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Policy brief—Mainstreaming emergency contraception in developing countries: A toolkit for policymakers and service providers

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MAINSTREAMING EMERGENCY CONTRACEPTION IN DEVELOPING COUNTRIES

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TOOLKIT FOR POLICYMAKERS AND SERVICE PROVIDERS

In late 2006, the Kenyan Ministry of Health (MOH), the Population Council, and Population Services International (PSI) launched an initiative to mainstream emergency contraception (EC) in Kenya. This toolkit draws on the achievements, lessons learned, and experiences from this project.

The specific objectives of the initiative were to: **increase knowledge, awareness, and use of EC among Kenyan women; increase knowledge and awareness of EC among health providers; and strengthen EC provision in both the private and public sectors.** When the initiative concluded in 2009, sales of EC in the private sector had more than tripled, and public-sector utilization had also increased tremendously. The Council was awarded a follow-up project (2010 to 2012) to sustain the achievements realized **and promote the Kenyan experience as a model for other developing countries.**

Audience

The primary target groups for the toolkit are policymakers and health care providers. It can serve as a resource for trainers (for both pre-service and in-service students), researchers, and reproductive health program managers who facilitate training events and advocacy workshops for EC activities. The toolkit can also be used by advocates, lay community members, media, and donors, or in contexts where the intention is to expand access to existing EC services.

Conceptual Framework for Mainstreaming EC

The toolkit is based on a conceptual framework that highlights the challenges addressed by the programme such as a high proportion of births that are mistimed or unwanted, limited access to EC, limited capacity within public and

private sectors regarding knowledge about EC, misinformation, and negative media coverage. The framework also shows project objectives, interventions carried out (such as raising awareness through the mass media, the use of job aids, IEC materials, updates on EC by retailers, and reference materials [guide] among others, as well as intended effects or outcomes.

Justification and Guiding Principles

Despite its demonstrated safety and efficacy, emergency contraception is not widely available in many developing countries. Unintended pregnancy and its negative consequences can be prevented by access to contraceptive services including EC. The guiding principles of the toolkit are:

- all couples and individuals have the right to decide freely and responsibly the timing, number, and spacing of their children and have access to information and education to ensure optimal health and informed decisionmaking.
- all people have the right to decide freely and responsibly on all aspects of their sexuality.
- the process of initiating EC programme activities should be participatory with a broad selection of participants or stakeholders.
- the toolkit acknowledges that emergency contraceptive pills (ECPs) are a back-up method for unprotected intercourse or contraceptive method failure.

Purpose and Steps Involved

The toolkit is designed to assist policymakers, programme managers, and health providers to identify the most strategic opportunities for introducing EC mainstreaming activities in their respective settings. Countries wishing to develop EC programmes should be guided by the following steps: Preparation and awareness creation, rapid assessment, sharing findings and reaching consensus on priorities, and developing a plan of action. Other steps include developing health system tools, training providers, introducing ECPs, monitoring and supervision, programme review and evaluation, dissemination of results, and scaling up and strengthening programme sustainability.

Institutional Framework and Implementation Mechanism

Many countries have three levels of health care management and coordination: national, regional, and district. The national level is responsible for policy and stewardship, the regional level is usually responsible for coordination, training, and quality assurance while the district level is responsible for managing implementation. Delivery of health care services also happens in facilities and at the community level. Successful mainstreaming of EC activities at the country level must take into account how the levels interact and complement each other.

Management of FP/EC Logistics

Proper management of any logistics system is to ensure that the products or services (including ECPs) reach the intended clients. Key messages that are appropriate to many logistics management systems including the delivery of ECPs are that good logistics should deliver the logistics six rights: the right product, in the right quantity, in the right condition, to the right place, at the right time, and for the right cost. The “right logistic management information system” should be in place to enable the delivery of the six rights. An effective logistics system will ensure that

facilities are adequately stocked at all times and that medical supplies including ECPs are available when needed. Managers involved in FP/RH commodities including ECPs need to pay attention to the determination and quantification of supply needs, receiving, storing, issuing, and recordkeeping.

Monitoring and Evaluation (M&E) Activities and Pharmacovigilance

In the public sector, FP commodity use registers and gender-based violence registers are the main sources of data on ECPs. The police department or other offices in the justice system could also serve as the source of data for ECPs especially those stocks used for gender-based violence cases. In the private sector, distribution lists or the sales records could serve as useful sources of data provided the sources (of data) are not exposed to their competitors. Likely sources of data for programme evaluation are: Demographic and Health Survey (DHS), Service Provision Assessment (SPA), surveillance, and programme evaluations.

Pharmacovigilance is the science of collecting, monitoring, researching, assessing, and evaluating information from health care providers and patients on the adverse effects of medicines, biological products, herbals, and traditional medicines. Its scope includes substandard and counterfeit medicines, medication error reporting, adverse interactions of medicines, etc. Although this activity is usually conducted by regulatory authorities, our implementation experience shows that dealing with counterfeit ECPs has often required team effort by stakeholders involved in EC mainstreaming work. Identifying and dealing with counterfeit ECPs (especially the dedicated brands) is often a complex exercise. However, regular surveillance activities by a team from regulatory authorities, law enforcement officers, and public health officials, among others, are often effective in minimising this problem.

We wish to acknowledge the individuals and a number of organizations in Kenya who have over the years made it possible to achieve the results outlined in this toolkit. In particular we wish to thank the Nursing Council of Kenya, Clinical Officers Council, Division of Reproductive Health (DRH) in the Ministry of Public Health and Sanitation (MOPHS), Kenya Medical Supplies Agency (KEMSA), USAID-supported APHIA II program, and provincial health management teams for having played different roles during the planning, implementation, and evaluation phases of the project on mainstreaming EC in Kenya. This initiative was made possible through the generous support of the William and Flora Hewlett Foundation. The United Nations Population Fund (UNFPA) in Kenya also provided technical and financial assistance for work under this initiative.

The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science and public health research in about 50 countries, the Council works with our partners to deliver solutions that lead to more effective policies, programs, and technologies to improve lives worldwide. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization with an international board of trustees.