

Making new contraceptive products available at the last mile in Uganda—CBD and self-administration

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GENERAL MEMBERSHIP MEETING
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REPRODUCTIVE HEALTH
SUPPLIES COALITION

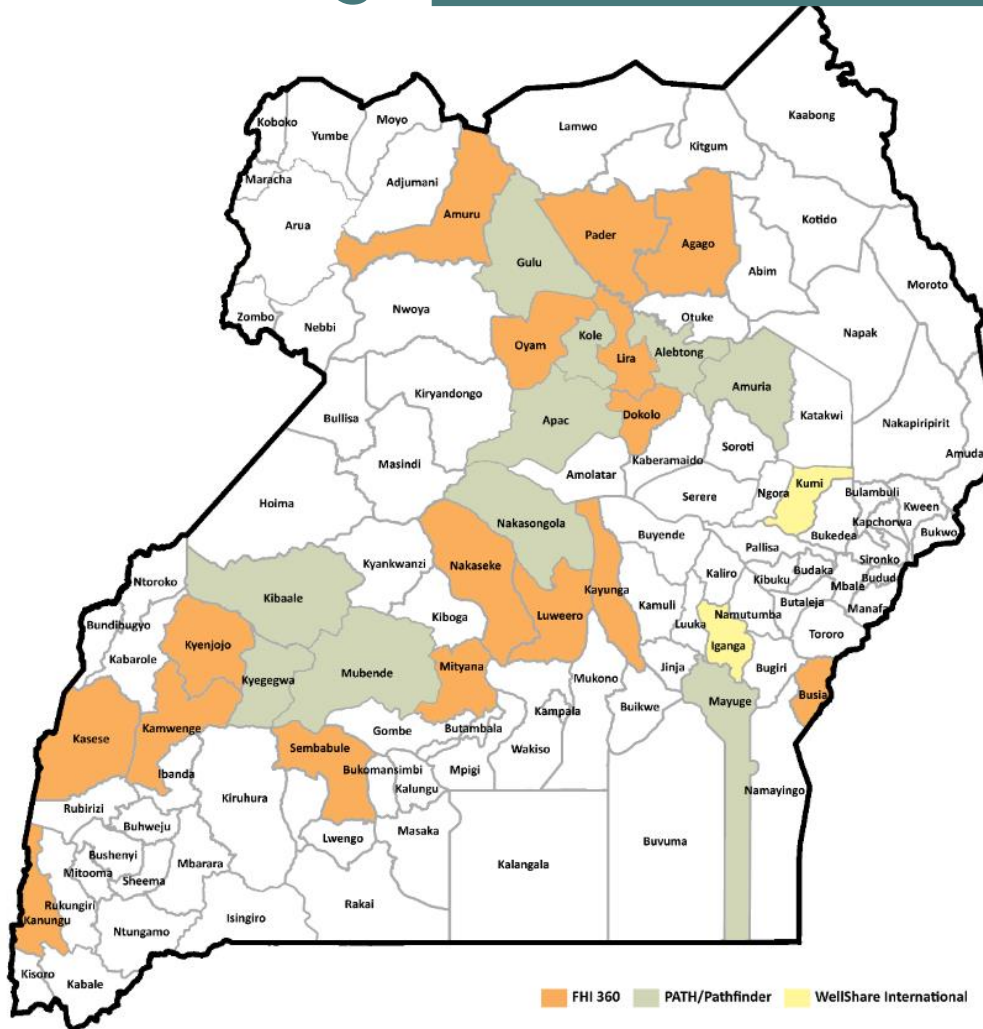
10-14 OCTOBER 2016

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BILL & MELINDA
GATES foundation

Uganda introduced DMPA-SC (Sayana Press) through community-based distribution



Introduction in 28 districts between 2014-2016

First order of 331,000 units of Sayana Press arrived in Uganda August 2014

Procured by UNFPA with funding from donors

Uganda introduction partners

Role	Lead organizations
Overall coordination	MOH PATH
Community health worker (VHT) training, supervision, monitoring	FHI 360 PATH Pathfinder International WellShare International
NGO delivery	Reproductive Health Uganda (Gulu)
Demand generation	Communications for Development Foundation Uganda (CDFU)
Product distribution and supply management	Uganda Health Marketing Group (UHMG)

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2000+ community health workers trained to deliver FP services, including administration of both DMPA injectables

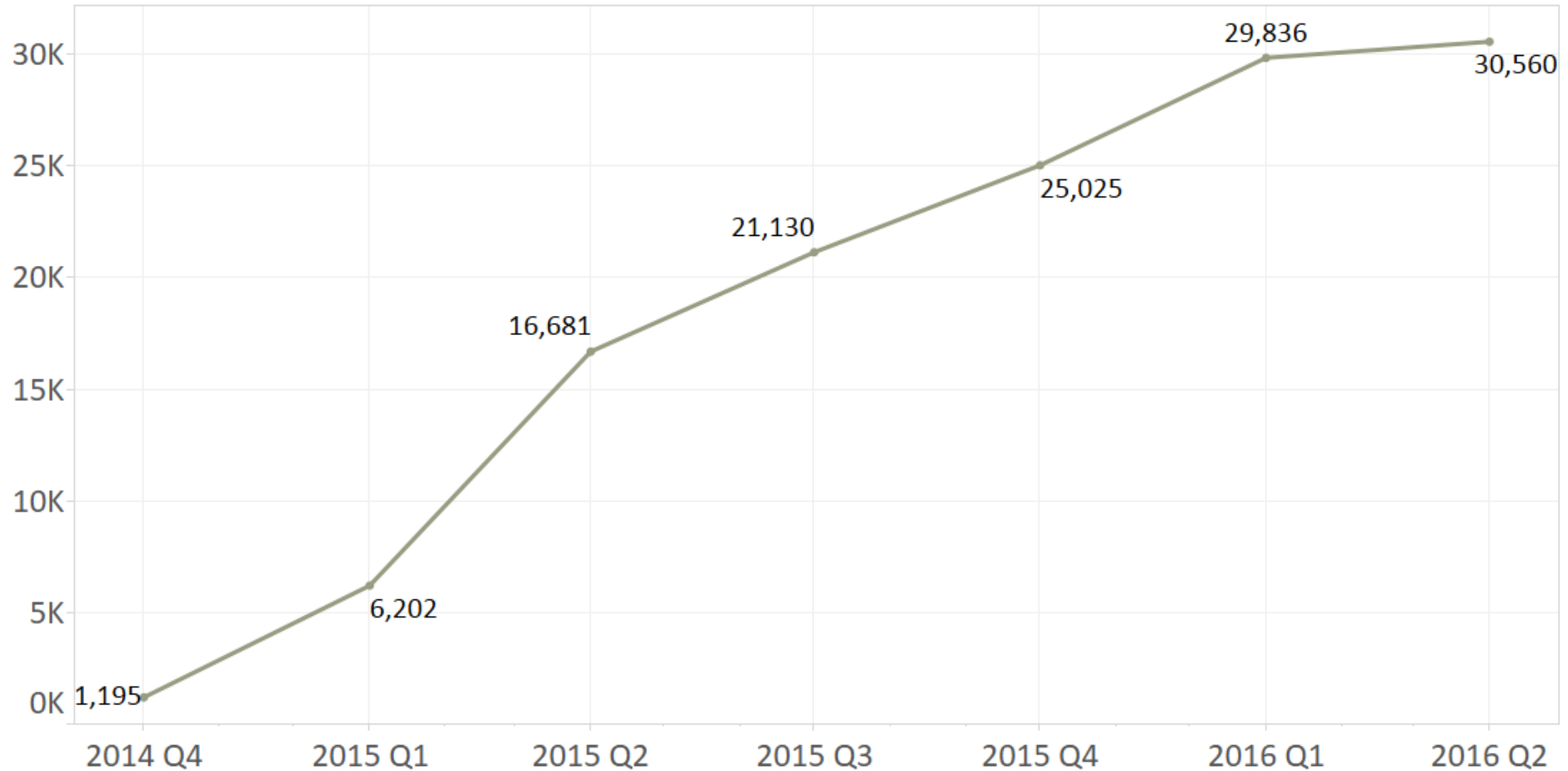
- 2000+ Village Health Teams (VHTs) trained in 28+ districts
- 190 supervisors at Health Center IIs trained to provide support and supplies to VHTs
- Knowledge assessment for VHTs conducted
- Standard checklists used to assess competency with DMPA-SC and DMPA-IM injections
- Training conducted from September 2014 through April 2015
- Transport reimbursement provided to VHTs when they traveled to HCs to pick up supplies and submit data forms



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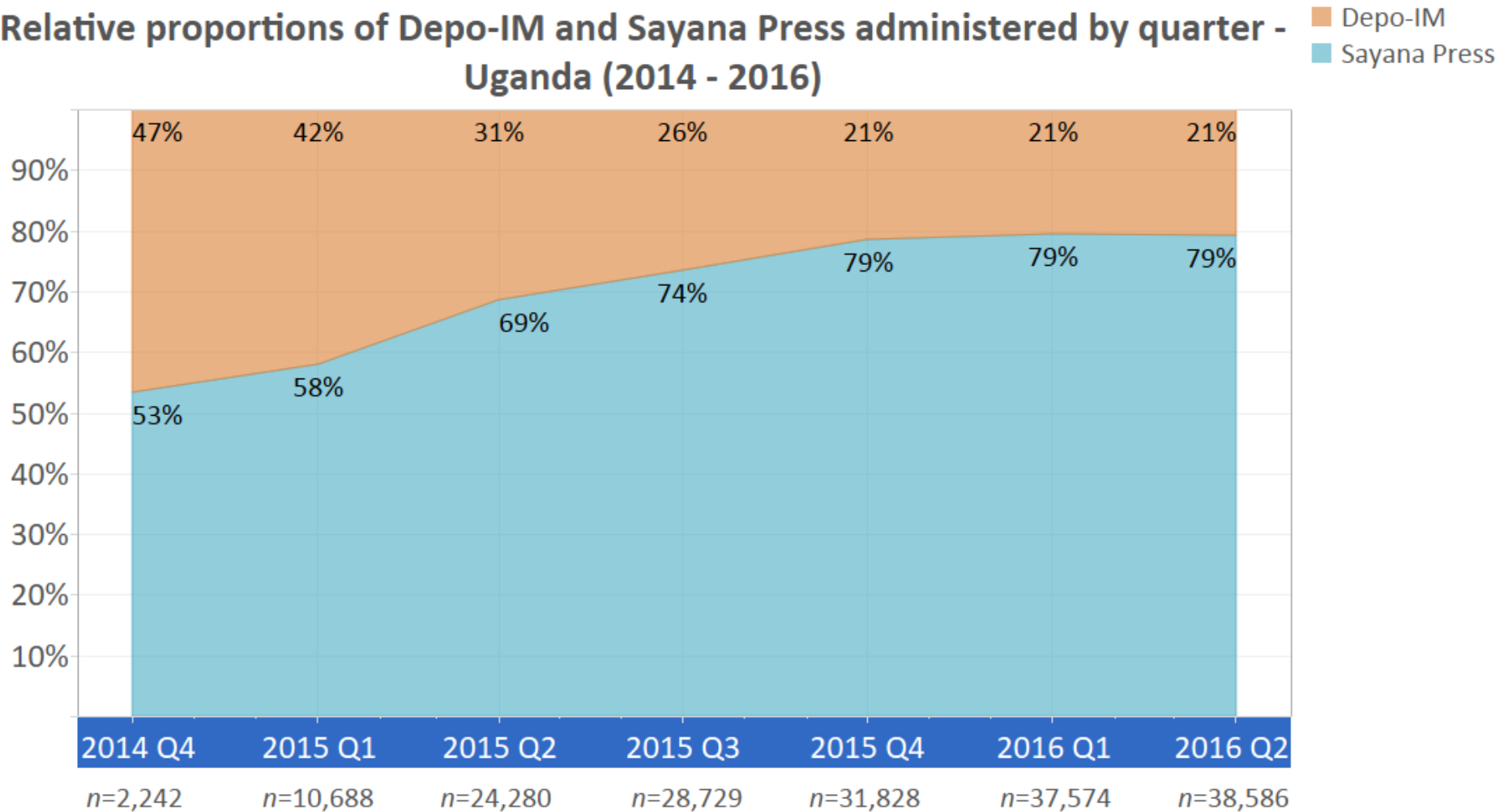
Consumption increased steadily throughout pilot

Sayana Press doses administered by quarter - Uganda (2014 - 2016)



Sayana Press comprises 75% of injectables administered by VHTs

Relative proportions of Depo-IM and Sayana Press administered by quarter - Uganda (2014 - 2016)



2016 - Moving toward scale-up through VHTs and in facilities

- New order of 547,900 Sayana Press units arrived June 2016
- MOH and partners committed to national scale-up
- Many more partners beginning to integrate Sayana Press in family planning work, including through pharmacy and drug shop provision
- Emphasis on integrating Sayana Press in district training, HMIS, distribution systems (National Medical Stores)
- To that end—Sayana Press was integrated in Uganda's Essential Medicines List in September 2016

Late 2016 - PATH/MOH and district leadership introducing self-injection in one district

- Based on promising PATH-MOH Uganda research results to date: 87% of women can self-inject after one-on-one training
- First experience with self-injection in Uganda outside of a research setting/in normal service delivery
- Uganda National Drug Authority approved Sayana Press self-injection label change August 2016 (conditional approval)
- PATH to train and supervise 60 providers in Mubende district to offer self-injection alongside provider administration (funded by CIFF)
- Self-injection offer will be expanded and evaluated in 2017 contingent on MOH approval, new funds

Programmatic and supplies questions about self-injection

- How can we equip providers and clients with placebo units or extra Sayana Press for practice injections? Is practicing injections necessary?
 - Considerations: Increased injection competence v. need to establish an additional supply chain for sample units
- How many units should women be given to take home after they are trained to self-inject?
 - Considerations: Women's contraceptive coverage and autonomy v. stakeholder concerns about resale or leakage of units in communities
- How should women be advised to dispose of the Sayana Press unit after self-injection (e.g., return to clinic, toss in latrine)?
 - Considerations: Convenience and discretion v. sustainable and safe waste management approaches

Conclusions:

CBD of Sayana Press (DMPA-SC) is highly feasible, acceptable in Uganda; seems to reach new users and adolescents

Self injection is feasible, acceptable and has potential of being popular as it ensures treasured privacy in situations where men have not yet fully embraced and supported women to use family planning services

Discussion questions:

Would allowing pharmacists and pharmacy staff to give injections increase access to and availability of DMPA-SC in the settings you work in? What would be required to allow that to happen?

How can community health workers be sustainably motivated to provide family planning services?

How should women be advised to safely and sustainably dispose of Sayana Press units after self-injection?