



Every Woman's Right

Recommendations for Improving Knowledge
and Access to Emergency Contraception

ACKNOWLEDGEMENTS

This publication reflects the hard work of many staff members, volunteers, and consultants of the IPPF/WHR Regional Office and its member associations. In particular, we would like to acknowledge the executive directors at participating associations for their commitment to the promotion and defense of emergency contraception, and project coordinators Monica Almeida (BEMFAM, Brazil), Eduardo Vira (APROFE, Chile), Liliana Schmitz (PROFAMILIA, Colombia), Fernando de la Rosa (PROFAMILIA, Dominican Republic), and Fabiola Romero (PLAFAM, Venezuela) for their dedication and insight. We also wish to thank IPPF/WHR project staff Angela Heimbürger and Giselle Carino, with thanks to Mari-Sol Aguí for administrative support. The project greatly benefited from collaboration and the support of the Latin American Consortium for Emergency Contraception, in particular its coordinators Ángeles Cabria and Veronica Schiappacasse. We would also like to thank the people who helped create the publication, particularly Debra Jones who wrote the report, Angela Heimbürger and Kate Rath for their contributions, and Megin Jimenez for editing the publication.

IPPF/WHR is indebted to our colleague, Dr. Ana Güezmes, for first presenting EC as an option, a right and a necessity. Last but not least, we wish to acknowledge our clients, who are standing up for their rights, realizing the potential of women's empowerment, and seeking to better their lives.

Funding for this project came from the generous support of:

Erik E. and Edith H. Bergstrom Foundation

Roger and Vicki Sant Fund of The Community Foundation for the National Capital Region

WestWind Foundation

Open Society Institute

The Mildred & Mary Wohlford Fund of the Tides Foundation

Daniel W. Stroock

An Anonymous Donor

Every Woman's Right: Recommendations for Improving Knowledge and Access to Emergency Contraception

was published by IPPF/WHR in New York, NY, September, 2006.

© 2006, International Planned Parenthood Federation/Western Hemisphere Region.

Any part of this publication may be copied, reproduced, distributed or adapted without prior permission from the author or publisher, provided the recipient of the materials does not copy, reproduce, distribute or adapt material for commercial gain, and provided that the authors are credited as the source of such information on all copies, reproductions, distributions and adaptations of the material

IPPF/WHR would appreciate receiving a copy of any materials in which this publication is used.

Production: Megin Jiménez

Translation (Spanish): Diego Olivé

Translation (Portuguese): Cristina Santendicola

Every Woman's Right

Recommendations for Improving Knowledge
and Access to Emergency Contraception

TABLE OF CONTENTS

Executive Summary	4
I. Introduction	8
II. Project Planning: Key Points	13
<i>Guidelines for Planning an Emergency Contraception Project</i>	13
<i>Factors to Consider When Planning</i>	14
<i>Sexual and Reproductive Rights and Emergency Contraception</i>	17
<i>Involving Young People</i>	18
<i>Building Alliances</i>	21
<i>Challenges from the Opposition</i>	23
<i>Factors to Consider for Social and Commercial Marketing</i>	24
III. Strategic Recommendations for Program Managers	27
<i>Emergency Contraception Management Checklist</i>	33
IV. IPPF/WHR Project Experiences	37
<i>Brazil: BEMFAM</i>	40
<i>Chile: APROFA</i>	45
<i>Colombia: PROFAMILIA</i>	48
<i>Dominican Republic: PROFAMILIA</i>	51
<i>Venezuela: PLAFAM</i>	54
V. Conclusion	56
VI. Appendix of Resources	58

Glossary

APROFA	Chilean Association for Family Protection (<i>Asociación Chilena de Protección de la Familia</i>)
BEMFAM	Brazilian Civil Society for Family Well-Being (<i>Bem-Estar Familiar no Brasil</i>)
EC	Emergency Contraception
ICEC	International Consortium on Emergency Contraception
ICMER	Chilean Institute for Reproductive Medicine (<i>Instituto Chileno de Medicina Reproductiva</i>)
IEC	Information, Education, and Communication
INVIMA	Colombian National Institute for Medicine and Food Surveillance (<i>Instituto Nacional de Vigilancia de Medicamentos y Alimentos</i>)
IUD	Intra-Uterine Device
KAP	Knowledge, Attitudes, and Practices
LAC	Latin American and Caribbean
LACEC	Latin American Consortium for Emergency Contraception
MOH	Ministry of Health
PLAFAM	Civil Association for Family Planning, Venezuela (<i>Asociación Civil de Planificación Familiar</i>)

PROJOVEM	BEMFAM's program for clinical and educational care for adolescents
QOC	Quality of Care
REDLAC	Youth Network for Sexual and Reproductive Rights in Latin America and the Caribbean
South-to-South Partnerships	Sharing information and strategies between organizations in the developing world to improve programs, pool resources, and advance mutual goals
STIs	Sexually Transmitted Infections
SRH	Sexual and Reproductive Health
WHO	World Health Organization



Executive Summary

The International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR) and our member associations (MAs) in Latin America and the Caribbean have been involved in the promotion, defense and provision of emergency contraception (EC) for the last ten years in increasingly greater capacities. Since 2002, IPPF/WHR and member associations of **Brazil, Chile, Colombia, the Dominican Republic and Venezuela** intensified efforts to strengthen their institutional capacity to integrate EC provision into existing services; increase knowledge about and access to EC; share successful information, advocacy and social marketing strategies; and disseminate lessons learned to promote and defend EC at the national and regional levels. In addition, MAs strengthened alliances with a broad range of like-minded organizations in the public and private sectors, including the Latin American Consortium for Emergency Contraception, the Latin American and Caribbean Youth Network for Sexual and Reproductive Rights and feminist organizations, and forged new alliances with pharmaceutical manufacturers and distributors, journalists, and service providers for survivors of gender-based violence.

Some of the principal recommendations to consider throughout the life of an emergency contraception project and to guarantee sustainability in the future include:

- Consider **clients' rights** when integrating EC into existing sexual and reproductive health and peripheral services, including rape crisis centers, and incorporate sensitive mechanisms for client feedback.
- **Involve youth** as equal participants in program planning, implementation and evaluation.
- Offer continuing **education for all levels of health care providers**, including national medical and pharmaceutical societies and students in the health professions.
- Ensure ongoing **quality of care** through monitoring, evaluation, and continual trainings.
- Facilitate **South-to-South partnerships** to expand lessons learned and tailor programs to fit institutional needs and country contexts.
- Promote and defend **supportive legislation and governmental norms** and guidelines, and encourage accountability of these measures to ensure timely and affordable access to all women in advance of need.
- Develop a broad-based **communication campaign** to reach as wide an audience as possible. Capitalize on media exposure but strategically respond to opposition.
- Forge **strategic alliances and partnerships** to increase access to EC and safeguard sexual and reproductive rights.
- Work with regulatory bodies, pharmaceutical companies and licensed distributors to make a variety of **dedicated products** available and affordable.

This publication offers a step-by-step guide for project planning, and also offers strategic recommendations encompassing issues such as rights and youth involvement for organizations interested in planning an emergency contraception project or strengthening an existing one. The particular experiences of the projects with BEMFAM (Brazil), APROFA (Chile), PROFAMILIA (Colombia and the Dominican Republic), and PLAFAM (Venezuela) are also profiled, offering a view of how the project outline can be adapted to local contexts and circumstances. The results of this project and ongoing efforts demonstrate that: progress is possible, even in the face of strong opposition; lessons learned from the South may inform efforts to prevent the rollback of sexual and reproductive rights in the North; and informing, advocating and empowering others is important to showcase emergency contraception as an option, a right and a necessity.

I. Introduction

IPPF/WHR strives to guarantee that all people, particularly the poor, marginalized and underserved, are able to access sexual and reproductive health (SRH) information and services, and are able to exercise their rights and make free and informed choices. Access to contraceptive methods, such as emergency contraception (EC), is key to securing these rights and reducing the need for abortion. Furthermore, family planning, birth spacing, and educating girls are crucial strategies to breaking cycles of poverty in developing countries. Nevertheless, IPPF/WHR estimates that only 20–30% of potential health service users have access to sexual and reproductive health information and services in Latin America and the Caribbean.

Emergency contraception has existed for more than 30 years, yet millions of women continue to be denied their right to access emergency contraception and information regarding its use. Emergency contraception is an extremely safe, effective and cost-effective means to prevent unwanted pregnancies—and therefore a proportion of potentially unsafe abortions—by interfering principally with ovulation. EC is an emergency method for use after unprotected sex, whether due to method failure, rape or unplanned activity. The sooner treatment is initiated, the more effective the method. Emergency contraception is not abortifacient, as it cannot interrupt an established pregnancy.

The World Health Organization (WHO) estimates that 80 million pregnancies are unplanned annually.¹ Approximately 27 million of these pregnancies are terminated legally and 19 million through non-legal means.² Worldwide, close to 600,000 women die from pregnancy-related complications each year, many of which are preventable. Unsafe abortion is the leading cause of maternal deaths (1 in 8 deaths).³ In particular, young women with minimal experience in contraceptive use are at high risk for unplanned pregnancies, with 15 to 17 million girls under age 19 becoming pregnant annually.⁴ Of these, 4.4 million seek out abortions, 40% of which occur under unsafe conditions.⁵ The use of emergency contraception after unprotected sex due to failed methods, non-use of methods, sexual violence, or misinformation could help avoid unwanted pregnancies and life-threatening abortions,⁶ ultimately decrease maternal mortality.⁷

Emergency contraception is especially important in Latin America and the Caribbean (LAC) for several reasons. First, the LAC region has the highest rate of abortions globally (4.5 million annually), the majority of which are performed under unsafe conditions among young and marginalized women, resulting in high rates of maternal mortality.⁸ Second, 35% of young women in LAC have their first child before age 20, often unplanned and unwanted.⁹ The potentially problematic consequences of adolescent pregnancies are numerous and far ranging, including adverse health affects, larger family sizes, high drop-out rates from school, decreased opportunities for higher paying jobs in the future, etc.¹⁰ Third, emergency contraception is available in all countries in LAC the form of the Yuzpe regimen and in 19 countries as a dedicated product,¹¹ yet access to information and the most effective products is limited, and medical providers often restrict access to youth for personal reasons. Fourth, a high level of confusion exists regarding the abortion pill (called RU486, or mifepristone) and emergency

contraceptive pills. This confusion obstructs the promotion of EC in countries where abortion is legally restricted and/or sanctioned. Finally, politically influential groups, such as conservative anti-choice groups and religious fundamentalists, are challenging the efforts of community organizations, researchers, and local and regional networks to protect sexual and reproductive health and rights in LAC.

Definitions

Current references to “emergency contraception” generally refer to pills which contain the correct dosage and are specifically packaged and manufactured for short-term use to prevent a pregnancy after unprotected sex. However, emergency contraception can also refer to other methods. Below are brief definitions and terms related to emergency contraception.¹²

Yuzpe method: Developed in the early 1980s, the Yuzpe method uses regular contraceptive pills (containing the hormones estrogen and progestin) in high doses. The pills are taken in two doses at an interval of 12 hours. This method is accessible anywhere oral contraceptive pills are available and has a 75% effectiveness.

Intra-Uterine Device: A copper-T intrauterine device (IUD) can be inserted up to five days after unprotected sex to prevent pregnancy with 99% effectiveness. If left in place, this method also provides long-term effective contraception.

Levonorgestrel: A synthetic derivative of progestin, one of the two compounds found in oral contraceptive pills, levonorgestrel is used alone or in combination with estrogen for emergency contraception. This method is 89% effective.

Dedicated product: Levonorgestrel-only or levonorgestrel combined pills which have been tested and approved by medical standards and are produced by a pharmaceutical company under a brand name are referred to as dedicated products. These provide easy access to emergency contraception, as the appropriate dosage is set and they are simply and easily taken in one or two doses.

Advance distribution: Refers to provision of emergency contraception *before* it is needed. This is a strategy to surpass barriers such as prescription requirements (which necessitate doctor visits) which may prevent a woman from taking EC within a 120-hour time frame. Youth, women experiencing gender-based violence, and other vulnerable groups also benefit from advanced distribution.

The Mechanism of Action

According to the World Health Organization, emergency contraception is the only safe post-coital means available to prevent pregnancies within 120 hours of unprotected sex (with 75–99% effectiveness). The method has minimal side effects, but is more effective the sooner the treatment is initiated.¹³ The rate of effectiveness begins dropping after 72 hours. However, it retains some effectiveness up until 120 hours, or five days, after unprotected sex and therefore is still recommended for use. Hormonal emergency contraception is safe for self-medication, is not toxic, has low risk of abuse or overdose, and has no contra-indications.¹⁴ Experience has shown that emergency contraception is a successful strategy for preventing unwanted pregnancies without decreasing regular contraceptive use or condom use.^{15 16 17}

The mechanism of action of emergency contraception varies depending on the moment during the ovulation cycle at which a woman uses the method. However, recent studies suggest that emergency contraception works by inhibiting or delaying ovulation or reducing sperm motility.¹⁸ For example, sperm migration may be impeded through increased mucus that blocks the cervical entrance to the uterus and/or increased pH of the uterine fluid, which immobilizes sperm. Both methods—the IUD and emergency contraception pills—may prevent pregnancy by preventing the release of the egg, postponing ovulation, or interfering with fertilization, but clearly act before implantation occurs.¹⁹ Emergency contraception cannot dislodge an implanted egg and thus cannot interrupt an established pregnancy.^{20 21 22} As such, emergency contraception by definition is NOT abortive.^{23 24}

Challenges to Access

Broader access to emergency contraception has significantly decreased unplanned pregnancies and abortions across the globe.^{25 26} However, misinformation about the mechanism of action and post-coital method administration are causing confusion regarding the method in many countries. How, when, or if to respond to this misinformation varies, but challenges are ongoing in spite of favorable scientific evidence to support emergency contraception among all family planning and women's rights advocates.

Despite the availability of emergency contraception products in the public sector in 19 LAC countries, few medical providers and potential users have heard of it, let alone know where to get it and how to use it.²⁷ The retail price of some dedicated products and misinformation among health care providers and users also pose great challenges to access. The Yuzpe regimen using higher doses of certain combined oral contraceptives is widely and cheaply available, though less effective than progestin-only pills (75% vs. 89% effectiveness). It is imperative that medical and public health professionals be sensitized to the importance of integrating emergency contraception into other sexual and reproductive health services, and that providers ensure access to hard-to-reach populations and those most at risk—the poorest sectors of society, the most vulnerable population groups, and youth.

International and Regional Consortia

During the past 10 years, IPPF/WHR has worked with its member associations in the LAC region to promote, defend, and provide emergency contraception. IPPF/WHR was one of the founding members of the International Consortium on Emergency Contraception (ICEC) in 1995, and has been one of the principal actors in the formation and development of the Latin American Consortium for Emergency Contraception (LACEC) since its inception in 2000. The extensive and prestigious membership of these consortia have served as strong advocacy bodies to promote and defend effective legislation and governmental guidelines and also to promote South-to-South technical assistance based on the established expertise in the region. IPPF/WHR, alongside these consortia, has also played a critical role in updating its member associations on current studies on method use, and in sharing particular country experiences and strategies to raise knowledge and awareness regarding the method.

International Consortium for Emergency Contraception: Policy Statement (2003) ²⁸

ACCESS: Increased access to emergency contraception (levonorgestrel-only or a combination of estrogen and progesterone) within the first 120 hours after unprotected sex can considerably reduce the prevalence of unwanted pregnancies and abortions.

MECHANISM OF ACTION: Emergency contraception is safe, non-abortive, and effective up to five days after unprotected sex when no pregnancy has already occurred.²⁹ The method may inhibit or slow the release of the egg from the ovary, as well as impede the union of the egg with a spermatozoid or may prevent a fertilized egg from attaching to the uterus.

DOSAGE AND TIMING: The World Health Organization found that a single 1.5 mg dose of levonorgestrel is effective in preventing pregnancy for up to five days after unprotected intercourse.

EMERGENCY CONTRACEPTION AND MEDICAL ABORTION: Emergency contraception is not abortive and cannot terminate or interfere with an established pregnancy or hurt a developing embryo.³⁰

REPEAT USE: Repeated use of emergency contraception pills is safe and repeat use of the method more than three or four times in a year is uncommon.^{31 32}

IPPF/WHR's Conceptual Framework

IPPF/WHR's 2004-2009 Strategic Plan focuses on: 1) the sexual and reproductive health and rights of adolescents and young people; 2) HIV/AIDS and other STIs; 3) access to sexual and reproductive health information and services for all, especially the poor and marginalized; 4) safe abortion; and 5) advocacy on behalf of all of these objectives. During the past 10 years, IPPF/WHR and its member associations have strived to promote, defend, and make available emergency contraception. Collaborations have developed with policy-makers, researchers, service providers, pharmaceutical companies, the media, and others.

IPPF/WHR's conceptual framework for emergency contraception consists of working with key stakeholders to improve knowledge, attitudes, and practices among providers and potential users; increasing access to and use of emergency contraception, especially among vulnerable populations; and decreasing unwanted pregnancies, induced abortions, and maternal mortality. This approach tailors activities to different stakeholders with the common goal of increasing knowledge, access, and use of emergency contraception.

In 2002, IPPF/WHR embarked on a 30-month project working with member associations in five countries on improving information and access to emergency contraception.

IPPF/WHR Emergency Contraception Partnership Goals

- Strengthen institutional capacity to integrate emergency contraception provision into existing sexual and reproductive health services.
- Increase knowledge about and access to emergency contraception.
- Share and disseminate successful strategies and lessons learned to promote emergency contraception more widely in the region.

This publication documents the process of integrating emergency contraception within sexual and reproductive health services, highlighting the salient strategies, challenges, major achievements, concerns, and recommendations for next steps based on IPPF/WHR's experience.

The information was collected through progress reports, process evaluations, exchange visits, and a final workshop with representatives, including youth, from more than 30 member associations and other organizations from the region. In addition, a three-day meeting with representatives from over 30 member associations was held to share project results and encourage South-to-South collaboration. At this meeting, qualitative information about participation in this project was collected from key informants through interviews and roundtable discussions. Although this publication highlights emergency contraception, many lessons learned and recommendations can be applied to other programming on sexual and reproductive health and rights and advocacy work.

II. Project Planning: Key Points

This section shares key lessons from IPPF/WHR's five-country project on emergency contraception that may prove helpful when planning a project in other country settings.

Guidelines for Planning an Emergency Contraception Project

1) Learn the facts

Inform yourself about why emergency contraception is a unique and important method, how it works, and its safety and effectiveness. Assess the local context in terms of legislation, resources, alliances, and opposition. Review national regulatory and registration requirements for procurement of emergency contraception products. (See www.cecinfo.org, not-2-late.com or www.clae.info).

2) Get your organization behind the project

Secure organizational support for incorporating emergency contraception in service provision. Assess knowledge, attitudes, and practices of your staff and share the findings with them for a participatory planning process.

3) Use a sexual and reproductive rights perspective

Work from a rights-based approach, including a youth-friendly, sex-positive perspective, promoting gender equity while working to involve men, combat violence, promote diverse sexuality, and prevent STI/HIV/AIDS infection.

4) Involve youth

Foster the participation of youth in the planning, execution, and evaluation stages of all projects.

5) Work in partnerships

Build alliances among community groups, academia, professional medical and pharmaceutical associations, women's groups, youth networks, journalists, and government officials at the ministerial and decision-making levels. Engage the media to highlight YOUR agenda.

6) Promote legislation and guidelines

Encourage political will and appropriate legislation and/or service delivery guidelines (as necessary) at national and local levels in support of your efforts.

7) Create evidence-based talking points

The more informed and articulate you are about emergency contraception, the more you will be able to build effective organizational strategies and face challenges in provision of the method.

8) Ensure ongoing quality of care through monitoring, evaluation, and in-service trainings

Ongoing monitoring and evaluation of the project helps to troubleshoot and measure progress, but it can also inform strategic planning for the future. Regular staff training helps to fill gaps left after personnel rotation and ensures up-to-date information, standardized practices, and special case reviews, as necessary.

Factors to Consider When Planning

Each organization is unique and thus requires different project planning methodologies and processes. A successful project begins with understanding the organizational structure and strengths, identifying the project team and their abilities/experiences, determining the target population, and assessing your country context, highlighting opportunities and challenges. Member associations found that teamwork at all staff levels, intersectoral support among collaborating groups, and youth participation are critical at all project stages.

The following suggested steps for planning an emergency contraception project are based on the experiences of the IPPF/WHR and can be adapted to meet other organizational needs:

Step 1: Conduct a pre-project assessment to gather baseline data

The assessment should examine the organizational infrastructure and policies, human resources, the local context, and potential target populations. Quantitative and qualitative data may be collected through self-administered surveys, face-to-face interviews, focus group discussions, and literature and document reviews, but should be evidence-based rather than anecdotal. The following are suggested questions to address in your assessment.

Organizational Assessment
1) What sexual and reproductive health services, programs, and contraceptive methods does your institution offer?
2) What written materials does your institution offer clients regarding contraceptive methods?
3) How might your institution integrate emergency contraception into its current programs and services?
4) How might your institution encourage EC-related referrals both internally and externally, as needed?
5) What impact will EC services have on your current staffing?
6) How will you ensure timely access to emergency contraception for your clients?
7) What mechanisms are in place for comprehensive counseling, dissemination of information, and follow-up?
8) What written protocols does your institution have for counseling and distribution of emergency contraception?
Staff and Project Team Assessment
9) What are general staff knowledge, attitudes, and practices regarding the use of emergency contraception?
10) What programmatic and management experiences does your project team have?
11) What professional alliances have your team members established?
12) What training or experience has your project team received on emergency contraception in other settings?
Environmental Context
13) What are your country's social, cultural, and religious attitudes toward family planning and reproductive health?
14) What is the local and national context with regards to access to emergency contraception?

15) Who are the key family planning stakeholders, policy-makers, cultural and religious leaders and would they support emergency contraception?
16) What accomplishments, barriers, challenges, and collaborations have other organizations and health care facilities experienced in offering emergency contraception as a method?
17) What are current product availability, distribution, and pricing mechanisms? Have social or commercial marketing studies for EC—including cost-benefit analyses—been conducted in your country?
18) What is current legislation regarding sexual and reproductive health broadly and emergency contraception specifically?
19) What are the general opinions of key stakeholders regarding access to and use of emergency contraception in your country?
Target Population
20) Should your efforts be large-scale or targeted?
21) Who has the greatest need for this method, and how can this population be reached?
22) What is the incidence of unplanned pregnancies and abortions among your target population?
23) What services, programs, and methods are currently available for your target population?

Step 2: Share assessment findings institutionally

After gathering baseline data, your organization may find it helpful to discuss the findings with staff, administrators, and the board of directors to raise awareness about particular institutional needs, potential opportunities, and possible challenges. Your organization may consider developing an action plan through a participatory process including a broad group of staff members.

Step 3: Conduct comprehensive institution-wide training

Institutional support and appropriate training are critical for launching an emergency contraception project and obtaining results. Experience has shown that **all** staff should receive comprehensive training on emergency contraception. Training sessions should include the board of directors, executive director, and all staff members (administrative, programmatic, direct service providers, and support personnel). The training of institutional staff at all levels is important to improve accessibility and opportunities for potential users of emergency contraception. For example, receptionists and phone operators are the first line of communication with current and potential clients, and should therefore

be well-informed and unbiased. Involving and educating the board of directors and executive directors is also key to ensuring integration of emergency contraception into existing services.

Suggested training topics include:

- The mechanisms of action, including current research findings
- The impact of repeated use of emergency contraception
- The use of the method, including time limitations, types of dedicated products, recommended regimens and dosages, and side effects and their management, if any
- Access and barriers to emergency contraception
- Dispelling confusion between emergency contraception and medication abortion
- Counseling needs and follow-up procedures
- Integration into areas such as gender-based violence; prevention, detection, and treatment of STI/HIV/AIDS; youth services; contraceptive technologies and their correct use; abortion services as available; and referrals for other specialized services
- Protocols for informing clients on a routine basis
- Integration into sexual and reproductive health programs and services
- Follow-up and referrals

Step 4: Conduct ongoing monitoring and evaluation

Integrating EC offers distinct challenges from simply adding another contraceptive method to the mix, and therefore requires ongoing monitoring and evaluation, as the country and local contexts might change during the course of the project. The assessment of knowledge, attitudes, and practices of staff will help measure project impact, steps toward meeting objectives, and highlight changes over time.

The integration of emergency contraception in reproductive health services requires medium- and long-term planning. Strategies may be reviewed at regular intervals and revised as needed. It is critical that institutions plan for financial sustainability while committing to reach underserved populations as per the institutional mission. Furthermore, increased demand should be considered when planning for distribution.

Sexual and Reproductive Rights and Emergency Contraception

The concept of sexual and reproductive health implies that every person has the right to a satisfying and safe sexual life free from abuse and coercion, with the freedom to decide if, when, and under what circumstances to get pregnant.³³ As supported by the IPPF Charter on Sexual and Reproductive Rights and numerous international conferences and conventions, every person has the right to be respected in terms of his or her sexuality and reproductive health.

Access to appropriate and modern services and products, including a broad range of contraceptive options ensures these rights, and should be part of national development and health plans. As emergency contraception is the only post-coital method that prevents unwanted pregnancy (and by

extension, abortions), access to emergency contraception and information regarding its appropriate use is a sexual and reproductive right of all human beings regardless of age, marital status, socioeconomic status, race, or religion.

In the past decade, the concepts of quality care, sexual and reproductive rights, and a gender perspective have been increasingly addressed in health care programs and services. The quality of care framework is based on sexual and reproductive rights that protect and promote the rights of both clients and providers. Quality of care includes access to a broad range of contraceptive methods and health information, personalized interaction between the client and the provider, and the technical competence of the provider.

The expansion of access to emergency contraception is closely linked to quality of care and the rights of clients. Emergency contraception is a sexual and reproductive health method that should be included in national norms and guidelines, and health care providers should be up-to-date on the method and promote it as part of their routine service provision. Many health programs and clinics have expanded to offer more comprehensive services, but full integration is often lacking.

Impeding access to emergency contraception is a human rights abuse. As with other aspects of sexual and reproductive health, emergency contraception must be couched in a rights framework. Women have the right to make free and informed decisions about their bodies, to benefit from technology and scientific progress, and to decide if or when to have a child. Emergency contraception can potentially prevent high-risk pregnancies among youth and marginalized groups. The method is also an essential option for women who have experienced non-consensual sex (i.e., rape and sexual abuse) and for women who may be living in abusive circumstances with risk for forced and/or unprotected sex.

Involving Young People

Why Work with Youth?

More than 50% of all impoverished people in Latin America and the Caribbean are children and adolescents (120 million),³⁴ representing the largest segment of the population in the region. Youth today are the largest segment of the population in LAC, making decisions and taking actions that will affect them for the rest of their lives.

In Latin America and the Caribbean, young people begin sexual activity at an early age and often with limited access to sexual and reproductive health information, services, and contraceptive options. Early childbearing can be a substantial health risk for adolescents as opposed to older women, due to their social and physiological immaturity and often inadequate prenatal care. Furthermore, girls who drop out of school due to an early pregnancy seldom continue their studies. As such, socioeconomic opportunities are reduced over their adult life.³⁵ According to Andrea Garcia Burtrayo, a PROFAMILIA-Colombia peer educator, “More than understanding a young person as someone in a vulnerable situation, it’s important to recognize his autonomy and reassert his/her sexual and reproductive rights within a human rights framework. I think that work *for* youth *by* youth gives very good results. Peer education has demonstrated young people’s intrinsic skills in community work, in addition to demonstrating the effectiveness of using the same language between equals. Given the lack of attention to

health and family planning, we young people need to work for our sexual and reproductive rights, including issues that are often strongly reproached or moralized like emergency contraception, in order to improve the conditions of our region, considering that the most affected population is our own peers.”

Youth embody a population most vulnerable to unwanted and unplanned pregnancies, and have the right to access sexual and reproductive health services and information in their own context. Emergency contraception represents responsible decision-making and is a potential bridge to longer-term contraceptive use as young people make decisions and take actions that will affect them for the rest of their lives. Involving youth in sexual and reproductive health programs should be meaningful and mutually beneficial, enhancing program development for your institution and personal development for youth participants.

Challenges for Youth

In Latin America and the Caribbean, youth face numerous challenges to achieving their sexual and reproductive health and rights. For example, information is often quite limited for young people or inappropriate for their context. Additionally, many medical facilities are not youth-friendly and do not take into consideration the special needs of young people in terms of scheduling, location, etc. IPPF/WHR member associations have found that many youth do not visit their clinics because either they are unaware of the facility's services, are embarrassed to walk through the door, suffer the stigma related to youth's sexual activity or visiting a family planning clinic, and/or fear confronting health care providers.

In order to reach high-risk youth who are initiating sexual activities at an early age, it is important that youth themselves promote and defend information about emergency contraception. Through many peer education programs, ranging from sexuality education to condom distribution, member associations have found that youth identify with and trust the opinions of youth leaders. PLAFAM in Venezuela noted that youth educators are more effective and better accepted by other youth because they speak the same language and share similar experiences and concerns. Furthermore, successful EC projects reach out to youth in their own environments—at schools, clubs, sports centers, coffee bars, homes, etc. Youth peer educators from PROFAMILIA-Colombia and PROFAMILIA-Dominican Republic conducted community-based peer education on emergency contraception and found that these organizational activities markedly increased the demand for the method among youth.

In addition to working with youth in their own context, it is important to sensitize various gatekeepers of emergency contraception on youth-friendly approaches to programming and services. Trainings should include health care providers, clinic staff, personnel in pharmacies, school nurses, parents, etc. Member associations found that educating on and distributing emergency contraception and condoms **in advance of need** is a key strategy in guaranteeing youth access to the methods. Furthermore, PLAFAM in Venezuela highlighted the importance of addressing relevant topics when educating youth on EC, including gender-based violence, decision-making, and negotiation in sexual relations. Finally, member associations reaffirmed that health care providers must respect the rights of youth to information, services, and methods, including confidential counseling.

Despite the success of many youth-focused projects, young people face many barriers in accessing and using emergency contraception. Maternity or paternity at a young age should not impede a person's rights to access services. Emergency contraception is a right that should not be limited by parents, teachers, authorities or paternalistic or adult-centric attitudes.

Key strategies for working with youth
Promote youth-friendly SRH policies and services.
Conduct educational and outreach efforts with youth in their own environment and community.
Train youth leaders to conduct peer-to-peer education.
Incorporate youth in project planning, implementation, and evaluation.
Strengthen referral networks and response times to phone inquiries and walk-in appointments by youth.
Provide youth with EC or a prescription for EC during routine visits.

Opportunities in Working with Youth

Emergency contraception provides youth, especially those who have had limited sexual experiences, with a backup method in situations of unprotected sex. Additionally, emergency contraception offers an introduction to reproductive health care and rights and an opportunity for young people to adopt a regular contraception method. Comprehensive counseling should convey that EC does not protect against STIs/HIV/AIDS and that more effective, routine contraceptive methods might better satisfy clients' needs to prevent unwanted pregnancies.

Despite challenges, sexual and reproductive health programs are successfully integrating emergency contraception and harnessing the dynamism and enthusiasm of youth peer educators to expand outreach to other youth, and even their parents and communities. Educational activities led by adult advisors and youth peer educators in secondary schools in Colombia sparked great interest among youth participants who wanted to participate in similar activities. These activities also identified young women who needed emergency contraception and were then referred to the PROFAMILIA center.

According to Albania Villarrael, an eighteen-year-old youth educator in Venezuela, "IPPF/WHR is supporting youth and giving them a voice in a way that is lacking in other institutions." This horizontal approach to project development has trained youth to work with their peers, while offering them a voice in overall project planning, implementation, and evaluation.

During this two-year project, member associations made an effort to include youth at all stages of the project. Youth participation in planning empowered youth to be part of the decision-making process and helped ensure that programming was relevant to youth needs. Formally acknowledging and institutionalizing the work of youth is critical to supporting a mutually beneficial experience. Programs should consider how to demystify stereotypes, create an institutional identity for youth, and support the participation of youth by providing meeting spaces and the necessary thematic tools.

Building Alliances

Access to emergency contraception can be increased by building alliances and partnerships at local (clinic and communities), national (country consortia), regional (LACEC, REDLAC), and international levels (ICEC, IPPF). Such alliances may be characterized by cooperation and collaboration, capacity-building and information exchanges, and strategic planning for the sustainability of programs and to raise awareness about the method. Locally, alliances may be fostered with academia, the ministry of health, law associations, and medical associations. It is important to keep such partners informed of organizational activities, policy advances, scientific studies, etc.

The Medical Community and Nonprofit Sector

Member associations established alliances with other NGOs and medical associations to promote broad awareness about and access to emergency contraception. Personal and professional contacts of project coordinators and other staff were also critical to some projects. The visibility and reputability of the project coordinators in the medical community helped member associations address certain groups and organizations who may have otherwise been less open to participating in the project, due to the strong opposition to the method within the countries. These alliances and networks with the medical community play a fundamental role in promoting and defending emergency contraception against new, unsubstantiated attacks by well-organized opposition forces.

Member associations also built strong alliances with other non-governmental organizations in order to stand strong together against the opposition. For example, in Chile, the Consortium on Emergency Contraception was established in 2003 by several NGOs (including APROFA, the member association in the country) and medical associations to promote access to emergency contraception. The Chilean Consortium on Emergency Contraception defends emergency contraception collectively with evidence-based arguments in response to groups that continuously take legal action to reverse the authorization of dedicated products in Chile.

Public Sector

For large-scale expansion of access to emergency contraception, political support at the ministry of health level is necessary to integrating emergency contraception into national norms, and ensuring availability to the poorest sectors of society through governmental and appropriate channels. APROFA in Chile participated with other institutions in the development of new sexual and reproductive health norms, including an extensive section on emergency contraception. The norms have yet to be published by the Ministry of Health; however, APROFA is already training public sector providers in emergency

contraception. PROFAMILIA in the Dominican Republic, is making EC more accessible to clients in the public sector by strengthening information campaigns and training public health care providers.

Pharmaceutical Companies

Alliances with pharmaceutical companies can strengthen an emergency contraception project by addressing pricing, distribution, and training issues. Early in the project, PROFAMILIA in the Dominican Republic astutely developed an alliance with SUED Pharmaceuticals, the owner of patents for Imediat, Imediat-N, and NorLevo, all dedicated EC products. PROFAMILIA offered technical assistance, legal advice, and publicity to help introduce and position these new products in the Dominican market. PROFAMILIA negotiated a one-time donation of Norlevo to offer the product at a discounted rate in its clinics and through its youth network.

PROFAMILIA would have preferred to market its own product, but negotiated with the laboratory for indirect sale because the product was already registered. As the indirect sale contract has expired, PROFAMILIA is now negotiating its own label with pharmaceutical companies, as well as investigating generic drug options in India and Brazil.

Media

The media is an invaluable popular mechanism to raise awareness and thus increase knowledge about, access to, and use of emergency contraception. Purchasing advertising space or airtime can be beneficial but also very costly. However, there are various forms of free or “earned” media, such as working with scriptwriters to incorporate emergency contraception messages in TV and radio programming, or writing press releases and granting interviews that “earn” media attention. As a caution, organizations should be watchful when granting interviews and ensure they have control and understanding of the situation. Manipulation or misrepresentation by the media can quickly complicate any awareness-raising campaign. Experience shows that one must be judicious in choosing whether or not to respond to the opposition. According to Fabiola Romero, PLAFAM’s coordinator in Venezuela, “the media is an important tool that affords vulnerable populations access to information about emergency contraception. Such information is a right and an option. The more information that exists, the lesser the risk.”

In the case of PROFAMILIA-Colombia, the media played an unplanned and fortuitous role in 2001 after the Ministry of Health announced the need to revise health norms regarding the use of the EC product Postinor-2 due to opposition group pressures. Although PROFAMILIA was unaware of the announcement at the time, the mass media flooded PROFAMILIA’s offices and a spontaneous round-table discussion ensued. Surprisingly, mass media responded in favor of emergency contraception and women’s rights after a lengthy discussion in which key scientific facts were addressed.

Challenges from the Opposition

Anti-choice extremists and many socially conservative and religious groups continue to work toward preventing women's access to emergency contraception, even when public health policies have been put in place to make EC widely available. Opposition is particularly strong in countries where abortion is legally restricted and/or sanctioned. For example, opposition groups in Chile, where abortion is illegal under all circumstances, have considerable economic power and continuously lobby against emergency contraception. In the summer of 2004, these groups went so far as to file an injunction against the Public Health Institute for having registered and authorized the commercialization of Postinor-2 in Chile. As a result, the sale of Postinor-2 was suspended for one month while NGOs lobbied against the move. The Catholic Church also quietly supports anti-emergency contraception groups, especially among youth. In early 2005, public debate raged over the firing of the Chilean Vice-Minister of Health after he announced that emergency contraception would be made available in the public sector to all women in need and not just rape victims.

Similarly, in summer 2004, a public health policy to offer emergency contraception for free in public clinics in Peru created uproar among the opposition, especially conservative Catholics. Additionally, the United States Food and Drug Administration's Center for Drug Evaluation and Research has rejected expert medical recommendations to offer the EC product Plan B over-the-counter. These cases where emergency contraception and its proponents have come under political attack highlight the need to constantly defend these rights against setbacks.

As often happens with various contraceptive methods, at some point project managers may be called to defend emergency contraception in public policy arenas. The opposition feeds on the confusion between the abortion pill (RU486 or mifepristone) and the emergency contraception pill, especially in countries where abortion is legally restricted. Strategies used by member associations to counter the opposition have included: focusing on ethical principles regarding sexual and reproductive rights; advancing public health arguments; and emphasizing evidenced-based science and medicine over subjective theological debates—highlighting that emergency contraception is cost-effective, prevents the need for some clandestine abortions, decreases maternal deaths, reduces unwanted pregnancies, and is a key response to sexual violence.

APROFA-Chile has found that health professionals are key spokespersons against the opposition and should therefore emphasize alliances to replicate efforts and spread correct knowledge. Likewise, PROFAMILIA-Colombia noted that educating and collaborating with the medical community has been the most successful strategy in the defense of emergency contraception against opponents. PROFAMILIA-Dominican Republic has emphatically maintained a rights- and evidenced-based approach in addressing the opposition, thereby shifting the focus of the debate away from moral or religious arguments.

Factors to Consider for Social and Commercial Marketing

Social marketing refers to the application of commercial marketing concepts in the public sector to influence social behaviors to benefit a target population. In the SRH field, social marketing has most commonly been applied to contraceptive methods, particularly condoms. As in commercial marketing it is important to assess what the target population needs and wants. The following chart highlights some key strategies for implementing social and commercial marketing activities for emergency contraception.

Key strategies for social and commercial marketing
Market an emergency contraception product in a way that offers a good solution to the target population's problem.
Ensure that the costs and price of the EC product do not outweigh the benefits to the target population.
Distribute the EC product in places that ensure accessibility and quality services.
Create sustained demand for emergency contraception through integrated promotion in advertising, media advocacy, word of mouth, etc.
Address the public groups that will ensure success to your social marketing campaign (stakeholders, policy-makers, etc.).
Identify potential partners to effectively approach the social marketing of EC together.
Advocate policies to promote information on and access to emergency contraception.
Foster sustainable funding sources or purse strings to finance social marketing activities.

Start-Up Phase

It is critical to ensure that your emergency contraception project is approved by your board of directors. In the case of project member associations, an expert presented the need for the project to the board of directors and staff. Upon project approval, a project coordinator was designated. In turn, the coordinator strategized with the marketing coordinator to assess how the organization might insert emergency contraception into the market and what type of products should be considered (international, local, own).

The following are suggested questions to consider when starting-up your marketing assessment.

Social Marketing Assessment
1) Are dedicated products currently available in country? If so, which ones? Who manufactures them? By whom and how are they distributed? What is the cost? Are they available in the public sector?
2) What is the market like for emergency contraception? Are other organizations offering it for free or at reduced or subsidized costs? How much does it cost to register a new contraceptive in your country?
3) What type of distribution system does your institution have in place or access to, including clinics and hospitals, community-based distribution points, medical representatives and/or pharmacies?
4) Who are the potential partners and competitors in this endeavor? Are partners willing to contribute to your effort? (IEC materials, a percentage of the profits from commercial sales, etc.)
5) Do women have timely and affordable access to the method already?
6) Will either commercial or social marketing of emergency contraception contribute to your institutional visibility and sustainability, or will it require cross-subsidization?
7) Do you have a sustainability and strategic plan for the commercial or social marketing of emergency contraception?

Negotiating EC Products

It is important to negotiate and sign a contract with a pharmaceutical company or supplier early in the project as the demand for emergency contraception will increase in response to project activities. Be strategic and negotiate a commission for your NGO, while ensuring a quality product at an economical price. In the case of PROFAMILIA-DR, after its first contract was signed, additional pharmaceutical companies and suppliers approached the organization to expand product options. Develop information, education and communication materials for your target audience in conjunction with distributors and manufacturers.

Pricing EC Products

When setting a price for emergency contraception products, consider your target audience and their price limitations. Do not set the price markedly above what the audience can reasonably pay. Securing a dedicated product exclusive to the organization may ensure a lower price and solo commission. Furthermore, assess what intangible costs your audience may incur to obtain the emergency contraception. For example, what time and effort is necessary to access the product? Are services and the distribution system friendly to your target population? Is there a perceived value in obtaining the product?

Promoting EC Products

Promotion strategies must consider the most effective and efficient means to reach the target audience and increase demand. Due to financial constraints, IPPF/WHR project organizations conducted most publicity for emergency contraception in newspapers and magazines. In the case of the Dominican Republic, Inmediat-N became known as the generic emergency contraception on the market by the general public as it was promoted for over-the-counter sale without a prescription. For example, Dominicans might ask for EC by the brand name Inmediat-N in the same way they ask for razors by the brand name Gillette, or Americans ask for Kleenex for facial tissue. In addition, vocal opposition from the Catholic Church in the Dominican Republic generated awareness and publicity during initial public debates on the distribution of emergency contraception in a conservative cultural environment.

Distributing EC Products

It is important to consider how emergency contraception can reach the target audience. Raise awareness among medical personnel, pharmacists, opinion leaders and the media who serve and influence your target population. How and where is your target population currently receiving sexual and reproductive health services, information, and products? Ensure accessibility through quality services and distribution mechanisms that meet the needs of your audience.

III. Strategic Recommendations for Program Managers

Member associations involved in the emergency contraception project highlighted the following recommendations for program managers to ensure a successful and comprehensive experience.

Consider client rights when incorporating EC into sexual and reproductive health services

When providing health services within human rights framework which includes sexual and reproductive rights, all persons have the right to access emergency contraception and information regarding its appropriate use. Sexual and reproductive health clinics should inform their clients about EC on a routine basis to educate and sensitize them **before** they need it. To ensure widespread, systematic access, emergency contraception should also be permanently integrated into curricula for sexual and reproductive health programs for youth, national norms for sexual and reproductive health and services, and programs and services addressing gender-based violence.

Integrating emergency contraception into existing sexual and reproductive health services

- 1) During routine visits, provide male and female clients with information about how to obtain and use emergency contraception.
- 2) During routine visits, provide clients (especially young women and women at risk of gender-based violence) with a prescription for emergency contraception.
- 3) Orient clients who seek out emergency contraception regarding the broad sexual and reproductive health services at your clinic, include counseling regarding a regular contraceptive method.
- 4) Offer emergency contraception in clinical and non-clinical settings (community, pharmacies, school nurses, community health educators, etc).
- 5) Provide telephone referrals and accommodate walk-in appointments.

Sexual and reproductive health and rights are influenced by cultural factors, such as socially constructed gender roles, and individual factors, such as sexual behavior and attitudes. Addressing SRH requires a lens which considers cultures and individuals when designing and providing services and addressing socially constructed gender roles. Health facilities should encourage service providers to examine their own biases and misconceptions and work to overcome them. Institutions should develop protocols that include gender equity indicators to ensure female empowerment and male involvement. Special care should be taken to address vulnerable populations whose sexual and reproductive rights might not be taken into consideration, such as refugees, women living with STIs/HIV/AIDS, and youth.

Additionally, it is crucial to train health care providers in the use of emergency contraception in cases of violence, and every effort should be made to integrate information on and provision of EC into routine screening and services for women experiencing gender-based violence. Emergency contraception is critical for rape survivors and other victims of exploitation. Health care providers should also make emergency contraception available in advance for women at risk of sexual violence and all women in need. EC is increasingly being incorporated into national health norms for survivors of sexual violence, and reproductive health organizations may play an important advocacy role in supporting these policy efforts and making sure they are followed by the health sector.

Emergency contraception should also be part of post-abortion counseling to promote the prevention of future unwanted pregnancies by responding to future method failure. EC is part of responsible sexuality and is a backup method for condom use, method failure, forced sexual relations or unprotected sex. The time added to routine visits is minimal and the potential added benefit is great. When informed, women are most likely to use emergency contraception if necessary.

Involve youth as equal participants in program planning, implementation, and evaluation

With increased access to information and services, youth become empowered to be responsible for their sexual and reproductive health. According to Lirvania Mamani Parades, a youth peer educator in Chile, “Rates of youth pregnancies are dropping. Emergency contraception is [...] giving young people a second chance to be more conscious of their actions.”

Equity is key to youth empowerment. Equity means meaningful participation of youth in decision-making, program planning, and resources that affect them. The integration of youth in planning means the mutual exchange of ideas using a common language. Youth must be the messengers to share information on emergency contraception in their communities, especially among the most vulnerable youth. Working with youth requires certain investments, such as additional training (for youth and adults) and supervision. Often, youth encounter adult-centric teaching and stereotypes that paint young people as incapable, ineffective managers; this experience can lead to passive involvement of youth in programs ostensibly designed to help them.

Furthermore, institutions must consider how to make emergency contraception truly accessible and affordable for youth. Access for youth translates into equality in terms of access to opportunities, services, and information. Promotion and information sharing is a first step. However, in order to target youth appropriately, programs should be familiar with their needs and barriers to accessing services. Institutions must guarantee access and youth-friendly services.

For comprehensive provision of services and information on emergency contraception:

- Counsel all youth on emergency contraception during routine sexual and reproductive health care visits.
- Counsel all youth on a broad range of contraceptive methods to prevent the substitution of emergency contraception for other methods.
- Provide advance prescriptions for EC to all female clients (in person or over the telephone).
- Offer emergency contraception to all young women being treated for sexual assault or abuse.
- Maintain confidentiality when providing emergency contraception.
- To avoid stigmatization of the method among adult women, establish that emergency contraception is not only for youth, but for any woman of reproductive age who might need it.

Develop a communications campaign to expand the audience

Increasing knowledge and access to emergency contraception depends on communicating effective messages. Messages need to be clear, simple and concrete, as well as audience-specific. Educational message can be transmitted through mass media channels like press releases, newspaper and magazine articles, radio shows and announcements, and the Internet.

Communications campaigns should consider the following steps:

- Conduct a needs assessment to determine the level of knowledge and attitudes regarding emergency contraception of your institution's target group(s). Information can be gathered through interviews, focus groups, and surveys conducted with key stakeholders and target groups.
- Assess what programs and communication activities are being implemented by other NGOs and consider possible partnerships.
- Assess what type of information would be most effective in targeting your audience and how this information can have the most impact.
- Create advertisements for newsprint, radio, television, and internet, taking into account the language and culture of your target population.
- Develop educational materials and establish a dissemination process.
- Mobilize a public awareness campaign to correct misinformation, as needed, and publicize EC's existence.
- Expand awareness-raising and youth-friendly outreach through peer education for general consumption.
- Document your program process and measure impact for sharing results in conferences, campaigns, and outreach.

Offer continuous training for health providers

Member associations have found it difficult to ensure that medical professionals will always be supportive with clients without letting personal judgments intervene. In certain countries, a commitment on the part of health providers was lacking at the beginning of the project. Medical professionals often do not consider themselves activists, but are gatekeepers to emergency contraception. Misinformation, ignorance, and moral and religious reservations are potential excuses for health professionals not to prescribe the method. Continuing education is critical to ensure that providers promote the correct and timely use of emergency contraception.

In program planning, coordinators and educators should not assume that all training participants are in favor of or already knowledgeable about all aspects of emergency contraception. Acknowledge the advantages of using a programmatic, practical focus during trainings. For example, apply real clinical case studies so that participants can see the practical uses of emergency contraception for real-life clients. Build the capacity of service providers and raise their awareness about emergency contraception in general as a gender and social issue in addition to a medical consideration.

In order to ensure updated information and training of rotating or new personnel, offering continuing education on emergency contraception for health service providers is critical. Training should highlight vital areas such as behaviors, attitudes, and practices of service providers and updated, evidence-based medicine. As many service providers are unaware of national and institutional norms, education and outreach among medical personnel is an imperative public health assignment.

Promote supportive legislation and guidelines

Model legislation for emergency contraception includes recognizing the method as a well-researched contraceptive method and promoting access to it. Increased access demands: 1) raising awareness and knowledge among clients and service providers; 2) registering dedicated affordable products; 3) selling emergency contraception without a prescription; 4) ensuring that rape victims and survivors of gender-based violence have access to the method; and 5) promoting and protecting youth access to the method.

The visibility of the method in public agendas must be increased. Supportive legislation and political will are vital in the long-term provision of the method. Promotion of emergency contraception in ministry of health norms is crucial, as well as the creation of a protocol for quality of care in provision of dedicated products or the Yuzpe method. In some countries, the lack of separation between Church and State may pose challenges to the passage of supportive legislation. This is where massive educational campaigns based on empirical evidence are essential.

Although the Yuzpe regimen (regular combined oral contraceptives taken in higher doses) may be used as emergency contraception, dedicated EC products of progestin-only pills make the method more effective with fewer side effects, and more marketable and legitimate to the public and providers alike. In many countries, prices are prohibitive for those women who may need the method the most. The registration of new dedicated products must follow ministry of health procedures and licensing. Governments and the private sector need to explore how to make dedicated products more affordable while NGOs should continue raising awareness about the method and promoting the use of the Yuzpe method even as dedicated products become available.

Although emergency contraception is most effective within 72 hours and no longer effective 120 hours after unprotected sex, many women have difficulty meeting with their physicians or public health services within that time frame due to geographic location, holiday or weekend schedules, access to information, etc. Governments must make emergency contraception available over-the-counter in pharmacies without a prescription. Furthermore, for women who do attend public sector clinics and sites, institutions must advocate for the inclusion of emergency contraception in official

norms and protocols regarding violence, reproductive health and adolescents. Access to emergency contraception may be increased through over-the-counter availability in pharmacies, as well as through community-based distribution points and community outreach workers.

Promote South-to-South partnerships to expand lessons learned

Building South-to-South partnerships is a successful strategy to promote emergency contraception, building on the outstanding expertise of existing reproductive health organizations, individual visionaries, regional networks and consortia. These experts provide technical assistance and share experiences in project planning, standard setting, protocol development, research, social and commercial marketing, communications, evaluation, advocacy, resource mobilization, and much more. South-to-South partnerships provide the opportunity for intra-regional training and the dissemination of experiences and lessons learned among similar settings. Furthermore, South-to-South partnerships promote an articulation of emergency contraception led within Latin America and the Caribbean that can inform the experiences of other SRH and rights organizations within the region.

Although project contexts and experiences may vary widely, it is still worthwhile for project planners to contact institutions that have implemented EC projects in the region. Strategic approaches, monitoring and evaluation tools, and firsthand experiences can be time-saving and worthwhile for novice emergency contraception project planners. Technical consultations may also highlight potential obstacles in program design, implementation, and evaluation.

Any partnership should be built on respect and equality and foster a mutual dialogue on emergency contraception. All partners have something to share and to learn. Technical advisees should also remain curious and open to new learnings. Partnerships may be established at local, national, regional, or international levels. Program managers may contact country, regional (e.g. LACEC), and international consortia (e.g. ICEC) for the names of institutions and individuals who may be of assistance at any stage of emergency contraception programs. For a list of resources please see page 58.

Emergency Contraception Management Checklist

Below are some key questions to consider when managing an emergency contraception program. In cases where your answer is “No,” determine steps that your institution may take to improve on that particular point.

	INSTITUTIONAL COMMITMENT	Yes	No	Actions to take
1)	Are key stakeholders of the institution sensitized about emergency contraception as a contraceptive method and right?			
2)	Do key stakeholders and decision-makers actively support the inclusion of emergency contraception into sexual and reproductive health services?			
3)	Does the institution have a policy statement or protocol for providing emergency contraception?			
	STAFF SENSITIZATION AND TRAINING	Yes	No	Actions to take
4)	Have all staff in the institution been trained in emergency contraception, its use, and mechanism of action?			
5)	Is there a mechanism to train new staff?			
6)	Is there a mechanism for distributing educational materials on emergency contraception, such as scientific articles, bulletins, consortia updates, etc.?			
7)	Is there a mechanism for ongoing training for staff?			
	SEXUAL AND REPRODUCTIVE HEALTH AND EC	Yes	No	Actions to take
8)	Is emergency contraception integrated into sexual and reproductive health services and programs?			

	SEXUAL AND REPRODUCTIVE HEALTH AND EC	Yes	No	Actions to take
9)	Do women have access to emergency contraception and information about its use at your clinic/health center which respects their confidentiality and safety?			
10)	Does your clinic/health center offer emergency contraception to victims of gender-based violence and rape?			
11)	Does your clinic/health center offer emergency contraception to clients who come for STI/HIV screening and/or treatment?			
12)	Does your clinic/health center offer advance prescriptions for emergency contraception, including youth and women living in situations of violence?			
13)	Does your institution employ a rights-based, gender-sensitive, sex-positive approach?			
14)	Is your institution promoting emergency contraception as a backup method for condom use to reinforce the prevention message and dual protection?			
15)	Is emergency contraception part of post-abortion counseling?			
16)	Do EC clients also receive information and orientation about other contraceptive methods?			
17)	Are male clients receiving information about emergency contraception and the method itself?			
	YOUTH	Yes	No	Actions to take
18)	Are youth involved in project planning, implementation, and evaluation?			
19)	Does your institution provide youth-friendly services, including EC?			
20)	Are your institution's policies on youth and emergency contraception developed by and for youth?			

21)	Is emergency contraception accessible and affordable for youth?			
22)	Are youth being reached before they initiate sexual relations?			
	ALLIANCES	Yes	No	Actions to take
23)	Does your institution have explicit guidelines, plans or mechanisms for collaborating with other organizations providing services or advocating for emergency contraception?			
24)	Is your institution part of national, regional, or international consortia to promote and defend emergency contraception?			
25)	Has your institution built alliances with the public sector, the private sector, NGOs, the media, pharmaceutical companies, and the medical community?			
26)	Has your institution provided or sought South-to-South technical assistance to improve access?			
	ADVOCACY AND IEC MATERIALS	Yes	No	Actions to take
27)	Does your institution give educational materials to clients regarding emergency contraception?			
28)	Are these materials available in all clinics/health centers?			
29)	Have your educational materials been validated by youth?			
30)	Is your institution disseminating information on emergency contraception via campaigns, networking, conferences, and mass media?			
31)	Is your institution promoting the registration and distribution of dedicated products?			

	PROTOCOLS	Yes	No	Actions to Take
32)	Does your institution have information on the national situation regarding emergency contraception use, including guidelines from major public sector service providers?			
33)	Does your clinic/health center have a written protocol for providing emergency contraception?			
34)	Does this protocol address counseling on family planning options?			
35)	Have all health care providers been trained to follow the protocol?			
36)	Has your institution's protocol been validated by youth?			
37)	Have the above protocols and guidelines been disseminated and "socialized" among all levels of staff?			
	MONITORING AND EVALUATION	Yes	No	Actions to Take
38)	Has your institution gathered baseline information on health care providers' knowledge, attitudes, and practices?			
39)	Has your institution measured changes in health care providers' knowledge, attitudes, and practices over time?			
40)	Does your institution publish successful results, remaining challenges, and lessons learned?			
41)	Are your expected results linked to planned activities?			

IV. IPPF/WHR Project Experiences

IPPF/WHR's five-country project to integrate emergency contraception within sexual and reproductive health services provides important lessons learned, strategic recommendations for future programming, and advocacy activities, emphasizing youth participation throughout. The specific objectives of the project in five countries (Brazil, Chile, Colombia, the Dominican Republic, and Venezuela) were to:

- Strengthen the institutional capacity to integrate emergency contraception provision into existing sexual and reproductive health services.
- Increase knowledge about and access to emergency contraception.
- Share and disseminate successful strategies and lessons learned to promote emergency contraception more widely in the region.

Member associations were selected based on: their capacity and willingness to implement and monitor the projects; a strong presence in their country and respective SRH communities; experience with restricted project compliance; donor interest in specific countries; availability and registration requirements of dedicated emergency contraception products within the country; and the association's interest in and commitment to emergency contraception.

Member associations followed a basic strategy to introduce, promote and defend access to EC information and services, though with variations according to country context, socio-political environment, and clinic capacity. This simultaneous strategy is non-linear, as some activities are ongoing throughout and beyond a project, while some are only applicable or relevant in certain stages. Other points may become relevant as the project's target or the political context changes. A summarized outline of the strategy follows:

Sensitize key stakeholders

Train the spectrum of potential providers

Inform clients and other women about the method

Institutionalize EC in government norms, laws, and clinic guidelines

Integrate EC with youth, gender-based violence, STIs, and Quality of Care programs

Employ a rights-based, gender-sensitive, positive sexuality approach

Emphasize the importance of EC in youth programs and activities

Strategize with allied groups in both the public and private sectors

Advocate for public and private sector inclusion, over-the-counter access

Disseminate EC info to the general public via campaigns, networking, conferences, mass media

Register/distribute or promote dedicated product(s)

Capitalize on expertise for South-South collaboration

Liaise with national, regional, international consortia

Publicize successful results, remaining challenges, lessons learned

All associations followed a basic outline of activities, adapting them to their particular context. These included: conducting a baseline and project-end survey of knowledge, attitudes and practices of all members of the organization; integrating EC into clinical services; creating IEC and media campaigns on EC; advocating for changes on the medical status of EC; and involving youth in all of these activities. The valuable and individual experiences of each country during the time of the project are detailed in the following pages. Please note that often volatile political conditions may have changed since the time of final editing (May 2006).

Key Results of the IPPF/WHR Knowledge, Attitudes and Practices Survey

As part of the IPPF/WHR five-country project, baseline data were gathered using a standard survey to measure provider knowledge, attitudes, and practices (KAP) at member association clinics and affiliated clinics in all five countries. At the start of the project, the self-administered questionnaire was given to 641 staff members, including administrators, physicians, nurses, psychologists, youth peer educators, and others. Two years later, the KAP survey was re-administered among 739 staff members to assess changes over time, measure the impact of the project, and examine progress toward achieving objectives. The data were analyzed by an outside consultant, and the key findings are listed below.

- In general, there were important improvements in staff knowledge, particularly related to the various emergency contraception methods and the safety and efficacy of each. A notable outcome was a positive evolution in provider attitudes towards emergency contraception and a willingness to offer it on a broader level to a wider range of potential users.
- Project interventions aimed at increasing staff familiarity with the method seem to have reinforced the advantages of emergency contraception over perceived disadvantages, including unwarranted fears concerning client behavior, particularly the fear that women would take greater sexual risks due to the knowledge of emergency contraception.
- Knowledge gaps, particularly those related to emergency contraception's mechanism of action and precise efficacy rates of individual methods, persisted in almost all associations, suggesting a need for additional or ongoing reinforcement of accurate information to staff through training or IEC. In addition to ongoing training and reinforcement of progressive norms for offering emergency contraception, staff may need guidance in understanding the parameters for offering EC in the context of existing clinical and political norms, which continue to be noted as a major barrier to access.
- In most associations, staff beliefs about how the method should be offered (i.e., advance distribution, method procurement for all clients, etc.) are more progressive and forward-thinking than their actual practices. Thus, subsequent phases of this work will need to guide staff in manifesting their comfort with expanding emergency contraception to produce even greater access to the method.
- Finally, in light of staff turnover and changes in composition of staff according to the strategic needs of the association, the role of ongoing refresher training will be essential to institutionalizing the practice of widely offering a choice of emergency contraception methods. In addition, staff interest in resources such as emergency contraception kits, IEC materials for clients, and access to affordable dedicated products (where available) may also prove to be key strategies in reinforcing staff interest to offer emergency contraception methods.

BRAZIL: BEMFAM (BEM ESTAR FAMILIAR NO BRASIL)

Background

Family planning is guaranteed in Brazil in the Federal Constitution, and EC has been included in the national norms for nearly a decade (since 1996). Nine dedicated emergency contraception products are available in pharmacies without a prescription in practice, of which two are single tablets of 1.5 mg of levonogestrel. There has been relatively little resistance to emergency contraception from the Catholic Church in Brazil, but more recently, there have been some legislative attempts to change the norms and curtail access to EC. Furthermore, some conservative attitudes regarding the method prevail within the medical community. Abortion is restricted to cases of rape and the risk of maternal mortality.

BEMFAM operates six clinics in Brazil (in Rio de Janeiro, Fortaleza, São Luiz, João Pessoa, Recife and Natal), and began initial distribution of EC in all of these locations. In order to extend the project's reach, BEMFAM also established agreements between municipalities and NGOs in 14 states.

Needs assessment and awareness-raising activities were a critical first step for BEMFAM's emergency contraception project. Workshops and seminars in nine states identified several challenges faced at the start of the project. For example, administrators, health professionals, and the general population lacked basic information on emergency contraception. During initial trainings, health care professionals feared that clients would view EC as a substitute for routine contraception, and would overuse or repeatedly use the method. According to project director, Monica Almeida, it was crucial to train a small team of staff to raise awareness about emergency contraception among all staff—from administrators to janitors to receptionists—as myths about EC had the potential of becoming an internal obstacle for project advancement. Awareness-raising expanded to include other health care professionals, community outreach workers, and educators. Additionally, despite the availability of the Yuzpe regimen and levonorgestrel-only methods since 1996, dedicated products were available in the public sector only in very small amounts with variable distribution. As such, BEMFAM chose to negotiate pill prices with manufacturers. Some dedicated products were also donated by the Ministry of Health and by a pharmaceutical company.

Conservative cultural factors (including the influence of religion, myths and personal values) posed barriers to expanded access to emergency contraception. Yet, BEMFAM diligently sensitized stakeholders, including religious leaders. Although emergency contraception was included in the Ministry of Health (MOH) norms, little information had been distributed on the method. It was critical to disseminate information through the media and educational activities in the communities.

Despite the existing barriers, there were also many factors favoring expansion of access to emergency contraception, including the widespread availability of family planning services, strong community leadership and organized civil society groups, and existing sexuality education programs in schools. The fact that EC was already included within Ministry of Health norms and that the Yuzpe regimen and dedicated products were both available also facilitated project activities.

BEMFAM Project Highlights

Sensitization and Baseline Data: Early sensitization workshops included BEMFAM personnel at all levels and public sector providers. Numerous myths and barriers were identified, which informed the careful creation of training curricula. Sensitization workshops consisted of a historical contextualization of emergency contraception, ways to use it, discussions of myths, realities, and concerns from health care professionals and youth. Mixing health care professionals and youth allowed young people to share their concerns about access to the method and allowed professionals to raise concerns about health effects. There was general consensus that all could do something to promote EC in their services and communities among family members, friends, in schools and churches, and on community radio.

Based on the evaluation of the sensitization workshops, BEMFAM recognized the need to undergo more extensive research on access to EC to respond to providers' worries about repeat use, abuse of EC, and substitution of this emergency method for routine contraception. Additional workshops and seminars were planned to clarify any doubts or misconceptions regarding EC. Furthermore, evidenced-based service delivery in a local context proved to be the best way to dispel myths about the target population and encourage effective medical practices. Provider myths and the responses offered in workshops are included in the following chart:

MYTH	REALITY
EC is not safe	Short duration or repeat use of EC poses no health risks and will not harm a developing fetus
EC is not effective	EC is effective in preventing pregnancy up to 120 hours after unprotected sex
EC causes promiscuity among adolescents	Most EC users use regular birth control and the majority of first-time users subsequently decide to use a regular birth control method ³⁶
Repeat use of EC poses health risks	According to the World Health Organization, there is no restriction on repeated use of EC
EC causes abortions	EC will not affect or harm an established pregnancy
EC will substitute regular contraceptive methods	Most evidence indicates that informed couples have EC ready as a back-up, and not as a routine method

Organizational Support: The support of BEMFAM's Board of Directors, Executive Director, and staff was fundamental to the project's success. The participation of diverse sectors of BEMFAM's staff in operationalizing the project allowed for a multi-pronged approach to problem solving, optimization of resources, and the thorough institutionalization of emergency contraception in service delivery. The "training of trainers" methodology allowed for ample discussion which translated into action plans based on local and institutional needs and contexts.

Information, Education and Communication (IEC) Campaigns: Based on the initial sensitization workshops, BEMFAM developed a training guide for EC as a tool to disseminate widely. Informational brochures and posters were produced for distribution at clinics. Although emergency contraception was included in the Ministry of Health norms, little information had been distributed to health providers on the method. It was critical to disseminate information through the media and educational activities in the communities. Emergency contraception kits were offered in the public sector, including training on emergency contraception and product distribution.

Sexual and Reproductive Health & Rights: The integration of emergency contraception with other special projects, like combating gender-based violence or promoting post-abortion care improved quality of care to populations vulnerable to unwanted pregnancies and unsafe abortion. Toward the latter part of 2004, BEMFAM also started to offer emergency contraception to women who attended public hospitals for incomplete or legal abortion in two states as part of an integral post-abortion care project.

In terms of rights and policy, BEMFAM has actively promoted the inclusion of emergency contraception in their guides, protocols and instruments related to the detection, treatment and prevention of gender-based violence. BEMFAM also worked closely with the Department of Health in the state of Ceará to include updated information on EC as a part of a new protocol to handle domestic violence. Furthermore, providing updates on various contraceptive methods and reproductive physiology helped providers understand how EC works in the wider spectrum of contraception and allowed them to better counsel clients in routine family planning methods.

Youth: BEMFAM runs seven youth centers and provides technical support on youth assistance within public health services, which together serve a population of over one million youth. Activities are coordinated through a special youth program, called PROJOVEM. BEMFAM implemented an institution-wide policy that encourages all clinics to train personnel and dedicate time to answer EC questions by telephone, especially to adolescents and youth through the PROJOVEM youth program. The participation of young people throughout the project guaranteed the integration of emergency contraception into PROJOVEM's activities and helped disseminate information to other youth. The project highlighted a major challenge in provider attitudes when attempting to improve access to EC among youth, as providers often did not recognize young people's entitlement to sexual and reproductive rights. During the project evaluation in Mexico, Leticia Pio, a youth representative from PROJOVEM, suggested that BEMFAM increase its core of youth peer educators in order to disseminate information to more youth, using their own language. Leticia noted that "participating in the EC project increased my knowledge about my rights and how to advocate at home and at work."

Partnerships: BEMFAM participated regularly in a Brazilian network composed of various women's groups, non-governmental organizations, government representatives, and the broader medical community to promote emergency contraception. The organization also participated in regional EC seminars and activities sponsored by the LACEC. Advocacy and collaboration with other institutions led to the donation of a dedicated product.

Legislation: BEMFAM advocated for over-the-counter access for emergency contraception. However, for truly large-scale expansion of emergency contraception in Brazil, it is imperative that the Brazilian Ministry of Health endorse advance distribution or medical prescriptions.

Advocacy: As a medical prescription was required to acquire the Yuzpe regimen or levonorgestrel-only methods, BEMFAM advocated for over-the-counter access to emergency contraception. BEMFAM also actively disseminated information about the Ministry of Health's stand on emergency contraception and guidelines for EC and youth during trainings. In collaboration with ICEC, policy statements to support access efforts and medical and service delivery guidelines for EC were also published.

Monitoring and Evaluation: Providers' biggest concern that users would "abuse" the method or substitute it for routine contraception proved to be unfounded during the study. BEMFAM also conducted a study to compare distribution strategies and resulting patterns of distribution in the private and public sectors.

Next Steps

Currently, there are no national studies regarding knowledge about and use of emergency contraception in Brazil, though this effort would reduce medical barriers to EC. BEMFAM plans to publish a scientific article on its preliminary study of emergency contraception for use in BEMFAM and select municipal clinics. BEMFAM also expects to expand provision of emergency contraception to a greater number of municipalities in order to reach more women in need.

Further challenges include:

- Continuing education for professionals as personnel rotate and scientific and policy updates become available.
- Monitoring the introduction of emergency contraception into new municipalities.
- Conducting a study of EC clinical use in the public sector, as funds allow.
- Advocating for routine advanced distribution of prescriptions or dedicated products as a service delivery norm in the public and private sectors.

Contact Information

BEMFAM (Bem-Estar Familiar no Brasil)

Av. República do Chile, 230/17º andar

Centro

Rio de Janeiro, Brazil

Cep: 20.031-170

Tel: (5521) 3861-2400

Web: www.bemfam.org.br

Contact: Monica Almeida, Medical Director at monica@bemfam.org.br

CHILE: APROFA (Asociación Chilena de Protección de la Familia)

Background

Chile has high economic and health standing within the LAC region; however, great disparities exist nationally. Chile's socio-cultural and political contexts are conservative. Divorce was not legalized until November of 2004, and abortion is strongly penalized in all circumstances, while activists are having a very difficult time advancing the debate on abortion for medical reasons or in the case of rape. No sexual education programs exist in public schools, and HIV/AIDS prevention campaigns just began in October 2005, with great clamor around the mention of condom use.

At the onset of the project, emergency contraception was not included in the Ministry of Health norms (1993), and there was a national controversy and focus on emergency contraception as part of broader advocacy of sexual and reproductive rights. As abortion is illegal under any circumstances, the importance of mainstreaming emergency contraception is great. In 2001, a dedicated product for emergency contraception, Postinal, was taken off the market based on a ruling by the Supreme Court. The Court ruled that emergency contraception interfered with implantation and thus constituted abortion, despite the lack of scientific literature to support this misinformed assumption. APROFA participated in a national and regional debate, advocating for scientific evidence to establish the mechanism of action and timing of emergency contraception.

Emergency contraception was included recently in the public sector norms for sexual violence. However, the Ministry of Health will not reconsider the inclusion of a chapter on emergency contraception in the national health norms until after the presidential elections in March 2006, even though the ministerial norms were last revised in 1993. Emergency contraception is available in the public health system for victims of rape. There has recently been a national focus on emergency contraception and controversy over the mechanism of action and scientific technology regarding the method. The Catholic Church and other opponents have initiated several legal actions to nullify the registration of the product Postinor-2 and pull it from the market, as happened with the brand Postinal in 2001. However, in December 2004, the Supreme Court rejected this petition and ruled in favor of retaining Postinor-2 on the market, which is currently available with a medical prescription. A second brand, TACEC is available in pharmacies at a cheaper price.

Notwithstanding these initial challenges, APROFA began the project with a prestigious team that facilitated many important alliances and forged a solid position against the opposition. A project evaluation showed a marked, substantive increase in knowledge, attitudes, and practices among health providers. Access has increased for clients, with a dedicated product being offered at no cost at youth centers. Moreover, clients receive a comprehensive consultation regarding family planning options. Currently, emergency medical care, legal advice, antibiotics against STIs, and emergency contraception for rape victims are available at no cost in emergency health centers across Chile.

APROFA Project Highlights

Sensitization and Baseline Data: Unexpectedly, awareness-raising workshops revealed that staff represented a broad spectrum of perspectives for and against the use of emergency contraception. The initial knowledge, attitudes, and practices survey revealed that providers needed more information about mechanisms of action, the dosages, and the means of administration.

Organizational Support: It was critical to work with a select, experienced, and highly regarded team through the planning, implementation, and evaluation stages of the project. The support of the Board of Directors and senior staff was crucial. Staff at 15 APROFA sites around the country were educated on emergency contraception.

Information, Education and Communication (IEC) Campaigns: APROFA used its website and a telephone hotline to increase the availability of information on EC. The APROFA website also hosted a debate and information exchange on sexual and reproductive rights for youth. Additionally, youth-specific materials on EC were developed, including an informational pamphlet and an educational video, *Mujer Rompe el Silencio* ("Woman Breaks the Silence"), which is shown in the waiting rooms of youth clinics and is used as a training tool for peer educators. IEC activities were held to educate different stakeholders, and APROFA also disseminated information on EC nationally, regionally and globally, including participation in Southern Cone regional meetings on youth and EC.

Sexual and Reproductive Health & Rights: APROFA provided technical assistance to the Ministry of Health to include EC within national family planning and sexual violence norms. Although emergency contraception has not yet been fully integrated into these norms, a prescription for emergency contraception is now mandated in cases of sexual violence. Moreover, Ministry officials continue to request the training of public sector health providers.

Youth: During the project, APROFA identified the need to strengthen its work with youth. In September 2004, a KAP survey on emergency contraception was designed and administered among a sample of 117 young people between the ages of 15 and 19 that attend APROFA's youth clinics. The results are being used to inform APROFA's strategies to increase knowledge of and access to emergency contraception among its youth clients and to empower youth to demand that EC be available in all health centers and over-the-counter in pharmacies. In addition to creating the youth-targeted educational materials mentioned above, APROFA also sponsored youth representatives at a sub-regional meeting on youth and EC.

Partnerships: APROFA centered its efforts in building strategic alliances with the Latin American Consortium for Emergency Contraception (LACEC), legislators, representatives of the Ministry of Health, and journalists, and joined the Chilean Consortium on Emergency Contraception along with local organizations, such as the Chilean Institute for Reproductive Medicine (ICMER) and CORSAPS (*Corporación de Salud y Políticas Sociales*) to raise awareness about emergency contraception and advocate for its use. Strategic alliances with other organizations have strengthened the position of EC and given it more credibility vis-à-vis the opposition.

Advocacy and Legislation: APROFA took an active role in the legal defense of dedicated emergency contraception products along with ICMER and the Chilean National Public Health Institute (ISP).

In July of 2004, the 20th District Civil Court judge agreed to nullify the registration for Postinor-2 in Chile as solicited by a conservative, anti-choice group named AGES. A coalition of Chilean groups, including APROFA and the then host agency of LACEC, took an active role in providing a scientific- and public health-based defense of emergency contraception. Five months later, in December of 2004, the 9th Circuit Appeals Court made a unanimous decision to cancel the previous judicial decision and allow the manufacture and sale of Postinor-2 in Chile. Subsequent appeals on the ruling, again brought by the conservative group AGES resulted in a Supreme Court ruling in November 2005 supporting a lower court's decision that none of the country's laws bar the sale of Postinor-2.

APROFA is also part of a multidisciplinary task force that provides technical assistance to the Ministry of Health in revising the country's family planning norms—particularly important in Chile, where the public health system serves about 70% of the population.

Additionally, APROFA elaborated state-of-the-art technical norms on fertility regulation, including EC, together with the Chilean Institute of Reproductive Medicine and the Ministry of Health. Unfortunately, because of the inclusion of EC, the norms were not approved, and the Vice-Minister of Health, Dr. Antonio Infante, was fired after publicly announcing the new norms in March 2005.

Monitoring and Evaluation: The results of the baseline and end-term knowledge, attitudes, and practices surveys related to emergency contraception are being used to inform APROFA's strategies to increase knowledge of and access to emergency contraception among its clients and staff.

Next Steps

APROFA will continue to defend emergency contraception actively with other non-governmental organizations in the case against the Chilean National Public Health Institute. Additionally, APROFA will participate in expert consultations with the Ministry of Health to finalize and publish the national norms for fertility control, which also include a section on emergency contraception. APROFA will provide South-to-South assistance for strategic planning in creating, implementing, and evaluating emergency contraception projects across LAC.

Contact Information

Asociación Chilena de Protección de la Familia
Pérez Valenzuela 1098, Oficina 41
Santiago, Chile
Tel: (562) 235-1435
Web: www.aprofa.org.cl
Contact: Claudia Dides, Executive Director at aprofa@aprofa.cl

COLOMBIA: PROFAMILIA

Background

According to the Colombian national demographic and health survey, in 2000 at least half of all pregnancies were unwanted or unplanned. Furthermore, one in five adolescents (ages 15–19) had been pregnant or had a child. Abortion was illegal under all circumstances in Colombia until recently. In May 2006, the Constitutional Court ruled to allow abortion to save the life of a woman, in cases of fetal malformations, and when a pregnancy is a result of rape.

PROFAMILIA first began raising awareness about emergency contraception in 1994, by training its staff and medical personnel on the Yuzpe regimen and the IUD as EC methods. A specific emergency contraception project was started in 1997 in seven clinics through a social marketing program to register and introduce the dedicated product Postinor-2. In 2000, PROFAMILIA petitioned successfully for permission from the Colombian National Institute for Medicine and Food Surveillance (INVIMA) to distribute Postinor-2. However, the Catholic Church challenged the registration of Postinor-2 by misrepresenting the product as an abortifacient. PROFAMILIA defended Postinor-2 actively with scientific and empirical evidence. In late 2001, the INVIMA reaffirmed that Postinor-2 is a safe and effective contraceptive option in the case of unprotected sex or incorrect or failed use of other methods. Publicity from the petition process increased the sale of emergency contraception products via pharmacies, and word-of-mouth spurred sales via community distribution. By the end of October 2005, nationwide sales of Postinor-2 in Colombia had grown to over 40,000 cycles per month.

PROFAMILIA has offered emergency contraception in its clinics and pharmacies across Colombia since 2000. PROFAMILIA provides discounted prices for those most in need, especially youth. Training and collaboration with the larger medical community has been a key strategy against non-scientific attacks from the opposition. PROFAMILIA in Colombia particularly sought to increase knowledge among youth (ages 13–19) regarding emergency contraception and to increase the demand for family planning services and emergency contraception among this same target group.

PROFAMILIA Project Highlights

Sensitization and Baseline Data: PROFAMILIA conducted a diagnostic survey among its staff, pharmacists, and clients to determine their knowledge, attitudes, and practices related to emergency contraception, as well as the potential demand for the method. Findings revealed minimal knowledge and common misconceptions regarding emergency contraception. As a result, a series of internal trainings were conducted in all 35 clinics to disseminate survey findings and define how emergency contraception works.

Organizational Support: PROFAMILIA built internal consensus and support for emergency contraception before promoting the method publicly. This proved successful in creating a unified voice to address groups who opposed the method and promote its correct use. Additionally, the organization trained health care providers, youth coordinators and youth peer educators on EC, and built the capacity of health promoters to lead talks and distribute products in 35 urban and rural clinics in the country.

Information, Education and Communication (IEC) Campaigns: PROFAMILIA developed a brochure on EC focused on youth ages 13-19 and promoted an informational telephone hotline on EC. Mass media efforts were also successful—educational materials were developed for radio spots, and included emergency contraception topics twice a month in a radio health program called *Sexo, Salud y la Familia* (“Sex, Health, and the Family”), and a TV series.

Sexual and Reproductive Health & Rights: Rights-based arguments framed the discussion with INVIMA for the non-negotiable inclusion of emergency contraception into sexual and reproductive health services.

Youth: PROFAMILIA implemented several strategies to reach youth. Radio and print ads targeted youth in media campaigns. Emergency contraception, including counseling is offered to youth at a discounted price at clinics and by community health promoters to increase access to those most in need. Total sales of Postinor-2 have steadily increased as a result.

Partnerships: PROFAMILIA trained and collaborated with the larger medical community, the media, and other organizations to disseminate accurate information about emergency contraception. These partnerships were critical when the opposition became vocal.

Legislation: Since the end of 2000, the medical registration of Postinor-2 by INVIMA (the Colombian food and drug regulation agency) has continuously come under attack for the alleged “abortifacient properties of levonorgestrel.” In November 2001, the review was completed and the authorities reaffirmed that Postinor-2 was a safe, effective, non-abortive contraceptive. In 2002, a lawsuit was filed against the previous decision. Since then an amicus curiae brief to support PROFAMILIA and the registration of Postinor-2 was filed on behalf of the National Academy of Medicine in Colombia, the Chilean Institute of Reproductive Medicine, the Center for Reproductive Rights (based in the U.S.), IPPF/WHR, the Ministry of Social Protection, and illustrious individuals.

Advocacy: PROFAMILIA presented empirical evidence and sound legal arguments in support of the legalization of emergency contraception. PROFAMILIA cited the Colombian constitution and international treaties signed by Colombia to support emergency contraception through rights-based arguments. The organization actively participated to achieve the inclusion of emergency contraception within the Colombian Ministry of Health guidelines for family planning, in the national policy for sexual and reproductive health and rights, and as part of a comprehensive guide for care of children who may be victims of sexual abuse.

Monitoring and Evaluation: PROFAMILIA's youth coordinator and department of evaluation conducted a qualitative evaluation of the emergency contraception project in order to measure perceptions and opinions and to gain feedback from project coordinators at the 35 centers across the country. The results were shared with all centers to disseminate lessons learned, challenges, and successes.

Next Steps

PROFAMILIA in Colombia has promoted and disseminated the latest studies of emergency contraception in national academic publications and through presentations at medical conferences. Additionally, PROFAMILIA will continue their work with youth and integrate emergency contraception into services for survivors of sexual violence.

Contact Information

PROFAMILIA

Calle 34, #14-52

Santafé de Bogotá, Colombia

Tel: (551) 339-0900

Web: www.profamilia.org.co

Contact: Liliana Schmitz, Director of Public Relations at lschmitz@profamilia.org.co

DOMINICAN REPUBLIC: PROFAMILIA

Background

In the Dominican Republic, 98% of births take place in private or public medical facilities, yet 150 out of 100,000 live births result in maternal mortality nationally. Two-thirds (69%) of adult women use modern contraceptives; however, by age 19, 53% of young women living in rural areas have been pregnant at some point, as have 39% of those living in urban areas.³⁷ Abortion is highly restricted; the law does not allow for legal abortion under any circumstances. Emergency contraception is included in the national health norms, and five dedicated products are available in the Dominican Republic (Inmediat N, Norlevo, Glanique, PPMS and Evital).

In 1999, the Board of Directors of PROFAMILIA highlighted the importance of emergency contraception for youth in preventing unwanted and unplanned pregnancies and clandestine abortions. Shortly thereafter, PROFAMILIA began offering the Yuzpe regimen in its clinics. However, there was a clear need for increased investment in raising awareness and training service providers. The organization faced several initial challenges among service providers and clients, including limited knowledge of and negative attitudes about the method. Furthermore, the hierarchy of the Catholic Church was and continues to be vocally opposed to emergency contraception.

As a leader in the sexual and reproductive health field, PROFAMILIA has included emergency contraception in all norms, procedures, and protocols for its clinics and programs. An extensive network of 600 youth peer promoters is promoting emergency contraception in the communities. PROFAMILIA's Department of Social Marketing has negotiated the sale of two dedicated products (Inmediat-N and Norvelo) with a local distributor. PROFAMILIA has become a national leader in promoting sexual and reproductive health and emergency contraception.

PROFAMILIA Project Highlights

Sensitization and Baseline Data: Providers and peer educators were more than twice as likely post intervention to report awareness of emergency contraception norms when offering services. Post-intervention responses also suggest that staff became more open to the possibility of further expansion of emergency contraception services at their facility (93%), with a smaller but high proportion of staff (48%) reporting continued challenges and barriers to such expansion of information and services.

Organizational Support: The Board of Directors strongly supported emergency contraception activities before this project commenced. The baseline results of the initial assessment were shared with staff and Board members, and the organization trained 589 health providers regarding emergency contraception, including physicians, nurses, youth and peer educators, co-distributors, educators, therapists, and administrative staff, and has held three sensitization workshops with pharmacy agents.

Sexual and Reproductive Health & Rights: Providers were sensitized to quality of care concerns and reproductive rights.

Information, Education and Communication (IEC) Campaigns: PROFAMILIA sought to improve knowledge of EC among clients, key stakeholders, and women's groups and held a variety of activities in different communities. The numerous community activities, which were often led by youth promoters, used promotional materials such as t-shirts, hats, stickers and posters. Informational campaigns also focused on specific populations such as youth, victims of violence, and service providers. Materials were also developed specifically for pharmacists and physicians, which included three-foot tall banners and client brochures for use in waiting rooms, folders of scientific articles, and a wallet-sized copy of the national norms for physicians.

Youth: Through a broad communications campaign, PROFAMILIA targeted youth by distributing information regarding emergency contraception in newspaper articles, radio programs, brochures, promotional materials, and workshops and talks at its clinics and in the communities of its youth networks. A radio program and hip-hop CD (produced by youth volunteers) which both featured issues surrounding EC, were particularly successful strategies for educating youth. The considerable increase in demand for emergency contraception services and information among clinic clients suggests the impact of these activities. Much of the success among youth is due to their active participation in the planning and implementation of many IEC activities. The institution also integrated a section on EC within its protocol for youth sexuality and health care, used for peer-to-peer training.

Partnerships: PROFAMILIA created an innovative and effective social marketing campaign and strategy in conjunction with local distributors that significantly increased sales of dedicated EC products at various distribution points. Over 50,000 units of Imediat-N have been sold since the distribution deal was finalized with Sued Pharmaceuticals.

PROFAMILIA also held massive conferences for the Dominican Society of Gynecology and Obstetrics, featuring distinguished experts such as Drs. Horatio Croxatto and Anibal Faundes. The organization continues to train partner organizations and promote youth-to-youth learning. Additionally, PROFAMILIA offers South-to-South technical assistance to other member associations, including those of Belize, Venezuela and Peru.

Advocacy: PROFAMILIA continuously defends and promotes emergency contraception in the national and local media, and published numerous articles and press releases on the subject and provided special information packets for journalists.

Monitoring and Evaluation: Constant monitoring and evaluation were key strategies to PROFAMILIA's success. Training and education campaigns have been tailored to emerging information and opportunities.

Next Steps

PROFAMILIA plans to expand its emergency contraception services to its violence prevention program. The activities of its peer educators on emergency contraception will continue to be strengthened and expanded across the country. Furthermore, PROFAMILIA will promote access to emergency contraception in the public sector, updating the national norms for reproductive health to take into account the latest research on emergency contraception. Specifically, the institution will implement strategies to integrate emergency contraception in national norms for the care of domestic violence and gender-based violence. In all instances, PROFAMILIA will share lessons learned and key recommendations with other institutions nationally.

Contact Information

PROFAMILIA

Calle Socorro Sanchez #160

Santo Domingo, Dominican Republic

Tel: (809) 689-0141

Web: www.profamilia.org.do

Contact: Fernando de la Rosa, Education Officer at frosa@profamilia.org.do

VENEZUELA: PLAFAM (Asociación Civil de Planificación Familiar)

Background

Venezuela experiences vast economic disparities, with 20% of the population receiving more than half of the country's total income. Emergency contraception exists in the national norms for family planning and medical responses to violence, and there is little resistance from religious groups. The dedicated products Postinor-2 and Norlevo are registered and available in pharmacies, but at prohibitively high prices. Theoretically, emergency contraception was available without cost in the public sector, though in practice this is not always the case. Social and political disturbances in Venezuela have slowed educational and social advances. However, health indicators are improving overall and the government is investing in HIV/AIDS prevention activities.

Respected for its gender-based violence program, PLAFAM is a small and expanding NGO that has integrated emergency contraception into its sexual and reproductive health services and programs. Visits to PLAFAM clinics have increased slightly despite socio-economic instability. Collaborative alliances and highly visible events have been key strategies to increasing access to emergency contraception. Although initial distributors hindered access to the method, negotiations have led to successful working relations with other distributors. At the start of the project, PLAFAM was eager to integrate emergency contraception into its sexual and reproductive health programs, particularly in support of providing quality care for women experiencing gender-based violence. National economic instability posed a great challenge for the financial sustainability of the project, yet by the project's end, new clients were seeking services at PLAFAM, and EC was fully integrated into programs and remains an integral part of ongoing education and training within the institution.

PLAFAM Project Highlights

Sensitization and Baseline Data: Post-intervention, staff were significantly more likely (61% post vs. 38% of staff pre-intervention) to report familiarity with association norms for the provision of EC information and services.

Organizational Support: All institutional norms and protocols were updated as part of the Quality of Care process to include new information on emergency contraception, and new intake forms were created. New personnel and youth volunteers were periodically sensitized and trained in EC. Focus groups of health care providers and clients informed the creation and adaptation of materials.

Information, Education and Communication (IEC) Campaigns: PLAFAM promoted EC through the mass media and through trained networks of service providers. Emergency contraception kits containing a cycle of dedicated product, a condom with sticker overlays promoting EC as a backup method, and corresponding literature on contraceptive options, condom use, and dual protection were also sold at PLAFAM service centers.

Sexual and Reproductive Health & Rights: The success of the integration of emergency contraception within sexual and reproductive health services was due to PLAFAM's gender-sensitive,

rights-based, and all-inclusive framework. Efforts focused on vulnerable groups and groups in need, including youth, survivors of gender-based violence, sex workers, and HIV-positive populations.

Youth: A core team of youth leaders coordinated many outreach activities among students at the Central University of Venezuela in Caracas on sexual violence, STIs/HIV, and emergency contraception. A particularly successful activity was the “*Condonazo*” on campus, a festival that included bands and information and condom distribution. As a result of such activities, many students and some university employees are now being referred to PLAFAM for services, and countless others received information about emergency contraception and other methods.

Partnerships: PLAFAM continues to develop strong alliances with several groups working with commercial sex workers and persons living with HIV/AIDS. Partnerships were also successfully fostered with medical laboratories. Additionally, PLAFAM has sought South-to-South technical assistance regarding negotiations for dedicated products with local distributors.

Advocacy: In addition to more traditional sexual and reproductive health organizations, PLAFAM continues to play a pivotal role in Venezuela in the promotion and defense of emergency contraception as an integral part of sexual and reproductive rights.

Monitoring and Evaluation: PLAFAM conducted the KAP questionnaire and regular focus groups to provide valuable information in designing strategies, activities, and educational materials.

Next Steps

PLAFAM will be focusing on advocacy campaigns with different population groups as it moves forward. Additionally, PLAFAM is working closely with local distributors to identify a single product to make the method more accessible and affordable for their clients.

Contact Information

PLAFAM

Avenida Minerva, Quinta PLAFAM

Urbanización Las Acacias, Las Mercedes

Caracas, Venezuela

Tel: (58-212) 693-9358

Web: www.plafam.org

Contact: Beatriz Castresana, Executive Director at castresanadb@yahoo.com

V. Conclusion

Denying a woman access to emergency contraception violates her right to control her own body and decide whether, when, and with whom to have children. Emergency contraception is a well-studied, cost-effective and safe method to prevent unwanted conception and should be added to the range of contraceptive method options to ensure the highest quality of care. Because of the unique nature of this post-coital contraceptive and its widespread availability, all levels of health care providers—not just those in the field of sexual and reproductive health, but also those in family and adolescent medicine, forensic medicine and emergency services—as well as human rights advocates, should visibly inform women and couples and make emergency contraceptive pills available in advance of need. Ideally, EC would be found in every first aid kit alongside the aspirin tablets and antibiotic ointment.

IPPF/WHR continues to actively promote and advocate for increased access to EC, as our member associations offer EC as part of their clinical and educational services, especially among poor and marginalized populations. Ongoing collaborations will be promoted among member associations and the public and private sectors to reduce costs and extend access to more rural and remote parts of our region. The IPPF/WHR Regional Office maintains close ties with the International and Latin American Consortia on Emergency Contraception to support the wide range of effective actions and advocacy activities and disseminate information.

As per our institutional strategic plan, at least 75% of all member associations (MAs) should have fully incorporated EC as part of their contraceptive method choices and counseling by 2009. Technical assistance has been and will continue to be provided by the original five MAs via South-to-South training within the IPPF network in LAC and across other regions. In addition, we maintain close contact with our Central Office in London and other organizations in the region to negotiate with manufacturers to register dedicated EC products in select countries and to reduce the associated costs to clients.

As youth are an important focus group, IPPF/WHR will follow up with youth participants in sub-regional youth and EC meetings and work closely with the youth programs and networks in our region to increase access and advocate for EC as part of youth-friendly services. As most of our efforts and those of the LACEC have focused on Spanish-speaking Latin America to date, IPPF/WHR is launching a new EC advocacy project with the member associations of three English-speaking Caribbean countries—Trinidad and Tobago, St. Lucia and Barbados—in 2006 to carry the lessons learned and share expertise with our colleagues in the Caribbean islands.

This five-country project has shown us that progress is possible, even in the face of strong opposition. Many of the lessons learned from the participating countries and the global South may actually inform efforts to prevent rights' rollbacks in the North, as the United States continues to witness attacks against emergency contraception and contraception in general. Finally, all health care providers and activists should inform, advocate and empower others about EC as an option, a right, and a necessity. For those sexual and reproductive health organizations that have not yet integrated EC into service delivery, only one question remains: what are you waiting for? The time is now, and there is no longer an excuse to delay or otherwise hinder overt access to EC information and methods. These lessons learned demonstrate once again that making emergency contraception widely available and accessible is a public health and human rights imperative.

VI. Appendix of Resources

CONSORTIA

International Consortium for Emergency Contraception (1995)

The International Consortium for Emergency Contraception seeks to expand access to and ensure safe and locally appropriate use of emergency contraception worldwide within the context of family planning and reproductive health, with emphasis on developing countries.

Consortium objectives include:

- 1) To serve as an authoritative source of information on emergency contraception;
- 2) To advocate for expanded access to and safe and appropriate use of emergency contraception;
- 3) To serve as a strategic planning forum for emergency contraception service delivery and information, education, and communication efforts;
- 4) To facilitate information sharing and networking among Consortium members and other groups working to broaden knowledge of and access to emergency contraception;
- 5) To encourage partnerships between public sector organizations and private industry that are designed to make high-quality products for emergency contraception available to large numbers of women worldwide at an affordable price;
- 6) To seek and promote new emergency contraceptive methods that are safe and effective.³⁸

For more information, contact the Consortium Coordinator at info@cecinfo.org or visit www.cecinfo.org.

American Society for Emergency Contraception (1997)

The American Society for Emergency Contraception (ASEC) is a voluntary collaboration of organizations striving to improve women's access to emergency contraception, with primary focus on the USA. However, ASEC has some international members. Founded in 1997, ASEC has four mandates:

- 1) To serve as a source of information on emergency contraception for the media and others;
- 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 bring together organizations and individuals working on emergency contraception, primarily by sending out (in collaboration with the International Consortium on Emergency Contraception) a 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.³⁹

For more information, contact ASEC at AmSocEC@aol.com or visit www.emergencycontraception.com

Latin American Consortium for Emergency Contraception (2000)

The Latin American Consortium for Emergency Contraception (LACEC) is a network of non-governmental, private, and public organizations working in health, education, and sexual and reproductive rights. LACEC seeks to improve global health and to reduce the incidence of unintended pregnancy, maternal mortality, and unsafe abortion in Latin America through advocacy, promotion, the dissemination of information, and increased access to emergency contraception within the frame of sexual and reproductive rights.

LACEC's main objectives include:

- 1) To advocate for the normalization of emergency contraception and its inclusion in family planning and reproductive health norms of ministries of health;
- 2) To disseminate information about and access to emergency contraception;
- 3) To expand social marketing initiatives to commercialize and distribute emergency contraception as a dedicated product; and
- 4) To defend emergency contraception as a sexual and reproductive right, integrating emergency contraception into teaching about the prevention of STIs and gender-based violence.

Organizations, networks, or individuals who are committed to defending emergency contraception can join LACEC. Just send a letter or e-mail to the LACEC coordinator expressing your commitment to emergency contraception, the mission of your organization, and your interest in joining LACEC.

Member organizations receive LACEC bulletins, share experiences with other LACEC members, and represent LACEC in local and regional events and projects. Member organizations send periodic updates on their activities to the LACEC coordinator.

For more information, visit the website at www.clae.info.

Country-level consortia (2001 to present)

Argentinean Consortium on Emergency Contraception

Bolivian Consortium on Emergency Contraception

Brazilian Network on Emergency Contraception

Chilean Consortium on Emergency Contraception

Ecuadorian Consortium on Emergency Contraception

Latin American and Caribbean Youth Network for Sexual and Reproductive Rights (REDLAC)

WEBSITES

<http://www.clae.info>

In addition to information on consortium activities, the Latin American Consortium on Emergency Contraception offers the latest news and conferences, information on EC by country (including products and prices), and links to the latest technical and advocacy materials. In Spanish. Consortium newsletters are available in English at <http://www.clae.info/english.html>

<http://ec.princeton.edu> or <http://not-2-late.com>

Available in English, Spanish, French and Arabic this site operated by the Office of Population Research at Princeton University offers information on EC products worldwide, and a large database for finding promotional and educational materials in a variety of languages.

<http://www.anticoncepciondeemergencia.cl>

Maintained by the Chilean Institute of Reproductive Medicine (ICMER), this site offers basic information and frequently asked questions on EC for clients, and detailed information the mechanism of action, and the legal framework for supporting EC in Chile. In Spanish.

<http://www.cecinfo.org>

The official site of the International Consortium for Emergency Contraception, these pages contain general information on EC, Consortium-related news, country-specific information and a list of useful resources for program planners and managers.

References

- ¹ World Health Organization. *World Population prospects: the 2000 revision*. Department for Economic and Social Information and Policy Analysis, 2001.
- ² Ibid.
- ³ World Health Organization. *Unsafe Abortion: Global and regional estimates of incidence of mortality due to unsafe abortion and associated mortality in 2000*. 4th Edition. Department of Reproductive Health and Research, 2004.
- ⁴ UNFPA. *Adolescents Need Access to Reproductive Health Information and Services*. Press Release, Thoraya Obaid, Executive Director, May 2002.
- ⁵ Ibid.
- ⁶ Food and Drug Administration. Prescription drug products: Certain combined oral contraceptives for use as postcoital emergency contraception. *Federal Register*, 62: 8610-8612, 1997.
- ⁷ Trussel et al. Preventing Unintended Pregnancy: The Cost-Effectiveness of Three Methods of Emergency Contraception. *American Journal of Public Health*. Vol. 87, 1997.
- ⁸ Alan Guttmacher Institute. *Sharing Responsibility: Women, Society and Abortion Worldwide*. 1999.
- ⁹ Alan Guttmacher Institute. *Risks and Realities of Early Childbearing Worldwide*. Issues in Brief, 2001.
- ¹⁰ Ibid.
- ¹¹ Consorcio Latinoamericano de Anticoncepción de Emergencia. *Boletín del Consorcio Latinoamericano de Anticoncepción de Emergencia*. Vol. 3, No. 1, April 2005.
- ¹² See <http://ec.princeton.edu/>
- ¹³ Center for Reproductive Rights. *Governments Worldwide Put Emergency Contraception into Women's Hands: A Global Review of Laws and Policies*. Briefing Paper, September 2004.
- ¹⁴ World Health Organization, 1998.
- ¹⁵ Loworn et al. Provision of Emergency Contraceptive Pills to Spermicide Users in Ghana. *CONTRACEPTION*. Vol. 61, 2000.
- ¹⁶ Kaiser Daily Reproductive Health Report. *Young Women with Advance Supply of Emergency Contraception No Less Likely to Use Other Contraceptives than Women without EC, Study Says*. March 31, 2004.
- ¹⁷ Family Health International. Easy Access to Pills Helps Method Succeed: Requiring prescriptions for emergency contraceptive pills is a major barrier to effective use. *NETWORK*. Vol. 21, 2001.
- ¹⁸ International Consortium for Emergency Contraception. *Píldoras Anticonceptivas de Emergencia: Guía Médica para la Prestación de Servicios*. Second Edition, 2004.
- ¹⁹ International Consortium for Emergency Contraception. *Policy Statement on Mechanism of Action: How do Emergency Contraceptive Pills Work to Prevent Pregnancy?*. 2003.
- ²⁰ Sherman C. Emergency Contraception: Post-Coital Contraception. *Journal of Social Issues*. Vol. 61, No. 1, March 2005.

- ²¹ Society for Adolescent Medicine. Provision of emergency contraception to adolescents: position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*. Vol. 35, 2004.
- ²² Glasier A. Emergency Post Coital Contraception. *New England Journal of Medicine*. Vol 337, No. 15, 1997.
- ²³ Ibid.
- ²⁴ The Society of Obstetricians and Gynecologists of Canada. *Unprecedented support for easier access to emergency contraception among the medical community and the public*. Media Release, May 19, 2004.
- ²⁵ Center for Reproductive Rights, 2004.
- ²⁶ Jones R et al. Contraceptive Use among US Women Having Abortions in 2000-2001. *Perspectives on Sexual and Reproductive Health*. Vol. 34, Alan Guttmacher Institute, 2002.
- ²⁷ Latin American Consortium for Emergency Contraception. *Boletín del Consorcio Latinoamericano de Anticoncepción de Emergencia*. Vol. 2, No. 2, September 2004.
- ²⁸ Piaggio G et al. Timing of Emergency Contraception with Levonorgestrel or the Yuzpe Regimen. *Lancet*. Vol. 353, 1998.
- ²⁹ Trussel J and Raymond EG. Statistical evidence about the mechanism of action of the Yuzpe regimen of emergency contraception. *Obstetric Gynecology*. Vol. 93, 1999.
- ³⁰ Bacic M et al. Failure of large doses of ethinyl estradiol to interfere with early embryonic development in the human species. *American Journal of Obstetrics and Gynecology*. Vol. 107, No. 4, 1970.
- ³¹ Gold M et al. Emergency contraception: A national survey of adolescent health experts. *Family Planning Perspectives*. Vol. 29, Alan Guttmacher Institute, 1997.
- ³² Glasier A and Baird D. The effects of self-administering emergency contraception. *New England Journal of Medicine*. Vol. 339, No.1, 1998.
- ³³ Cook R et al. *Salud Reproductiva y Derechos Humanos: Integración de la Medicina, la Ética y el Derecho*. Oxford University Press, PROFAMILIA Colombia, 2003.
- ³⁴ Muñoz, N. Latin America: Poverty has a child's face. Inter Press Service. February 7, 2003.
- ³⁵ Bongaarts J and Cohen B. "Introduction and Overview." *Studies in Family Planning*. Vol. 29, No. 2, Population Council, 1998.
- ³⁶ Harper C et al. The Effects of Increased Access to Emergency Contraception Among Young Adolescents. *American College of Obstetricians and Gynecologists*. Vol. 106, No. 3, 2005.
- ³⁷ PROFAMILIA Dominican Republic, October 2004.
- ³⁸ International Consortium for Emergency Contraception, <http://www.cecinfo.org/html/ab-mission.htm>
- ³⁹ American Society for Emergency Contraception, <http://www.emergencycontraception.org/asec>

Who We Are

The International Planned Parenthood Federation is the strongest global voice safeguarding sexual and reproductive health and rights for people everywhere. Today, as these important choices and freedoms are seriously threatened, we are needed now more than ever.

What We Do

IPPF/WHR is both a provider and advocate of sexual and reproductive health and rights. One of six Regional Offices of the International Planned Parenthood Federation, we serve as secretariat to 46 member associations in the Western Hemisphere. For our partners, IPPF/WHR offers technical assistance and training in a variety of capacity-building and programmatic areas, including proposal writing and evaluation.

Our Vision

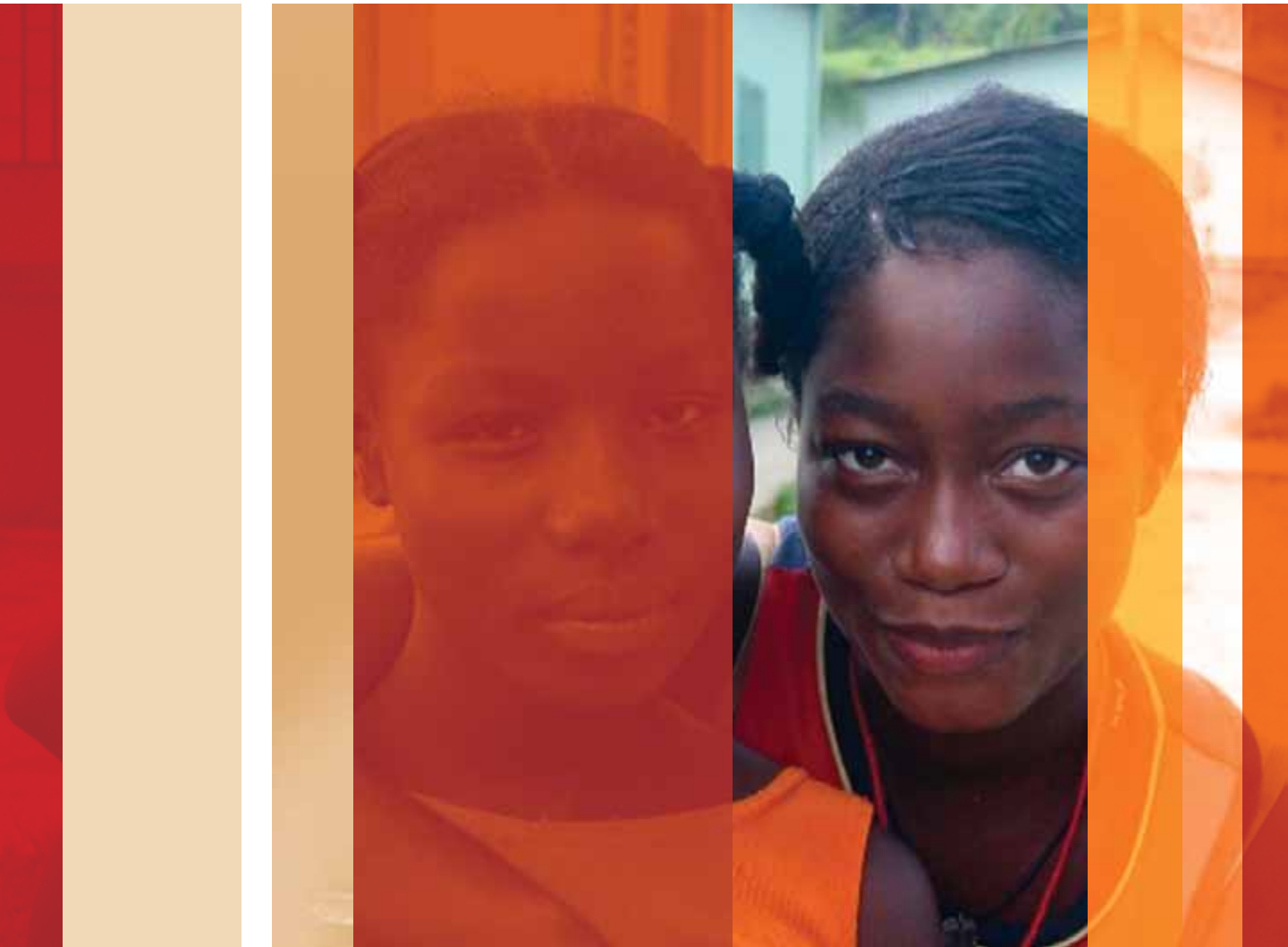
We see a world where women and men everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV.

We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

Contact

For more information visit our website, www.ippfwhr.org. You may reach us by email at info@ippfwhr.org. For questions specific to emergency contraception projects, please contact ec@ippfwhr.org.





120 Wall Street, 9th Floor
New York, NY 10005-3902
Tel: 212-248-6400
Fax: 212-248-4221
Email: info@ippfwhr.org
Web: www.ippfwhr.org