

# Increasing Access to Injectable Contraceptives

Planning for Introduction of  
depo-subQ provera 104™ in the Uniject®  
Device

Presented to *International Conference on Family  
Planning: Research and Best Practices*

Kampala, Uganda  
November 16, 2009



# PATH's mission



Our mission is to improve the health of people around the world by advancing technologies, strengthening health systems, and encouraging healthy behaviors.



# Injectable contraceptives: Growing demand, challenges to access



- **Global demand for injectables will increase by more than 30 percent by 2015 (UNFPA).**
- **High discontinuation rates:**
  - 21% to 46 % after one year, in part due to distance, time, and cost to return to a facility every three months.



# Depo-subQ in Uniject

## What is depo-subQ provera 104?

- Depot medroxyprogesterone acetate (DMPA) injectable contraceptive.
- Manufactured by Pfizer.
- Use, safety, contraceptive efficacy, and side effect profile equivalent to that of DMPA 150 mg.
  - Administered every three months (12-14 weeks).
  - 104 mg of DMPA required for subcutaneous injection.
  - Packaged in Uniject.

## What is the Uniject device?

- Prefilled injection system developed by PATH in 1987 in response to WHO's call for improved injection delivery designs.
- Designed to overcome challenges facing low-resource settings, including:
  - Reuse of syringes or needles.
  - Vaccine waste.
  - Access to health facilities.
- Sold by Becton, Dickinson and Company (BD) in bulk, prefillable (empty) form to drug producers.



# Opportunities to improve access

## Depo-subQ in Uniject has the potential to increase:

- **Quality of service provision:**
  - Safety (exact dose, sterility, non-reuse).
  - Programmatic benefits (provider/client satisfaction, logistics, disposal).
  - Reduced weight and volume—logistics benefits related to:
    - Storage.
    - Distribution.
    - Waste disposal.
- **Access to injectable contraceptives:**
  - Delivery by community based health workers facilitated by:
    - Ease of use (prefilled, single dose).
    - Easier training compared to intramuscular (IM) presentation.
    - Less weight to carry, less volume to store, and less waste to dispose.
    - No mismatch of vials and needles/syringes.



# Limited introduction of depo-subQ provera 104™ in the Uniject® Device

## Project objectives:

1. Generate data and experience to inform introduction plans for depo-subQ in Uniject in up five sub-Saharan African and South Asian countries.
2. Assist focus countries to develop introduction plans and create a climate of national readiness for product introduction.
3. Stimulate introduction planning in other early adopter countries.



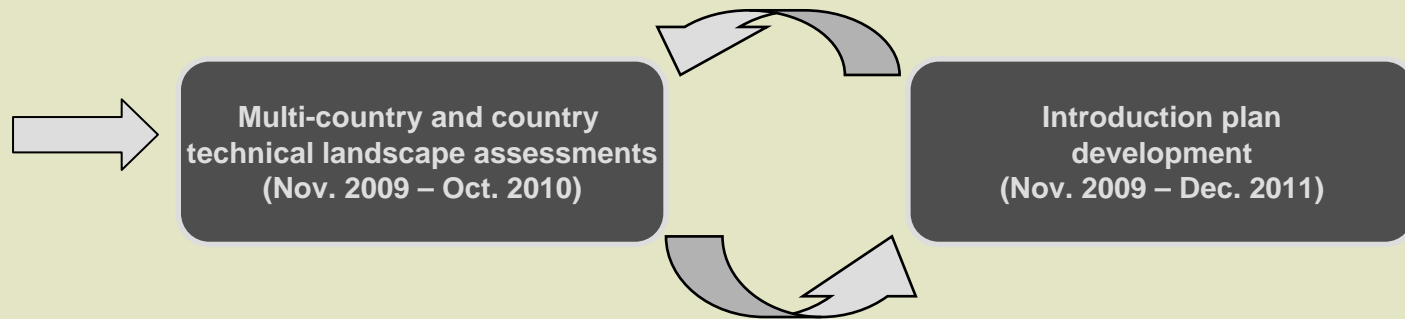
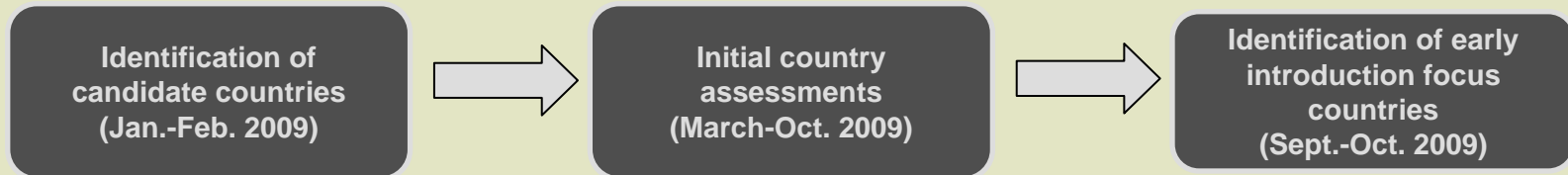
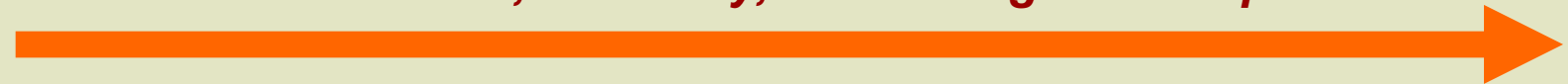
**Funding:** Grant from Bill & Melinda Gates Foundation.

**Timeline:** January 2009 through December 2011.



# Project framework and timeline

*Dissemination, advocacy, and strategic development*



*Global and country-level stakeholder engagement*



# Initial assessments: overview

Initial country  
assessments  
(March-Oct. 2009)

- **Eight countries:** Bangladesh, Ethiopia, Kenya, Malawi, Nigeria, Pakistan, Rwanda, and Senegal.
- High-level analysis to gather information, identify opportunities and challenges, and obtain country perspectives.
- Meetings with 30-50 informants in each country to assess stakeholder interest in and commitment to product and project.
- Findings provided direction for focus country identification and global introduction planning.



# Initial assessments: findings

Initial country  
assessments  
(March-Oct. 2009)

## **Time saving:**

- All-in-one drug and needle.
- Pre-dosed.

## **Improved injection safety:**

- Cannot be reused.

## **Benefits for non-clinic access and lower-level providers:**

- Reduced training time and cost.
- Exact dosage, no need to draw from vial.

## **Potential to influence community access policies.**



# Initial assessment: findings

Initial country  
assessments  
(March-Oct. 2009)

## Logistics and service delivery benefits:

- Procurement streamlined due to single item.
- Potential transport and storage cost savings.
- No need to account for and bundle vials and syringes.
- No mismatch between vials and syringes at service point.
- Less bulk for providers to carry when on foot or bike.
- Less medical waste.



# Project focus country identification

Identification of early  
introduction focus  
countries  
(Sept.-Oct. 2009)

- **Criteria developed in coordination with Global Technical Advisory Group.**
- **Informed by research, initial assessments, and stakeholder input.**
- **Considerations and criteria included:**
  - Interest in and feasibility of product introduction.
  - Country-level support for family planning (government, NGO, etc.).
  - Potential for product to increase access to family planning.
  - Activities appropriate to project timeframe and scope.
  - Diverse portfolio of countries.



# Project focus countries

Identification of early  
introduction focus  
countries  
(Sept.-Oct. 2009)

## Up to five countries over three-year project timeframe:

- **Initiating landscape assessment and introduction planning:**
  - Kenya.
  - Rwanda (*in collaboration with Family Health International*).
  - Malawi.
  - Senegal.
- **Continuing to assess interest and feasibility:**
  - Ethiopia.
  - Pakistan (*in partnership with MSS Pakistan*).
- **Additional countries:**
  - Initiating introduction planning under USAID program.
  - Collaborations to transfer PATH-developed processes, guidelines, and tools.



# Landscape assessment

Multi-country and country technical landscape assessments (Nov. 2009 – Oct. 2010)

Introduction plan development (Nov. 2009 – Dec. 2011)

## Our goal: a **product introduction plan** that is:

- **Specific**: Will use analyses and information relevant to each country's family planning goals, strategies, market, and systems.
- **Action-driven**: Will enable practical introduction when product is registered and available, with identified roles and responsibilities.
- **Time-limited**: Will identify steps required for product introduction to begin within two years of completing the plan.



# Building a country introduction plan

## MULTI-COUNTRY TOOLS

- Demand models for product
- Logistics benefits
- Financing innovations

## COUNTRY LANDSCAPE ASSESSMENTS

- Planning/procurement
- Logistics system
- Service delivery system
- Distribution channels
- Training and supervision
- Communications
- Policy
- Advocacy

## INTRODUCTION PLAN



Adapt to country context & apply to technical areas

PLAN BUILDING



# Multi-country tools

## **Demand models:**

- Create scenarios to estimate depo-subQ in Uniject market share and size.

## **Logistics benefits:**

- Estimate potential storage, distribution, and waste disposal benefits.

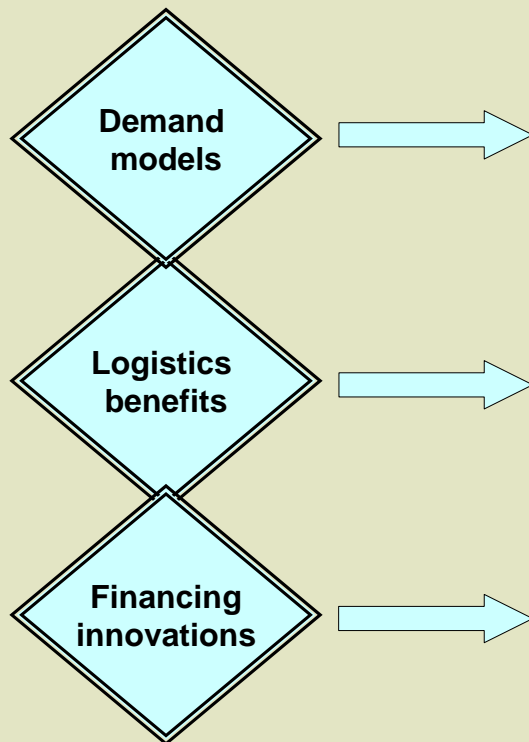
## **Financing innovations:**

- Identify potential alternative financing strategies.



# Country landscape assessments

## Multi-country tools



## Country landscape assessments



# Conclusion

- Systematic, action-driven introduction planning for depo-subQ in Uniject is anticipated to increase access to injectable contraceptives.
- Processes, guidelines, and tools will be documented and widely disseminated.



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[www.path.org](http://www.path.org)

