

2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



WORLD HEALTH ORGANIZATION (WHO)

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In August 2016, the World Health Organization (WHO) shared the following update on progress toward achieving its Family Planning 2020 commitment during the 2015-2016 time period (commitment included below for reference).

POLICY & POLITICAL UPDATES

- On June 1, 2015, WHO issued the *Medical eligibility criteria for contraceptive use, Fifth edition* (MEC) guidance and its accompanying job aid for providers of family planning services, the MEC Wheel. The full document was published on the WHO website in August 2015 and print copies were disseminated during selected international conferences and training workshops.
- Spanish and French translations of the 2015 MEC Wheel were published in June and August 2016, respectively; the French 2015 MEC Wheel will be disseminated during the fourth quarter of 2016 through WHO regional offices.
- During the period August 2015-July 2016, the MEC Guideline and Wheel have been disseminated at the following conferences:
 - International Conference on Family Planning, (Bali, January 2016)
 - Global Female Condom Conference (Durban, December 2015)
 - International Federation of Gynecology and Obstetrics (FIGO) (Vancouver, October 2015)
 - PAHO/Implementing Best Practices consultation on reducing unmet need for family planning in Zika times (including the Spanish version of the MEC Wheel) (Lima, June 2016)
 - Global Network of WHO Nursing and Midwifery Collaborating Centres Conference (Glasgow, July 2016)
 - European Society of Contraception and Reproductive Health (Basel, May 2016)
- WHO responded to multiple requests from countries for technical assistance to adapt these guidelines during the period August 2015-July 2016, including: assisting the Ministry of Family Planning in Bangladesh obtain approve for the use of progestogen-only pills and contraceptive implants during the immediate postpartum period; assisting the Ministries of Health in Kenya, Uganda, Guatemala and Madagascar to adapt the MEC Wheel for their programmes; and assisting the Ministry of Health in Timor Leste to update their national family planning standards and training materials based upon WHO's latest guidance.
- A virtual community of practice was created using the Implementing Best Practices platform at the Knowledge Gateway to allow continued interactions, sharing of lessons learned and dissemination of new tools on a regular basis. A webinar was organized on "The MEC Wheel for contraceptive use: Development, new features, adaptation approaches and use" on 17 July.
- The third edition of the *Selected practice recommendations for contraceptive use* (SPR) was approved by the WHO Guideline Review Committee in June 2016: the finalized document will be released on World Contraceptive Day (26 September). New recommendations include: delivery guidance for five additional contraceptive methods (combined contraceptive patch, combined contraceptive vaginal ring, subcutaneously administered DMPA, Ulipristal acetate for emergency contraception, and Sino-implant (II)); guidance on how to initiate regular contraception after taking emergency contraceptive pills.
- The [Compendium of WHO recommendations for postpartum family planning](#) was launched as a digital tool during the 3rd International Conference on Family Planning in January 2016.

PROGRAM & SERVICE DELIVERY UPDATES

- WHO RHR has completed the analyses and publication of the following projects related to contraceptive research and development:

- **Levonorgestrel (LNG) 1.5 mg is an effective emergency contraceptive that can be taken following unprotected intercourse.** Some users take it repeatedly, as their means of regular contraception. This has raised the question of whether the use of LNG 1.5 mg on each day of coitus by women who have relatively infrequent sex may be an efficacious, safe and acceptable contraceptive method. The prospective, open-label, single arm, multicentre study to evaluate efficacy, safety and acceptability of pericoital oral contraception using levonorgestrel 1.5 mg. was published in Human Reproduction in March 2016. There were 321 women included in the evaluable population, with 141.9 woman-years (W-Y) of observation and with a rate (95% confidence interval [CI]) of 7.1 (3.8; 13.1) pregnancies per 100 W-Y of typical use and 7.5 (4.0; 13.9) pregnancies per 100 W-Y of sole use. The method was considered acceptable, as over 90% of participants would choose to use it in the future or would recommend it to others.
- **HRP has completed an open parallel group RCT with etonorgestrel (ENG) and the Levonorgestrel (LNG) implants with non-randomized control group of women choosing TCu380A IUD to address lack of reliable data on common side effects typically attributed to the use of progestogen-only contraceptives, its effectiveness and safety.** The study enrolled around 3000 eligible women and took place in family planning clinics in: Brazil; Chile; Dominican Republic; Hungary; Thailand; Turkey and Zimbabwe. The 3 year study results were published in 2015 in Human Reproduction journal. The five year study results have just been accepted in the same journal in August 2016. The results showed that ENG and LNG implants each had the same 3-year cumulative pregnancy rate of 0.4 per 100 W-Y [95% 0.1–1.4]. Bleeding disturbances, the most frequent reason for method discontinuation, were significantly more common in the ENG group than in the LNG group. Importantly no pregnancies occurred during the additional 2 years of follow up in the ENG or LNG implant group, showing further proof of ENG ability to provide safe and effective contraception for 5 year.
- **The multi-center study on sperm suppression using a combination hormonal contraceptive injection using Norethisterone enanthate and testosterone undecanoate was completed and was submitted for publication in the Journal of Clinical Endocrinology and Metabolism.** After an suppression phase to reach desired low levels of sperm counts, an efficacy phase was observed for maintenance of suppression and for assessment of contraceptive efficacy. Combined contraceptive efficacy rate is at 7.1. Final acceptance for journal publication is expected soon.
- **The department conducted a review of the present literature and initiatives on the development of the male hormonal contraceptive, which up to now is absent in the market.** Hormonal male contraception clinical trials began in the 1970s and used the method is based on the use of exogenous testosterone alone or in combination with a progestin to suppress the endogenous production of testosterone and spermatogenesis. Studies using testosterone alone showed that the method was very effective with few adverse effects. Addition of a progestin increases the rate and extent of suppression of spermatogenesis. Current development includes long-acting injectables and transdermal gels and novel androgens that may have both androgenic and progestational activities. The review was published in Current Obstetrical and Gynecological Reports in January 2016.
- **The department reviewed the data from four HRP trials on Levonorgestrel as emergency contraception to estimate the effect of increased body weight and body mass index (BMI) on pregnancy rates with Levonorgestrel (LNG) 1.5 mg used as emergency contraception.** The study reviewed data from 6873 women in four WHO-HRP randomized trials on emergency contraception (EC) conducted between 1993 and 2010. Participants took either 1.5 mg of LNG as a single dose or in two doses 12 h apart, up to 120 hours of unprotected intercourse. Contraceptive efficacy (pregnancy rates) at different weight and BMI categories was evaluated. The paper has been accepted for publication by Contraception in August 2016.
- **An ongoing study is the ECHO (the Evidence for Contraceptive options and HIV Outcomes) Trial.** ECHO is a multi-centre, open-label, randomized clinical trial comparing HIV incidence and contraceptive benefits in women using depot medroxyprogesterone acetate (DMPA), levonorgestrel (LNG) implants and copper-bearing intrauterine devices (Cu-IUDs) for contraception. The ECHO Trial will provide the more definitive information concerning the comparative risk of HIV acquisition and other risks and benefits resulting

from the use of DMPA or LNG implants, with Cu-IUDs as the control group. The ECHO Trial will be conducted at 12 clinics in southern and eastern Africa. The study was implemented in December 2015 and is currently enrolling participants.

- The department contributed to the work of the UN Commission on Life Saving Commodities, as a core member of the Technical Reference Team on Reproductive Health /Contraceptives, which promoted access to under-utilized commodities, which for contraception would include Levonorgestrel as Emergency contraception, the hormonal contraceptive implants, and the female condom. A major conference organized by the Universal Access to Female Condom initiative in December 2015 was held in Durban South Africa, and discussed advocacy tools for use in countries. Sessions on updates on emergency contraception use and programming were presented at the FIGO World Congress of OB-GYN in November 2015 and at the International Conference on Family Planning In January 2016.
- The technical specifications for the TCu380A were recently updated by UNFPA and WHO. This document is to assist manufacturers and programme managers on the various quality control characteristics of the copper iUD for use in procurement selection. The link to the document is provided [here](#).
- A major project of the department is the strengthening family planning and contraceptive services using WHO contraception guidelines, also known as **FP Umbrella project**. This is **a three year project** supported by the BMGF. The overall objective of this work is to strengthen policy as well as the response of health systems to reduce the unmet need for contraception. The main areas of work include:
 - 1) Developing Family planning guidelines and tools focused on implementation.
 - 2) Supporting introduction and adoption of WHO tools and guidelines
 - 3) Strengthening linkages and partnerships
 - 4) Supporting mechanisms for country leadership in implementation

The overall objective of this work is to strengthen policy as well as the response of health systems to reduce the unmet need for contraception. It also involves strengthening of standards for monitoring and accountability at both regional and global levels. Recent activities include

- Technical support to regions and countries on the adaptation of the WHO guidelines and tools on family planning and contraception,
- Programme support for post-partum family planning and for task sharing of contraceptive services, and on supporting quality of care and human rights in the provision of FP services.
- Development and field testing of a consolidated implementation guide for scaling up of family planning services,
- Development of a documentation tool for implementing family planning programmes, to help generate more information and evidence.
- Technical support to regions and countries on the adaptation of the WHO guidelines and tools on family planning and contraception,
- Programme support for postpartum family planning and for task sharing of contraceptive services,
- Supporting quality of care and human rights in the provision of FP services *to help generate more information and evidence*
- Developing a “check list” to monitor quality of care in the provision of contraceptive services and
- Developing an indicator analysis tool to monitor family planning from a Human Rights approach. A focus on identifying needs of adolescent is integrated in the project.

These were presented in regional meetings, including the FP2020 Accelerating Postpartum Family Planning meeting in Chiang Mai, Thailand from 8-11 June 2015, and a WHO Africa Region (AFRO) workshop for 10 countries (Burkina Faso, DRC, Ethiopia, Kenya Madagascar, Nigeria, Rwanda, Tanzania Uganda, Zambia) in Harare, Zimbabwe (11-16 July). Similar workshops are being planned for the South East Asian Regional Office and the Eastern Mediterranean Regional Office in late 2016.

Workshops to support dissemination, adaptation and implementation of WHO evidence based FP guidelines in countries were conducted at XXI FIGO World Congress of Gynecology & Obstetrics on 2nd October, a regional workshop for FIGO affiliated societies in southern Africa in July 2016 in Durban, FOGSI in India in July 2016.

- The formative phase of the UPTAKE Project – a health sector and community-based participatory approach in a human rights framework to increase met needs for contraception – has been completed. The UPTAKE Project is a multi-country complex designed intervention being implemented in Kenya, South Africa and Zambia to increase the participation of the community and health system in the provision of family planning and contraceptives. The results of the formative phase are currently being analyzed and written up.
- During 2015-2016, 10 systematic reviews which supported the development of the MEC 5th edition were published as open access in peer-reviewed journals. The September 2016 issue of the journal, *Contraception*, includes 7 of these systematic reviews as well as a commentary on research gaps identified during the revision of the guideline and an editorial highlighting the role of WHO's family planning guidelines in achieving international health goals.

Since 1999, the RHR Department, USAID, UNFPA and nine other agencies created the Implementing Best Practices (IBP) initiative to foster collaboration, reduce duplication of efforts and harmonize approaches to support the identification, implementation and scaling up of effective technical and managerial practices to improve reproductive health. With the IBP Secretariat based in the RHR Department, the partnership has now grown to 45 organizations, allowing for close collaboration between the Department and the IBP partners. The IBP initiative is finalizing a new strategic plan that will guide the project during the period 2016–2020. An assessment of the 2011–2016 strategy was conducted between June and August 2015 to lay the foundation for the new strategic plan.

- WHO RHR is conducting cluster randomized trial in DRC and Burkina Faso to testing an intervention for strengthening postpartum family planning that investigates whether strengthening programmatic aspects of care increases family planning use during the immediate and extended postpartum period. The formative phase was completed in December 2015 and the intervention phase commenced in August 2016; follow-up of study participants will close by the summer 2017.
- **The WHO places a special emphasis on increasing access to contraceptive information and services for adolescents towards reducing adolescent pregnancy. The following activities were in service of this WHO commitment:**
 - Research activities:
 - Two multi-country intervention trials—AHEAD (to prevent rapid repeat pregnancy) and ARMADILLO (to provide ASRH messages through mobile phones). RHR is working with the Johns Hopkins Bloomberg School of Public Health to carry out a multi-country to understanding factors in early adolescence, including gender norms that contribute to ASRH behavior.
 - Systematic reviews have been completed on the following topics: Perceived and experienced barriers in accessing care for sexually transmitted infections, and Community-based interventions for young married couples in resource-constrained settings; adolescent access to SRH commodities through pharmacies; provider-side barriers to access to contraception for adolescents; adolescent friendly health services in low and middle income countries; and approaches used to improve and maintain improvements in the performance of health workers.
 - RHR completed a secondary analysis of data on first births in very young adolescents in three East-African countries. RHR is also carrying out the following secondary analyses: Contraceptive use patterns among adolescents in over 40 low and middle income countries; Meta-regression analysis of reasons for non-use of contraception among adolescents; Meta-regression analysis of adolescent access to contraception through pharmacies.
 - Evaluation activities:
 - Analysis of the adolescent content of national contraceptive policies, strategies and guidelines in South Africa; post-hoc evaluation of the CERCA Project – a multicomponent intervention to promote ASRH in three American countries. Ongoing work includes: Adaptation and digitalization of a generic quality assessment guidebook and testing its feasibility in Brazil; and strengthening the collective response of the government to end child marriage through a district-level convergence approach in two states of India.
 - Documentation activities:

- To draw out lessons from the small but growing number of countries that have scaled up ASRH programmes, RHR is documenting case studies of scale of sexuality education and adolescent friendly health services programmes in Argentina, Brazil, Colombia, Estonia, India, Mozambique, Nigeria, Pakistan and Senegal.
- RHR disseminated its evidence reviews of what works and what does not work in ASRH electronically, in global and regional conferences and in workshops for policy makers and programme managers, supported capacity building by contributing to workshops – both real and virtual, and supported countries strengthen the ASRH components of their national programmes

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The following text is the commitment made by the WHO at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/who>.

POLICY & POLITICAL COMMITMENTS

The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

To make access to family planning universal, WHO in collaboration with donors and partners commits to working with countries to integrate the WHO Medical Eligibility Criteria Family Planning wheel and related tools and guidelines into health systems to expand access to and quality of family planning services.

PROGRAM & SERVICE DELIVERY COMMITMENTS

WHO commits to expanding choice and method mix through contraceptive research and development and assessment of the safety and efficacy of new and existing methods. In addition, it commits to scaling up the availability of high-quality contraceptive commodities through product prequalification and Expert Review Panel (ERP) fast-track mechanisms. WHO will work to synthesize and disseminate evidence on effective family planning delivery models and actions to inform policies, address barriers and strengthen programs. In the context of the Commission on Information and Accountability for Women's and Children's Health, WHO will work with countries with the highest levels of unmet needs to examine inequalities and vulnerabilities and reasons for the unmet need.