

Adolescents: At Risk and Underserved

Adolescence is a unique time of unprecedented sexual and social development and experimentation.* While this is an enriching period in many people's lives, it also can be a particularly vulnerable time; attending to the reproductive and sexual health needs of this growing global population is essential. In 2000, there were 1.7 billion people worldwide between the ages of 10 and 24 years, and the vast majority of them lived in developing countries.¹ Young peoples' individual circumstances and needs related to reproductive and sexual health vary tremendously according to age, sexual activity, education, cultural context, and employment status. But they all share the need for access to culturally and age-appropriate information and services that can help them protect their health and well-being.

Findings from a 2003 survey on reproductive health trends in Eastern Europe and Eurasia offer insight into the current state of reproductive health among young women in the region. The study, a ten-year review of a comprehensive survey conducted by the US Centers for Disease Control and Prevention and ORC Macro,²

included married and unmarried women, aged 15–24. It found that many young women in the region rely on abortion as a means of preventing births. Modern contraceptives can be difficult to obtain, may be of poor quality, and may not be promoted by their local medical providers. In addition, young women may not know where to obtain contraceptives, how to use them, or how effective they are in preventing pregnancy. Abortion is legal, accessible, and often provided at no cost, and it remains an important method of limiting family size in the region. These circumstances lead many young women to seek abortion for lack of access to modern contraceptive methods.

Since the early 1990s, many countries in the region have experienced major epidemics of sexually transmitted infections, especially syphilis. Eastern Europe and Central Asia are experiencing the fastest growing HIV prevalence rates of any global regions; rates are particularly alarming in Belarus, Kazakhstan, Latvia, Russia, as well as in the Ukraine, where one percent of young women and two percent of young men are HIV-infected.³ Nearly half a million youth in Eastern Europe and Central Asia are infected with HIV, mostly as a result of injection drug use. Several regional factors contribute to this scenario, including economic instability leading to high unemployment and limited life options for young people, the liberalization of social and cultural norms, and inadequate public health services.⁴

What is to be done? Reproductive health services are among the most cost-effective of all health services and can greatly improve the health of young people.² Effective programs for adolescents must include the

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*The World Health Organization defines adolescents as young people between the ages of 10 and 19. The term youth is a broader term and includes young men and women aged 15–24.

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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 emergency contraception (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 19 offices in 14 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-raising efforts of six organizations in Armenia, Lithuania, Macedonia, Moldova, Russia, and Uzbekistan.

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

following essential components to help youth develop the knowledge, skills, and motivation necessary to protect their health:

- Accurate, age-appropriate information.
- Youth-friendly, confidential contraceptive services.
- Culturally appropriate information and services.
- Gender-specific information.
- Services geared to the sexual health needs of young men.
- Peer education and outreach.
- Activities to build skills in communication and negotiation.
- Meaningful involvement of youth in program design and operation.
- Involvement of parents and community members.

Reproductive health questions and answers

How do oral contraceptives help alleviate anemia (iron deficiency)?

There are three main ways in which oral contraceptives help alleviate anemia:

- They prevent pregnancy. (Pregnancy and lactation take iron from the woman’s iron stores.)
- They reduce blood loss during menstruation.
- If the placebos in the oral contraceptive packet contain iron, the iron helps prevent or alleviate anemia.

Has WHO taken a position on depression and eligibility for various contraceptive methods?

Yes, in fact, the addition of depressive disorders is one of the changes in the newly issued 3rd edition of WHO’s *Medical Eligibility Criteria for Contraceptive Use*. The WHO classification for most depressive disorders is Category 1 for all hormonal methods and IUDs, that is, there is no restriction for the use of the contraceptive methods in women with depression. There are no data currently available on use of hormonal contraceptives or IUDs in women with bipolar disorder or postpartum depression. There is a potential for drug interactions between certain antidepressant medications and hormonal contraceptives.

The full text of the 3rd edition of WHO's *Medical Eligibility Criteria for Contraceptive Use* is available in English at: http://who.int/reproductive-health/publications/RHR_00_2_medical_eligibility_criteria_3rd/index.htm and in Russian at: www.who.int/reproductive-health/publications/ru/mec/index.htm.

International EC news

Single 1.5 mg NorLevo tablet is launched in France

HRA Pharma launched a single, 1.5 mg levonorgestrel tablet for emergency contraception (EC) in France in October 2004. In the French market this single tablet has replaced the regimen of two 0.75 mg tablets taken 12–24 hours apart. In France, the NorLevo 1.5 mg tablet is provided under the same specific conditions as the 0.75 mg tablets:

- Reimbursed when dispensed upon prescription by a physician or a midwife.
- Available directly in any retail pharmacy without a prescription (over-the-counter status).
- Dispensed free-of-charge by pharmacists to minors, by family planning centers, and by school nurses.

Five years of EC in France: What is the assessment?

Contraceptive use is very common in France: 63 percent of women between the ages of 18 and 44 are contraceptive users. Two-thirds of voluntary induced abortions occur in women who are regular contraceptive users. Although the number of abortions in France is not increasing, it remains a major public health concern: There are 200,000 abortions and 760,000 births annually, nearly a 1:4 ratio. Considerable efforts have been made to increase the availability of emergency contraception, particularly in high schools, where adolescents can obtain NorLevo free of charge. Distribution in high schools has improved access to NorLevo, and students have not used it as a substitution for regular contraception methods. Six percent of oral contraceptive (OC) users have used EC pills after having forgotten an OC pill, and 42 percent of condom users have resorted to EC after a condom accident (slip, misuse, breakage). Women's lack of knowledge and understanding of pregnancy risks and

of the correct use of emergency contraception remain a barrier to increasing the availability of EC. In the case of NorLevo, as well as other EC pills, the earlier they are taken, the greater their efficacy in preventing pregnancy.

The priorities for the future are the following:

- Inform women of situations of risk that might lead to an unwanted pregnancy, even if they use a regular contraceptive method.
- Reduce the risk of pregnancy by advising women (when prescribing a regular contraception method) to keep a supply of EC pills on hand.

Introduction of EC in Iceland contributes to reduction in teenage pregnancy

Teenage pregnancy rates have been considerably higher in Iceland than in other Nordic countries, resulting in a relatively high birth and abortion rate in this age group. A drive to improve sexual education of teenagers was spearheaded in the last five years by medical students at the University of Iceland and supported by the Icelandic Association for Sexual and Reproductive Health and governmental/municipal authorities. The introduction by these authorities of EC has led to a 30 percent reduction in teenage pregnancies since the project's inception. This was highlighted in a recent report by the Director General of Health in January 2005. EC is available from doctors, school nurses, and over the counter from pharmacies in Iceland.

EC now available without prescription in The Netherlands

Since January 2005 levonorgestrel-only EC pills have become available without prescription in pharmacies and drugstores in the Netherlands. Health insurance companies reimburse EC providers; however, women under the age of 21 must have a prescription to be eligible for insurance reimbursement. Women in the Netherlands know very little about EC, as research by the national organization of pharmacists revealed. Therefore, the Rutgers Nisso Groep, Expert Centre for Sexuality, developed a website and instigated a campaign with free postcards, which are distributed in bars, restaurants, and cinemas across the country, to promote the availability and use of EC.

Advocates for Youth Emergency Contraception Initiative

Since 2000, Advocates for Youth (Advocates) has worked in the United States at the national, state, and local levels to raise awareness and improve access to EC for adolescents. Advocates' communications and media strategy include public service announcements, radio tours, and briefings with producers and writers of teen-focused television shows to encourage placement of story lines related to teens and EC. In addition, Advocates' Clearinghouse on Adolescents and Emergency Contraception provides publications, strategic technical assistance, training, resources, and networking opportunities to state teen pregnancy prevention coalitions, sexuality educators, youth-serving professionals, and adolescent health providers. Advocates actively involves young people in its efforts to promote EC. In 2005–2006, Advocates is mobilizing thousands of young people and training key youth leaders to demand their right to EC. Advocates is encouraging youth across the country to sign a petition, write letters to their members of Congress and the Food and Drug Administration, and submit editorials to their local newspapers. The current debate in the United States over EC access presents both an urgent need to organize and demonstrate support for over-the-counter status, and a window of opportunity to educate people—especially adolescents—about EC as a safe and effective back-up pregnancy prevention method.

Advocates Web Resources:

- Information on Advocates' new campaign (My Voice Counts! Emergency Contraception Campaign—Make EC Available Without a Doctor's Prescription for ALL Women) is available at: www.advocatesforyouth.org/ec/.
- Health information written by and for young people is available at: www.advocatesforyouth.org/youth/health/ec/index.htm.
- An updated fact sheet on emergency contraception is available at: www.advocatesforyouth.org/publications/factsheet/fsecp.htm.
- Advocates' general website is available at: www.advocatesforyouth.org.

Research results and technical updates

Researchers at the University of California at San Francisco conducted research to better understand the impact of increased access to EC on important reproductive health outcomes, including pregnancy and sexually transmitted infection (STI) rates. This study, published in 2005, compared contraceptive use, sexual behavior, and reproductive health outcomes among young women given EC pills to keep on hand with the behavior of a group of women who were given only instructions on how to obtain EC at a pharmacy or clinic.⁵ The study was designed specifically to determine whether providing EC pills in advance or directly at a pharmacy would affect risk-taking behavior. The researchers studied EC use and rates of STIs or pregnancy among the study group. The study also analyzed whether advance provision and pharmacy access affected use of contraception and condoms as well as sexual behaviors (frequency of intercourse—including unprotected sex—and number of sexual partners).

A total of 2,117 women aged 15–24 participated in the two-year study, conducted at four family planning clinics in San Francisco (United States). At the time of enrollment, participants were interviewed, tested for pregnancy and STIs, and given information at the time of enrollment about EC as well as using condoms to protect against STIs; six months later, researchers administered questionnaires, performed a second round of pregnancy and STI tests, and reviewed medical charts.

The study found that young adults and teens who had EC pills on hand were twice as likely to use them as women who had to go to a pharmacy or clinic to obtain them. Neither the advance provision of EC nor pharmacy access to EC undermined women's use of regular contraceptive methods, including condoms, or increased sexual risk behaviors—and STI rates for women with increased EC access were comparable to the control group. There was no immediate, significant decline in unintended pregnancy rates among women in the advance provision or pharmacy access groups, a finding that researchers believe reflects the fact that many women who were at risk did not use EC pills.

A summary report of the study is available at: www.rhttp.org/contraception/emergency/research.asp.

Publications

Cervical cancer supplement to the *International Journal of Gynecology and Obstetrics*

Alliance for Cervical Cancer Prevention. *International Journal of Gynecology and Obstetrics*. 2005;89(Supplement 2).

In this “Alliance for Cervical Cancer Prevention: Shifting the Paradigm” special supplement of the *International Journal of Gynecology and Obstetrics*, the Alliance for Cervical Cancer Prevention (ACCP) summarizes five years of experience in the prevention of cervical cancer in developing countries. Two of the eight articles report the results of research on innovative approaches to screening and treatment in low-resource settings. Three articles highlight the ACCP’s findings from various projects exploring programmatic issues of service delivery, clinical training, and community involvement. One article underscores the critical role of advocacy efforts at the international, regional, national, and local levels for raising awareness and gaining support for prevention program policy. The final article analyzes the implications of the ACCP’s efforts and the current status of cervical cancer prevention worldwide.

The supplement is available online for six months at the ACCP website, www.alliance-cxca.org. See below for links to individual articles:

- Preventing cervical cancer in low-resource settings: building a case for the possible (www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-2/01.pdf)
- A critical assessment of screening methods for cervical neoplasia (www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-2/01.pdf)
- Experience using cryotherapy for treatment of cervical precancerous lesions in low-resource settings (www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-2/03.pdf)
- Delivering cervical cancer prevention services in low-resource settings (www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-2/04.pdf)
- Training for cervical cancer prevention programs in low-resource settings: focus on visual inspection with acetic acid and cryotherapy (www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-2/04.pdf)

- Involving the community in cervical cancer prevention programs (www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-2/06.pdf)
- Advocating for cervical cancer prevention (www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-2/08.pdf)
- Preventing cervical cancer in low-resource settings: How far have we come and what does the future hold? (www.womenshealth-elsevier.com/doc/journals/ijgo_si_89-2/09.pdf)

Maternal mortality supplement to the *International Journal of Gynecology and Obstetrics*

Tsu VD, editor. *International Journal of Gynecology and Obstetrics*. 2004;85(Supplement 1).

This special supplement to the *International Journal of Gynecology and Obstetrics* is arranged under the theme “New and Underutilized Technologies to Reduce Maternal Mortality.” It features papers from a 2003 Bellagio Workshop on reducing maternal mortality, held July 8–11, 2003 in Bellagio, Italy. Available at: www.womenshealth-elsevier.com/doc/journals/ijgo_si.htm.

Reproductive health service delivery guidelines

Terki F, Malhotra U, Powlson M, ed. *Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services*. 3rd ed. London: International Planned Parenthood Federation; 2004. Available at: <http://content.ippf.org/output/ORG/files/5950.pdf>.

These guidelines, consistent with the World Health Organization’s 2004 *Medical Eligibility Criteria for Contraceptive Use* and *Selected Practice Recommendations for Contraceptive Use*, are intended to improve the knowledge, skills, and confidence of service providers in the delivery of high-quality sexual and reproductive health services.

Medical eligibility criteria chart for contraceptives

Family Health International (FHI). *Quick Reference Chart for the Medical Eligibility Criteria of the WHO: For Initiating and Continuing the Use of Combined Oral Contraceptives, Noristerat, Depo-Provera, and Copper IUDs*. Research Triangle Park, NC: FHI; 2004. Available in English, French, and Spanish at: www.fhi.org/en/RH/Pubs/servdelivery/quickreferencechart.htm.

WHO develops detailed criteria for determining which contraceptive methods are medically suitable for which clients. FHI has adapted WHO's *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use* to create this quick reference chart that summarizes WHO's medical eligibility criteria for combined oral contraceptives, Noristerat and Depo-Provera injectable contraceptives, and copper IUDs.

Outlook article on misoprostol use

Burns M. Misoprostol use in gynecology and obstetrics. *Outlook*. 2005; 21(4):1-8. Available at: www.path.org/resources/pub_outlook.htm.

This issue of PATH's reproductive health newsletter *Outlook* provides evidence-based information on the emerging use of misoprostol in obstetrics and gynecology. It describes current research, regulatory issues, availability, and administration, as well as misoprostol use for labor induction and for prevention and treatment of postpartum hemorrhage. It also describes the use of misoprostol in inducing or managing abortion, including treatment of incomplete abortion, preabortion cervical ripening, and pregnancy termination. Finally, it outlines safety issues and implications for research and practice.

Reproductive health technologies website

The website of the Reproductive Health Technologies Project (RHTP, www.rhttp.org) presents a good overview of education, research, and advocacy efforts related to reproductive health and reproductive freedom. It also provides specific information about various uses of misoprostol and links to other resources on misoprostol at: www.rhttp.org/abortion/misoprostol/default.asp.

WHO publication on maternal mortality

World Health Organization (WHO). *Beyond the Numbers: Reviewing Maternal Deaths and Complications to Make Pregnancy Safer*. Geneva: WHO; 2004. Available in English and French at: www.who.int/reproductive-health/publications/btn/index.html.

Beyond the Numbers provides approaches to addressing maternal mortality and pregnancy complications and ways to compile information and increase understanding about the causes of this public health issue. A fundamental principle of these approaches is

the importance of a confidential, usually anonymous, nonthreatening environment in which to describe and analyze the factors leading to adverse maternal outcomes. The guide is intended for health professionals, health care planners, and managers working in the area of maternal and newborn health who are striving to improve the quality of care provided.

Cervical cancer screening guidelines

Georgian Primary Care Team, American International Health Alliance. *Cervical Screening: Clinical Practice Guidelines for Primary Care Providers*. Washington, DC: American International Health Alliance; 2001. Available in English at: www.eurasiahealth.org/resources/mdlDoc/30-e.pdf and in Russian at: www.eurasiahealth.org/resources/mdlDoc/30-r.pdf.

Developed by and for health professionals in the countries of Central and Eastern Europe and Eurasia, this publication was developed to provide practical, evidence-based information about early diagnosis and management of cervical cancer.

Meetings and events

16th Biennial Meeting of the International Society for Sexually Transmitted Diseases Research (ISSTD) [\(www.isstdr.org/\)](http://www.isstdr.org/)

July 10–13, 2005, Amsterdam, Netherlands

“The aim of the ISSTD 2005 is to provide a forum for investigators and policy makers and to discuss recent advances in research and control of all STDs including HIV. STDs are on the rise in most industrialized countries, probably due to a diminished perceived threat of HIV/AIDS. How should we deal with this and what new prevention initiatives should be taken? Which vaccines are in the pipeline? These and other issues will be debated. Extra attention will be given to STD research in developing countries that cope with a large disease burden but have little resources to conduct research.”

For more information, please contact: Congress Secretariat ISSTD 2005, c/o Aids Fonds, STI AIDS Netherlands, Keizersgracht 390-394, 1016 GB Amsterdam, The Netherlands
Telephone: +31-(0)20-3446380; Fax: +31-(0)20-6275221; Email: isstdr@aidsfonds.nl

10th International Women and Health Meeting (www.10iwhmindia.org/)

September 21–25, 2005, New Delhi, India

This meeting will examine the links between “global economic restructuring and liberalization of markets, increasing militarization of countries, regions and zones, growing fundamentalisms of various hues, reemergence of population policies, [and] adoption of developmental models that are playing havoc with the environment... The linkages and interconnections of these seemingly disparate phenomena and policies and their impact of women’s health will be explored even as it will attempt to center-stage the issue of women’s health as a fundamental right.” The meeting is organized into five “focal themes”: public health, health sector reforms, and gender; reproductive and sexual health rights; the politics and resurgence of population policies; women’s rights and medical technologies; and violence (of state, militarism, family, and “development”) and women’s health.

For more information, please contact: IWHM Secretariat, Sama Resource Group for Women and Health, c/o N.B. Sarojini, G -19, 2nd Floor, Saket, New Delhi 110017 India
Telephone: +91-11-55637633; Fax: +91-11-26562401;
Email: convenorsecretariat@10iwhmindia.org or coordinator@10iwhmindia.org

Useful links

The Communication Initiative

(www.comminit.com)

The Communication Initiative’s goal is to “advance the extent and quality of communication and change information.” The website offers a wide range of information on publications, events, jobs, news, analysis, dialogue, and much more on a variety of topics, including separate sections on children, girls, adolescents, and HIV/AIDS.

Dr. Jim Shelton’s Contraceptive Pearls

(www.infoforhealth.org/pearls/)

James D. Shelton, MD, Senior Medical Scientist, Office of Population and Reproductive Health at the United States Agency for International Development (USAID), writes the “pearls,” weekly answers to

commonly asked questions about family planning. Current and archived pearls are available in English, French, and Spanish, and anyone is welcome to submit a question.

EurasiaHealth Knowledge Network and Multilingual Library (www.eurasiahealth.org/index.jsp?sid=1&id=3542&pid=3540)

This website contains a database of health education materials available in the languages of Central and Eastern Europe and the former Soviet Union.

Healthy Russia (www.hr2020.ru)

This website provides information in Russian about the Healthy Russia Project implemented by Johns Hopkins University. The project promotes a healthy lifestyle among the Russian population. The website contains PDF files of publications on a healthy lifestyle, developed for youth, parents, and teachers.

International Planned Parenthood Federation (IPPF) (www.ippf.org)

IPPF has information on adolescent projects in Eastern Europe, as well as specific medical guidelines for each type of contraceptive and recommended use among women of various ages.

MAQ Web (www.maqweb.org/)

MAQ Web is USAID’s website for its Maximizing Quality (MAQ) Initiative, which works to identify and implement practical, cost-effective, and evidence-based interventions aimed at improving the access to and quality of family planning and reproductive health services. This site gathers expert knowledge, field experience, and lessons learned to provide tools, publications, event information, and links to further resources

MedInfoRus - Patient Education

(<http://medinforus.homestead.com/MedInfoRus.html>)

This website offers a broad array of health information in Russian and English. It also provides access to Russian books, online journals, medical websites, dictionaries, and medical specialty websites.

Population Reference Bureau (www.prb.org)

The Population Reference Bureau has an extensive graphics bank (under PRB Library) with data on adolescents and related variables (abortion rate, school attendance, etc), as well as the 2004 World Population Data Sheet by country.

Reproductive Health Outlook (RHO)

(www.rho.org)

PATH's RHO website summarizes key information related to successful adolescent reproductive health programs, youth-friendly services, and sexuality education. It also includes extensive Annotated Bibliography and Links sections. The RHO website provides useful information on lessons learned, key issues, program examples, presentations, and additional resources related to adolescent reproductive health.

United Nations Population Fund (UNFPA) Country Technical Services Team (CST) Bratislava (www.unfpa.cst.sk/)

UNFPA's CST Bratislava provides technical assistance to 29 countries in Eastern Europe and Central Asia, which have many population concerns in common and thus require similar types of assistance. The website includes an online library, access to various UNFPA publications and reports, a call for professional consultants, and information about each of the countries CST Bratislava serves: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Macedonia, Poland, Republic of Moldova, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, and Uzbekistan.

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Please note that this is the final issue of *EC and Beyond*. We appreciate the generosity of the foundations and collaborators that made this newsletter possible. All four issues are available online at www.path.org/publications/publications.php and at www.rho.org. We hope that you found *EC and Beyond* useful to your work, and we welcome any questions or comments at ecnetwork@path.org.

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