HP+ POLICY *Brief*
February 2018

DMPA-SC Introduction and Scale-Up in Nigeria:

Future Benefits for Contraceptive Use and Savings

Overview

Injectable contraceptives are increasingly popular in Nigeria (and many other countries) due to their convenience, privacy, and effectiveness.[i] Until recently, the most common injectable contraceptive—depot medroxyprogesterone acetate (DMPA-IM)—was an intra-muscular injection requiring a vial and syringe. But now, after decades of product development and research, a subcutaneous formula (DMPA-SC) has been paired with an all-in-one syringe (Uniject), creating a single, easy-to-use product, currently commercially branded as Sayana Press. DMPA-SC is highly acceptable, effective, and easy-to-use,[ii] and is now being introduced or scaled up in over a dozen countries. DMPA-SC has been heralded as a possible "game changer" for family planning, due to its easy administration by paraprofessionals like junior community health extension workers, community-based distributors, proprietary and patent medical vendors (PPMVs), or even clients themselves.[iii]

In Nigeria, DMPA-SC is approved for provider- and self-injection, and the method is distributed in the public and private sectors. In 2017, the Federal Ministry of Health led the development of the *Strategic Plan for DMPA-SC Introduction and Scale-Up*, a roadmap for expanding access and accelerating progress toward Nigeria's National Family Planning Blueprint (Scale-Up Plan). As part of the strategic plan development process, the ministry—with technical support from the Health Policy Plus project (funded by the U.S. Agency for International Development) and the Technical Support Unit project (funded by the Bill & Melinda Gates Foundation)—applied a new DMPA-SC Impact Model to quantify the potential family planning programmatic impact and cost implications of DMPA-SC introduction and scale-up in Nigeria by 2021.

The Vision for DMPA-SC in Nigeria

According to the *Strategic Plan for DMPA-SC Introduction and Scale-Up,* the Federal Ministry of Health aspires to fully scale-up DMPA-SC across all 36 Nigerian states and the Federal Capital Territory by 2021. By that year:

- All eligible providers across public and private sectors will be trained on DMPA-SC service provision, including counselling women on self-injection
- Village health workers will serve as public-sector community-level providers of DMPA-SC
- Pharmacies and PPMVs will be able to legally stock and administer DMPA-SC and junior community health extension workers will be able to provide injections

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Nigeria Today

- Approximately 15% of all women use a modern method of family planning. An additional 19% of women do not want a child, but are not using any method of contraception.
- The largest share of modern method users—28%—rely on injectables.
- Among non-users desiring to delay their next birth, health-related or other concerns regarding the method were among the top three reasons for not using contraception (21%).
- Currently, DMPA-SC availability is concentrated at the facility level across pilot states in public and private sectors.
- Barriers exist to DMPA-SC use at the community level within the public sector. For instance, junior community health extension workers are not allowed to administer any form of injectables and community-based distributors are underutilized for non-prescriptive family planning methods.
- DMPA-SC availability is limited at the community level within the private sector; pharmacies and medical vendors cannot legally sell or inject DMPA-SC.

Sources: PMA2020 2017 and Track20 2017 data[v]

The Impact of DMPA-SC Scale-Up

What are the possible impacts of realizing this ambitious national strategy?

Nigeria could achieve a modern contraceptive prevalence rate of 19.5% by 2021, compared to a scenario of 18.3%[iv] without DMPA-SC (see Figure 1). This translates to an additional 660,000 family planning users in 2021.

The main pathway driving this boost is increased access to DMPA-SC in the private sector (see Figure 2). Specifically, a liberalized task-shifting policy and legal provision of DMPA-SC below the senior community health extension worker level would enable the large fleet of PPMVs and community pharmacies to provide DMPA-SC across the country. Moreover, because of its all-in-one delivery mechanism, DMPA-SC could help avert non-use of injectables due to consumable stock-outs or unaffordability of syringes. Women using DMPA-SC may also be less likely to discontinue the method for reasons related to easier access and fewer real or perceived side effects.

Introducing and scaling-up DMPA-SC in Nigeria would cost approximately US$80 million—this includes expenditures for training, demand creation, monitoring and evaluation, coordination, and policy and advocacy activities associated with national DMPA-SC scale-up. Despite this initial investment, **Nigeria would still experience a net gain of US$49 million over 5 years after accounting for these introduction and scale-up costs** (see Figure 3). Most of the savings accrue through reduced opportunity cost to the client from time spent going to the health facility and at the facility (including time with the provider). **Nigeria could realize a 61% 5-year rate of return on investment if it scales up DMPA-SC according to the strategic plan**. The investment required for DMPA-SC introduction and scale-up would be returned in just 2.5 years.

Realizing the Benefits

Both federal and state governments—as well as nongovernmental organizations, commercial actors, and implementing partners—have a key role to play to realize the gains from DMPA-SC uptake. This requires fully implementing the DMPA-SC introduction and scale-up strategy, with specific attention to:

- Committing financial resources for training family planning providers in Nigeria on DMPA-SC, including activating the village health worker scheme, and ensuring that family planning providers are trained on counselling clients on self-injection
- Expanding the country's task-shifting policy to enable lower-level providers and health staff to provide DMPA-SC
- Implementing policy, regulatory, distribution, and training requirements to 1) facilitate self-injection and 2) engage PPMVs and community pharmacies as points of sale/provision of DMPA-SC

References

[i] Adetunji, J.A. 2011. "Rising Popularity of Injectable Contraceptives in Sub-Saharan Africa." *African Population Studies* Vol 25, 2.

[ii] Burke, H.M., M.P. Mueller, B. Perry, C. Packer, L. Bufumbo, et al. 2014. "Observational Study of the Acceptability of Sayana Press among Intramuscular DMPA Users in Uganda and Senegal." *Contraception* 89(5): 361–7; Polis, C.B., G.F. Nakigozi, H. Nakawooya, G. Mondo, F. Makumbi, et al. 2014. "Preference for Sayana Press versus Intramuscular Depo-Provera among HIV-Positive Women in Rakai, Uganda: A Randomized Crossover Trial." *Contraception* 89(5): 385–395.

[iii] Spieler, J. 2014. "Sayana Press: Can it be a 'Game Changer' for Reducing Unmet Need for Family Planning?" *Contraception* 89: 335–338.

[iv] Track20 modern contraceptive prevalence rate projection for Nigeria.

[v] PMA2020. 2017. "PMA2017/Nigeria-R2 Performance Monitoring & Accountability 2020." Available at: http://www.pma2020.org/sites/default/files/NGR4-NATIONAL-FPBrief-v12-2017-08-03-sj-ep.pdf; Track20. 2017. "Nigeria." Available at: http://track20.org/pages/participating_countries/countries_country_page.php?code=NG.

Figure 1. Boost to Modern Contraceptive Prevalence Rate (mCPR)

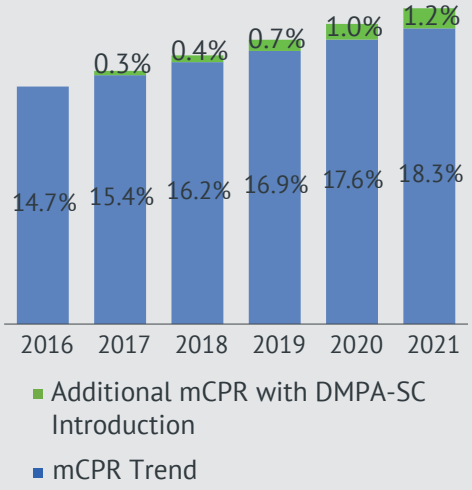


Figure 2. Pathways Driving Boost

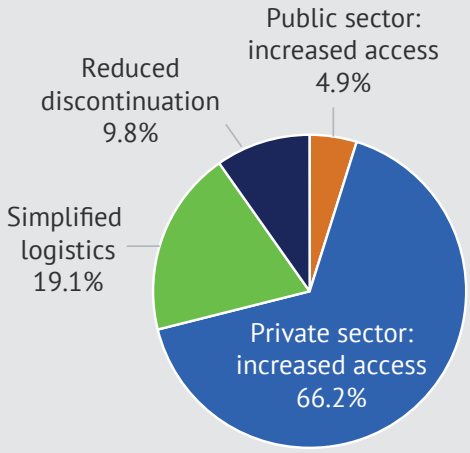
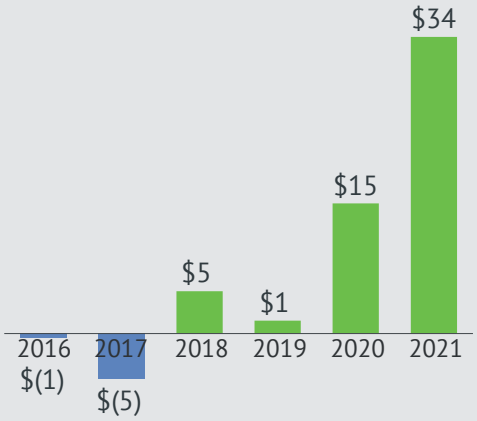


Figure 3. Annual Net Cost Savings (Million US$)



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