

EC

and Beyond

A newsletter of the EC Network of the East European and Newly Independent States region

Issue 2, April 2005

The EC Newsletter Is Expanding

This second EC Newsletter brings with it an exciting opportunity to broaden its content and reach. In this issue, you will see that the newsletter still presents current information about emergency contraception (EC) and its implications in Eastern Europe and the Newly Independent States (EE/NIS). In addition, the newsletter focuses on other important reproductive health issues of regional interest, such as the health implications of taking birth control pills, highlights from a meeting in Albania examining alternative strategies for preventing cervical cancer, and information on preventing unintended pregnancy among HIV-infected women. This expansion of the newsletter has prompted a name change: *EC and Beyond*.

Eastern Europe and the Newly Independent States are faced with unique challenges related to providing high-quality reproductive health services. Many countries have a chronic lack of essential medicines and equipment, infrastructure challenges, and an under-skilled work force—problems that present barriers to the provision of effective services. Couples wanting to limit the size of their family often find it difficult

to access family planning services and modern contraception.

The goal of *EC and Beyond* is to provide easy email access, in English and Russian, to current, objective, evidence-based information on a range of reproductive health issues. Three issues will be published in the first half of 2005 for health care providers, program managers, and decision-makers in EE/NIS. Our aim is to increase awareness of key issues and facilitate regional linkages among individuals and organizations working to improve reproductive health. Please forward *EC and Beyond* to your colleagues and contact us at ecnetwork@path.org if you would like to be included on the email list. We welcome your feedback on *EC and Beyond* and your recommendations for topics to address, questions to answer, or resources to highlight (particularly those available in Russian) in forthcoming issues.

Reproductive health questions and answers

Is it safe to use ECPs repeatedly?

Evidence regarding the safety, efficacy, and frequency of repeated use of emergency contraceptive pills (ECPs) shows that the method is safe and effective, even when used multiple times. The World Health Organization (WHO) guidelines on ECP service delivery state that “repeated use poses no health risks and should never be cited as a reason for denying women access to treatment.”¹ Health care providers should encourage use of

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¹World Health Organization (WHO). *Emergency Contraception: A Guide for Service Delivery*. Geneva: WHO; 1998.

The content of this newsletter is based in part on the “Emergency Contraception Newsletter” published twice a year by the International Consortium for Emergency Contraception (ICEC) and the American Society for Emergency Contraception (ASEC), and all articles are reprinted with permission of ICEC and/or ASEC. PATH is pleased to be able to adapt the newsletter to the East European (EE) and Newly Independent States (NIS) region and disseminate it to interested health providers, program managers, and decision-makers.

About the ICEC

The mission of the International Consortium for Emergency Contraception and its members is to expand access to and ensure safe and locally appropriate use of EC worldwide within the broader context of family planning and reproductive health, with emphasis on developing countries. The Consortium maintains a global information network; issues internationally relevant normative materials about EC, including medical guidelines; and supports advocacy efforts at international, regional, and country levels. The Consortium now has 36 member agencies worldwide.

For more information, please visit www.cecinfo.org.

About the ASEC

The American Society for Emergency Contraception is a voluntary collaboration of organizations that promote the availability of EC 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 EC; (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 EC and draw attention to these problems; (3) to promulgate policies on EC and to support and disseminate the statements and guidelines of other organizations willing to endorse the method; and (4) to link its members, which are organizations working in the field of EC.

About PATH

PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH’s work improves global health and well-being.

Headquartered in Seattle, Washington, PATH has 18 offices in 12 countries. PATH currently works in more than 100 countries in the areas of reproductive health; vaccines and immunization; HIV, AIDS, and tuberculosis; and children’s health and nutrition.

In 2002, PATH participated in developing and presenting a seminar on EC in Kyiv, Ukraine. One of a series presented by the Albert Schweitzer Institute with support from the Open Society Institute, the seminar brought together key EE and NIS policymakers, medical community leaders, and nongovernmental organizations. These stakeholders subsequently became the core members of the EC Network of the EE and NIS. Following the EC seminar in Kyiv, PATH administered a small grants program that supported EC awareness-rising efforts of six organizations in Armenia, Lithuania, Macedonia, Moldova, Russia, and Uzbekistan.

For more information, please visit www.path.org.



ECPs as a backup after recognizable failure of barrier methods or other hormonal contraceptive methods. In addition, because access to modern contraception can be difficult, and rape may be prevalent in some societies, we should expect that women may require ECPs multiple times during their reproductive years.² Providers also should be aware that use of ECPs as a regular and primary contraceptive method most likely reveals a need for contraceptive counseling or additional information about ongoing methods. It is important to note that most modern contraceptive methods are more effective than ECPs are for routine use.

Antiretroviral drugs provided to HIV-positive women late in pregnancy and to the infants in the early neonatal period can prevent mother-to-child transmission of HIV. In addition, doesn’t it make sense to also try to prevent additional infant HIV infections by providing postpartum contraception to women who don’t want to conceive?

Definitely yes. WHO’s comprehensive approach to prevention of mother-to-child transmission of HIV includes the following four elements:

1. Primary prevention of HIV infection.
2. Preventing unintended pregnancy among HIV-infected women.
3. Preventing HIV transmission from HIV-infected women to their children.
4. Providing care for HIV-infected mothers and their infants.

Providing contraception for HIV-positive women after they deliver falls squarely in #2. Condoms used to protect against HIV transmission and pregnancy are an appropriate method for HIV-positive women. EC is particularly appropriate for prevention of unintended pregnancy after unprotected intercourse and as a backup after condom failure. Providing contraception also is an example of good reproductive health care that should be offered to all women postpartum, and thus is relevant to #4 as well.

²Abuabara K, Becker D, Ellertson C, et al. As often as needed: appropriate use of emergency contraceptive pills. *Contraception*. 2004;69:339–342.

International EC news

Scale-up of EC services by the Government of Bangladesh

The Directorate of Family Planning of Bangladesh, in collaboration with a number of nongovernmental organizations, conducted an operations research study in 1999–2003 to document the feasibility of introducing ECPs as back-up support for temporary family planning methods in a country where about 33% of pregnancies are unplanned per year. Prior to the study, they found that unprotected intercourse was common (18% of couples in the previous 9 months), and only about 1% of community health workers were aware of the availability and potential use of ECPs. Most couples (85%) were using some method of contraception, albeit ineffectively, when unprotected intercourse occurred.

The results of the research indicated that after training and the provision of information, education, and communication support, more than 90% of community health workers could learn and correctly remember the indications and instructions for ECP use. Of the 2,446 women in the study areas, 65% reported use of ECPs after the introduction campaign, and use was much higher (74%) when women were given a supply prophylactically than when women were required to request ECPs after each episode of unprotected sex (47%). The probability of ECP use was significantly higher if women received a brochure on ECPs along with the product. After using ECPs, 96% of women adopted a regular family planning method; of those not previously using a method, 68% began using a method after the single use of ECPs.

Most women were willing to pay 10 Taka (US\$0.17) for ECPs through community health workers (it was available in the commercial sector in Dhaka for 35 Taka [\$0.60]). During 2003–2004, the National Family Planning Program scaled up the provision of Postinor 2 in the Dhaka Division covering a population of 52 million and sold it for 8 Taka (US\$0.13). Monitoring of scale-up continues, and the Government of Bangladesh—in collaboration with the United Nations Population Fund (UNFPA), which donated the product—is planning on national scale-up this year. Reports and summaries of this research can be found at www.popcouncil.org.

New York Civil Liberties Union trainings increase awareness of “EC-in-the-ER” law

Since New York State in the United States first began requiring hospital emergency rooms to provide EC on-site to survivors of sexual assault last year, the New York Civil Liberties Union’s Reproductive Rights Project has been working to educate emergency personnel about the new law. The Rights Project has collaborated with organizations that provide training for rape crisis counselors, specialists in collection of forensic evidence, and other hospital and law enforcement personnel who work with sexual assault survivors. Through partnerships with the New York City Alliance Against Sexual Assault, various hospital rape crisis counselor training programs, and a collaboration with the New York State Coalition Against Sexual Assault, more than 1,000 hospital staff and law enforcement officials were trained across the state. The training emphasized the right of females under age 18 to receive confidential rape crisis treatment, including EC. It confronted health care providers’ lack of awareness and misguided hospital policies surrounding the provision of health care to these individuals. The training also emphasized a hospital’s duty to offer EC to all rape survivors.

IPPF/WHR concludes its project to increase knowledge about, access to, and appropriate use of EC

International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) is in the final months of a 30-month project to increase knowledge about, access to, and appropriate use of ECPs in five countries in Latin America and the Caribbean by: (1) strengthening institutional capacity to integrate EC into service delivery; (2) increasing awareness and access among clients, stakeholders, and women’s groups; and (3) increasing knowledge about effective EC promotional strategies among sexual and reproductive health and related organizations in country and across the region. The project has worked through the IPPF affiliates in the region. **BEMFAM in Brazil** has trained a range of providers in their own institutions and through agreements with municipalities in the public sector. It has also incorporated EC into its programs and materials addressing contraceptive provision strategies and vulnerable populations. **APROFA in Chile** continues to train public- and private-sector providers and to

give more visibility to EC as they counter legal opposition and advocate for the inclusion of EC in pharmacies and government services. **PROFAMILIA in Colombia** will be entering its tenth year of successful defense, social marketing, and commercial distribution of a dedicated EC product. It recently has garnered airtime for radio programs and space for nationally broadcast television shows on EC while strengthening the capacity of their nationwide network of youth peer promoters. **PROFAMILIA in the Dominican Republic** has actively sensitized and trained thousands of service providers and updated institutional protocols, manuals, and educational materials with the latest on EC, including a hip-hop CD created by youth educators. In addition, PROFAMILIA has partnered with a local laboratory to promote a dedicated EC product through a unique “sales” and education force. **PLAFAM in Venezuela** has developed EC kits to distribute to clients and tailored information for outreach to university students, professional medical societies, and others in the community, including survivors of gender-based violence, HIV-positive women, and commercial sex workers.

Family Planning Council conducting five-year longitudinal EC study

A Second Chance with ECP: Reducing Unintended Pregnancy is a five-year longitudinal study funded by the National Institute of Child Health and Human Development. The study examines relationships between EC use and participants’ demographics, access, behaviors, and psychosocial factors, as well as their fertility and contraceptive histories. A total of 1,093 women between the ages of 15 and 39 were enrolled, and primary data collection has been completed. Participants were asked to provide monthly input for 18 months to respond to a computer-generated survey regarding sexual and contraceptive behaviors. A random subsample of participants was asked to complete three in-depth interviews. A total of 813 women completed over 5,000 automated telephone surveys, while 475 completed the first in-depth interview, 363 completed another in-depth interview

nine months later, and 315 completed the final interview 18 months after study enrollment. Preliminary data analyses indicate that approximately 24% of participants have used EC in the past. At enrollment, approximately 57% of EC users reported using EC because no other contraceptive was used, 32% said they used EC because of problems with condoms, 8% reported that problems with pills led to EC use, and 3% reported sexual assault was the reason for EC use. Self-report data and medical chart data will be used to examine differences between EC users and nonusers in terms of sexually transmitted infections (STIs) and pregnancies.

EC and RH news from the EE/NIS region

In the previous issue of the EC Newsletter, we included information about the EC small grant projects in Moldova, Armenia, and Uzbekistan, funded by the Open Society Institute. The Sakhalin Society of Obstetricians and Gynecologists (SSOG) and the Lithuanian Family Planning and Sexual Health Association (LFPA) were also awarded small grants to raise awareness of EC among youth in Sakhalin (Russia) and Lithuania. Their efforts are described below, in addition to a synopsis of a cervical cancer prevention meeting held in Albania.

Increasing awareness of EC in Sakhalin

In 2003, the SSOG launched a website, <http://soag.sakhalin.ru>, that provides information about EC and its role in preventing unwanted pregnancy, reducing abortion, and improving women’s health. The website, which has received some 2,500 visitors since its inception, is specifically oriented toward young people, who are the audience most likely to access the Internet. The site includes information about the SSOG, the latest reproductive health

and family planning news, information about EC and other contraceptive methods, questions and answers, and visitors’ comments. The SSOG formed a group of volunteer consultant obstetricians and gynecologists



SSOG’s website, <http://soag.sakhalin.ru>, offers information on EC specifically for young people.

who regularly update technical information on the site and answer website visitors' questions. Following are some of the visitors' comments:

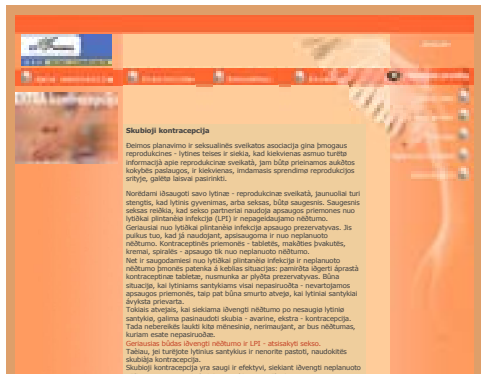
Evgenia: "I didn't know about the availability of such a contraceptive method as emergency contraception. Thank you. This information is very useful. I would also like to learn more about regular contraceptive methods."

Inna: "It is very good that such a site exists. EC is very critical issue at this time for many young people. Thank you."

Yulia: "The site is developed very professionally. There is a lot of useful information. I will share information about your site with other senior students in my school."

Promoting EC awareness in Lithuania

Despite the availability of ECPs in Lithuanian pharmacies, many young people do not know what EC is, where to get it, or how to use it. The Lithuanian Family Planning and Sexual Health Association (LFPA) updated its website by adding information about EC in Lithuanian



LFPA's web page on EC for youth, www.spa.lt/extra/jauniems.phtml

and English, with the content divided into separate web pages for youth, women, men, and medical providers. (The web page on EC for youth is available at www.spa.lt/extra/jauniems.phtml.)

In addition to sharing EC information through the Internet, LFPA developed and printed 6,000 EC brochures for youth and 2,000 brochures for women. They distributed the printed materials to organizations in Vilnius, including youth centers, medical and pedagogical universities, pharmacies, women's organizations, and hospitals.

Raising awareness of alternative strategies for preventing cervical cancer

A meeting held in Albania in March 2004 offered a unique opportunity for representatives from nongovernmental agencies from eastern and central Europe and the Newly Independent States to share lessons learned and receive state-of-the-art information on preventing cervical cancer. The meeting, titled Cervical Cancer Prevention, was organized by the Open Society Institute and PATH, in collaboration with the Open Society Foundation for Albania and the Open Society Fund Lithuania.

The purpose of the meeting was to share regional experiences of implementing cervical cancer prevention activities among organizations that received small grants from the Alliance for Cervical Cancer Prevention (www.alliance-cxca.org) and to provide a technical update about current cervical cancer prevention practices. In addition, the conference enabled participants to form country teams, develop recommendations for improving cervical cancer prevention services, and create an action plan outlining next steps to be implemented in their countries. The meeting provided an important opportunity for participants to strengthen their knowledge about cervical cancer prevention programs and to develop contacts with other interested professionals in the region. Participants networked with one another and shared opinions, ideas, experiences, and written materials related to their countries' cervical cancer prevention efforts.

An English language copy of the meeting proceedings is available at www.alliance-cxca.org/english/documents/CompleteCervicalcancerpreventionconferenceproceedings-Albania.pdf

Research results and technical updates

Availability of emergency contraception may not change sexual habits or other contraceptive use

Raine TR, Harper CC, Rocca CH, et al. Direct access to emergency contraception through pharmacies and effect on unintended pregnancy and STIs: a randomized controlled trial. *JAMA*. 2005;293(1):54-62.

Women given easy access to EC use it more than do women with restricted access, according to the results of a randomized, single-blind, trial published in the January 5, 2005, issue of the *Journal of the American Medical Association*. However, EC availability did not change sexual habits or use of other contraceptive methods.

“While many policymakers and even some health care providers are worried that young women will abuse emergency contraception if they have easy access, our study shows they actually don’t use it as much as we would hope,” lead author Tina Raine, MD, MPH, from the University of California, San Francisco, says in a news release. “Sadly, these data show us we are still not influencing young women to take fewer risks in their sexual behavior.”³

Half of unintended pregnancies could be prevented if EC were easily accessible and used, according to estimates cited by the authors. Although earlier studies suggest that women who receive EC before they need to use it are more likely to use it in the event of unprotected intercourse, there have been no US trials evaluating the effect of pharmacy access on key reproductive health outcomes.

From July 2001 through June 2003 at four California clinics offering family planning services, 2,117 women who did not desire pregnancy, used long-term hormonal contraception, or requested EC were randomized to receive pharmacy access to EC, advance provision of three packs of levonorgestrel EC, or clinic access to EC. Age range was 15 to 24 years. Primary outcome measures were use of EC, pregnancy rate, and STIs at six months. Secondary outcome measures were changes in sexual behavior and in contraceptive and condom use.

Compared with the clinic access group, women in the pharmacy access group were no more likely to use EC (24.2% vs 21.0%; $P = .25$). Women in the advance provision group were nearly twice as likely to use EC as women in the clinic access group (37.4% vs 21.0%; $P < .001$), even though the frequency of unprotected intercourse was similar (39.8% vs 41.0%; $P = .46$).

³Sexual behavior not influenced by increasing young women’s access to “morning after pill,” UCSF study finds [news release]. San Francisco: UCSF; January 4, 2005.

During the study period, 46.7% of participants who had unprotected intercourse used EC, 8% became pregnant, and 12% acquired an STI. Compared with the clinic access group, the pharmacy access and advance provision groups did not have a significant reduction in pregnancy rate (pharmacy access group: adjusted odds ratio [OR], 0.98; 95% confidence interval [CI], 0.58-1.64; $P = .93$; advance provision group: OR, 1.10; 95% CI, 0.66-1.84; $P = .71$). They also did not have a significant increase in STIs (pharmacy access group: adjusted OR, 1.08, 95% CI, 0.71-1.63; $P = .73$; advance provision group: OR, 0.94, 95% CI, 0.62-1.44; $P = .79$). All groups had similar patterns of contraceptive and condom use and sexual behaviors.

“While direct pharmacy access may offer some advantages over clinics, it is not a panacea to the problem of unintended pregnancies,” Dr. Raine says. “Given that only a fraction of the women having unprotected sex used emergency contraception, it seems we need to spend our energy trying to make it easier for these women to get contraception, not harder.”

Study limitations include crossover of treatment groups, loss of some participants to follow-up, relatively high EC use in the clinic access group, and lack of generalizability.

Publications

1. *Planning and Implementing Cervical Cancer Prevention and Control Programs: A Manual for Managers*. (Alliance for Cervical Cancer Prevention [ACCP] 2004).

This manual is designed to help health professionals develop a new cervical cancer prevention program or strengthen an existing program. It provides information on how to organize and implement a program, recognizing that various service delivery options are needed for different geographic and cultural settings and a range of resource levels. The manual offers practical information on how to develop a program; ensure availability and accessibility of services; build and maintain effective service delivery linkages; reach eligible women; train health professionals; monitor program performance; and improve linkages between prevention, treatment, and palliative care services.

Available in English at www.iarc.fr/ACCP/ACCP_screen.pdf (single, large file) or at www.alliance-cxca.org (multiple, smaller files).

2. The ACCP has produced a Russian translation of *Planning Appropriate Cervical Cancer Prevention Programs, 2nd Edition*, a guide designed to increase awareness among program planners, health care providers, and policymakers about key aspects of cervical cancer prevention.

Available in Russian and English at www.alliance-cxca.org/english/publications.html#planguides

3. In addition, the ACCP has published eight fact sheets:

- Natural History of Cervical Cancer: Even Infrequent Screening of Older Women Saves Lives
- Palliative Care: Supporting Women with Advanced Cancer
- HPV Testing: Promise and Challenges
- Key Steps for Meeting Women's Needs
- Pap Smears: An Important But Imperfect Method
- Visual Screening Approaches: Promising Alternative Screening Strategies.
- Questions Frequently Asked by Women
- Treating Precancerous Cervical Lesions

Available in Russian and English at www.alliance-cxca.org/english/publications.html#factsheets.

4. *Reproductive Tract Infections & Sexually Transmitted Infections Including HIV/AIDS*. (WHO revised 2003).

This newly revised publication provides new treatment recommendations for comprehensive management of patients with STIs in the broader context of control, prevention, and care programs for STIs and HIV. It covers both the syndromic approach to the management of patients with STI symptoms and the treatment of specific STIs. It also provides information on the notification and management of sexual partners and on STIs in children. Available in English at www.who.int/reproductive-health/publications/rhr_01_10/01_10.pdf.

5. *Selected Practice Recommendations for Contraceptive Use* (2nd edition). (WHO 2004).

Selected Practice Recommendations for Contraceptive Use is one of WHO's two evidence-based guidelines on contraceptive use. The document provides guidance on the safe and effective use of a wide range of contraceptive methods and is the companion guideline to WHO's *Medical Eligibility Criteria for Contraceptive Use*. It contains recommendations answering 33 questions selected by WHO, including 10 new questions for this second edition. The document is intended for policymakers, program managers, and the scientific community, and it aims to support national programs in the preparation of service-delivery guidelines. Available in English at www.who.int/reproductive-health/publications/rhr_02_7/spr.pdf.

6. Cicely Marston and John Cleland. *The Effects of Contraception on Obstetric Outcomes*. (WHO 2004).

This report analyzes the evidence regarding the inter-relatedness between use of contraception and obstetric outcomes. It examines the relationships between contraception, childbearing patterns, and obstetric outcomes; the effects of "unwantedness" on pregnancy outcomes in pregnancies that end in live births; and the relationship between contraceptive use and abortion rates. The report finds that high-order births have more negative health outcomes compared to low-order births in a study of five developing countries. It also finds that rising contraceptive use results in fewer abortions in settings where fertility is constant. Available in English at www.who.int/reproductive-health/publications/2004/effects_contraception/text.pdf.

7. *Counselling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitators' Guide*. (WHO 2001).

This guide is designed to help facilitators to run a training workshop on counseling skills in adolescent sexuality and reproductive health. It is divided into six sections. It provides a model program for 5- or 10-day workshops and includes the following topics: sexuality and reproductive health, the psychodynamics of counseling, and micro-communication skills for counseling. Available in English at www.who.int/child-adolescent-health/New_Publications/ADH/WHO_ADH_93.3.pdf. Available in Russian at www.who.int/child-adolescent-health/New_Publications/ADH/WHO_ADH_93.3_rus.pdf.

8. *Safe Abortion: Technical and Policy Guidance for Health Systems*. (WHO 2003).

This publication should be of use to a wide range of health professionals and others, inside and outside governments, who are working to reduce maternal mortality and morbidity. It provides a comprehensive overview of the many actions that can be taken to ensure access to good-quality abortion services as allowed by law. Available in English at www.who.int/reproductive-health/publications/safe-abortion/safe_abortion.html. Available in Russian at www.euro.who.int/document/WQ440r.pdf

9. *Beyond the Numbers: Reviewing Maternal Deaths and Complications to Make Pregnancy Safer*. (WHO 2004).

This publication outlines five approaches to generating information on maternal outcomes or on maternal health care to help health professionals, health care planners, and managers progress beyond simply counting maternal deaths to developing an understanding of why they happened and how they can be averted. *Beyond the Numbers* describes each of the approaches and includes advantages and disadvantages of each, describes underlying principles for implementation and key practical issues, explains various mechanisms for obtaining information about maternal deaths in different settings, examines the possibility of reviewing severe maternal morbidity and “near misses” rather than maternal deaths, and describes the process of conducting a clinical audit. Available in English and French at www.who.int/reproductive-health/publications/btn/index.html.

Useful links

The Emergency Contraception Website (www.not-2-late.com) is operated by the [Office of Population Research](#) at Princeton University and by the [Association of Reproductive Health Professionals](#). The site provides accurate information about emergency contraception derived from the medical literature.

The WHO Reproductive Health Library (RHL) is an electronic review journal issued by the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction of WHO’s Department of Reproductive