

The Emergency Contraception Newsletter
Summer 2008
Vol. 13, No. 1

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, Chile, China, Congo (Brazzaville), 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: Canada (from the self-selection area of pharmacies), 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.

Contact:
Kelly Cleland
Office of Population Research
Princeton University
Email: kcleland@princeton.edu

MATERIALS AND CAMPAIGNS: International

***ECafrique* proposal development workshops in Anglophone and Francophone Africa**

Since 2006, *ECafrique*, with the support of the William and Flora Hewlett Foundation, has been working to build the capacity of African non-governmental organizations (NGOs) to design, implement and evaluate successful EC mainstreaming projects. Through a process of facilitative re-granting, *ECafrique* annually awards grants of between US\$25,000 to US\$30,000 to three organizations drawn from across Anglophone and Francophone Africa. The six prospective grantees of 2008 – encompassing Benin, Ghana, the Ivory Coast, Kenya, Senegal and Uganda – recently participated in proposal development workshops held in Nairobi and Dakar, where their original letters of interest were refined and developed into the strongest possible proposals, incorporating realistic goals, a well-specified strategy for implementation, and achievable methods for measuring impact. Funding will be awarded on a competitive basis, and the successful grantees will benefit from ongoing technical assistance throughout the year-long life of the project. *ECafrique* will moreover assist the unsuccessful candidates, with their proposals now developed to international standards, to source funding from other donors.

Contact:

Dr Jill Keesbury, Co-ordinator, *ECafrique*

Email: jkeesbury@popcouncil.org

Tori Rumbold, Co-ordinator, EC Small Grants Programme (Anglophone Africa)

Email: vrumbold@popcouncil.org

Faye Youmané, Co-ordinator, EC Small Grants Programme (Francophone Africa)

Email: yfaye@popcouncil.org

Community based workers to take EC to slums in Kenya

The Population Council is partnering with two slum-based NGOs (Carolina for Kibera and Friends of Youth) to provide EC, information and referrals to sexual assault survivors in Kibera and Mathare slums in Nairobi, Kenya. The two slums were among the worst affected areas by the post-election chaos that also witnessed an escalation in cases of sexual violence. Anecdotal evidence from the communities suggests that only a small proportion of those suffering from rape or defilement seek care, mostly due to lack of awareness of the available services or of money to travel to a health facility outside of the community. To help increase the numbers of sexual assault survivors seeking care, the project is dedicated to making counseling and EC services immediately available to women and girls reporting rape through peer providers and community outreach workers. The project has also developed a referral system whereby survivors are referred to a health facility of their choice for comprehensive care. This project will demonstrate the feasibility of applying community based care initiatives to increase access to EC and other sexual assault services and information.

Contact:

Benter Owino

ECafrique/Population Council

P.O. Box 17643

Nairobi 00500, Kenya

Tel: 254-20-271-3480
Fax: 254-20-271-3479
Email: bowino@pcnairobi.org

A huge step back in ECP access in Chile

A Constitutional Court decision prohibiting the delivery of ECPs in public health services has resulted in restricting access to this method for low-income Chilean women. The decision to deliver ECPs is now left to the mayors of the 346 municipalities. The Chilean Association of Municipalities (CAM) produced a legal report on the consequences of the court's decision concluding that municipalities have autonomy regarding matters of health according to the current laws and they can distribute the pill if they so choose. To ensure the legality of this action, the CAM sent the report to the National Comptroller's Office, which, to date, has not replied.

During the last National Congress of CAM, held in June, the Contraception Advocacy Movement surveyed 89 municipalities (26% of the total) and found that 18% had discussed the possibility of providing ECPs during their municipal meetings and 34% said that they were distributing the pill in their health centers. Only one had received ECPs from the government. Additionally, the government has decided not to give the remaining ECPs purchased by the Ministry of Health to the municipalities, and that they will only provide ECPs to rape victims. This decision is truly detrimental to women because many municipalities will not be able to afford to purchase the pills. Municipal elections will be held next October and the majority of citizens will vote for candidates that demonstrate a genuine commitment to health and women rights.

Contact:

Verónica Schiappacasse, Redacción
Fundación Prosalud, Chile
Email: prosalud@terra.cl

Fabiola Quesada, Traducción
Prosalud Inter Americana, Perú
Email: supportus@prosaludinteramericana.org

DKT launches “Postpill” in Ethiopia

DKT International launched “Postpill,” a double tablet form of 0.75mg Levonorgestrel in March 2008 in Ethiopia and will be making this available through their national distribution network. DKT will include EC in future training and outreach to midwives, pharmacists, and doctors (training has already commenced with pharmacists) and is in the process of developing educational materials that will be distributed countrywide. DKT Ethiopia is also undertaking research through their agreement with Addis Ababa University. The study will analyze factors influencing accessibility, utilization and acceptability of EC among young people (University students) as well as providers' perspectives regarding the provision and use of ECP. This launch will build on work undertaken in 2005, when the Ministry of Health, Ethiopian Society of Obstetricians and Gynecologists (ESOG), *ECafrique*, and the Concept Foundation undertook work towards the mainstreaming of EC services into the public and non-governmental sectors of the country's five main regions.

Contact:

Michele Gallagher, Haymanot Assefa, or Emebet Abu
DKT Ethiopia

Email: gallagher_michele@yahoo.ie

MATERIALS AND CAMPAIGNS: United States

Reproductive Health conference scheduled for September 17-20

Registration is now open for Reproductive Health 2008. This is the cornerstone conference in reproductive health hosted annually by the Association of Reproductive Health Professionals, Planned Parenthood Federation of America, and the Society of Family Planning. Make plans to join us for networking with committed colleagues and cutting edge sessions on reproductive health research and clinical practice. Reproductive Health 2008 will be held September 17-20, 2008 in Washington, DC. For more information and to register, visit:

www.ReproductiveHealth2008.org.

EC Hotline and Website update

The EC Hotline and Website (1-888-NOT-2-LATE and www.Not-2-Late.com) continues to be a highly visible resource for women, men, and health care providers seeking information about EC and where to get it. This spring we launched a new version of our searchable Directory of Providers of EC, which includes the following features:

- Maps of provider locations and “get directions”
- User feedback (to report difficulties with specific providers)
- Information about how to access lower cost services
- Information for those under 18

We have already received feedback from individuals searching for EC and providers joining the service that the updated Directory is a user-friendly and highly functional resource, so please take a moment to see what’s new. Safeway, which has corporate policies to ensure stocking and prevent refusals, has listed all of its pharmacies nationwide. We hope that other pharmacy chains with similar policies will follow.

Providers who were previously listed in the Directory should have received a renewal notice in the mail (if not, please contact us). New providers can register for the Directory at:

<http://eclocator.not-2-late.com/submitProvider.asp>

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.

Contacts:

Elisa Wells, MPH
ARHP Program Manager/Consultant
Tel: 360-833-0925

Kelly Cleland, MPA MPH
Office of Population Research
Princeton University

Email: eswells@comcast.net

Email: kcleland@princeton.edu

Pharmacy Access Partnership and Pacific Institute for Women's Health have merged

After a year-long exploration process funded by the William and Flora Hewlett Foundation, Pharmacy Access Partnership and the Pacific Institute for Women's Health (PIWH) merged under the nonprofit umbrella of the PIWH 501(c)(3). It is our vision that together, both organizations are stronger and more effective. Pharmacy Access Partnership is now a division of PIWH led by Sharon Cohen Landau, MPH. Belle Taylor-McGhee, former Executive Director of Pharmacy Access Partnership, now serves as PIWH President and CEO. Under the new structure, we are continuing PIWH's legacy on the domestic and international front to help shape policies that: promote women's access to safe and effective contraception and other reproductive technologies, including medical abortion; expand access to sexuality education that includes contraception information; and support women's and girls' leadership in protecting their reproductive health.

Contact:

Belle Taylor-McGhee, President and CEO
Pacific Institute for Women's Health
Tel: 510-272-0150
Email: btmcghee@piwh.org

MergerWatch develops tools to make pharmacy complaint processes more consumer-friendly

As a follow-up to last year's MergerWatch 50-state survey of pharmacy board websites which found significant variation in the way that states handle consumer complaints about pharmacies and pharmacists, we have developed "best practices" tools for making state pharmacy board complaint procedures more consumer-friendly. MergerWatch staff worked with pharmacists Don Downing and Tom Hazlet of the University of Washington School of Pharmacy to develop a **model pharmacy complaint form** that is easy to follow, available in multiple languages and formats and offers the option of being submitted electronically. We incorporated the option of consumers filing a complaint anonymously or with an expectation of confidentiality and granting someone else (such as a physician or nurse) the ability to file a complaint on behalf of a consumer who is unable or unwilling to do so. We also developed a **model complaint procedure**, which includes a consumer-friendly explanation of the pharmacy board's authority and responsibilities, how complaints are processed and what the expected timeline is for addressing the complaint. We emphasize the need for the complaint process to be easily accessible, transparent and fair. These "best practices" will be shared with women's health advocates this summer with the encouragement to offer these models to their state pharmacy boards for their voluntary adoption.

Contact:

Lois Uttley, Director
The MergerWatch Project
Tel: 212-870-2010
Email: lois@mergerwatch.org

MergerWatch, Advocates for Youth sponsor pharmacist trainings in West Virginia

Joining forces with Advocates for Youth, MergerWatch recently co-sponsored **pharmacist training on EC** in West Virginia, taught by pharmacist Don Downing. Preliminary findings based on surveys distributed before the training began suggest that many attendees had believed EC and RU-486 were the same medication.

Contact:

Lois Uttley, Director

The MergerWatch Project

Tel: 212-870-2010

Email: lois@mergerwatch.org

Wisconsin has EC hotline, lock-boxes for off-hour access to ECPs

Wisconsin has a state-funded EC hotline that also provides MA Family Planning Waiver enrollment services. A caller to the EC Hotline (866-ECFIRST) may be enrolled in the FP Waiver and receive MA-paid EC immediately. Phone calls to 866-ECFIRST are answered throughout the work day by Family Planning Health Services (FPHS) staff. On weekends and holidays, the phone line responsibility is shared by several staff. Callers' needs typically include: EC, enrollment in the Wisconsin Family Planning Waiver Program, referral to a local family planning provider, and/or answers to questions about reproductive health needs. FPHS works very hard to help each caller get what they need. Lock-boxes outside of each FPHS clinic site are available to provide EC to callers when our clinics in Central Wisconsin are closed. We also have "EZEC" sites in many communities, which include domestic abuse shelters, where our Plan B supplies are on-site and may be picked-up immediately. For callers outside our service area, arrangements are made to pick-up EC from a local family planning provider or a pharmacy. FPHS can provide a phone prescription to callers under age 18. FPHS provides EC in advance for our clients, as well as for those with immediate need; in 2007, the agency gave out 10,281 cycles of EC.

Contact:

Sue Kettner

Family Planning Health Services

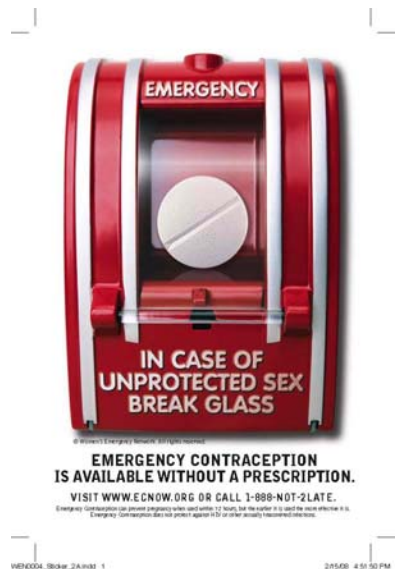
Wausau, WI

Tel: 715-675-9858

National Network of Abortion Funds announces national EC education campaign

The National Network of Abortion Funds (Network) is thrilled to announce a national EC education campaign in conjunction with its member abortion Funds. The EC Now! campaign, featuring the "Emergency Box" messaging shown below, is an expansion of a very successful campaign run by Network member Fund, the Women's Emergency Network in Miami, Florida. The national phase of the campaign will launch August 8th, 2008 with the participation of 16 community-based abortion Funds from Alaska to Kansas to Virginia. These Funds will distribute 50,000 EC information cards and 1,000 posters throughout underserved communities nationwide – reaching low-income women and women of color in particular. The information cards and posters feature the emergency box imagery and messaging and are designed to drive recipients to the campaign website: www.ECNow.org where they can find local information about sites and resources to obtain EC. The online resources will highlight sites where low-cost or free EC is

available in each community. Information on obtaining Medicaid coverage for EC and OTC EC, where available, will also be included. National resources such as the 1-888-NOT-2-LATE phone number and website are also critical components of the campaign. Strategic distribution of the information cards to women served by abortion Funds, women at community events and state fairs, as well as distribution through guerilla marketing will take place from August to October. Please contact us for more information, a list of participating Funds, questions, or to assist with the campaign.



Contact:
Megan Peterson, Director of Advocacy
National Network of Abortion Funds
Tel: 617-524-6034
Email: megan@nna.org

National Institute for Reproductive Health working to ensure Medicaid coverage of EC

The Low-Income Access Program (LIAP) is working with advocates across the country to ensure state Medicaid programs provide coverage for EC and to expand EC access for all women who face financial barriers. LIAP coordinates the Low-Income EC Access Coalition, a coalition of advocates working at the local, state, and national level to expand access to EC for low-income women. The coalition includes advocates from over 23 states and is guided by a steering committee of six national organizations. In addition, LIAP gave out six grants in April 2008 to state and local groups that are implementing programs that work to expand access to birth control, including EC, for low-income women. For more information about our grantees and how to join the Coalition, please check out the Low-Income Access Program at <http://www.nirhealth.org>.

Contact:
Myra Batchelder
Director, Low-Income Access Program
National Institute for Reproductive Health
Tel: 646-520-3512

Email: mbatchelder@nirhealth.org

Advocates for Youth continues work on two statewide EC initiatives

Advocates for Youth continues to sponsor two statewide EC initiatives (in South Carolina and West Virginia) to raise awareness of and increase access to EC for young people ages 16 through 24. Since January 2008, the SC Initiative has: conducted advertising campaigns for Valentine's Day and Spring Break; sponsored educational outreach in bars and restaurants; led extensive outreach in four communities and on 10 college campuses; and, along with Ibis Reproductive Health, hosted a roundtable discussion with sexual assault service organizations. In March, Don Downing visited South Carolina for the third time, meeting with pharmacists, students, and policy makers in state agencies. And this fall, working in partnership with the Internet Sexuality Information Service, Advocates will launch a statewide text messaging campaign to educate young people about EC and other contraceptive methods. In West Virginia, Advocates partners with WV FREE (a statewide reproductive rights advocacy organization) to: develop EC educational materials; brief health care providers and advocates; train pharmacists; and plan college outreach. In July, Advocates partnered with MergerWatch and brought in Don Downing, who led a three-day training series for West Virginia pharmacists (see story above).

Contact:

Laura Davis

Director, Adolescent Sexual Health Services

Advocates for Youth

2000 M St. NW, Suite 750

Washington, DC 20036

Email: laura@advocatesforyouth.org

Education Fund of Family Planning Advocates of NYS reports on Medicaid coverage of Plan B OTC in 2007

New York State's Medicaid program covered prescriptions for Plan B and Preven (no longer marketed in the U.S.) soon after they were approved by the FDA. In 2007, New York significantly expanded low income women's access to EC when it both agreed to cover Plan B over-the-counter OTC (for women 18 years of age and older) and waived the federal requirement of a written, fiscal order from a health practitioner for reimbursement. The Education Fund of Family Planning Advocates of New York State (FPA) sought to assess what this regulatory change has meant to the state and to low income women in order to guide next steps. The New York State Department of Health, which administers the Medicaid program, provided claims data for calendar year 2007. The data showed that claims did not increase between 2006 (before OTC approval) and 2007 as anticipated. Sixty-five percent of the state's 57 counties had fewer than 50 claims for Plan B OTC. For those women who purchased Plan B (with coverage by Medicaid prescription and/or OTC), the mean number of courses (or pill packets) of Plan B obtained was 1.5. New York's Medicaid program will cover six courses of Plan B per year. Seventy-three percent of those obtaining Plan B through Medicaid got only one dose. One percent obtained six courses of treatment.

Contact:

Karen Anderson

Vice President of Policy and Planning

17 Elk Street
Albany, NY 12207
Tel: 518-436-8408, x209
Email: Karen@fpaofnys.org

RESEARCH RESULTS AND UPDATES

Effect of pregnancy risk on response to increased EC access

UNC and FHI have recently completed a secondary analysis of data from our trial of increased access to EC, which was conducted in North Carolina and Nevada in 2002-2005. The primary analysis of this trial found that incidence of unintended pregnancy was not significantly different between women provided increased access to EC versus those women receiving standard access, despite increased use of EC in the increased access group. In this secondary analysis, we evaluated a potential reason for the failure of EC to reduce unintended pregnancy in the trial. We generated a predictive model to classify women as either high risk or low risk. We then evaluated the effect of the intervention in both risk groups. Although the intervention significantly increased EC use in both groups, the effect was only half as strong among high risk women as among low risk women (RR 5.5, 95% CI 3.8-7.9 and RR 10.0, 95% CI 6.5-15.4, respectively). This result suggests that one reason for the failure of the intervention to reduce pregnancy rates in this trial may be that it was inadequate in reaching the women who most needed it.

Contact:

Laura Baecher, MD
University of North Carolina at Chapel Hill
400 Davie Road, #7
Carrboro, NC 27510
Tel: (646) 489-7620
Email: lbaecher@hotmail.com

Effect of increased EC access on risk behaviors

Most previous research on increased EC access has shown no substantial effect on self-reported frequency of unprotected sex or use of contraceptive methods other than EC. FHI reexamined this issue in two secondary analyses of data from our recent US trial of free advance EC provision. One analysis found that EC failures were more common in women exposed to our increased access intervention than in women who were not exposed. Logically, we reasoned that, assuming that EC is effective, EC successes likely also were more common in the intervention group than in the control group. Therefore, our intervention likely must have caused an increase in the overall frequency of coital acts with the potential to lead to pregnancy. This analysis has been published (Raymond EG, Weaver M. Effect of an Emergency Contraceptive Pill Intervention on Pregnancy Risk Behavior. *Contraception* 2008;77:333-6). Our second analysis looked at the effect of the increased access intervention on participants' attitudes and self-reported behaviors. This analysis found that the intervention tended to enhance participants' perception of the benefits of EC relative to other methods and that women in the increased access group were more likely to report substituting EC for other methods. The discrepancy between these new results and those of previously published research may reflect the different types of

data used in the analyses.

Contact:

Elizabeth Raymond
Family Health International
PO Box 13950
Research Triangle Park, NC 27709
Tel: 919-405-1460
Fax: 919-544-7261
Email: eraymond@fhi.org

Research with female ECP users in Nairobi, Kenya and Accra, Ghana

Family Health International conducted formative research among ECP users in May 2008. The objectives were to learn about ECP users' characteristics, motivations and barriers to contraceptive use, and reactions to two interventions designed to encourage ECP users to adopt more effective contraception. We conducted six small group discussions with ECP users in Nairobi, 25 in-depth-interviews (IDIs) and 232 brief, pharmacy-based interviews with ECP purchasers in Accra. Our preliminary findings have raised a number of concerns and questions about ECP users and suggest that the proposed interventions would likely have minimal success. Major themes that have emerged from this research include:

- Use of EC as a repeated or primary method of contraception appeared to be common. Many respondents stated that EC is their main or only method of preventing pregnancy. In the Ghana brief survey, 35% of respondents reported using EC as their main method of contraception.
- Respondents said they liked ECPs. ECPs were believed to be more effective than condoms and even other hormonal methods, convenient, and private. In addition, Ghanaian ECP users who participated in IDIs reported minimal and manageable side effects from EC use—in contrast to the large proportion (49%) of survey respondents who merely reported experiencing them.
- Respondents indicated little desire to use regular hormonal contraception instead of ECPs.
- ECP users reported variable timing and dosage of taking ECPs, with some women taking one pill before sex and one pill after sex, some taking both pills at the same time, and others taking one pill immediately after sex and the other 12 hours later.
- Men appeared to have an important role in women's ECP use, often buying it for them, introducing it to them, and encouraging them to use ECPs instead of condoms.

Respondents in Ghana had little knowledge about contraceptive methods other than EC, including oral contraceptives; about one-third did not know that pills should be taken daily and many did not know how many pills are in a monthly pack. In Kenya, respondents said that although they would like more information about other contraceptive methods, they did not wish to adopt another method at this time. However, messages about the reduced cost of other contraceptive methods in comparison to ECPs and the longer duration of other contraception seemed to positively resonate with ECP users.

Contact:

Kelly Ladin L'Engle, PhD, MPH
Dawn S. Chin-Quee, PhD, MPH

Family Health International
PO Box 13950
Research Triangle Park, NC 27709
Tel: 919-544-7040
Fax: 919-544-7261
Email: klengle@fhi.org, dchin-quee@fhi.org

AED completes study of access to and use of Plan B

This study was conducted to learn more about consumers' experiences obtaining and using Plan B in 2007, following FDA approval of Plan B as an over-the-counter product for women 18 and older. The research addressed how women learned about Plan B, whether they encountered barriers to access, interactions with pharmacists and health care providers, number of times and reasons the product was used, attitudes about Plan B after taking it, and subsequent contacts with health care providers and pharmacists. Data were gathered from women through an on-line survey that was hosted by AED from December 2007-March 2008. Respondents were recruited electronically through postings on multiple Web sites. To be eligible for the survey, women had to live in the US, be 18-44 years, and they needed to have used Plan B after January 1, 2007. The mean age of the 1,618 respondents was 26, 75% were White/Caucasian, 94% had more than a high school diploma, and there was at least one respondent from every state. The following are some of the key findings:

- 98% used Plan B within 72 hours after unprotected intercourse and 56% used Plan B within the first 24 hours.
- 62% purchased Plan B at a chain drug store or at a pharmacy located in a grocery or big box store; 30% obtained Plan B at a health center (e.g. Planned Parenthood or an Indian Health Service center).
- 79% of women who purchased Plan B at a pharmacy were able to find it at the first pharmacy they called or visited; 21% had more difficulty.
- 69% reported that they did not experience problems obtaining Plan B. The most frequently cited barriers reported by those encountering problems were cost and lack of privacy or confidentiality. One percent of the respondents reported that the pharmacist refused to sell them Plan B.
- 73% used Plan B only once in the past 12 months, 24% used it 2-3 times, and 3% used it four or more times.
- There was a significant decrease in reported condom use after taking Plan B the last time and a significant increase in the use of birth control (other than condoms).

Funding for the study was provided by Duramed as part its CARE[®] program, a post-approval effort to educate and to ensure that Plan B was being used responsibly.

Contact:
Linda Simkin
Senior Program Officer
AED
100 Fifth Ave, 8th Floor
New York, NY 10011
Tel: 212-367-4562
Email: lsimkin@aed.org

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).

Contact:

Tara Shochet

Executive Director

Email: tshochet@arhp.org

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.

For more information, please contact Elizabeth Westley, Consortium Coordinator, at: 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. Overall coordination is provided by Jill Keesbury of the Population Council, with additional coordination provided by the Population Council's Nairobi and Dakar offices, for Anglophone and Francophone members. 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.

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

This regional consortium of ICEC is currently coordinated by Rossina Guerrero Vásquez, based at PROMSEX in Peru. PROMSEX became the coordinating agency following the end of CISTAC's two year term. CLAE has a website (www.clae.info), publishes a newsletter, and has issued a widely used set of fact sheets. CLAE also has a lively list serve to facilitate discussion and exchange in the region. Please email Rossina at clae@clae.info or visit the CLAE website to sign up for the list serve.

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). For more information, please contact Emelina at 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. 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. For more information, please contact Angel at: 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.