



COUNTING WHAT COUNTS: TRACKING ACCESS TO EMERGENCY CONTRACEPTION

Following a period of restrictions, national policies now support the use of emergency contraception (EC) in Uganda, and EC has been incorporated into national norms and guidelines, including the reproductive health commodity security plan. Although knowledge of EC in Uganda is higher than in many other African countries, more than two-thirds of Ugandan women have still never heard of EC, and EC use remains low.

ABOUT UGANDA

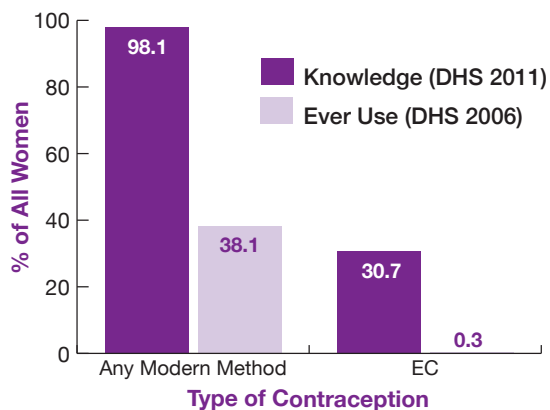
Uganda is a land-locked country in East Africa with a population of 34,758,809, of which 15.6% live in urban areas.¹ While 21.2% of women have some secondary education, only 1.3% of women have completed secondary schooling.²

CONTRACEPTIVE KNOWLEDGE AND USE

- **Total fertility rate:** 6.2 children per woman (6.8 rural, 3.8 urban)
- **Unmet need for contraception (among currently married women):** 34.3%
- **Current contraceptive modern method use (among all women):** 20.7%

Source: Demographic and Health Surveys, Uganda 2011

KNOWLEDGE AND EVER USE OF MODERN CONTRACEPTION AND EC



POLICIES

Essential Drug List: Levonorgestrel (LNG) in the dose needed for emergency contraceptive use is included in Uganda's 2012 Essential Medicines and Health Supplies list.³

National norms and guidelines: The 2009/10-2013/14 Reproductive Health Commodity Security Strategic Plan states that EC pills (ECPs) are among the contraceptives for which the Ministry of Health is prioritizing procurement.⁴ The 2004 National Adolescent Health Policy lists reproductive health targets, including integrating EC into family planning programs targeting adolescents.⁵ The National Policy Guidelines and Service Standards for Reproductive Health Services (2001) include EC among the family planning services that should be available.⁶

Prescription status and who is authorized to dispense: EC is available by prescription only. It is available in public sector clinics, pharmacies and IPPF-affiliated systems.

Post-rape care: A 2014 review of post-rape care policies in Sub-Saharan Africa found that the 2007 national guidelines for the management of sexual assault in Uganda include EC as an essential element of care.⁷ A 2009 study conducted by the Population Council and USAID surveyed nine health facilities that provided sexual violence exams (including national, regional, district and military hospitals and health centers) and found that 89% of them had ECPs available. While facilities in the north had access to the dedicated EC pill Postinor-2, health facilities in other parts of the country used the Yuzpe method (a higher dose of certain regular oral contraceptive pills).⁸

Country-wide restriction for five years: The Ugandan Ministry of Health first introduced EC in 1998. In 2001, to increase awareness of the method, it was re-introduced as a socially

marketed product with the official support of health commissioners and leading gynecologists.⁹ However, there was some backlash and religious leaders requested the government to stop efforts promoting EC and to deem EC as an abortifacient.¹⁰ In response, the Solicitor General issued an interpretation in which it declared EC illegal under the laws restricting abortion.⁸ The restriction on ECPs went into effect in 2002 and ended approximately five years later, as pharmacies in Kampala began to carry the product again.^{9,10}

PRODUCT AVAILABILITY

Registered Products: Two Levonorgestrel-alone EC pill (ECP) products are registered and distributed: Postinor 2 (Gedeon Richter) and P2 (FamyCare).¹¹

Locally manufactured products: None available.

Poor quality or counterfeit EC products: The Ugandan National Drug Authority (NDA) warned consumers in 2011 that counterfeit versions of Postinor-2 have been identified in Uganda; however, it is not clear how extensive this problem is.¹²

WHERE WOMEN CAN ACCESS EC

EC in the commercial sector: 45.4% of current contraceptive users obtain their methods from the private medical sector, primarily from private hospitals or clinics.² The proportion of women using EC who obtain it in the private sector is not known.

EC in the public sector: The government sector remains a major provider of contraceptives, providing contraception for nearly half of the

users of modern contraceptive methods (46.6%). 28.6% of users obtain their contraception from government health centers and 14.2% of users obtain their contraception from government hospitals.² The Ministry of Health has purchased EC for public sector distribution and its 2009/10-2013/14 Reproductive Health Commodity Security Strategic Plan indicates that it is prioritizing ECP procurement.⁴ The proportion of women using EC who obtain it in the public sector is not known.

EC in the NGO, social marketing and social franchising sectors: ECPs are available through the IPPF affiliate, Reproductive Health Uganda.¹³

Community-based distribution of EC: Village health teams are authorized to provide emergency contraception services.¹⁴

Providers and key opinion leaders: A 2007 study from Uganda found that the majority of health care providers surveyed knew about EC and generally had favorable impressions, but some lacked important knowledge of its use and available methods.¹⁵

MEDIA COVERAGE OF EC

74% of women listen to the radio at least once a week, and 20% of women watch television at least once a week.² The Ugandan NGO, Straight Talk Foundation, provides education on sexual and reproductive health topics via newspaper inserts, radio shows, and other mechanisms and has included information on EC.¹⁶

DONOR SUPPORT

Donors have purchased EC for Uganda's family planning programs. According to RHInterchange, between 2006 and 2010, four shipments of EC were made to Uganda. Funding sources were IPPF, DFID, UNFPA and the Ugandan MoH.¹⁷

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