Strengthening the Role of Patent and Proprietary Medicine Vendors in the Provision of Injectable Contraception in Nigeria

ACTIVITY BRIEF

Nigeria is Africa's most populous nation, with approximately 189 million people. Modern contraceptive services are underutilized in Nigeria, which has a modern contraceptive prevalence rate (mCPR) of 10 percent. The country's low mCPR highlights the need for innovative programs to increase women's access to contraceptive services.

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In Nigeria, overall modern contraceptive use is very low, with just 10 percent of currently married women using a modern method. However, 60 percent of modern contraceptive services are obtained from private providers, including Patent and Proprietary Medicine (PPM) shops, which provide more than half of these private sector services. PPM shops are owned by Patent and Proprietary Medicine Vendors (PPMVs) licensed to sell patent or proprietary drugs. PPMVs sell a range of contraceptives including condoms, emergency contraceptive pills, refills of oral contraceptive pills, and intrauterine devices (with a referral).

Injectable contraception is the most popular modern method in Nigeria, used by more than 30 percent of currently married modern contraceptive users. Current regulations do not permit PPMVs to sell or administer injectable contraceptives because they are not regarded as sufficiently trained to initiate hormonal contraceptives or to provide any type of injection. Instead, they can only refer clients to health facilities. Nevertheless, almost 13 percent of injectables are provided by PPM shops, according to the 2013 DHS.

Given this, it is an opportune time to generate evidence that can drive policy action to formally engage and train PPMVs in the provision of high quality progestin-only injectable contraceptive services as a key strategy to increase women's access to contraception.

STUDY OBJECTIVES

The Evidence Project, in collaboration with the Federal Ministry of Health (FMOH), is conducting implementation research to:

1. Demonstrate the feasibility of PPMVs administering all forms of progestin-only injectable contraceptives, such as Depo Provera and Sayana® Press.
2. Understand women's experiences using progestin-only injectable contraceptives, including the quality of care they receive when accessing services from PPMVs.

The FMOH also asked the Evidence Project to develop and coordinate training of PPMVs so that they have the necessary skills and information to sell, counsel, and refer for all contraceptive methods, as well as administer progestin-only injectable contraceptives.

The study is taking place in two phases. Phase one (November 2015 to December 2016) was carried out in two states representing two geopolitical zones: Oyo in the southwest and Nassarawa in north central Nigeria. In each state, four Local Government Areas (LGAs) were selected as study sites (two urban and two rural) for a total of eight LGAs. Phase two will begin in early 2017 at the request of and with funding from USAID/Nigeria to generate similar evidence from states, selected in consultation with local stakeholders, in the remaining four geopolitical zones, so that the evidence is nationally representative.

Injectable Contraceptive Methods

There are two types of injectable hormonal contraceptives: those that are injected intramuscularly, like Depo Provera, and those that are injected subcutaneously, like Sayana® Press. In Nigeria, intramuscular injections were the only available option for women wishing to use injectable contraception until 2014, when Sayana® Press was introduced as a second safe and efficacious option. Sayana® Press comes as a single dose in a prefilled, sterile syringe, and is administered once every three months. It is packaged in the Uniject injection system with an autodisposable device that eliminates the need to prepare a needle and syringe. Because the injection is subcutaneous, the needle is smaller and thus less painful.

THE PILOT INTERVENTION

PPMVs who volunteer to participate in the study take part in a five-day training on FP counseling for all methods and on administering progestin-only injectable contraceptives. The training covers the differences between intramuscular and subcutaneous injectable contraceptives; their safe storage and administration; and counseling women on side effects, when to return for the follow-up injections, and what to do if an adverse event occurs.

The research team has established or strengthened relationships with many stakeholders, including the National Association of Patent and Proprietary Medicine Dealers (NAPPMED), which helped recruit PPMVs for phase one of the study, and the Pharmacy Council of Nigeria, which will help recruit PPMVs for phase two. Other stakeholders include the FMOH and state Ministries of Health (SMOH) and implementing organizations that work with PPMVs, who will help in the review and refinement of training materials, participate in the training, and interpret the study's findings. The team will also work with local government health facilities in all LGAs to ensure the acceptance of referrals by PPMVs. Additionally, FMOH, SMOH, and LGA health staff will be involved in the planning, implementation, and training of PPMVs. The Society for Family Health (SFH) and DKT will be involved to reduce the likelihood of stock-outs of Depo Provera and Sayana® Press and ensure the availability of quality products. SFH and DKT are two of the main sources for private providers to purchase affordable family planning commodities in the private sector in Nigeria.

HOW THE DATA ARE BEING COLLECTED

Pre- and post-PPMV training surveys

The PPMVs complete pre- and post-training surveys to ascertain changes in knowledge and practices related to injectable contraceptives. Additionally, follow-up surveys are administered three, six, and nine months post-training to assess the PPMVs' practices, knowledge and skills over time.

Monthly monitoring/supervision of PPMVs

Teams of study investigators and FMOH/SMOH officials monitor activities of trained PPMVs through monthly follow-up meetings to identify and resolve implementation issues. The monitoring visits will track progress, challenges, and successes of implementation, as well as gather information on clients' experience of adverse events. Involvement of the ministry stakeholders will also help them to see firsthand the PPMVs' abilities with administration of injectables and potentially help with eventual policy change.

Client exit interviews and surveys

To obtain female clients' perspectives, the researchers conduct exit interviews with progestin-only injectable contraceptive users who receive services from trained PPMVs. These users are also contacted for surveys at three, six, and nine months after their initial visit, enabling the assessment of continuation rates of progestin-only injectable contraceptive methods.

FOSTERING RESEARCH UTILIZATION

The research team has from the beginning of the study and will continue to engage key decision makers, such as the FMOH and SMOH and LGA health officials; utilize technical working groups to discuss emerging findings and lessons as the study progresses; and identify champions to promote the study findings to key stakeholders, such as health officials, NAPPMED, Pharmacy Council of Nigeria, the Food and Drug Agency of the FMOH, donors, NGOs, and so forth. In addition to regular meetings throughout the study to keep stakeholders informed of the progress and initial findings, a national dissemination meeting will be held with the key stakeholders to review and interpret the results and identify how they can be translated into policy. State-level meetings also will be held to share implementation successes and challenges related to PPMV delivery of injectable contraceptive services.

REVISED JANUARY 2017

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The Evidence Project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, PATH, Population Reference Bureau, and a University Research Network. Other partners are FHI360, Meridian Group International, Inc., and What Works Association.

The Evidence Project is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-13-00087. The contents of this document are the sole responsibility of the Evidence Project and Population Council and do not necessarily reflect the views of USAID or the United States Government.

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