



## COUNTING WHAT COUNTS: TRACKING ACCESS TO EMERGENCY CONTRACEPTION

**Policies support the use of EC in Ethiopia: EC is included in national norms and guidelines for family planning, the government has procured EC, and social marketing programs and NGO-supported clinics distribute EC. EC use in Ethiopia has been increasing rapidly, primarily due to pharmacy distribution supported by DKT international.**

### ABOUT ETHIOPIA

Ethiopia is the second most populous country in Africa, with an estimated population of 93,877,025.<sup>1</sup> The country is poor and largely rural; 29.6% of the population is living in poverty<sup>2</sup> and 17% live in urban areas.<sup>3</sup> Only 11.2% of women are educated to the secondary level and above.<sup>4</sup> The Ministry of Health of Ethiopia has been implementing an ambitious community health program, and data indicates that the use of modern methods of contraceptives among currently married women has increased substantially, from 6% in 2000 to 27.3% in 2011.<sup>4</sup>

### CONTRACEPTIVE AND EC KNOWLEDGE & USE

- **Total fertility rate:** 4.8 children per woman (5.5 rural, 2.6 urban).
- **Unmet need for contraception:** 25% of married women (15% urban, 27.5% rural)
- **Current use of modern contraception:** 18.7% of all women (27.3% of currently married women, 52.3% of sexually active unmarried women)
- **EC Knowledge:** 19% of all women (16% of currently married women, 41% of sexually active unmarried women); 27.4% of all men (26.2% of married men and 53.6% of sexually active unmarried men)

Source: Demographic and Health Surveys, Ethiopia 2011

No national data exist on the percentage of Ethiopian women who have used EC as EC use has not been included in Ethiopia's DHS. However, some data exist on the characteristics of women

who report having used EC: in a published evaluation of an emergency contraceptive mainstreaming campaign,<sup>5</sup> surveys among EC users (N=3996) in five of the most populated regions of Ethiopia revealed that 41% of EC users were married and 47% were between the ages of 20 and 24. Young women under age 19 comprised 20% of the sample who used EC. Ninety-six percent of EC buyers were women, however 173 men did obtain EC for their partners.

### POLICIES

**Essential Drug List:** EC is not included on Ethiopia's essential drug list.<sup>6</sup>

**National norms and guidelines:** The Ministry of Health includes EC in its National Guideline for Family Planning Services in Ethiopia (2011).<sup>7</sup> These guidelines are evidence-based, with no EC-related age or other restrictions.

**Prescription status and who is authorized to dispense:** EC is available without a prescription from pharmacists.<sup>8</sup>

**Post-rape care:** Ethiopia's national family planning guidelines stipulate that "...emergency contraception shall be provided for all victims of completed rape who are at risk of pregnancy."<sup>7</sup> We are not aware of any surveys of post-rape care that would show whether women who have been raped are able to access EC counseling and services.

## PRODUCT AVAILABILITY

**Registered Products:** Three Levonorgestrel-alone ECP pills (ECPs) are registered and distributed: Emcon (Reneta), Pregnon (FamyCare) and Post-pill (Famy Care).<sup>8</sup>

**Locally manufactured products:** None available.

**Poor quality or counterfeit EC products:**

Not reported.

## WHERE WOMEN CAN ACCESS EC

### EC in the commercial and social marketing

**sectors:** EC is distributed in the commercial sector by DKT-Ethiopia, a social marketing organization. We are not aware of any other EC products being sold on the private/for-profit market. DKT-Ethiopia began marketing EC in 2008 through pharmacies in its programs.<sup>9</sup> From 2008-2012, DKT sold over 3.8 million EC packets.<sup>9</sup>

**EC in the public sector:** In 2004, the MOH, Ethiopian Society of Obstetricians and Gynecologists, and ECAfrique began a project to promote EC in the public sector. The program successfully integrated EC into the method mix at project sites and was shown to increase patient and provider knowledge of EC as well as increase EC use.<sup>5</sup> It is unclear how the current public sector provision is progressing, however.

**EC in the NGO sector:** Ethiopia's national family planning guidelines support the sale of ECPs through social marketing programs. In addition to DKT's marketing of EC through private pharmacists, above, Marie Stopes International distributed EC through the social franchise known as the Blue Star Network.<sup>10</sup> The Family Guidance Association of Ethiopia (FGAE), a sexual and reproductive health services agency affiliated with IPPF, has 18 clinics which distribute EC. FGAE also provides courses on EC to local health service providers.<sup>11</sup>

**Community-based distribution of EC:** Ethiopia is investing heavily in community health including training health extension workers at the village level, but at this point, we understand that community health workers do not distribute EC.

## MEDIA COVERAGE OF EC

A small percentage of women have been exposed to family planning messages through mass media outlets – 13.9% via radio and/or television and 7.9% via print messages.<sup>12</sup>

## DONOR SUPPORT

Donors have purchased EC for Ethiopia's family planning programs. According to RHInterchange, between 2005 and 2012, nine shipments of EC, totaling 5,540,587 packets, have been made to Ethiopia; the majority was shipped by DKT, with IPPF, MOH, and the World Bank supporting other shipments.<sup>13</sup>

## REFERENCES

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This fact sheet has been prepared by the International Consortium for Emergency Contraception and represents the best information we have been able to gather. We welcome your input for future revisions. Please contact us at [info@cecinfo.org](mailto:info@cecinfo.org). Visit our website at [www.emergencycontraception.org](http://www.emergencycontraception.org) for more information on EC.