

## Toolkit: Expanding Access to Injectable Contraceptives through Pharmacies



### Evidence and Resource Guide

Because there is little direct evidence concerning the administration of injectable contraceptives through pharmacies in lower- and middle-income countries, the toolkit frequently references the experiences of drug shops and community health workers in providing clinical health care services. Given that pharmacists often have more training and experience than drug shop staff and community health workers, and are subject to stricter licensing and oversight, it is entirely appropriate to seek an expansion in their scope of service. This Evidence and Resource Guide is a collection of citations (and selected quotations) that are meant to help pharmacists build their case.



#### Administration of injectable contraceptives through pharmacies in Western contexts

*“Provision of the injectable contraceptive from a pharmacist might make this method attractive to almost one in three women who are not currently using it. This could be a strategy to improve uptake and continuation of this method.”*

Heller, R., and S. T. Cameron. 2016. “Evaluating the Attractiveness of the Availability of Injectable Progestogen Contraceptives at the Community Pharmacy Setting in the United Kingdom.” *International Journal of Pharmacy Practice* 24, no. 4: 247-252.

*“Delivery of the subcutaneous contraceptive injectable from a community pharmacy may be feasible but availability of sufficient numbers of pharmacists trained in this technique is necessary for a robust model of service delivery.”*

Heller, R., A. Johnstone, and S. T. Cameron. 2017. “The Feasibility of Contraceptive Injections at the Community Pharmacy.” *The European Journal of Contraception & Reproductive Health Care* 22, no. 5: 327-333.

*“Administration of DMPA-SC by pharmacists in a pharmacy setting is feasible. Continuation rates and patient satisfaction with DMPA-SC and the pharmacy setting were comparable to those who received DMPA-SC in a family planning clinic.”*

Picardo, C., and S. Ferreri. 2010. “Pharmacist-administered Subcutaneous Depot Medroxyprogesterone Acetate: A Pilot Randomized Controlled Trial.” *Contraception* 82, no. 2: 160-167.



#### Administration of injectable contraceptives through drug shops

*“Drug shops can be a viable and convenient source of short-acting contraceptive methods, including DMPA, serving as a complement to government services. Family planning programs in Uganda and elsewhere should consider including drug shops in the network of community-based family planning providers.”*

Akol, A., D. Chin-Quee, P. Wamala-Mucheri, J. H. Namwebya, S. J. Mercer, and J. Stanback. 2014. “Getting Closer to People: Family Planning Provision by Drug Shops in Uganda.” *Global Health: Science and Practice* 2, no. 4: 472-481.



*“This paper presents preliminary results from Phase I of a longitudinal study to assess the feasibility of [proprietary and patent medicine vendor] provision of progestin-only injectable contraceptives and client acceptability of these services.”*

Dwyer S. C., S. Mohammed Ishaku, F. Okunade, L. Reichenbach, and A. Jain. 2018. “Feasibility of Patent and Proprietary Medicine Vendor Provision of Injectable Contraceptives: Preliminary Results from Implementation Science Research in Oyo and Nasarawa, Nigeria.” *Contraception* 98, no. 5: 460-462.

*“This report provides results from a three year implementation science study on the feasibility of [proprietary and patent medicine vendor] provision of injectable contraceptives and client acceptability of those services. Implemented by the Evidence Project, led by the Population Council with support from USAID, the study shows that [proprietary and patent medicine vendors], regardless of their work experiences, can safely administer injectable contraceptives with proper training and support, and that clients received high quality of care. The report also outlines programmatic recommendations for scale-up.”*

Salisu I., F. Okunade, S. C. Dwyer, C. Uzomba, A. Adebayo, A. Jain, E. Tobey, and L. Reichenbach. 2018. “Examining and Strengthening the Role of Patent Medicine Vendors in the Provision of Injectable Contraception in Nigeria.” Washington, DC: Population Council, The Evidence Project.

*“Provision of DMPA is common in rural drug shops, but needs to be made safer. Absent stronger regulation and accreditation, drug shop operators can be trained as community-based providers to help meet the extensive unmet demand for family planning in rural areas.”*

Stanback, J., C. Otterness, M. Bekiita, O. Nakayiza, and A. K. Mbonye. 2011. “Injected with Controversy: Sales and Administration of Injectable Contraceptives in Uganda.” *International Perspectives on Sexual and Reproductive Health*, 37(1): 24-29.

*“In September 2013, a technical consultation held in Research Triangle Park, NC, USA, concluded that, in the developing world, drug shops have the potential to play a much greater role in helping women and couples achieve their family planning intentions. Already an important source of health care products in many countries, drug shops could expand access to a range of contraceptive methods, particularly progestin-only injectable contraceptives. The group of 15 researchers and program experts found that sale of depot medroxyprogesterone acetate (DMPA) is common in drug shops in some countries and that training, policy, research and advocacy interventions should be prioritized by funders and the family planning community.”*

Stanback, J., E. Lebetkin, T. Orr, and S. Malarcher. 2015. “Sale and Provision of Injectable Contraceptives in Drug Shops in Developing Countries: Conclusions from a Technical Consultation.” *Contraception*, 91(2): 93-6.



## **Administration of injectable contraceptives by community health workers**

*“This study reports on findings of a pilot of community-based distribution of injectable contraceptives in two local government areas of Gombe State, Nigeria. From August 2009 to January 2010, the project enrolled, trained and equipped community health extension workers to distribute condoms, oral and injectable contraceptives in communities... [community-based distribution] of injectable contraceptives is feasible and effective, even in a setting like northern Nigeria that has sensitivities about family planning.”*

Abdul-Hadi; R.A., M. M. Abass, B. O. Aiyenigba, L. O. Oseni, S. Odafe, O. N. Chabikuli, et al. 2013. “The Effectiveness of Community Based Distribution of Injectable Contraceptives Using Community Health Extension Workers in Gombe State, Northern Nigeria.” *African Journal of Reproductive Health*, 17(2): 80-88.



**“The study affirms that the provision of injectable contraceptives by [community health workers] is safe, acceptable, and feasible in the Zambian context, with very high rates of uptake in hard-to-reach areas. High continuation rates among clients mean that costs of the intervention can be low when added to an existing community-based distribution program—a finding that is relevant to program replication (now underway in Zambia).”**

Dawn, C., J. Bratt, M. Malkin, M. Mwale Nduna, C. Otterness, L. Jumbe, and R. Kamoto Mbewe. 2013. “Building on Safety, Feasibility, and Acceptability: The Impact and Cost of Community Health Worker Provision of Injectable Contraception.” *Global Health: Science and Practice*: ghs1300025.

**“Given Mozambique’s largely rural population and critical health care workforce shortage, community-based provision of family planning in general and of injectable contraceptives in particular, which has been shown to be safe, effective, and acceptable, is of crucial importance. This study demonstrates that community-based distribution of injectable contraceptives can provide access to family planning to a large group of women that previously had little or no access.”**

Jacinto, A., M. R. Mobaracaly, M.B. Ustáb, C. Bique, C. Blazer, K. Weidert, and N. Prata. 2016. “Safety and Acceptability of Community-based Distribution of Injectable Contraceptives: A Pilot Project in Mozambique.” *Global Health: Science and Practice* 4, no. 3: 410-421.

**“We conclude that DMPA can be provided safely by appropriately trained and supervised [community health workers]. The benefits of community-based provision of DMPA by [community health workers] outweigh any potential risks, and past experiences support increasing investments in and expansion of these programs.”**

Malarcher, S., O. Meirik, E. Lebetkin, I. Shah, J. Spieler, and J. Stanback. 2011. “Provision of DMPA by Community Health Workers: What the Evidence Shows.” *Contraception* 83, no. 6: 495-503. [https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/apc\\_benin\\_cba2i\\_pilot\\_brief\\_march\\_2015\\_english\\_final.pdf](https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/apc_benin_cba2i_pilot_brief_march_2015_english_final.pdf)

**“Receiving injectable contraceptives from [community-based reproductive health agents] proved as safe and acceptable to this sample of Ethiopian women as receiving them in health posts from [health extension workers]. These findings add to the growing body of evidence supporting the development, introduction and scale up of programmes to train community-based health workers such as [community-based reproductive health agents] to safely administer injectable contraceptives.”**

Prata N., A. Gessew, A. Cartwright, A. Fraser. 2011. “Provision of Injectable Contraceptives in Ethiopia through Community-based Reproductive Health Agents.” *Bulletin of the World Health Organization* 89: 556–564. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150764/pdf/BLT.11.086710.pdf>

**“Community-based distribution of injectable contraceptives is now routine in some countries in Asia and Latin America, but is practically unknown in Africa, where arguably the need for this practice is greatest. This research reinforces experience from other regions suggesting that well-trained community health workers can safely provide contraceptive injections.”**

Stanback, J., A. Mbonye, and M. Bekiita. 2007. “Contraceptive Injections by Community Health Workers in Uganda: A Non-randomized Trial.” *Bulletin of the World Health Organization* 85: 768–773. Available from: <http://www.who.int/bulletin/volumes/85/10/07-040162/en/>



*“In June 2009, a technical consultation held at the WHO in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, DMPA. The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.”*

World Health Organization, U. S. Agency for International Development, Family Health International (FHI). 2010. “Community-based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation.” Research Triangle Park (NC): FHI. Available from: [http://pdf.usaid.gov/pdf\\_docs/PNADS867.pdf](http://pdf.usaid.gov/pdf_docs/PNADS867.pdf)



## Administration of DMPA-SC

*“We found that [Sayana Press] was acceptable to both clinic-based [family planning] providers and community health workers. Providers’ positive attitudes towards [Sayana Press] may facilitate introduction and uptake of this method.”*

Burke, H. M., M. P. Mueller, B. Perry, C. Packer, L. Bufumbo, D. Mbengue, I. Mall, B. Mamadou Daff, and A. K. Mbonye. 2014. “Provider Acceptability of Sayana® Press: Results from Community Health Workers and Clinic-based Providers in Uganda and Senegal.” *Contraception* 89, no. 5: 368-373.

*“Current DMPA IM users in Senegal and Uganda accepted [Sayana Press], and most preferred [Sayana Press] over DMPA IM. [Sayana Press] can be safely introduced into [family planning] programs and administered by trained [community-health workers], with expectation of client uptake.”*

Burke, H. M., M. P. Mueller, B. Perry, C. Packer, L. Bufumbo, D. Mbengue, I. Mall, B. Mamadou Daff, and A. K. Mbonye. 2014. “Observational Study of the Acceptability of Sayana® Press among Intramuscular DMPA Users in Uganda and Senegal.” *Contraception* 89, no. 5: 361-367.

*“Self-injection is feasible and highly acceptable among most study participants in Uganda.”*

Cover, J., A. Namagembe, J. Tumusiime, J. Lim, J. K. Drake, and A. K. Mbonye. 2017. “A Prospective Cohort Study of the Feasibility and Acceptability of Depot-Medroxyprogesterone Acetate Administered Subcutaneously through Self-injection.” *Contraception* 95, no. 3: 306-311.

*“Self-injection is feasible and acceptable among most study participants in Senegal.”*

Cover, J., M. Ba, J. Lim, J. K. Drake, and B. M. Daff. 2017. “Evaluating the Feasibility and Acceptability of Self-Injection of Subcutaneous Depot Medroxyprogesterone Acetate (DMPA) in Senegal: A Prospective Cohort Study.” *Contraception* 96, no. 3: 203-210.

*“Results from these pilot introductions demonstrate that DMPA-SC has the potential to expand community-level access to injectables, maximize task-sharing strategies, and reach young women and new acceptors of family planning.”*

Stout, A., S. Wood, G. Barigye, A. Kaboré, D. Siddo, and I. Ndione. 2018. “Expanding Access to Injectable Contraception: Results from Pilot Introduction of Subcutaneous Depot Medroxyprogesterone Acetate (DMPA-SC) in 4 African Countries.” *Global Health: Science and Practice* 6, no. 1: 55-72.



### Capacity of drug shops and pharmacies

*“Self-screening among women in rural and peri-urban Tanzania with regard to contraindications to COC use was comparable to assessment by trained nurses.”*

Chin-Quee, D., E. Ngadaya, A. Kahwa, T. Mwinyiheri, C. Otterness, S. Mfinanga, and K. Nanda. 2013. “Women’s Ability to Self-screen for Contraindications to Combined Oral Contraceptive Pills in Tanzanian Drug Shops.” *International Journal of Gynecology & Obstetrics* 123, no. 1: 37-41.

*“Licensed chemical sellers (LCSs) can be trained to sell DMPA and refer clients to a health facility for counseling and injection. The LCSs were able to reach new [family planning] users, and a large proportion of women purchased a second dose of DMPA from the LCSs. Licensed chemical sellers have the potential to help Ghana Health Services meet the [family planning] needs of the Ghanaian population in a cost-effective manner, which could be scaled up throughout the country.”*

FHI 360. 2013. *DMPA Sales at Licensed Chemical Shops in Ghana: Increasing Access and Reported Use in Rural and Peri-Urban Communities*. Research Triangle Park, NC: FHI 360.

*“Senegal’s urban pharmacies are well-positioned to meet the country’s increasing desire for modern contraception. With proper training, pharmacy staff could better provide effective counseling and provision of [oral contraceptive pills] and injectables, and lifting the requirement for a prescription could help support gains in contraceptive prevalence.”*

Peterson, J., A. Brunie, I. Diop, S. Diop, J. Stanback, and D. Chin-Quee. 2018. “Over the Counter: The Potential for Easing Pharmacy Provision of Family Planning in Senegal.” *Gates Open Research* 2.

*“Evidence suggests that characteristics and practices of specialized drug shops differ across rural and urban locations, and that these providers are highly responsive to client demand. However, there is a dearth in knowledge on how regulatory enforcement influences their characteristics and practices, and what strategies can be employed to strengthen the governance of the retail pharmaceutical sector.”*

Wafula F., E. Miriti, and C. Goodman. 2012. “Examining Characteristics, Knowledge and Regulatory Practices of Specialized Drug Shops in Sub-Saharan Africa: A Systematic Review of the Literature.” *BMC Health Services Research*, 12:223. doi:10.1186/1472-6963-12-223



### Training resources

*“Available in English and French, these training materials focus on the administration of the injectable contraceptive subcutaneous DMPA (DMPA-SC, brand name Sayana® Press) for facility- and community-based family planning providers.”*

PATH. 2013. “DMPA-SC (Sayana Press) Training Materials.” Accessed January 2019 <https://www.path.org/resources/dmpa-sc-training-materials/>



*“The Training Resource Package for Family Planning (TRP) is a comprehensive set of materials designed to support up-to-date training on family planning and reproductive health. The TRP was developed using evidence-based technical information from World Health Organization publications: Family Planning: A Global Handbook for Providers; the latest WHO Medical Eligibility Criteria for Contraceptive Use; and Selected Practice Recommendations for Contraceptive Use. The TRP contains curriculum components and tools needed to design, implement, and evaluate training. It provides organizations with the essential resource for family planning and reproductive health trainers, supervisors, and program managers. The materials are appropriate for pre-service and in-service training and applicable in both the public and private sectors.”*

Training Resource Package for Family Planning. 2019. “Progestin-Only Injectable Contraception (Injectables).” Accessed January 2019. <https://www.fptraining.org/projects/progestin-only-injectable-contraception-injectables>



### Other resources

*“Drug shops can help meet the growing demand for family planning, specifically injectable contraceptives, in rural and hard-to-reach areas by improving the availability of high quality and reliable services. More research, programmatic experience, and advocacy are needed regarding this promising practice to ensure that it can be implemented across different settings and has the necessary policy and operational support to successfully enable drug shops to meet the population’s family planning needs.”*

Advancing Partners & Communities. 2014. “Provision of Injectable Contraceptives within Drug Shops: A Promising Approach for Increasing Access and Method Choice.” <https://www.advancingpartners.org/resources/technical-briefs/provision-injectable-contraceptives-within-drug-shops-promising-approach>

*“Demographic and Health Surveys (DHS) are nationally-representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition.”*

Demographic and Health Surveys Program. “What we do” <https://dhsprogram.com/What-We-Do/index.cfm>

*“This report includes a step-by-step overview of how FP2020 countries, donors, and partners work together to implement programs that are grounded in human rights principles, based on evidence and data, and accountable to stakeholders.”*

Family Planning 2020. FP2020: The Way Ahead, 2016–2017.

*“The DMPA/NET-EN checklist consists of questions designed to identify medical conditions that would prevent safe DMPA/NET-EN use or require further screening and assess whether a client might be pregnant. It also provides guidance and directions based on clients’ responses.”*

FHI 360. 2015. Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN). Durham, NC: FHI 360.



*“The goal of this guidance is to strengthen [community-based access to injectables] (CBA2I) programs through improved M&E, resulting in increased access to and quality of family planning services. This guidance is intended for use by governments and programs or projects wanting to implement or improve their CBA2I programs, and specifically, the monitoring and evaluation of those programs.”*

FHI 360. 2018. *Guidance for Monitoring and Evaluation of Community-Based Access to Injectable Contraception*. Durham, NC: FHI 360.

*“Training and supporting pharmacy and drug-shop staff to provide an expanded mix of family planning commodities and information is one of several promising “high-impact practices in family planning” identified by a technical advisory group of international experts.”*

High-Impact Practices in Family Planning (HIP). 2013. *Drug Shops and Pharmacies: Sources for Family Planning Commodities and Information*. Washington, DC: USAID. Available from <http://www.fphighimpactpractices.org/briefs/drug-shops-and-pharmacies>

*“The SHOPS Plus project documented the policies, laws, and regulations that shape how pharmacies and drug shops operate and what modern family planning methods they can provide in 32 USAID priority countries. This report presents the result of that scan and discusses key findings that emerged across countries.”*

Riley, Pamela, Sean Callahan, and Mike Dalious. July 2017. *Regulation of Drug Shops and Pharmacies Relevant to Family Planning: A Scan of 32 Developing Countries*. Bethesda, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates Inc.

*“This brief uses data from Family Planning 2020’s Core Indicator Estimates and Demographic and Health Surveys to model the potential role in the private sector under different future scenarios.”*

Weinberger, Michelle and Sean Callahan. 2017. *The Private Sector: Key to Achieving Family Planning 2020 Goals*. Brief. Bethesda, MD: Sustaining Health Outcomes through the Private Sector Project, Abt Associates.

*“The WHO recognizes task sharing as a promising strategy for addressing the critical lack of health care workers to provide reproductive, maternal and newborn care in low-income countries. Task sharing is envisioned to create a more rational distribution of tasks and responsibilities among cadres of health workers to improve access and cost-effectiveness.”*

World Health Organization. 2017. *Task Sharing to Improve Access to Family Planning/Contraception*. Geneva: WHO.