



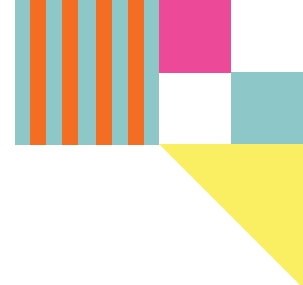
DISC

Delivering innovation
in self-care

PROJECT OVERVIEW

SUPPORTING WOMEN TO TAKE
MORE CONTROL OVER THEIR SEXUAL
AND REPRODUCTIVE HEALTH.
SUPPORTING HEALTH SYSTEMS TO
LEVERAGE CONSUMERS AS A NEW
AND CRITICAL PARTNER.





DISC IS A FIVE-YEAR PROJECT FUNDED BY THE CHILDREN'S INVESTMENT FUND FOUNDATION, WHICH SUPPORTS WOMEN—PARTICULARLY URBAN MOTHERS AND YOUNG WOMEN—**TO TAKE MORE CONTROL OVER THEIR SEXUAL AND REPRODUCTIVE HEALTH (SRH) NEEDS, INCLUDING AND BEYOND CONTRACEPTION.**

WOMEN DESERVE MORE

Today, more than 214 million women in low- and middle-income countries who want to avoid pregnancy don't use modern contraceptives.¹ Women still face 98 million unintended pregnancies every year,² some of which result in death. **Something's not right.**

Pressures to meet the evolving needs and priorities of diverse populations pose challenges to health systems globally. At the same time, even as countries redouble their efforts to achieve their Universal Health Coverage (UHC) commitments, sexual and reproductive health planning often does not include a critical and powerful partner: women themselves. **Self-care has the potential to change that.**

WOMAN-POWERED CARE

What if women could complement the efforts of their country's health systems in accelerating the pace of change toward improved sexual and reproductive health outcomes, including contraception?

Women have been self-managing their contraceptive needs for decades, including through the use of condoms and contraceptive pills. These tools have been, and remain, key in a woman's pursuit of her life goals, including the goal of motherhood if and when she chooses.

But women need more options.

Contraceptive self-injection offers women and girls an innovative, more effective, and discreet way to effectively manage and meet their contraceptive needs—for three months at a time. This technology was introduced 17 years ago and has been approved for use in nearly 60 countries. Yet, despite a rapidly growing evidence base demonstrating its safety, effectiveness and acceptability,⁵ women's knowledge, and use of this contraceptive method—either self-injected or administered by a provider—has been slow to scale up, and uptake of self-injection is projected to remain low.^{6,7}

This gap must be closed so that the benefits of self-managed care and of this complementary contraceptive method can be felt—by women, their families and health system actors themselves.

BARRIERS TO ACCESS AND CONTINUATION PERSIST

Even when women feel comfortable demanding what they want and need, several barriers stand in their way:



Lack of timely, accurate & relevant information



Stigma & myths



Fear of side effects



Provider bias, including acting as "gatekeepers"



Inconsistent pricing



Poor quality or availability of services & products



EXPANDING ACCESS, AND CHOICE

DISC will start by supporting women to demand and access self-injection as part of a comprehensive basket of contraceptive options. Working in close partnership with key health system actors in Nigeria and Uganda, we will foster local innovation and local capacity to increase voluntary uptake and continuation of self-injectable contraceptives among early adopters (consumers likely to initiate use) as the key first foothold in the larger market.



ABOUT SELF-INJECTION

Self-injectable contraceptives can be self-administered by women, at their own convenience, providing protection against unintended pregnancies for three months at a time. They are:

- ▶ Simple, safe and discreet.⁸
- ▶ Easy to use with minimal training, including by women themselves.⁹
- ▶ 99% effective at preventing unintended pregnancy when used correctly and on time.¹⁰
- ▶ Desirable and acceptable:* Studies in Senegal and Uganda found that 98% of women who tried self-injecting expressed the desire to continue self-injecting.¹¹
- ▶ Improved contraceptive continuation: Studies in Malawi demonstrate improved continuation rates 12 months following initiation, as compared to provider-administered use of injectables.¹²

* Based on DMPA-SC studies in the USA and UK, finding majority of respondents reported ease and convenience when using the product.

CONTRACEPTIVE SELF-INJECTION WAS...



**...INTRODUCED
17 YEARS AGO**

... and ...



**APPROVED
IN NEARLY 60
COUNTRIES**

... but ...



**KNOWLEDGE
AND USE
REMAIN LOW.**

DISC THEORY OF CHANGE

VISION

Improved sexual and reproductive health outcomes

GOAL

Women use their power to accelerate global progress toward improved sexual and reproductive health outcomes

PRIMARY OUTCOME

Women effectively manage their sexual and reproductive health care needs for self-injection: Users initiate, adopt, sustain use of, and advocate for self-injection to protect from unintended pregnancy

INTERMEDIATE OUTCOMES

INDIVIDUAL LEVEL

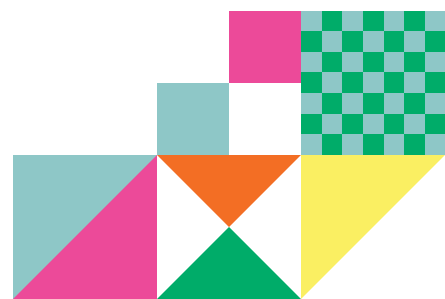
Improved voice, choice, and agency among target consumer segments

HEALTH SYSTEM LEVEL

Improved motivation, capacity, and accountability of target providers and other actors and their regulatory bodies to support effective use of self-injection

MARKET DEVELOPMENT

Demonstrate pathways to sustainable markets for self-injection established in two priority LMICs



OUR APPROACH

WE MARRY A RELENTLESS FOCUS ON CONSUMERS AND SOCIAL BEHAVIOR CHANGE WITH MARKET DEVELOPMENT, IN LINE WITH PSI'S KEYSTONE¹⁴ DESIGN FRAMEWORK. **WOMEN USE THEIR POWER TO ACCELERATE GLOBAL PROGRESS TOWARD IMPROVED SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES, IN PARTNERSHIP WITH HEALTH SYSTEM ACTORS.**

Our approach helps us to uncover consumer and market insights and decide where we (and others) can most effectively intervene to increase voluntary adoption and support a sustainable market. This allows us to design user-centered interventions and sustainably deliver measurable effects—both for women, and the health systems upon which they rely.

IMPROVING HER JOURNEY TOWARD SELF-INJECTION

Based on existing evidence, market landscaping, and preliminary consumer and provider research, we've taken a deep dive into women's current—and ideal—self-injection journey. Based on those insights, and in partnership with women and key health system actors, in each country DISC will:



Create an ecosystem that supports women throughout their entire self-injection journey, from learning about self-injection to sustaining its use through to sharing her experiences



Open-up new channels for self-injection information and services to increase choice and ease of access and create space for both public and private actors.

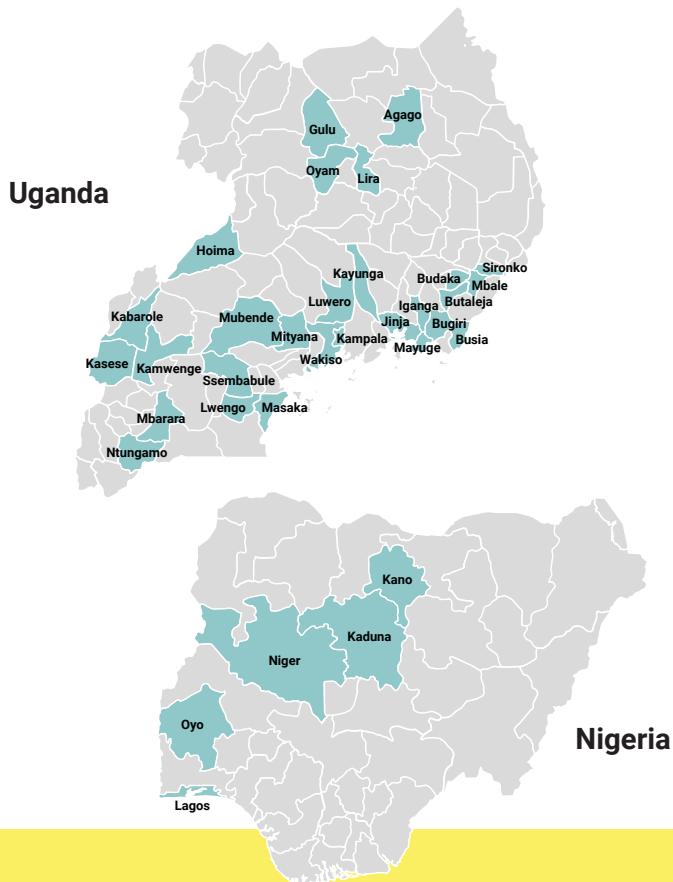


Develop two-way, consumer-centered quality of care mechanisms that support women to make their voices heard and help health systems actors to respond.



GEOGRAPHIC FOCUS

Starting with a focus on Nigeria and Uganda, we will work with local health system actors to demonstrate that it's possible to establish vibrant and self-sustaining markets for self-injection that can be adapted for, and applied in, additional geographies.



ELEVATING AND EMBEDDING SELF-CARE INTO BROADER HEALTH SYSTEMS

Beyond ensuring women who want contraceptive self-injection can access it, DISC is supporting local actors to advance a broader self-care movement that will complement existing efforts to recognize and support women to take more control of their own health outcomes. We aim to show how investing in self-injection and broader self-care interventions can make health systems more efficient, and support them to reach more women with more services. Our goal is to help build the right environment so that a woman can confidently walk into her neighborhood pharmacy or clinic, or use her phone, to access high-quality products and information that meet her need for self-care, including self-injectable contraception.

By learning how to effectively support women to act as agents of their health and helping to lay a path for health systems to better support women in self-managed care, we are helping accelerate the pace of change toward improved SRH outcomes.

MEET OUR CONSUMERS

DISC's intended consumers primarily live in urban areas, have some degree of disposable income, and access to digital channels and mobile phones. They are divided into two segments:



Young Urban Women

- ▶ Young women aged 20-24
- ▶ Living in urban areas
- ▶ Desire to delay pregnancy so they can achieve life goals before motherhood, if and when they choose
- ▶ New or current users of contraception



Urban Mothers

- ▶ Women aged 20 and older
- ▶ Living in urban and peri-urban areas
 - ▶ Nigeria: rural mothers in the north
- ▶ A least one child, seeking to space or limit births
- ▶ Current users of contraception (including self-injection) or postpartum eligible/soon to return to use

OUR PROCESS AND TIMELINE

DIAGNOSE & DECIDE

DESIGN

DELIVER



YEAR 1

- Map assumptions, barriers & opportunities
- Assess the market
- Understand needs, experience & preferences of consumers & providers
- Map digital platforms & behaviors
- Synthesize insights



YEAR 2

- Launch consumer ecosystem
- Scale up private-sector training
- On-going learning & improvements



YEARS 2-5

- Evidence-based adaptive implementation to test cost-effective & efficient models for self-injection in real-world settings, ensure interventions meet the needs, experiences & preferences of women & health systems

2020

2021

2022

2023

2024



YEARS 1-2

- Ideation & prototyping of consumer- & health system-focused interventions
- Co-design workshops, Uganda & Nigeria

YEAR 2

Whole Intervention Assessment

- Systematic testing of the full complex intervention

1 Darroch, J.E., Sully, E., & Biddleton, A. (2017). *Adding it up: Investing in contraception and maternal and newborn health, 2017—Supplementary Tables*. New York: Guttmacher Institute.

2 Starrs, A.M., Ezeh, A.C., Barker, G., Basu, A., Bertrand, J.T., Blum, R., et al. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *The Lancet*, 391(10140) 2642 – 2692.

3 United Nations Department of Economic and Social Affairs. "Family planning and the 2030 Agenda for sustainable development." (Accessed September 18, 2020).

4 McArthur, J.W., Rasmussen, K., & Yamey, G. (2018). *How many lives are at stake? Assessing 2030 sustainable development goal trajectories for maternal and child health*. *BMJ*, 360, k373.

5 Cole, K., & Abdulmunim, S. (2018). The coming-of-age of subcutaneous injection contraception. *Global Health: Science and Practice*, 6(1).

6 Askew, I., & Wells, E. (2018). DMPA-SC: An emerging option to increase women's contraceptive choices. *Contraception Journal*, 98 (5).

7 Track20. "Potential market of subcutaneous and self-injectable contraceptive users in FP2020 countries through 2030" (Accessed September 18, 2020).

8 Advance Family Planning. "DMPA-SC Advocacy Pack_DRAFT." Jan2017 (Accessed September 18, 2020).

9 Ibid.

10 Ibid.

11 Cover, J., Ba, M., Lim, J., Drake, J.K., & Daffc, B.M. (2017). Evaluating the feasibility and acceptability of self-injection of subcutaneous depot medroxyprogesterone acetate (DMPA) in Senegal: a prospective cohort study. *Contraception*, 96(3), 203-210.

12 Burke, H.M., Chen, M., Buluzi, M., Fuchs, R., Wevill, S., Venkatasubramanian, L. (2018). Effect of self-administration versus provider-administered injection of subcutaneous depot medroxyprogesterone acetate on continuation rates in Malawi: a randomized controlled trial. *Lancet Glob Health*, 6(5), e568-e578.

13 Ghebreyesus, Tedros Adhanom. Remarks recorded via YouTube. 24 June. 2019. (Accessed September 18, 2020).

14 For information on the Keystone design process, visit: <https://www.psi.org/keystone/>.

“ACHIEVING HEALTH FOR ALL INCLUDES EMPOWERING AND EDUCATING PEOPLE TO BECOME ACTIVE DECISION-MAKERS IN THEIR OWN HEALTH. THAT’S WHAT SELF-CARE IS ALL ABOUT.”

**DR. TEDROS ADHANOM GHEBREYESUS,
DIRECTOR GENERAL OF THE WORLD HEALTH ORGANIZATION¹³**

