

**The Emergency Contraception Newsletter**  
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**ABOUT THIS NEWSLETTER:**

This newsletter is prepared and distributed as a voluntary activity on behalf of the American Society for Emergency Contraception and the International Consortium for Emergency Contraception. It is distributed electronically twice each year to anyone wishing to receive it. To contribute a news item, please send it to ASEC@arhp.org or to Tara Shochet (tshochet@arhp.org). We reserve the right to check and edit items as appropriate. To add or remove your name from the newsletter circulation list, please write to ASEC@arhp.org. More information about ASEC and ICEC is available at the end of this newsletter.

**COUNTRY & STATE ACCESS UPDATES**

**List of countries with OTC or pharmacist status**

Princeton University's Office of Population Research is pleased to provide a list of countries where EC is available directly from a pharmacist or over the counter:

Available from a pharmacist: Antigua, Aruba, Australia, Belgium, Belize, Benin, Burkina Faso, Cameroon, Canada, Chile, China, Congo, Cyprus, Denmark, Estonia, Finland, France, French Polynesia, Gabon, Ghana, Guinea-Conakry, Iceland, Israel, Ivory Coast, Jamaica, Latvia, Lesotho, Libya, Luxembourg, Mali, Mauritania, Mauritius, New Zealand, Niger, Portugal, Senegal, Slovakia, South Africa, Sri Lanka, St. Lucia, Switzerland, Tajikistan, Togo, Tunisia, the United Kingdom, and nine states in the United States with pharmacy access programs.

Available over-the-counter: Norway, Sweden, the Netherlands, India, and the United States (ages 18 and older).

The updated list of dedicated ECPs worldwide is now available on the EC Website: <http://ec.princeton.edu/questions/dedicated.html>. If you have information on changing status of nonprescription EC availability in any country worldwide, please let us know so that we can keep this list up-to-date.

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**Counterfeit of LNG EC identified in Taiwan**

LNG emergency contraceptive is a prescription medicine in Taiwan and widely available throughout the island. The first LNG EC 0.75 mg 2 tablets product was registered in 2002 under the brand name NorLevo, followed a few years later by several other products. In 2007 NorLevo

was registered under its 1.5 mg tablet form, offering improved patient compliance. LNG EC is indeed a very popular method of contraception among Taiwanese women who appreciate the efficacy and safety profile of products available. The success of LNG EC among Taiwanese women has triggered unfortunate consequences. Indeed, counterfeit treatments marketed under the brand name NorLevo have been identified recently in local drugstores. Counterfeit products are at first glance very similar to the original. However laboratory analysis of the counterfeit pills revealed significant differences. Most importantly, the counterfeit pills disaggregate slower than the original, which might have consequences on the efficacy and patient safety. The issue has been addressed very seriously by HRA Pharma's local distributor of NorLevo in Taiwan and competent local authorities have been informed. Taiwan Department of Health is for the moment reluctant to officially communicate the issue to all pharmacists and drugstores likely to face the problem, although patients might be ultimately at risk. The local distributor of NorLevo, supported by HRA Pharma, is closely monitoring the problem and believes recent developments will push Taiwan DOH to take action.

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## **MATERIALS AND CAMPAIGNS: International**

### **IPPF/WHR continues to improve access to EC in the Caribbean**

International Planned Parenthood, Western Hemisphere Region (IPPF/WHR) continues working on a project to improve access to emergency contraception in selected Caribbean countries. In the summer of 2007, executive directors and senior staff from St. Lucia Planned Parenthood Association (SLFPA), Barbados Family Planning Association (BFPA), Family Planning Association of Trinidad and Tobago (FPATT), staff from IPPF/WHR, and a consultant participated in a social marketing training to promote OPTINOR, the IPPF EC dedicated product. At the end of the training each organization presented plans for marketing strategies tailored to their clients. Barbados is focusing their social marketing efforts on student leaders at the University of the West Indies with an appeal to finish their education without fear of pregnancy and St. Lucia is cultivating community partnerships with youth magazines, local DJs, beauty shop owners, and talk show hosts to increase awareness and acceptance of EC. Lastly, Trinidad and Tobago will offer OPTINOR as a back-up plan to women accessing contraceptive services as a part of their marketing and branding strategy.

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## **MATERIALS AND CAMPAIGNS: United States**

### **EC Hotline and Website update**

The EC Hotline and Website (1-888-NOT-2-LATE and [www.Not-2-Late.com](http://www.Not-2-Late.com)) continues to be a highly visible resource for women, men, and health care providers seeking information about EC. Over 1.4 million visitors used the service during the past year.

This fall, we launched a revised and updated Spanish version of the website. The new version features a video introduction by a Spanish-speaking EC user. If your website includes links to the Spanish website, please update the URLs to route to the new site:

[http://ec.princeton.edu/es\\_index.html](http://ec.princeton.edu/es_index.html)

We are in the process of updating our searchable directory of EC providers to include pharmacy chains that have made a commitment to ensuring access to EC (by stocking it in stores where it has been requested and preventing pharmacist refusals). Safeway is the first national chain to sign on. The updated directory format will also map search result locations and allow users to provide feedback on specific providers. Look for these changes later this spring.

Because our site is highly ranked in search engine results, many women may find our site before they find state-specific EC websites. If you would like to increase the visibility of your state's EC site, please let us know so that we can direct users from your state to your state-specific information.

Please let us know how the EC Hotline and Website are being used by your organization. This information is critical as ARHP works to keep the Hotline and Website funded.

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### **The 2008 Back Up Your Birth Control Day of Action is March 25!**

After being on hiatus for the fall and winter holidays, the Back Up Your Birth Control Campaign is back and we want you to join the campaign and celebrate the seventh annual Day of Action on March 25<sup>th</sup>, 2008! The 2008 Day of Action is dedicated to making EC available to all women regardless of their income or insurance coverage.

While we celebrate the FDA decision that made EC available over-the-counter to women 18 and older, we know that the high cost of EC OTC, usually between \$40-60 in pharmacies nationwide, is a continuing barrier to some women accessing EC. In addition, the impact of a provision in the Deficit Reduction Act passed in 2005 that eliminated discounts on birth control for college health centers and safety-net family planning clinics means that the four million college-age women across America – along with low-income women who rely on the 400 safety-net family planning clinics – may need to back up their birth control with EC now more than ever before.

This year's campaign will focus on raising awareness of the barrier to EC access posed by the high cost of EC over-the-counter, educating women, and teens who can't access EC OTC, about

sources of free and low-cost EC in their communities, and highlighting innovative models that advocates and health departments across the country are implementing to help increase access to affordable EC (including free EC days, websites that help women compare EC prices at their area pharmacies, states covering EC OTC under their Medicaid programs, etc.)

*Our popular Back Up Your Birth Control campaign materials featuring Rosie the Riveter are now available FREE OF CHARGE! To participate in the campaign, order free materials, or learn more about BUYBC, please visit [www.backupyourbirthcontrol.org](http://www.backupyourbirthcontrol.org)*

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### **MergerWatch works to make pharmacy complaint processes more consumer-friendly**

When women encounter pharmacist refusals to dispense contraception, they have the option of filing complaints with the pharmacy board in their states. But often it can be difficult to find out how to file such a complaint, and the complaint form and process may be confusing. The MergerWatch Project conducted a 50-state survey of pharmacy board websites in 2007 and found significant variation in the way that states handle consumer complaints about pharmacies and pharmacists. This year, MergerWatch staff are working with pharmacists Don Downing and Tom Hazlet of the University of Washington School of Pharmacy to develop suggested “best practices” for making state pharmacy board complaint procedures more consumer-friendly.

Among the planned products of this work is a model complaint form that would be easy to follow, available in alternative languages and formats and offer the option of being submitted electronically. A model complaint procedure would offer a consumer-friendly explanation of the pharmacy board’s authority and responsibilities, as well as a clear description of how complaints are processed and what the expected timeline is for addressing the complaint. Among the topics to be addressed would be whether a consumer could be offered the option to file a complaint anonymously or with an expectation of confidentiality; whether someone else (such as a physician or nurse) could file a complaint on behalf of a consumer who is unable or unwilling to do so; and what kinds of documentation the consumer would be expected to submit. These “best practices” will then be offered to state pharmacy boards for their voluntary adoption.

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### **Pharmacy Access Partnership updates**

In December 2007, Pharmacy Access Partnership's work—including EC provider training, community education and advocacy efforts—were profiled in the American Pharmacists Association journal *Pharmacy Today*. To read the article, please visit [http://pharmacyaccess.org/pdfs/PAP\\_PharmacyToday\\_Dec2007.pdf](http://pharmacyaccess.org/pdfs/PAP_PharmacyToday_Dec2007.pdf).

Pharmacy Access Partnership is excited to announce that our **Client Confidentiality Card (C-Card) is now available nationwide in English, Spanish and Chinese**. The C-Card was designed in collaboration with the Pacific Institute for Women's Health to help facilitate a confidential conversation between pharmacists and their young clients.

Pharmacy Access Partnership has been working to educate pharmacists about the C-Card to ensure they are prepared to receive them. Please contact [iddaffner@phi.org](mailto:iddaffner@phi.org) to place your order (100 cards for \$10 for shipping and handling).

In another effort to meet teens' needs for reproductive health services and provide youth-culturally competent services in pharmacies, Pharmacy Access Partnership is developing a **Youth-Friendly Pharmacy Model**. The Youth-Friendly Pharmacy Model seeks to make pharmacies a useful access point to meet teens' reproductive health needs and recognize and address the unique challenges, difficulties and obstacles facing adolescents. Pharmacy Access Partnership is working with pharmacists, medical providers and teens to develop and implement a model in California that may also be replicated nationally.

Holding with tradition, the **3<sup>rd</sup> Annual Pharmacy Access Partnership Gala Event** will be held at the San Francisco City Club on March 20, 2008. Don't miss this dazzling evening of networking and strategizing. Contact [jallen@phi.org](mailto:jallen@phi.org) for tickets. Also coming up is Pharmacy Access Partnership's **Annual STATES Meeting (States Take Action Toward EC Services)**, to be held in San Francisco on May 19, 2008. For the sixth year, a national community of pharmacists and reproductive health advocates will come together for a day-long meeting to share best practices and lessons learned about promoting access to EC and other reproductive health services and supplies. Please contact [nmaderas@phi.org](mailto:nmaderas@phi.org) for more information.

### **Catholics for Choice fights to keep exemption clause out of EC bill**

In January, the Wisconsin assembly voted 61-35 to pass a bill mandating that hospitals offer emergency contraception to women who had been raped. Despite a concerted effort by two local Catholic bishops, the bill did not include an exemption clause that would have allowed religious hospitals to opt out of the service. In advance of the vote, Catholics for Choice president Jon O'Brien wrote to the legislators explaining the true Catholic position on so-called conscience clauses, including a copy of our publication, *In Good Conscience*. This spurred the two bishops to respond, again demanding the inclusion of a refusal clause in the bill. The irony of two bishops breaking with their fellow bishops (who had remained neutral on the issue) and then complaining when CFC presented an alternative viewpoint was clearly lost on them. The bishops wanted us to believe that the religious freedom of Catholic hospitals would be violated if they had to provide EC to women who have been raped. It is difficult to believe that any institution has a right to religious freedom, but the fact is that women who have been raped also have rights and freedoms. Whose rights have precedence in such a situation? Clearly a significant majority of legislators in Wisconsin agreed that women should.

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**ACLU Reproductive Freedom Project releases publication to help advocates address religiously-based pharmacy refusals of birth control, including EC**

When we began to hear reports of religiously-based refusals in the pharmacy to dispense contraception, the ACLU Reproductive Freedom Project sought to create a framework for accommodating individual religious belief to the greatest extent possible while still securing patient access at the pharmacy. With our long-held position of profound respect for both reproductive rights and religious liberty, we are well positioned to address this issue. Our latest publication, *Religious Refusals and Reproductive Rights: Accessing Birth Control at the Pharmacy* (<http://www.aclu.org/reproductiverights/religion/29402pub20070417.html>), a joint effort by the Reproductive Freedom Project and the ACLU Program on Freedom of Religion and Belief, discusses the legal questions raised when a pharmacist or pharmacy refuses to provide contraception based on a religious objection, offers a framework for analyzing these refusals, and provides a menu of policy recommendations for advocates. For a broader discussion of religious based refusals and women's health care see *Religious Refusals and Reproductive Rights* (<http://www.aclu.org/reproductiverights/religion/12679pub20020122.html>) and *Religious Refusals and Reproductive Rights: Victories on the Coasts* (<http://www.aclu.org/reproductiverights/religion/29419pub20070418.html>).

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**Expanding access to EC for low-income women**

The Low-Income Access Program (LIAP) at the National Institute for Reproductive Health is working to expand access to emergency contraception for all women who face financial barriers. In the spring of 2007, the National Institute conducted a national survey of state Medicaid offices to determine whether they were providing state Medicaid coverage for over-the-counter emergency contraception without a prescription. Only eight states (HI, IL, MD, NJ, NY, OK, OR, WA) responded that they were providing this coverage. LIAP has been working with local, state, and national advocates to rectify this issue and expand other states' Medicaid policies to cover EC without a prescription. We also co-coordinate the Low-Income EC Access Coalition

which brings together advocates from over 22 states across the country to discuss, inform, and collaborate on these and other efforts to expand access to EC for low-income women. In addition, the National Institute is pleased to announce our 2008 Low-Income Access to Birth Control Grant Program. We are currently accepting proposals for local and state projects that work to expand access to birth control, including emergency contraception, for women who face financial barriers. Please see our website for more information and to view the RFP, <http://www.nirhealth.org>.

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### **Family Planning Advocates of New York State: Progress on EC access**

FPA is continuing to work to ensure that low-income and minority women have access to EC through strategies that build on its membership base of providers, and its collaborative relationships with the state and the pharmacy profession. FPA was asked by the National Women's Law Center to describe how it built bridges to the New York State Board of Pharmacy and how these relationships helped address the issue of refusals. FPA is co-sponsoring a Webinar on February 21, 2008 in follow up to release of the NWLC's new toolkit, *Partners in Access: Working with State Pharmacy Boards to Stop Refusals in the Pharmacy*. In addition to addressing refusals, FPA's collaborative relationship with the Board and the state pharmacists association has been productive in helping to ensure that pharmacists have accurate and up-to-date information about Plan B over-the-counter (OTC). In regard to informing consumers, FPA has responded to requests from family planning providers for a Spanish version of the consumer fact sheet about Plan B OTC by partnering with the National Latina Institute for Reproductive Health. The fact sheet which is designed to inform women in New York about purchasing Plan B as an OTC product includes information about Medicaid coverage, age requirements, and resources in Spanish. On another front, FPA is continuing to work on the issue of Medicaid coverage of OTC Plan B by attempting to obtain information from New York State on expenditures by Medicaid since the state agreed to cover OTC Plan B without a fiscal note.

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## **RESEARCH RESULTS AND UPDATES**

### **Implementing an advance EC policy: What happens in the real world?**

A forthcoming article in *Perspectives on Sexual and Reproductive Health* examines what influences successful implementation of advance EC provision as a system-wide policy in publicly funded family planning clinics. **METHODS:** Staff and patients provided feedback on opportunities and challenges to implementing an advance EC provision policy. Information associated with EC knowledge, attitudes and use was collected from 211 patients attending four Title X clinics in Southeastern Pennsylvania between 2001 and 2002. To identify factors that enhanced or diminished advance EC provision, 22 clinic staff were interviewed in 2004 and 111 staff from 46 clinics completed surveys in 2005. **RESULTS:** Patients' attitudes and knowledge of EC were more favorable than staff perceived. Negative feelings about EC were shared by patients both familiar and unfamiliar with EC. Patients attitudes and self-efficacy were not associated with demographic or reproductive characteristics. Almost all staff endorsed the advance EC policy, though not all followed it. Interviews and surveys revealed barriers including staff prejudgment of patients' needs and ability to use EC, visit time constraints and inefficiencies in clinic procedures. **CONCLUSIONS:** Suggestions for improving advance EC provision include an emphasis on staff offering it at all patient visits, provision of patient-friendly EC information, and streamlining the clinic process and EC dispensing. Staff education should include guidance in offering EC as a back-up method to women already using effective contraception and recognition of patients' EC knowledge and self-efficacy.

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### **Plan B consumer survey**

AED is conducting a national, on-line survey to gain a better understanding about women's experience with access to Plan B subsequent to its availability as a dual-label product in August, 2006. The survey, targeting women ages 18-44 years who took Plan B after January 1, 2007, explores how women learn about Plan B, ease of access, interactions with pharmacists and health care providers, attitudes about Plan B, actual use of the product, and subsequent contacts with health care providers and pharmacists. Since its launch in December 2007, we have received 1,100 responses from across the country! The survey will be open through March 31, 2008. A hearty thank you to all of the ASEC members who have posted a survey button on their Websites and MySpace pages, sent survey announcements to listservs, and put us in touch with other organizational partners. (It is not too late to post a link if you have not already done so, especially if you can reach low income women.)

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**Population Council completes study exploring EC in the Mexican Family Planning Norm**

With the generous support of the Compton Foundation, the Population Council Mexico office completed a study to better understand the process of including emergency contraception in the Mexican Family Planning Norm and to identify the factors that influenced this achievement. We conducted in-depth interviews with eight prominent decision-makers of state and federal government institutions. We found that the determining factor for the inclusion of EC in the Norm was the external review of scientific evidence, done by experts of the National Centre for Equity of Gender and Reproductive Health, proving that the pills are not abortifacient. Other important factors that contributed to the inclusion were the ample support of civil organizations, the population's demand and the open mentality of the Health Secretary. The manuscript was published in a Mexican journal last December. (Lara D, Van Dijk M, García S, Grossman D. La introducción de la anticoncepción de emergencia en la Norma Oficial Mexicana de Planificación Familiar NOM-005-SSA2-1993. Gaceta Medica de México 2007; 43:483-7)

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**FHI conducting secondary analyses of EC trial to examine risk behaviors and attitudes**

FHI is conducting secondary analyses of data from our trial of an intervention to increase access to ECPs, which was conducted in Nevada and North Carolina in 2002-2005. The primary results of the trial were that although the intervention did increase EC use, it did not produce either a decrease in pregnancies or an increase in STIs. The purpose of the secondary analyses is to explore the effects of the intervention on risk behaviors and attitudes and to examine the usefulness of EC use itself as a marker of risk. One analysis has been completed and is in press at Contraception. The main finding was that pregnancies in the intervention group appeared to have been more likely than those in the control group to be classified as "probably" or "possibly" ECP failures, which implies that the intervention may have increased the frequency of coital acts with the potential to lead to pregnancy

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### **Building bridges from EC to regular contraceptive use in Jamaican pharmacies**

In June 2003, the Jamaican government officially moved emergency contraceptive pills from prescription-only to behind-the-counter provision at pharmacies. This caused some controversy, as pharmacists were concerned that women would begin to abuse the product or use it as a regular contraceptive method since it no longer required a prescription. In light of this situation, Family Health International collaborated with the Pharmaceutical Society of Jamaica (PSJ), the National Family Planning Board of Jamaica (NFPB), and Medimpex Jamaica Ltd. (distributor of Postinor-2) to conduct a study that examined whether ECP users can be encouraged to move toward adopting regular contraception, by providing a discount coupon for one cycle of a regular oral contraceptive pill product.

The study was a randomized controlled trial in which women who came to pharmacies in the greater Kingston Metropolitan Area to buy Postinor-2™ for their own use were assigned to either the intervention group (coupon) or the control group (no coupon). Participants who were not regular users of a contraceptive method were followed up at 3 and 6 months to determine whether they redeemed the coupon, adopted the pill or any other regular contraceptive method, and whether and how many times they repurchased ECPs in the follow-up period. The results indicated that there was very little uptake of regular contraceptive methods (pills, injectables, and IUD) by these women who were mostly condom users. Moreover, no significant differences were detected between the intervention and control groups. The coupons were redeemed by less than 1% of women in the intervention group, although 2% claimed to have redeemed them. In response to why they did not redeem the coupon, 72% percent said that they were not ready to use the pill. Lastly, the majority of participants did not repurchase ECPs during the six month study period, but around 18% repurchased an additional one or two times and about 5% three or more times after the initial interview. These results raise the questions of why these ECP buyers were not interested in adopting a more effective hormonal method and whether there is evidence of overuse of Postinor-2™ in Jamaica.

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### **ABOUT THE AMERICAN SOCIETY FOR EMERGENCY CONTRACEPTION**

The American Society for Emergency Contraception (ASEC) is a voluntary collaboration of organizations that promote the availability of emergency contraception for women. Founded in 1997, ASEC has four mandates: 1) to serve as a source of information for the media and others who want information on emergency contraception; 2) to serve as a watchdog for inaccurate or biased articles in the press and respond with accurate letters to the editor, and to watch for abuses of reproductive rights related to emergency contraception, and draw attention to these problems; 3) to promulgate policies on emergency contraception and to support and disseminate the

statements and guidelines of other organizations willing to endorse the method; and 4) to link the members of the emergency contraception field, primarily by sending out (in collaboration with the International Consortium on Emergency Contraception) this semi-annual electronic newsletter on recent events in emergency contraception and by organizing an annual meeting to share information with researchers, policy makers and the pharmaceutical industry.

ASEC is open to industry participation, although it will not endorse one method or regimen over others that are also safe and effective. Membership is free, and although the focus is primarily on the United States, international affiliates are welcome. ASEC is managed by the Association for Reproductive Health Professionals (ARHP).

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## **ABOUT THE INTERNATIONAL CONSORTIUM FOR EMERGENCY CONTRACEPTION (ICEC)**

The mission of the International Consortium for Emergency Contraception (ICEC) is to expand access to and ensure safe and locally appropriate use of emergency contraception worldwide within the broader context of family planning and reproductive health, with emphasis on developing countries. The Consortium now has over 35 member agencies represented by over 150 individuals worldwide. ICEC is currently hosted by Family Care International.

The ICEC website, [www.cecinfo.org](http://www.cecinfo.org), was relaunched in July (see above) and includes policy statements, news, information on EC status and availability around the world, and additional materials produced by member organizations. Links to member web sites and contact information for Regional Consortia (see below) are also available on the ICEC website.

For more information, please contact Elizabeth Westley, Consortium Coordinator, at: [ewestley@fcimail.org](mailto:ewestley@fcimail.org).

## **REGIONAL CONSORTIA AND NETWORKS**

### **ECafrique**

This regional consortium of ICEC covers both Anglophone and Francophone Africa and currently includes over 200 institutional members, with a mailing list of over 2,000 names. John Skibiak, who served as coordinator, has left to become the Executive Director of the Brussels-based Reproductive Health Supplies Coalition (RHSC – see their website at [www.rhsupplies.org](http://www.rhsupplies.org)) He has been replaced as overall coordinator by Jill Keesbury of the Population Council, with Anglophone coordination provided by Lucy Mwikali Mang’ati ([lmwikali@pcnairobi.org](mailto:lmwikali@pcnairobi.org)) in Nairobi and Francophone coordination provided by Youmane Faye ([lfaye@pcdakar.org](mailto:lfaye@pcdakar.org)) in Dakar. ECafrique publishes a bilingual newsletter with extensive information about EC in Africa (accessible at the ICEC site at <http://www.cecinfo.org/html/regional-consortia-africa.htm>) and conducts and facilitates activities around Africa to enhance access to EC.

For more information or to be placed on the mailing list, please email: [ecafrique@pcnairobi.org](mailto:ecafrique@pcnairobi.org).

### **The Latin American Consortium for Emergency Contraception (LACEC)/Consortio Latinoamericano de Anticoncepcion de Emergencia (CLAE)**

This regional consortium of ICEC is currently coordinated by Jimmy Telleria, based at CISTAC in Bolivia. LACEC has a website ([www.clae.info](http://www.clae.info)), publishes a newsletter, and has issued a widely used set of fact sheets. CLAE also has a lively listserv to facilitate discussion and exchange in the region.

For more information or to be placed on the mailing list, please contact Jimmy Telleria at: [jimmy@cistac.org](mailto:jimmy@cistac.org).

### **Asia/Pacific Network for EC (APNEC)**

This regional consortium of ICEC is currently coordinated by Emelina Quintillan of the Pacific Institute for Women's Health. APNEC's membership consists of individuals and organizations in the Asia & Pacific region that have participated in at least one of the regional meetings on EC since 2002. Membership is also open to other individuals and organizations in the region that are recommended by the current members, provided the prospective member will agree to the objectives of the organization and the obligations of members. There are currently 64 members representing 50 organizations in 14 countries. APNEC has a website ([www.apnec.net](http://www.apnec.net)).

For more information, please contact Emelina at [equintillan@piwh.org](mailto:equintillan@piwh.org).

### **Arab Region**

An Arab Regional EC Network of ICEC has been formed and is currently managed by Angel Foster of Ibis Reproductive Health. Ibis has coordinated with the Office of Population Research at Princeton University, and the Association of Reproductive Health Professionals to create an Arabic language Emergency Contraception Website, representing an adaptation and translation of the website [www.not-2-late.com](http://www.not-2-late.com). This site aims to expand information about EC to Arabic speaking communities in both the US and the Middle East. The Arabic EC website can be accessed directly through <http://ec.princeton.edu/arabic> or through the main site at [www.not-2-late.com](http://www.not-2-late.com). For more information, please contact Angel at: [afoster@ibisreproductivehealth.org](mailto:afoster@ibisreproductivehealth.org).

### **East Europe, NIS and Balkan Region**

This network of ICEC is currently coordinated by Svitlana Okromeshko of PATH, and has produced a number of Russian-language EC materials, including newsletters, service delivery guidelines, and policy statements. These materials can be accessed on the ICEC site at <http://www.cecinfo.org/html/regional-consortia-eeurope.htm>. For more information, please contact Svitlana at: [svitlana@path.org](mailto:svitlana@path.org).