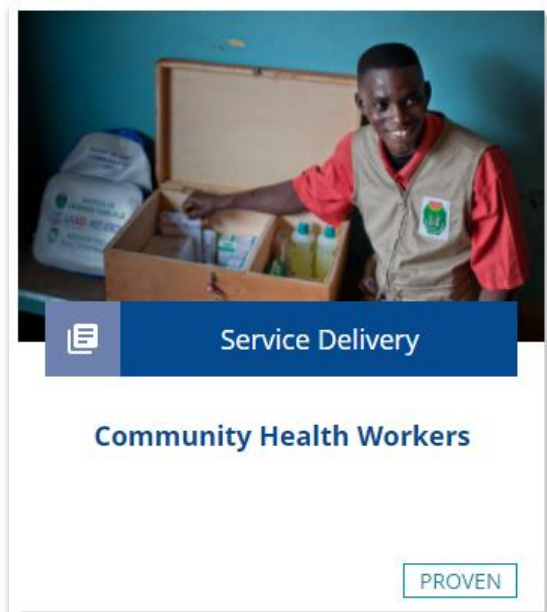
# How can programs offering injectable contraception expand access and options for women?

1. Invest in delivery channels and approaches across the total market, including options for task sharing (e.g., CBA2I, pharmacies and drug shops)
2. Provide women full and accurate information on all contraceptive options, including injectable contraception
3. Consider the potential for the novel injectable DMPA-SC to:
  - Expand access
  - Reach new users of modern family planning
  - Improve continuation, especially through self-injection (the ultimate task-sharing)

# 1. Invest in delivery channels across the total market

High-Impact Practices in Family Planning (HIPS): [www.fphighimpactpractices.org](http://www.fphighimpactpractices.org)

- **Proven HIP:** Equipping **community health workers (CHWs)** to provide a wide range of family planning methods, including injectable contraception.
- **Promising HIP:** Training and supporting **drug shop and pharmacy staff** to provide a wider variety of family planning methods and information, including injectable contraception.



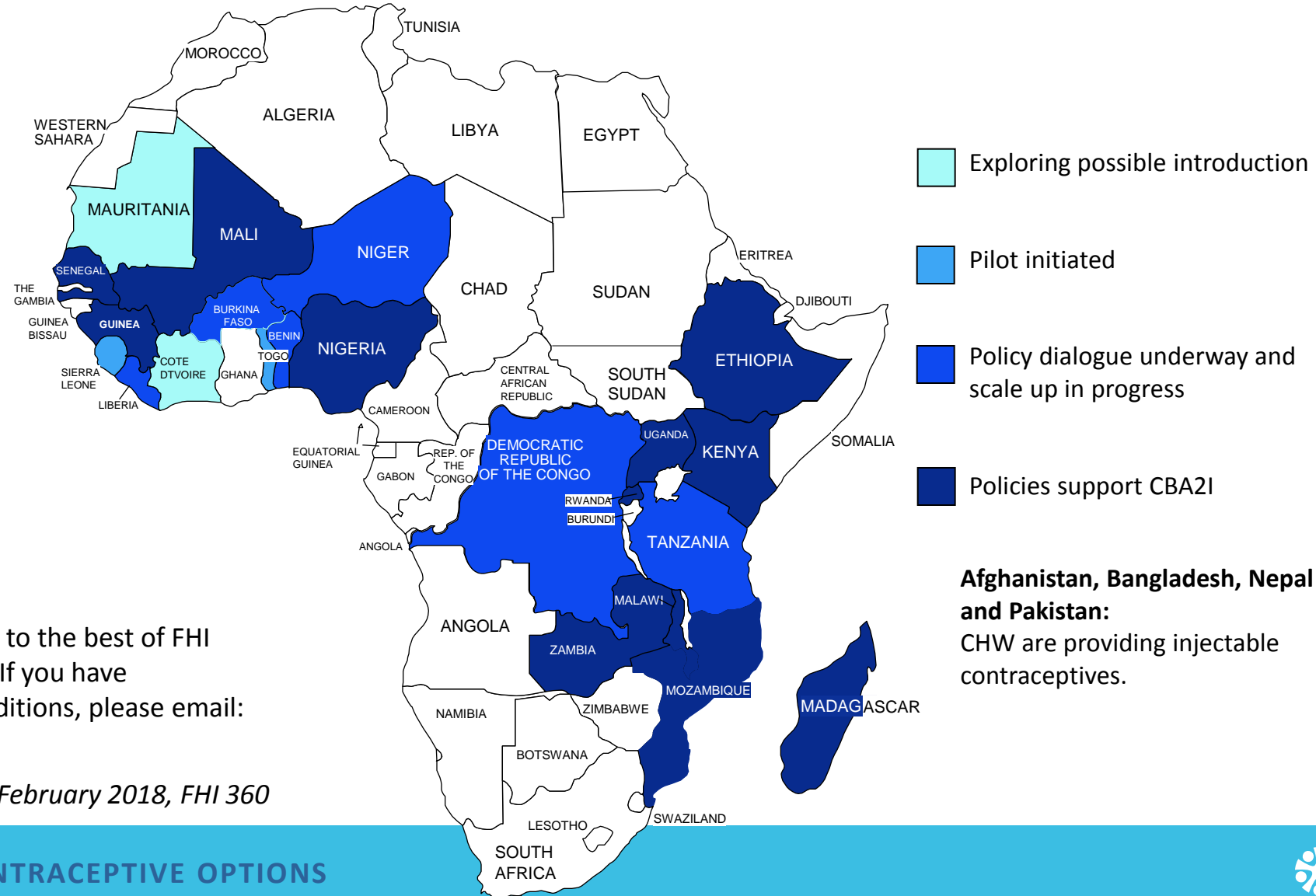
# WHO recommendations on task sharing and injectable contraceptives

Contraceptive Service	Lay Health Workers (e.g., CHWs)	Pharmacy Workers	Pharmacist	Auxiliary Nurse	Auxiliary Nurse Midwife	Nurse	Midwives	Associate/Advanced Associate Clinicians	Non-specialist doctors	Specialist doctors
<ul style="list-style-type: none"> <li>Informed choice counselling</li> <li>Combined oral contraceptives (COCs)</li> <li>Progesterone-only oral contraceptives (POPs)</li> <li>Emergency contraceptive pills (ECPs)</li> <li>Standard Days Method and TwoDay Method</li> <li>Lactational amenorrhea method (LAM)</li> <li>Condoms (male &amp; female), barrier methods, spermicides</li> </ul>										
<ul style="list-style-type: none"> <li>Injectable contraceptives (DMPA, NET-EN or CICs)</li> </ul>										
<ul style="list-style-type: none"> <li>Implant insertion and removal</li> </ul>										
<ul style="list-style-type: none"> <li>Intrauterine device (IUD)</li> </ul>										
<ul style="list-style-type: none"> <li>Vasectomy (male sterilization)</li> </ul>										
<ul style="list-style-type: none"> <li>Tubal ligation (female sterilization)</li> </ul>										

	Considered outside of the typical scope of practice; evidence not assessed.		Recommended against		Recommended in the context of rigorous research		Recommended in specific circumstances		Recommended		Considered within typical scope of practice, evidence not assessed.
--	---	--	---------------------	--	---	--	---------------------------------------	--	-------------	--	---

# Status of CBA2I in Africa—2018



Map is completed to the best of FHI 360's knowledge. If you have suggestions or additions, please email: [cba2i@fhi360.org](mailto:cba2i@fhi360.org)

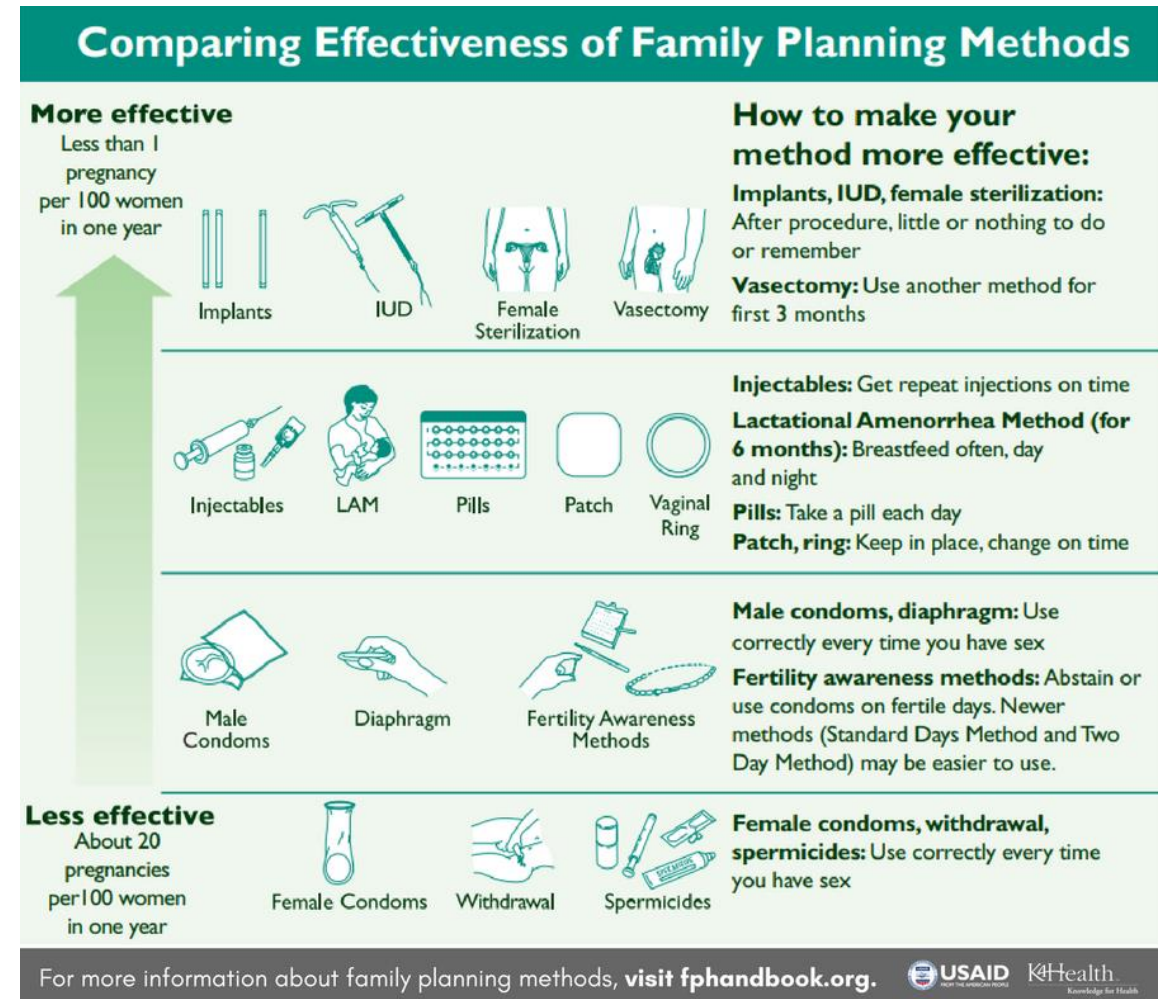
Updated February 2018, FHI 360



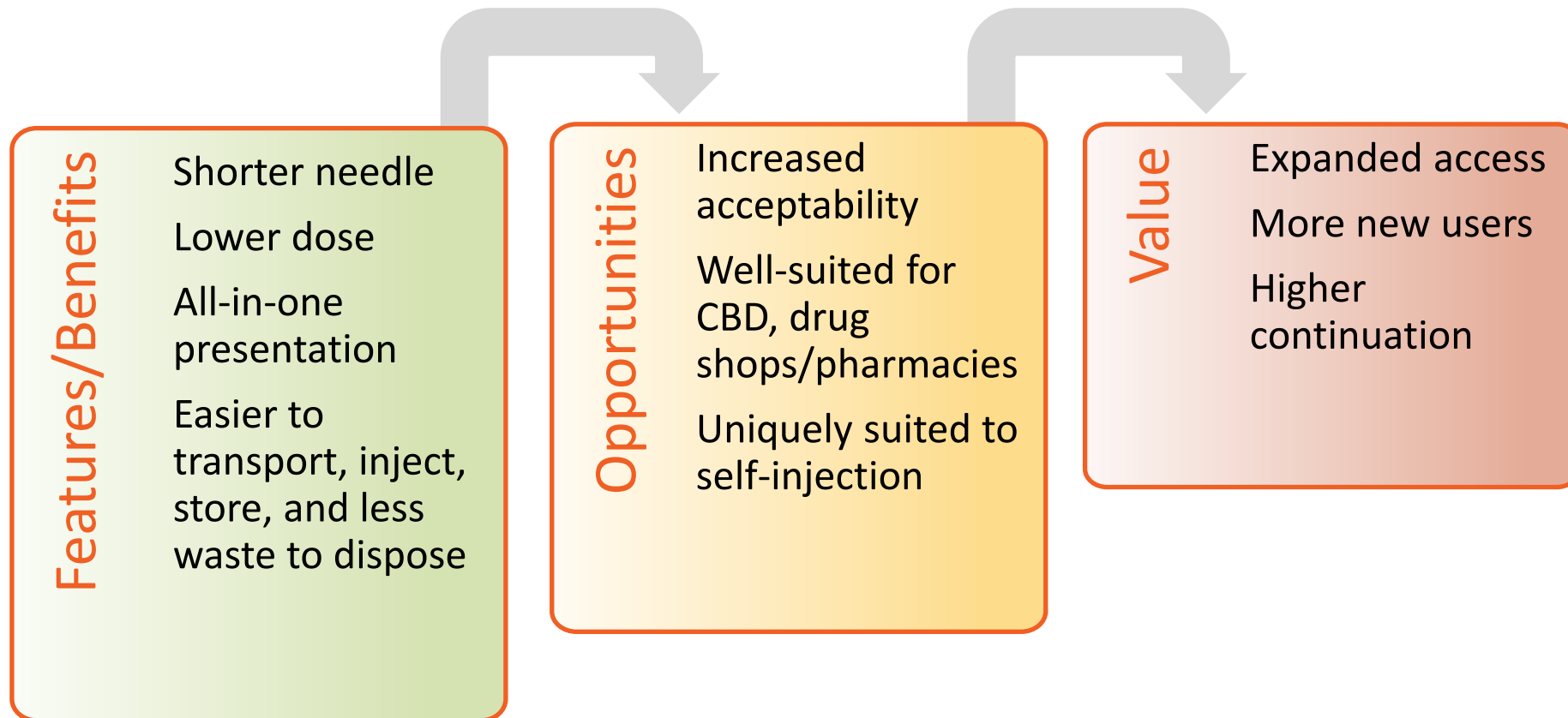
## 2. Provide full and accurate information on all contraceptive options

- Follow guidance in the 2018 update to WHO's *Global Handbook for Providers on Family Planning*.
- The 2018 edition includes information about available and new methods.
  - New Selected Practice Recommendations for DMPA-SC.
  - How to give DMPA-SC injections, and how to train clients to self-inject.
  - Job aid on counseling women at high risk of HIV who want a progestin-only injectable.

Available at: [www.fphandbook.org](http://www.fphandbook.org)



### 3. Consider the potential value of DMPA-SC



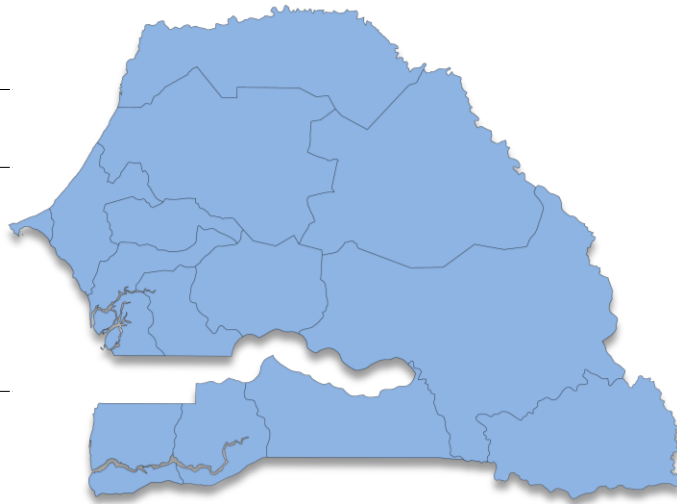
More information: [www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa](http://www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa)

# Evidence from Senegal, Uganda: Most women can learn to self-inject

## Senegal

Self-injection study participants

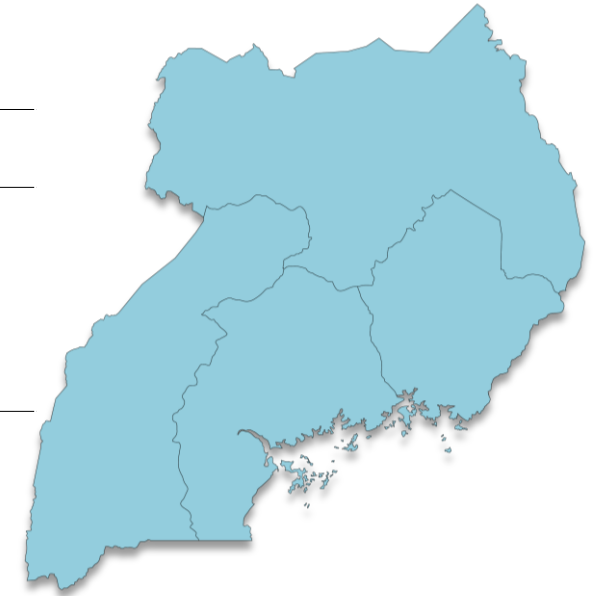
Proficient	<b>87%</b>
Would like to continue self-injecting in the future	<b>93%</b>
Able to store DMPA-SC securely	<b>97%</b>



## Uganda

Self-injection study participants

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



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



PATH/Will Boase

# Self-injection of DMPA-SC can help improve contraceptive continuation—a challenge for injectables

Table 1. Median duration of method use (months) for users in 19 countries

Method	Median duration of use (months)
<b>Modern methods</b>	
IUD	40.0
Condom	16.0
Pill	14.7
<b>Injectable</b>	<b>11.9</b>
<b>Traditional methods</b>	
Periodic abstinence	17.5
Withdrawal	15.2
<b>All methods</b>	<b>19.7</b>

Castle S, Askew I. Contraceptive discontinuation: reasons, challenges and solutions. Family Planning 2020 and Population Council; 2015.

[www.familyplanning2020.org/microsite/contraceptive-discontinuation](http://www.familyplanning2020.org/microsite/contraceptive-discontinuation)



New results from Malawi (FHI 360), Uganda (PATH), and the United States (PPFA) have found higher continuation among women who self-inject relative to those who receive DMPA injections from providers.

# Expanding access and options through injectable programming

## Lessons learned for addressing key challenges

- Consider **all potential delivery channels and approaches** across the total market to maximize access and options for women, including task-sharing and self-injection.
- Mechanisms for **ongoing supervision and support** are critical parts of any task-sharing initiative
- **Informed choice** is always a priority in health worker training and supervision, even (especially!) in the context of initiatives focused on one product or practice.
- Invest in **supply chain and product distribution channels** to ensure all products are consistently available and informed choice is a reality.
- **Support HMIS** that captures the contributions of peripheral delivery channels and alternative practices (e.g., CBD, self-injection, drug shop provision).

Adapted from PATH. *How to Introduce and Scale Up Subcutaneous DMPA (Sayana Press): Practical Guidance from PATH Based on Lessons Learned During Pilot Introduction*. Seattle: PATH; 2018. <http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/introduction/>

# Thank you!

For more information:

[FPoptions@path.org](mailto:FPoptions@path.org)

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

**DMPA-SC Access Collaborative:**

Supporting scale-up across countries

[sites.path.org/rh/recent-reproductive-health-projects/sayanapress/collaborative/](http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/collaborative/)

