

Contraceptive Method Introduction to Expand Choice: A Strategic Planning Guide

June 6, 2022



Agnes Chidanyika, UNFPA Moderator

Agnes Chidanyika, is a Technical Advisor with UNFPA, Technical Division, New York. She leads UNFPA's work on method mix, availability to choice and broad range of contraceptive methods. Her work focuses on the safe introduction of new contraceptive methods and scale-up of existing and lesser-used contraceptive methods. Agnes comes from an SRH background with over 25 years' global and developing country experience in contraceptive options, family planning, HIV/STI prevention and clinical trials. She holds an MPH in Epidemiology & Biostatistics from University of California, Berkeley (USA), an MBA in Health and Population from Keele University (UK) and a BSc Life Sciences from University of East London (UK).



Today's Agenda

- | | |
|-------------------------------------|-----------------------------|
| → Opening and Welcome | Agnes Chidanyika, UNFPA |
| → Setting the Stage | Mark Barone, BMGF |
| → Strategic Planning Guide Overview | Ashley Jackson, PATH |
| → Country Perspective: Nigeria | Zainab Sa'idu, CHAI Nigeria |
| → Country Perspective: Uganda | Robert Mutumba, MOH Uganda |
| → Questions & Answers | Agnes Chidanyika, Moderator |
| → Closing | Agnes Chidanyika, Moderator |



Before we Begin



Webinar will be recorded



Submit your questions anytime



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fphighimpactpractices.org



Download the handouts



What are the High Impact Practices (HIPs)?



Evidence-based
family planning
practices



Vetted by experts
against specific
criteria



Documented in
an easy-to-use
format



HIP Categories

HIP briefs are grouped into three primary categories:

Enabling Environment	Service Delivery	Social and Behavioral Change
Address systemic barriers that affect an individual's ability to access family planning information & services.	Improve the availability, accessibility, acceptability, and quality of family planning services.	Influence knowledge, beliefs, behaviors, and social norms associated with family planning.
Enhancements		
Approaches used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach.		



HIP Briefs

HIP briefs define the *practice* and summarize evidence of *impact* and experiential learning from implementing.



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PLANNING
HIGH IMPACT
PRACTICES

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UNFPA

INTRODUCING NEW
CONTRACEPTIVE METHODS
TO EXPAND CONTRACEPTIVE
OPTIONS & CHOICE

6th June 2022 – IBP HIP webinar



UNFPA Strategic Plan 2022 - 2025



Accelerate progress towards achievement of the three transformative results

Outcome 1



By 2025, the reduction in the unmet need for family planning has accelerated

Outcome 2



By 2025, the reduction of preventable maternal deaths has accelerated

Outcome 3



By 2025, the reduction in gender-based violence and harmful practices has accelerated

For family planning, we know:

- **257 million** Women of Reproductive Age have unmet need for contraception
- Access to contraceptives, FP information and services prevents pregnancy-related morbidity and mortality and advances human rights and empower women and girls

UNFPA
Approach

EXPANDING CONTRACEPTIVE OPTIONS & CHOICE



Broaden range of contraceptive products that can be sourced through UNFPA

- Advocacy with manufacturers to pursue internationally accepted quality-assurance processes
- Addition of new contraceptive technologies and supplies to UNFPA Catalogue

Market shaping initiatives to secure price reductions and volume guarantees to better optimize demand and supply

Providing catalytic funding to facilitate introduction activities

- Established the New & Lesser Used Commodities Fund
- Seed Fund to expand access and reach most vulnerable

Work with national governments

- Assess what is currently available in the country's method mix
- Policy dialogue/ advocacy to prevent method skews/ consider other contraceptive options
- Guidance on decision-making on contraceptive method introduction
- Development of Introduction/scale up plans that incl. monitoring and documenting lessons learnt during pilots or roll out
- Programmatic support e.g. review of policy/ guidelines, provider training, commodity management in-country
- Implementation research to inform on policy, planning and scale-up

KEY CONSIDERATIONS/REQUIREMENTS



Appropriate and structured introduction of new methods

Users' needs for additional contraceptive choices

- Desire for improved formulations - meeting individual needs/ preferences
- Rights-based: Availability, Accessibility, Acceptability and Quality
- Decisions driven by country needs

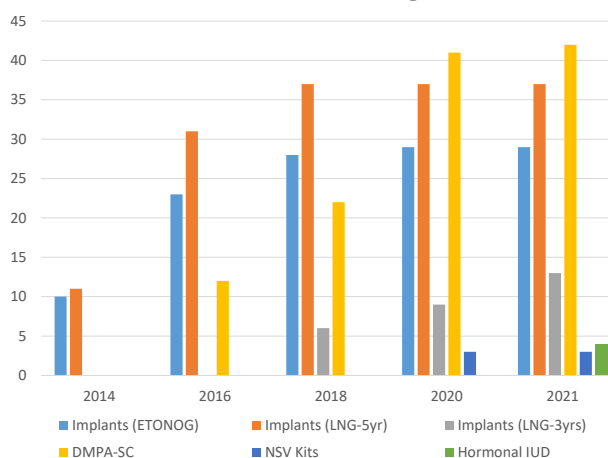
Health system and facility readiness and preparedness

- Ability and capacity of FP programmes to provide new method
- Strategic and operational factors (policy, regulatory, costed strategy/introduction plans, service delivery, provider training, coordination & partnerships)
- Integration into national systems (data management information systems (HMIS/LMIS), logistics, supply chain)

PROGRESS
SO FAR

*Data based on UNFPA Supplies Partnership countries
 Contraceptive Vaginal Ring (pipeline)

Number of countries* introducing new methods



Coordination & Partnerships

- Ministries of Health, Technical Working Groups, New & Lesser Used Committees, other partners
- Implant Access Programme
- Implant Removal Task Force: [Introducing 20 Essential Resources: Quality Contraceptive Implant Removal • Knowledge SUCCESS](#)
- DMPA-SC Operations Group/Access Collaborative
- Hormonal IUD Access Group
- Training Resource Package for Family Planning Working Group: [Training Resource Package for Family Planning | fptraining.org](#)

Contraceptive Method Introduction to Expand Choice: A Strategic Planning Guide



Today's Panelists



Mark Barone
BMGF



Ashley Jackson
PATH



Zainab Sa'idu
CHAI Nigeria



Robert Mutumba
MOH Uganda



Mark Barone BMGF

Dr. Mark Barone is a deputy director on the Family Planning team at the Bill & Melinda Gates Foundation. He leads the foundation's work to discover and develop new contraceptive methods as well as expand the availability of new and existing contraceptives in low- and middle-income countries. Mark has nearly 30 years of experience in biomedical, clinical, epidemiological, and implementation science research, as well as in strategic and technical leadership and management of public health programs in resource-poor settings. Before joining the foundation in 2021, Mark was a senior scientist at the Population Council's Center for Biomedical Research. Prior to that, he spent several decades at EngenderHealth.



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CONTRACEPTIVE METHOD INTRODUCTION TO EXPAND CHOICE: A STRATEGIC PLANNING GUIDE

SETTING THE STAGE

Mark Barone, Deputy Director, Family Planning/Expand Method Choice
High Impact Practices Webinar
6 June 2022

Contraceptive Method Introduction to Expand Choice: A Strategic Planning Guide

Introducing new contraceptive options, including multiple products within a method category, into a health system and market can contribute to broader efforts to meet individuals' needs and desires throughout their reproductive lives.

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THE CHALLENGE WE FACE

Globally, an estimated 257 million women who want to avoid pregnancy are not using safe, modern methods of contraception.

Source: UN DESA (United Nations Department of Economic and Social Affairs), Population Division, 2021. Website: <https://www.un.org/development/desa/pd/data/family-planning-indicators>

Why?



Awareness



Accessibility



Opposition



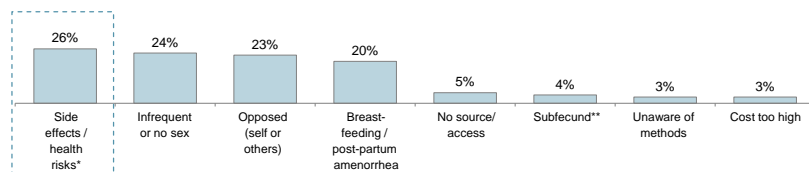
Challenges with available methods

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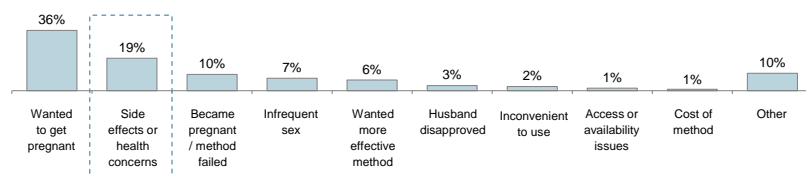
UNDERSTANDING THE USER IS CRITICAL TO INCREASING CONTRACEPTIVE USE AND CONTINUATION

Specified reason for contraceptive non-use (% women with unmet need)¹

(Note: Respondents can cite more than one reason)



Specified reason for method discontinuation (% women)²



Side effects / health concerns are the most common method-related reasons for both non-use and discontinuation

Addressing side effects could lead to increased contraceptive use among 30M potential users (11M naïve, 19M discontinued) in Sub-Saharan Africa and 19M potential users (12M naïve, 7M discontinued) in India

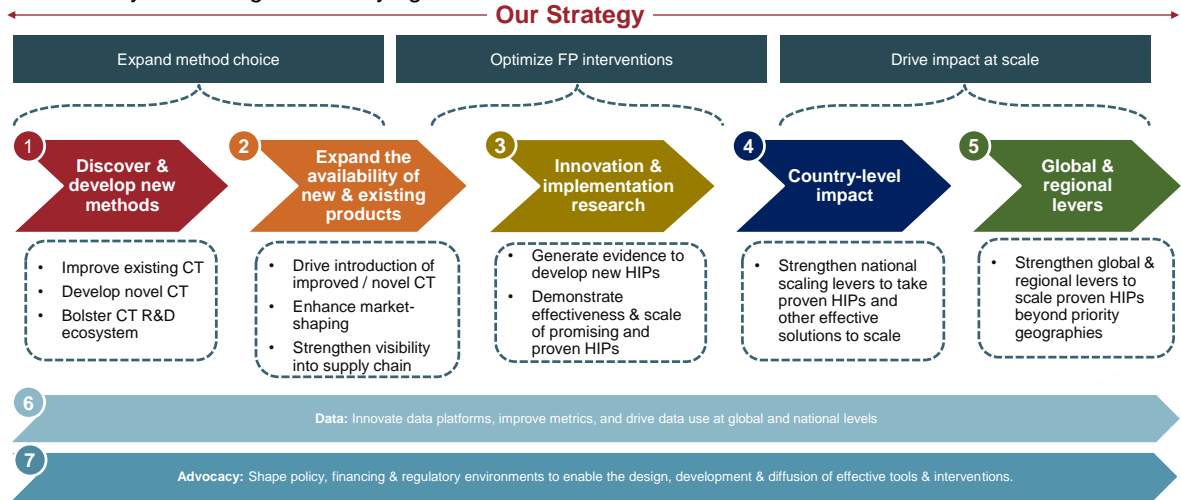
1. The value of each bar is an unweighted average of responses in 52 countries. * Includes a small proportion of women citing inconvenience of use of method. ** Respondent reported subfecund or infecund. Source: Sedgh et al. Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method. Guttmacher Institute, 2016. 2. The value of each bar is an unweighted average of responses in 52 countries. Countries included: Benin (2011), Ghana (2014), Mali (2012), Niger (2012), Nigeria (2013), Burkina Faso (2010), Ethiopia (2016), Rwanda (2014), Senegal (2017), Tanzania (2015), Zambia (2013), Bangladesh (2014), India (2015), Kenya (2014), Nepal (2016), Pakistan (2017), Zimbabwe (2015). Source: Most recent DHS data

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OUR STRATEGY: FROM RESEARCH TO IMPACT

Goal: Accelerate voluntary use of modern contraception among women and girls in the world's poorest countries by increasing and satisfying demand.



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WE SUPPORT COORDINATION & INTRODUCTION OF NEW METHODS

SUPPLY AND DEMAND SIDE EFFORTS



Implant Access Program



DMPA-SC and self-injection



Hormonal IUD



Foster stronger global and local FP supply chains



SEMA Reproductive Health (Shaping Equitable Market Access for Reproductive Health)



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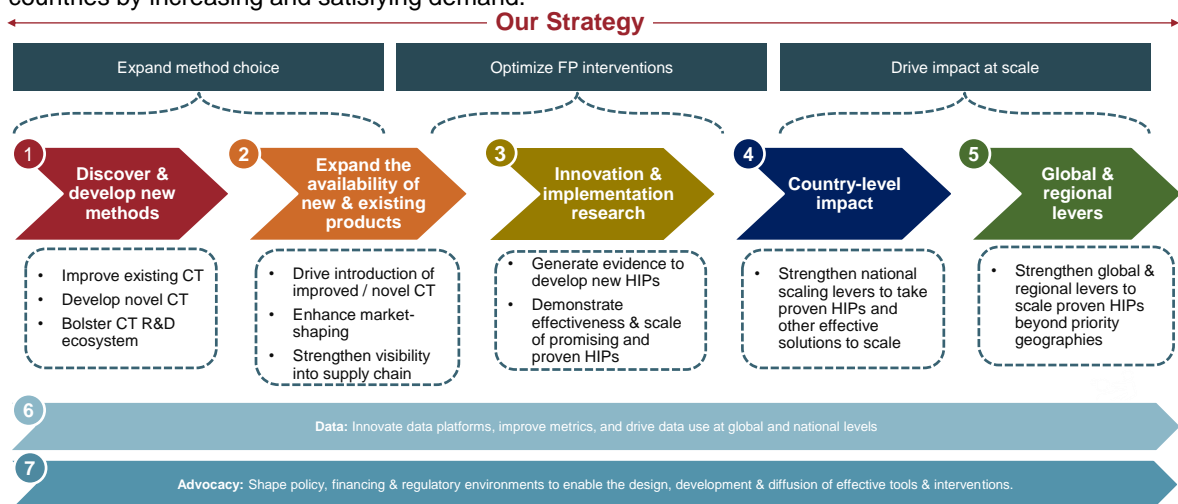
SEMA AIMS TO TRANSFORM SRH MARKETS INCLUDING SUPPORT FOR NEW PRODUCT INTRODUCTION



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OUR STRATEGY: FROM RESEARCH TO IMPACT

Goal: Accelerate voluntary use of modern contraception among women and girls in the world's poorest countries by increasing and satisfying demand.



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WE ARE A MEMBER OF THE HIP CO-SPONSORS THAT SET THE STRATEGIC DIRECTION FOR THE HIPS PARTNERSHIP

USAID, FP2030, IPPF, UNFPA, BMGF and IBP/WHO **serves as a secretariat** of the HIPs partnership.

- Set agendas for annual HIP Partners and Technical Advisory Group (TAG) meetings,
- Ensure coordination among various groups working on HIP activities,
- Select new members for the HIP TAG,
- Provide updates to endorsing organizations regarding ongoing and completed work and activities relevant to the HIP work,
- Select members of the HIP Technical Expert Groups,
- Discuss and approve new types of HIP products, and
- Support promotion and outreach of the HIP Partnership as necessary.



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THE WORK IS
COMPLICATED.

WHY WE DO IT IS NOT.

THANK YOU



Ashley Jackson PATH

Ashley Jackson leads PATH's Sexual and Reproductive Health (SRH) team. She has 15 years of experience working with stakeholders to introduce and scale SRH innovations, from youth-powered programs to contraceptive technologies. Prior to joining PATH in 2022, Ashley worked for Population Services International as the Deputy Director of the global USAID project Expanding Effective Contraceptive Options. She has a Master of Science in Public Health from the Johns Hopkins Bloomberg School of Public Health.



Contraceptive Method Introduction to Expand Choice: A Strategic Planning Guide

Co-author team:

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Council)

Purpose

- Facilitate efficient, rights-based method introduction to expand contraceptive choice
 - High-level summary of “how to” guidance
 - *Not* a review of the evidence for method introduction



<https://www.fphighimpactpractices.org/guides/contraceptive-method-introduction/>

Process

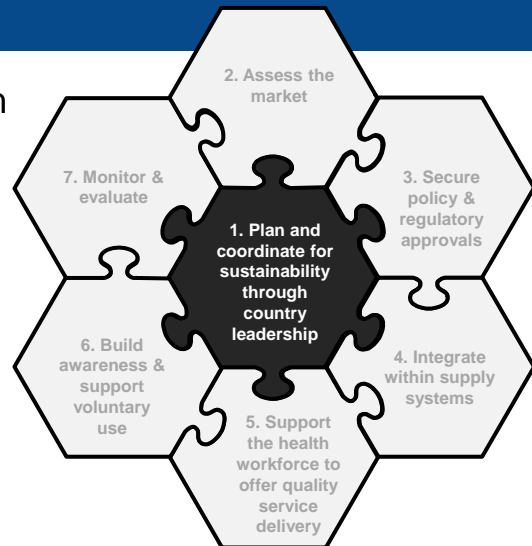


Photo credit: Reproductive Health Supplies Coalition

- Scanned peer-reviewed and gray literature and identified **36 relevant resources**
- Distilled key guidance into just **4 pages**
 - Links to more resources
- Reviewed by **35 experts** from 10 countries

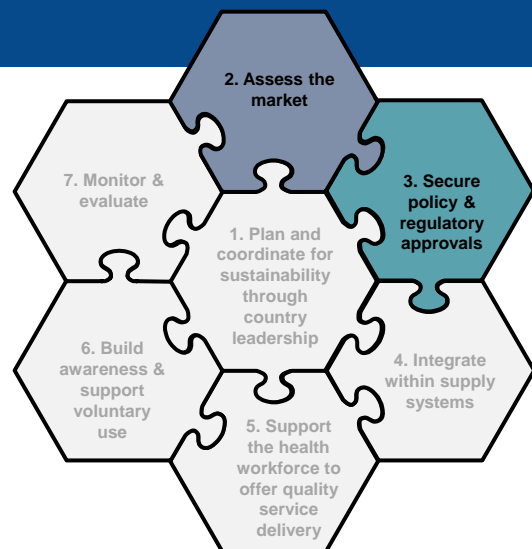
7 Elements

- 7 elements of method introduction
 - Not linear steps
- Country leadership at the center
 - Country-led decisions on if and how to introduce new methods
 - Clear coordination mechanisms
 - Costed introduction plans
 - Linkages between global, regional, national, and subnational efforts



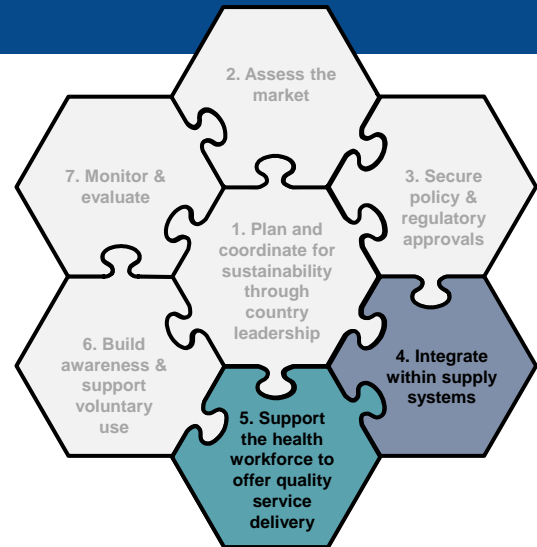
Elements 2-3

- Assess the market
 - Value proposition of the method
 - Total market approach
- Secure policy & regulatory approvals
 - Product registration
 - Integration into national guidelines, plans, and tools
 - Expanded access through task sharing and self-care when feasible



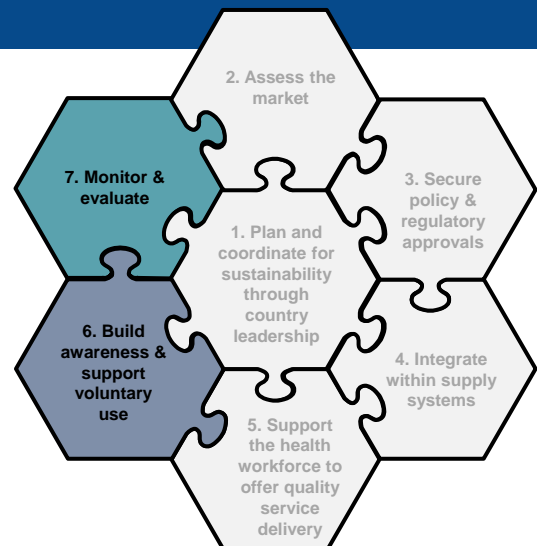
Elements 4-5

- Integrate within supply systems
 - Forecasting and supply planning
 - Logistics management info system
 - Supplies and equipment
- Support the health workforce to offer quality service delivery
 - Counseling skills for full FP range
 - In-service and pre-service trainings
 - Supportive supervision and mentorship



Elements 6-7

- Build awareness and support voluntary use
 - Interpersonal communication, counseling, testimonials
 - Mass media and digital communication about FP in general
- Monitor and evaluate
 - Identify which data are feasible to collect and most critical for decisions
 - Health management and info system
 - Data use for decision making





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Zainab Sa'idu CHAI Nigeria

Zainab Sa'idu works with the Clinton Health Access Initiative in Nigeria as a Senior Program Manager on the Family Planning Program and the Supply Chain Lead for the Sexual and Reproductive Health portfolio. She is a public health specialist experienced in program management, new product introduction, implementation and supply chain strengthening across Malaria, Family Planning, Cervical Cancer, Maternal Newborn & Child Health programs to strengthen service delivery and improve commodity security at the last mile.



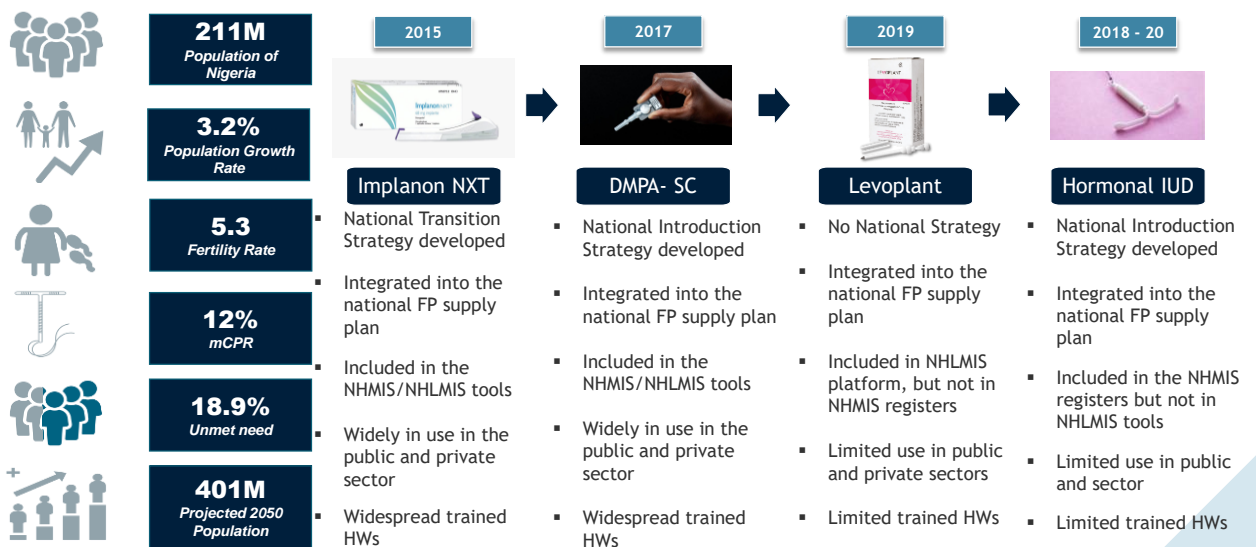


Country perspective: Nigeria

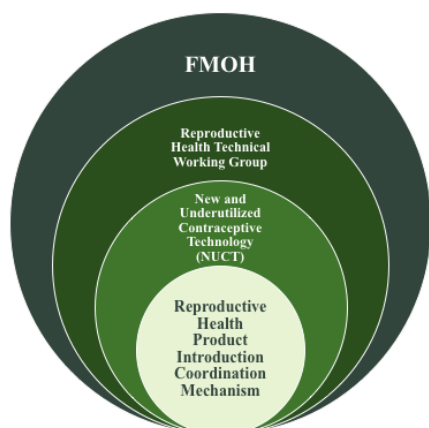
Zainab Sa'idu

Clinton Health Access Initiative

To expand the medicines, devices, and diagnostics for FP systems management, efforts in Nigeria have been geared toward introduction of new FP methods/products



In 2020, the FMOH launched the Reproductive Health Product Introduction Coordination Mechanism (RH PICM) to coordinate key elements of introduction



RH PICM Membership

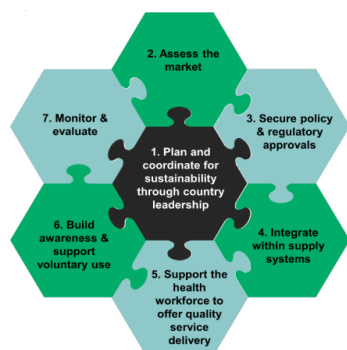
The RH PICM is comprised of a wide range of stakeholders positioned to provide insights into the assessment of Nigeria's product portfolio including the Federal Ministry of Health and relevant MDAs, professional bodies, professor(s) in academia, State Ministries of Health (SMOHs), IP & Private sector

RH PICM Objectives

- 1 Advise on partner mapping, development of a coordination costed rollout plan and monitoring for given product introductions. This will ensure alignment to the product introduction strategy.
- 2 Conduct research and provide information on global opportunities for family planning products that can be introduced in the country.
- 3 Assign partners and stakeholders as focal points for different roles, engagements and linkages including with the Federal Ministry of Finance, Budget and National Planning (MoFBNP), medical universities, private sector partners and global groups.
- 4 Monitor, evaluate and communicate new products introduction activities to the New and Underutilized Contraceptives Technology (NUCT) subcommittee and larger stakeholders when need arises.
- 5 Liaise with different SMOH and other state-level stakeholders to coordinate product introduction activities at national and subnational levels.

To support a coordinated and structured introduction and scale-up of hormonal IUD, it was necessary to develop a strategic document to guide the process

Key elements of method introduction from FP HIP Strategic Planning Guide



Focus areas of FMOH Hormonal IUD Introduction Plan (2021-2024)



Coordination: Facilitate resource mapping as well as sequencing of partners' efforts for rollout of introduction plan implementation



Demand Generation: Drive uptake of hormonal IUD, leveraging existing activities conducted by states and partners for effective messaging



Procurement & Supply chain Management: Guide the national quantification process for procurement of hormonal IUD along with other contraceptives



Capacity Building: Update preservice curricula and in-service training of Healthcare Workers (HCWs) for effective service provision



Monitoring & Evaluation: Use updated national health information management systems to report on uptake

The Nigeria government has experienced ‘early wins’ in its introduction of hormonal IUD as a result of focused coordination across key elements of method introduction

- 1 **Development of pool of trainers, skilled providers and unified training materials**
Availability of a national high-quality unified training package, different levels of trainers for future hormonal IUD trainings and over 50% of target 4,365 HCWs trained in Y1 of implementation
- 2 **Increased efficiency of trainings and strong alignment on partner R&R**
Introduction activities implemented in sequence according to government costed introduction plan, through a national best practice guideline all organizations are aware of their responsibilities
- 3 **Introduction pace and commodity needs matches global supply availability**
Method integrated into national quantification and procurement processes, commodities available in line with plan, continues to be critical to ensure commodity needs are communicated and met
- 4 **Clear monitoring process is supporting coordination and continued learning**
Method integrated into HMIS and HR platforms, pause points in method introduction process to ensure best practices are being shared and continued flexibility

THANK YOU



www.clintonhealthaccess.org

Robert Mutumba, MOH Uganda

Dr. Mutumba is the Principal Medical Officer in the Reproductive and Infant Health Division at the Uganda Ministry of Health where he is responsible for formulation of Reproductive Health policies, strategies and guidelines, including capacity building at national and sub-national teams, in collaboration with other government Ministries, Departments and Agencies (MDAs) for improving RMNCAH) services delivery in Uganda. Dr. Mutumba is a public health specialist with a Bachelor of Medicine and Bachelor of Surgery. Robert holds a Master in Public Health (MPH) and recently completed the AfyaBora Consortium Fellowship in Global Health Leadership and Management at the University of Washington. He has over 12 years of experience in Reproductive Maternal Newborn and Child and Adolescent health (RMNCAH) service delivery. Robert is the Focal Person for Family Planning and Reproductive Commodity Security (FP/RCS) and the Maternal and Perinatal Death Surveillance and Response (MPDSR) at the Uganda Ministry of Health.



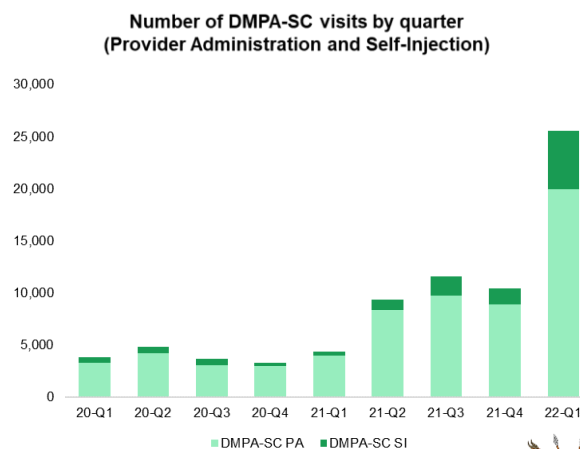
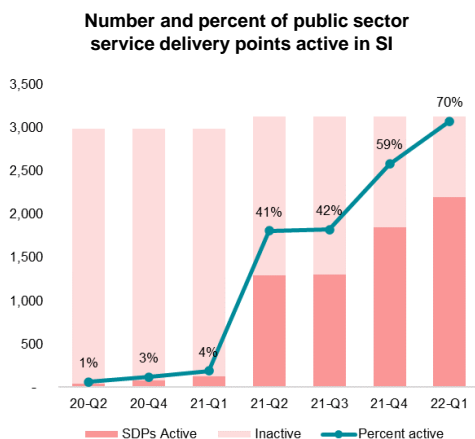
Contraceptive method introduction in Uganda:

The road to scale for DMPA-SC Self-Injection

Dr. Robert Mutumba
Principal Medical Officer,
Ministry of Health, Uganda



DMPA-SC self-injection is approaching national scale in Uganda



Cumulatively, more than 12,000 DMPA-SC visits have been self-injection

- 16% of all reported DMPA-SC visits



Elements of Contraceptive Method Introduction

Planning and coordinating for sustainability through country leadership

- Developed and implemented costed introduction and scale-up plans.
- MOH-led coordination mechanism put in place to track self-injection and other self-care initiatives; formed a taskforce that meets regularly.
- Ongoing linkages with the global PATH-JSI DMPA-SC Access Collaborative for cross-country learning, technical assistance, and global supply planning.





Elements of Contraceptive Method Introduction

Assessing the market

- Through stakeholder assessment, we set a research agenda to inform introduction and scale-up.
- We learnt that self-injection enables women to continue using contraception longer.
- Research shows that self-injection clients are:
 - More likely to be first-time FP users
 - Younger
- Plans laid to for private sector engagement.
 - Drug shops now authorized to offer SI.
 - Pharmacies not yet authorized to offer SI.

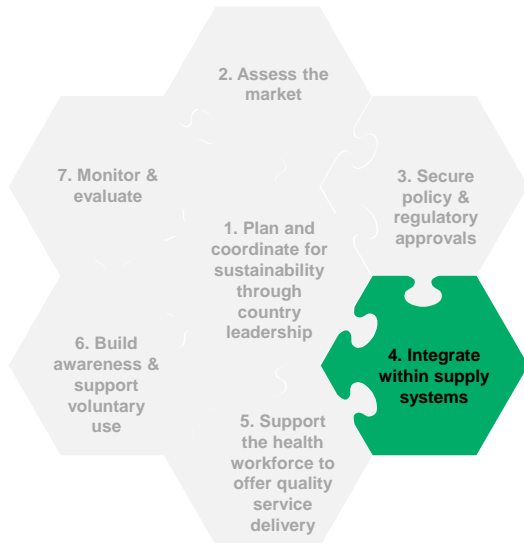


Elements of Contraceptive Method Introduction

Securing policy & regulatory approvals

- **2014:** DMPA-SC registered in Uganda.
- **2016:** Integrated in the Essential Medicines List.
- **2016:** Included in clinical guidelines for administration by providers and Village Health Team volunteers.
- **2017:** Approved for self-injection by National Drug Authority.
- **2018:** DMPA-SC integrated into the health management information system (HMIS).
- **2019:** Self-injection approved for inclusion in clinical guidelines and rollout.
- **2020-today:** National scale-up in progress.





Elements of Contraceptive Method Introduction

Integration within supply systems

- DMPA-SC integrated in Uganda's logistics management information system (LMIS).
- Ongoing training of FP focal persons and in-charges on how to use data for forecasting, consistent with policy.
- DMPA-SC included in product quantification activities.
- Stockouts remain a major challenge for DMPA-SC and other health products.
 - Uganda is shifting to new commodity ordering system and working to address last-mile supply chain issues.

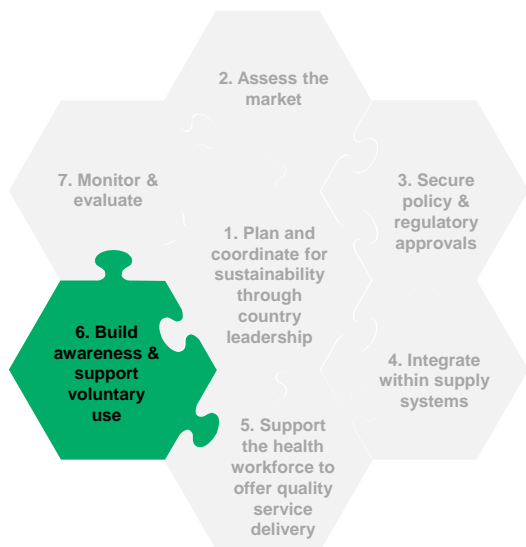


Elements of Contraceptive Method Introduction

Supporting the health workforce to offer quality service delivery

- Self-injection integration in FP service delivery points through training, supervision, monitoring, tools, and guidelines.
- Addressing scale-up gaps in public-sector training, supervision, monitoring, and tools and guidelines distribution.
- Self-injection integration in national pre-service training curriculum.
- Ongoing advocacy to update, revise, and disseminate key policies to support availability of DMPA-SC and self-injection within context of informed choice.





Elements of Contraceptive Method Introduction

Building awareness and supporting voluntary use

- Provider training underway to improve quality of counseling.
- Implementation research and ongoing support mechanisms for effectively counseling and training clients on self-injection.
- Mobilization and coordination of FP champions.
- Interpersonal communication and IEC materials.
- Understanding client journeys, amplifying client voices.



Elements of Contraceptive Method Introduction

Monitoring and evaluation

- Ongoing documentation and monitoring of scale-up plan implementation.
- Collection of priority data on self-injection delivery and consumption.
- Mechanisms and resources to facilitate application of data to improve FP service delivery.
- Continued efforts to integrate self-injection in the HMIS.
- Collaboration with Performance Monitoring for Action (PMA) on self-injection data collection.



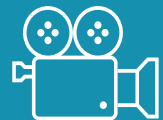
Questions & Answers



Before we close

Presentation and Recording available here:

<http://www.fphighimpactpractices.org/guides/contraceptive-method-introduction/>



For more information, please visit:

www.fphighimpactpractices.org

www.ibpnetwork.org



Thank you for your
participation today!

