

The Emergency Contraception Newsletter
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ABOUT THIS NEWSLETTER:

This newsletter is prepared and distributed as a voluntary activity on behalf of the American Society for Emergency Contraception and the International Consortium for Emergency Contraception. It is distributed electronically twice each year to anyone wishing to receive it. To contribute a news item, please send it to AmSocEC@aol.com or to Tara Shochet (tshochet@umich.edu). We reserve the right to check and edit items as appropriate. To add or remove your name from the newsletter circulation list, please write to AmSocEC@aol.com. More information about ASEC and the Consortium is available at the end of this newsletter.

COUNTRY & STATE ACCESS UPDATES

List of countries with OTC or pharmacist status

Princeton University's Office of Population Research is pleased to provide a list of countries where EC is available direct from a pharmacist or over the counter:

Available direct from a pharmacist: Australia, Belgium, Benin, Burkina Faso, Cameroon, Canada, China, Congo, Denmark, Estonia, Finland, France, French Polynesia, Gabon, Ghana, Greece, Guinea-Conakry, Israel, Jamaica, Latvia, Luxembourg, Mali, Mauritania, Mauritius, New Zealand, Niger, Portugal, Senegal, Slovakia, South Africa, Sri Lanka, Switzerland, Togo, Tunisia, the United Kingdom, and parts of the United States.

Available over the counter: Norway, Sweden, Netherlands, India

The updated list of dedicated ECPs worldwide is available on the EC Website: <http://ec.princeton.edu/questions/dedicated.html>

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PPFA-International update on EC in India, Myanmar, Philippines, Ecuador

In 2005, the Ministry of Health approved the use of emergency contraception over the counter in India. EC supplies will now be distributed to all government clinics. As of 2006, the 5 clinics that are supported by PPFA-International will provide EC pills to clients. The Myanmar Red Cross Society provides EC pills to clients and will continue to do so to youth and women. EC was withdrawn from the market and is no longer available in the Philippines. One of the greatest challenges at the moment is in Ecuador, where in November 2004, a group of conservative lawyers called "Lawyers for Life" in Guayaquil, Ecuador challenged the legality of one brand of emergency contraception, Postinor-2, from being sold in pharmacies on the false grounds that emergency contraception is an "abortive" agent. The judge sided with the anti-choice group, banning the sale of Postinor-2 throughout the province. The Ministry of Health appealed the judge's decision and the case is currently awaiting trial. While many groups are advocating on behalf of EC access in Ecuador, this legal challenge has prompted a 'chilling effect' on the dissemination of EC information by others. To fight against this, PPFA-International Latin America Regional Office has supported our Ecuador partners to conduct workshops for youth organizations to educate about EC, disseminate information about EC through newspapers, newsletters, and radio, and provide access to EC through clinics.

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EC launched in Indonesia

DKT International launched Gideon Richter's Postinor 2 in December 2005 and will be making this available through their national distribution network. DKT will include EC in future training and outreach to midwives, pharmacists, and doctors (more than 5,000 midwives have been trained in the last 2-3 years) and will develop educational materials in Bahasa Indonesia. It might be interesting to note that there are an estimated 2 million abortions each year in Indonesia; hopefully the availability of EC can help reduce these numbers.

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Mexican government guarantees EC access in public health facilities

On 12 July 2005, the Ministry of Health of Mexico added emergency contraception to the essential drug list, thereby requiring public health facilities across the country to dispense EC. Furthermore, on 27 October 2005, the Mexican Supreme Court dismissed a pro-life lawsuit alleging that EC's inclusion in the norms was unconstitutional. The Supreme Court has sent the case back to a lower federal court, which will make the final decision on the judicial merit of the lawsuit.

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Kaiser Network reports from the Media: Mexican pharmacies able to give EC without prescription to minors, including U.S. residents

Under a law approved last year, Mexican pharmacies have begun selling EC without a prescription to minors, including some U.S. residents. Mexican law does not require parental consent for minors to purchase contraceptives, including EC. One pharmacist reported that many of his customers have been young, and some of them have been from the U.S. [Adapted from the Jan 27, 2006, Kaiser Daily Reproductive Health Report. View the entire Report, search the archives, or sign up for email delivery at:

www.kaisernetwork.org/dailyreports/reproductivehealth. The Kaiser Daily Reproductive Health Report is published for kaisernetwork.org (www.kaisernetwork.org), a free service of the Kaiser Family Foundation, by National Journal Group Inc. © 2006 by National Journal Group Inc. and Kaiser Family Foundation. All rights reserved.]

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EC now available in five regions of Ethiopia

The Ministry of Health, Ethiopian Society of Obstetricians and Gynecologists (ESOG), *ECafrique*, and the Concept Foundation continue to work towards the mainstreaming of EC services into the public and non-governmental sectors sector. As described in the previous issue of this newsletter, doctors and nurses have been trained and service provision is underway in the country's five main regions: Addis Ababa, Amhara, Tigray, Oromia, and SNNPR.

A key component of the intervention has been to support efforts at incorporating EC into the pre-training curriculum of nursing, medical and community health students at each of the country's leading medical schools. As part of that effort, small stipends are being offered to support student research on EC. *ECafrique* has also developed a CD-ROM of EC-related resources for students who wish to learn more about the method, but whose access to the Internet is limited.

The CD-ROM contains six sections and covers such topics as EC technology, service delivery guidelines, training materials, advocacy, and original research. It also includes an extensive bibliography. To compliment the focus on students and their research, the intervention is also sponsoring guest lectures and other initiatives to exchange information on EC.

Finally, efforts are underway to secure the registration of *Postinor-2* with the Ethiopian Drug Administration and Control Authority. In February, the local pharmaceutical firm, Beker Pharmaceuticals & Medical Supplies, submitted their application for registration of the product, thereby opening up the door for future importation of *Postinor 2*, once current stocks are exhausted.

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Kenya Purchases Postinor 2 for use in the Public Sector

For a period in the mid-1990s, *Postinor 2* was available at public sector facilities – the result of an introductory trial carried out under the auspices of the International Consortium on Emergency Contraception. However, after public sector stocks were exhausted, *Postinor 2* was available in urban pharmacies nationwide but was no longer available in the public sector.

In 2005, the Kenyan Government purchased supplies of *Postinor-2* for the public sector. On April 21-22, the MoH, the United Nations Population Fund (UNFPA), PATH and *ECafrique* convened a two-day workshop to launch the national roll-out of *Postinor 2*. Over 43 participants from every province of the country met in Nakuru to address the challenges of product distribution on a national scale; the need to monitor uptake and consumption levels; the challenges of providing technical updates to providers; and the importance of increasing public awareness of EC.

Today, stocks of *Postinor 2* are available at all public health facilities, youth friendly centers, and in a series of newly established sexual assault and rape clinics. Plans are now underway to make available the new stocks of EC to recognized non-governmental health facilities.

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Massachusetts announces pharmacy access for EC

Massachusetts is proud to be the 8th state in the nation to offer pharmacy access to emergency contraception and the 6th state that requires EC to be offered in hospital emergency rooms to rape survivors. The bill “Providing Timely Access to Emergency Contraception” was passed by the state legislature in September 2005, and went into effect on December 14, 2005. The bill has two key components. The first component requires hospital emergency rooms to provide medically and factually accurate information, offer EC, and dispense EC to rape survivors upon request. The staff that provides care to rape survivors must also receive accurate information about EC. Hospitals must annually report the number of times EC was dispensed. To fulfill these requirements, the Massachusetts Department of Public Health (MDPH) has developed two fact sheets and the mechanisms for reporting as outlined in the legislation.
(http://www.mass.gov/dph/dhcq/emergency_contraception.htm)

The second component of the law allows a pharmacist to dispense emergency contraception in collaboration with a physician to women in need. To implement EC pharmacy access, MDPH has developed a Standing Order Model, which is unique to the state of Massachusetts. Of the 8 states, Massachusetts is the only one to use the standing order model, which can apply to both individual pharmacists as well as pharmacy locations, instead of the collaborative practice agreements used in other states. The EC Pharmacy Access Program is in operation and MDPH, along with the Massachusetts EC Network, is working with Northeastern University School of Pharmacy, Massachusetts College of Pharmacy and Health Sciences, Massachusetts Independent Pharmacists Association (MIPA), and Massachusetts Pharmacists Association (MPhA) on training and outreach programs to ensure that the bill is being implemented. For more information and updates, visit www.massECnetwork.org. The EC Network is a collaboration of pharmacists, providers, and advocacy groups and is planning a public education campaign. They are working to match up pharmacists with physicians who are willing to sign a standing order and help women locate participating pharmacies via the EC Network website.

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MATERIALS AND CAMPAIGNS: International

PSI update on EC programs in Paraguay

Population Services International, PSI Paraguay S.A. and PROMESA have contributed significantly to elevating the profile of emergency contraception and sexual/reproductive rights in Paraguay. Recently, PSI Paraguay and PROMESA worked in conjunction with the General Direction (correct?) of Ministerial Programs of Public Health and Paraguay's Chamber of Pharmacy to train local health providers through workshops on sexual and reproductive rights, including updating anti-contraceptive methodology with an emphasis on EC. Additionally, PSI Paraguay and PROMESA contributed to the country's Secretarial Office for Women's program to train rural leaders about sexual and reproductive health. These rural leaders will conduct informal discussions about EC and the prevention of sexual violence.

PSI Paraguay and PROMESA also value the empowerment and education of youth and local leaders regarding sexual and reproductive rights. Population Services International, PSI Paraguay S.A. and PROMESA have created various avenues for adolescents to access information regarding contraceptives, including EC, and preventing unplanned pregnancies. Educational workshops for adolescent partners in public schools have helped ease taboos and generate frank discussions with real answers. Mass communication methods have also been employed, such as radio and television programs, as well as the "Consultorio Sexológico," (the "Reproductive Health Consultant") on the Web. By facilitating workshops, trainings, and easing access to information, these programs have empowered local leaders and enabled youth to make informed, responsible decisions about their reproductive health.

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EC in Indonesia: strategy development, developing partnerships, integration of EC into family planning program

In Indonesia, Fatayat NU and the Ikatan Bidan Indonesia (IBI) have gone through training and strategy development for women's access to EC. The strategy includes women's education about EC, counseling, and procedures of EC provision, using both Postinor and the Yuzpe methods. The training examined both the demand and supply sides of EC and the strategy aimed to address the critical problems areas, particularly gender and related issues of women's inability to access EC. The training was conducted by the Pacific Institute for Women's Health with support from the Ford Foundation. These two nationwide organizations agreed to work together and are now in the process of implementing the strategy. For more information, contact equintillan@piwh.org.

Partnership among domestic private volunteer organizations, international private organizations, the government, bilateral donor, multilateral donor, and the private sector to promote EC has been developed in Indonesia. Interventions include: service guidelines & policy development;

use of the media; workshops on EC; and development of video materials. The implementing partners are DEPKES (Ministry of Health) and PT Tunggal. Providing support in the form of technical assistance and/or funding include: STARH, PATH, Catalyst Foundation. According to Gary Lewis, team leader of the STARH project of John Hopkins University in Indonesia, the goal of the project is to develop a critical mass of providers and to make EC use a social norm. The project is supported by USAID.

According to Dr. Sri Hermiyanti, Director of Family Health of the Ministry of Health of the Republic of Indonesia, EC is being integrated into the family planning program to help reduce unwanted pregnancy. For a copy of her PowerPoint presentation on the subject, please contact apnec@apnec.net.

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EC in the Philippines: strategy meetings held, Clinician's Guide translated

APNEC Philippines has been holding a series of meetings to develop a strategy to mainstream EC. The aim is to educate health professionals, policymakers, pharmaceutical companies, private volunteer organizations, youth and grassroots organizations about EC and to develop a critical mass of advocates, providers, and promoters leading towards the registration and mainstreaming of EC in the country.

The Clinicians' Guide to Providing Emergency Contraception has been translated into Bahasa Indonesia by YMKK in Batam Indonesia. The English version is also being updated and adapted for use in the Philippines by the Young Artists for Development Communications (YADCOM-RHR) and the Brokenshire Women Center.

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Information Campaign on EC launched in the Democratic Republic of the Congo

Beginning in March 2005, *L'Association Démocratie et Civisme Pour le Développement Intégral (DECIDI)* launched an information campaign on EC, publishing an article on EC in the DRC and reaching out to over 350 people and groups, including officials, international organizations, the media, and community-interest groups. DECIDI is seeking partners to assist in the introduction of EC in the DRC.

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EC for rape survivors launched in Zambia

In 2005, the Zambia Central Board of Health, the Zambia Police Force, and *Ecafriqui* launched an intervention to provide EC to survivors at a broad range of “first points of contact” (including both health centers and police) and enhance survivors’ access to support more generally, including health, forensic, legal and psychosocial services.

In August, 50 representatives of the health, law enforcement, judicial and NGO sectors attended a three-day orientation workshop to formulate a multi-sectoral plan of action for addressing the needs of assault survivors. Results of a retrospective review of all assault cases reported to police and provincial hospitals between 2001 and 2004 were presented, revealing that:

- Most victims of sexual assault are young; over 65 percent of hospital cases involved girls aged 14 years and below and ten percent involved girls aged 4 and below.
- Most assault victims seeking police protection do so within 72 hours.
- Up to half of all victims of reproductive age who report to police either do not reach a medical facility, or do not do so in time to benefit from EC. But even timely arrival at a hospital is no guarantee of access to appropriate EC services. Less than 40 percent of all eligible hospital cases were prescribed EC.

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MATERIALS AND CAMPAIGNS: United States

EC Hotline and Website update

Together, ARHP and Princeton's Office of Population Research manage the *Emergency Contraception Hotline & Website*. By the end of 2005, the *Website*, www.Not-2-Late.com, had received just over three million visits since its inception (with 485,000 in 2005 alone), while the *Hotline*, 1-888-Not-2-Late, had received over 600,000 calls, logging nearly 78,000 calls in 2005.

In late 2005, ARHP received a grant to conduct an intensive assessment and update of the *EC Hotline* and *Website* in order to tap new information technology resources and strategies to enhance the user experience, to increase access to EC, and to increase public and provider knowledge and awareness about EC's important role in pregnancy prevention. Through this intensive assessment and update, the updated *EC Hotline & Website* will guide anxious women and men, in an efficient and user-friendly manner, to local resources that can help them access EC without delay and assist health care providers in quickly finding the evidence-based clinical information they need to treat and counsel their patients. The project is currently underway.

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Advocates for Youth's Emergency Contraception Initiative includes the following projects:

- My Voice Counts Campaign: Advocates is educating over 100,000 youth about EC through an Internet-based national public education and advocacy campaign designed to place pressure on the FDA to approve non-prescription status of OTC for women of all ages. For more information, go to: www.advocatesforyouth.org/youth/advocacy/myvoicecounts/ec
- EC Access Project: Advocates recently worked with teams of young people on three college campuses (in Connecticut, Georgia, and Massachusetts) and in two states (Hawaii and Pennsylvania) to conduct EC "Secret Shopper" surveys to assess the barriers to obtaining EC in family planning clinics and pharmacies.
- South Carolina Emergency Contraception Initiative: Advocates is spearheading a multi-year major public education campaign to increase awareness of and access to EC among young women ages 16-24.

- National public education campaign: Advocates is working to educate young people about the potential use of regular birth control pills as emergency contraception. Working in collaboration with the Association of Reproductive Health Professionals, Advocates is planning to develop a youth-friendly Web page that will be attached to the national EC Website (www.not-2-late.com) and will distribute 250,000 wallet cards advertising the site.

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Back Up Your Birth Control campaign celebrates 5 years

The Back Up Your Birth Control campaign is 5 years old this year! To celebrate, we are getting 'back to the basics' with our EC outreach and education efforts on the March 21st BUYBC Day of Activism. Advocates and activists around the country have done such a phenomenal of getting the word out about EC that it has prompted opponents of wider EC access to spread myths and misinformation about this safe and effective back-up method. This year's BUYBC campaign will focus on dispelling these myths by using our tried and true materials and creative outreach strategies to ensure that the public, providers and pharmacists know the truth about EC's potential to provide women with a second chance to prevent pregnancy. This year we will also unveil new Spanish language BUYBC wallet cards and posters. To learn more about this year's activities, advocates can attend kick-off meetings on February 7th in Washington D.C. or February 8th in New York. Dial-in will be available for advocates across the country during the New York meeting only.

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Institute for Reproductive Health Access examines EC & Medicaid, works to replicate New York City EC efforts

For the last year, the Institute has collaborated with the National Latina Institute for Reproductive Health, the National Health Law Program, Ibis Reproductive Health and other groups to research and publish Emergency Contraception & Medicaid: A State-by-State Analysis and Advocate's Toolkit. The toolkit highlights the barriers Medicaid recipients face in accessing EC, steps to remove these barriers and a chart outlining where EC is covered under Medicaid and what barriers exist, including prior authorization requirements, utilization controls and managed care programs, in each of the 50 states and the District of Columbia. PDF copies of the toolkit are available to advocates and over the course of 2006, the Institute will be working with local advocates and our collaborating partners in a handful of states to ensure that barriers to access are removed and that Medicaid recipients know how they can obtain EC in their state. In addition, the Institute is working with advocates in CT, NJ, IL, WI, OH, CA, NM and MI to replicate local efforts begun New York City that ensure that pharmacies are stocking EC; that elected officials dedicate public funds for EC outreach and education; that hospital emergency rooms make EC available to sexual assault survivors; and, that pharmacists and nurses can directly dispense EC without a patient-specific prescription.

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Tools for countering misinformation about EC

The University of California, San Francisco (UCSF) Bixby Center for Reproductive Health Research & Policy is completing a series of seven “briefs” that provide evidence-based responses to common myths and misinformation about EC. Topics include efficacy, safety, sexual risk behaviors, adolescent use, mechanism of action, over-the-counter availability, and cost-effectiveness. The briefs are intended for diverse audiences and summarize the scientific literature in user-friendly language. For additional information or to receive the EC briefs when they become available (Spring 2006), please contact:

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Ipas to further integrate EC

Ipas has sought to further integrate EC into our work to ensure women's access to appropriate reproductive health services at the time of abortion or postabortion care services. In the fall of 2006, we enlisted a student from the UNC-Chapel Hill School of Public Health to create a learning tool to provide in-service training on EC to Ipas staff and to develop key messages on EC for Ipas programs. The student conducted a literature review of EC vis-à-vis abortion from publications, training materials and gray literature; designed and conducted a brief needs assessment with Ipas staff and trainers; developed a user-friendly learning tool on EC for Ipas staff; and made recommendations on how to better integrate EC into Ipas country programs.

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Partnership continues to increase access to EC for victims of sexual assault

The Education Fund of Family Planning Advocates of NYS, the Clara Bell Duvall Reproductive Freedom Project of the ACLU of Pennsylvania and the National Sexual Violence Resource Center are in their fourth year of working to increase access to emergency contraception for victims of sexual assault. The partnership is busy working with state advocates to ensure that EC is included in the official standards of care to victims of sexual assault in hospital emergency departments and is also providing technical assistance through survey design and implementation, coalition-building and administrative strategies. This year the project is focusing on the implementation of state "EC in the ER" laws. Project staff plans to interview advocates in the states that have enacted "EC in ER" legislation and evaluate whether these laws are being properly implemented. In an effort to share experiences and strategies, a report of policy recommendations from these states will be produced and distributed to advocates who are working on legislation that will increase access in hospital emergency departments.

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RaisingHerVoice website launched by Clara Bell Duvall Reproductive Freedom Project, ACLU of Pennsylvania

On November 1, 2005 Duvall launched RaisingHerVoice.org, a website that provides a safe space for survivors of sexual assault to share their experiences with EC. The website aims to raise awareness about the important role of EC during a time of crises, stressing that every survivor who visits an emergency room should receive compassionate treatment, including the decision to receive EC. RaisingHerVoice.org features general information about EC as well as stories from survivors and advocates. The website was, in part, created to respond to a growing number of requests from the press and legislators to hear from the voices that really matter—those of rape victims. By advocating for the rights of sexual assault survivors, the website establishes common ground between the reproductive rights and anti-sexual assault communities.

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New videos promote awareness of EC as tool to prevent unintended pregnancies among teens

Seeking to reduce the number of unintended pregnancies among teens, The California Family Health Council, Inc., launched a new media effort to increase awareness of emergency contraception as an effective back up contraceptive method. Three 30-second video spots will be broadcast on local cable networks communicating important messages to teens about EC. The messages are “You don’t get pregnant that fast”-- there’s still time to take EC pills to prevent a pregnancy” and “Don’t be Scared, Be Prepared,” which encourages obtaining EC pills ahead of time. One video features young women at a slumber party, where one reveals she’s worried about becoming pregnant. Another features two young men shooting hoops, when one shares his pregnancy scare experience with his buddy. The third video features a couple who are just plain scared when they could have been prepared after a condom break. Each video will offer viewers a California EC Hotline (213) 521-5211 and an informational website: www.TeenSource.org.

The Emergency Contraception videos were developed by two CFHC sponsored projects, the Emergency Contraception Initiative and TeenSource.org, and produced by D. Street productions. The videos are available in English and Spanish versions. Adelphia cable networks will be airing the videos on Los Angeles and East San Fernando Valley networks, including Comedy Central, MTV, Spike, Nick at Nite and Galavisión. The video clips will be aired beginning January 9 with over 50 spots per network being played during a six-week period.

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ACLU Reproductive Freedom Project continues EC work

The ACLU Reproductive Freedom Project has continued its efforts to ensure sexual assault survivors get access to EC. In August, on behalf of a coalition of family planning, religious, and sexual assault victims' advocates groups, the Project sent a Freedom of Information Act request to the Department of Justice (DOJ) for all documents pertaining to the removal of any references to EC in its first-ever national sexual assault treatment protocol. The DOJ refused to provide responsive materials. With the federal government failing to address this issue, the Project and the ACLU of Pennsylvania's Duvall Project paired up to turn to the states, organizing activists from around the country to send letters to local officials on January 19th. The letters urged governors and others to adopt state protocols for treating sexual assault victims that ensure access to EC.

The Project has also continued its work with the Duvall Project to assist other ACLU affiliates and their coalition partners to conduct EC surveys and use these results to press for change. This fall, for example, the ACLU of Kentucky completed a 'mystery caller' EC pharmacy survey, finding that 68% of pharmacies were willing to provide Plan B, but timely access remains a critical issue because only 13% had it in stock. A full 60% of pharmacists said they thought Plan B was an abortion pill. In January, the affiliate held a press conference to share their results; speakers included a doctor, a pharmacist, advocates, and a legislator. The affiliate will now use the results to work with the pharmacy board and to begin an educational campaign. In addition, the ACLU of Utah completed an EC in the ER survey and determined that nearly half of all hospitals fail to provide the vital medication on-site. Utah has worked with a large coalition of groups, including SAFE/SANE nurses, and has prepared a fact sheet of the information, which they have sent to all hospitals, along with a letter and a model EC protocol. Finally, the ACLU of West Virginia completed their survey and found that only 29% of hospitals always provide emergency contraception on-site to their sexual assault patients. They are working with the state sexual assault coalition to distribute the results to hospitals.

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Pharmacy Access Project takes on two new initiatives

Pharmacy Access Partnership has embarked upon two new and unique initiatives. In January 2006, PAP and the Pacific Institute for Women's Health conducted the last of six California-wide focus groups to gauge female Latina and African-American adolescents' views on EC pharmacy access. Results of the focus groups, in conjunction with feedback garnered from a series of community dialogues on EC, will be analyzed to develop a state-based social marketing campaign to increase teens' awareness of EC pharmacy access. PIWH conducted a community forum on EC in Los Angeles on January 26, and Pharmacy Access Partnership will be conducting another forum in San Francisco in late February. The funding for the focus groups and community dialogues was generously provided by the Compton Foundation.

In December 2005, Pharmacy Access Partnership released a request for proposals (RFP) to fund seven small grants to organizations working to improve pharmacy access to EC at the state level. These short-term grants are uniquely designed to support ongoing work achieved by current or past state-level activity, as well as to inspire newly emerging efforts among a cross-section of stakeholders in states where little activity has occurred. Funding for this re-granting effort was available by the Hewlett Foundation.

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MergerWatch organizes meeting on pharmacy refusals

The MergerWatch Project organized a December 2, 2005, conference on "Pharmacy Refusals: Successful Strategies for Protecting Patients' Rights in 2006," co-sponsored by the Planned Parenthood Federation of America, the ACLU Reproductive Freedom Project, the National Women's Law Center, Community Catalyst and the National Health Law Program. More than 125 participants from across the nation shared strategies, including: state legislation (CA); state administrative action (IL); city contracting requirements with pharmacies serving low-income residents (Austin, TX); city requirements that pharmacies post a sign if they do not carry EC (NYC); surveying pharmacies (PA, CT, KY); influencing state pharmacy boards (WI, WY, MA, NC); educating and collaborating with pharmacists (WA, CA, NY) and grassroots organizing (WA, WI and nationally). A DVD of key presentations and more information about some the strategies described will be available in February 2006.

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From the Guttmacher Institute: Health care providers cross the line when they obstruct women's access to emergency contraception

Health care providers have an obligation to act in the best interest of their patients, even when doing so requires acting against their personal beliefs, according to "Rights vs. Responsibilities: Professional Standards and Provider Refusals," by Adam Sonfield, which appears in the August 2005 issue of *The Guttmacher Report on Public Policy (TGR)* (<http://www.guttmacher.org/pubs/tgr/08/3/gr080307.html>). The author reached this conclusion after studying providers' professional codes of ethics, which define providers' rights and responsibilities and specify what is and is not appropriate when caring for patients.

Health care associations generally uphold a provider's right to decline to provide a service that violates his or her moral or religious beliefs. However, they also accept that there must be limits to this right, in order to ensure that patients receive the information, services and respect to which they are entitled. The health care community has come out loud and clear on this issue, despite the ongoing political and public controversy around providers' right to refuse: A provider does not have the right to obstruct access, impose his or her own beliefs on a patient or attempt to use personal beliefs to block or deny a patient's right to care.

A less publicized but potentially more problematic issue is pharmacy policies that prohibit the sale of emergency contraception, even in pharmacies where ordinary birth control pills are sold, according to "[Beyond the Issue of Pharmacist Refusals: Pharmacies That Won't Sell Emergency Contraception](http://www.guttmacher.org/pubs/tgr/08/3/gr080310.html)," by Cynthia Dailard, also in the August issue of *TGR* (<http://www.guttmacher.org/pubs/tgr/08/3/gr080310.html>). According to Dailard, there is no rational reason to single out emergency contraception for less favorable treatment than other birth control pills, given that both types of pills contain the same drug and work in similar ways. Yet those who oppose the use of emergency contraception typically try to distinguish it from other birth control pills because it is taken after, rather than before, intercourse.

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RESEARCH RESULTS AND UPDATES

PPNYC examines EC attitudes among physicians in New York City

PPNYC completed an initial preliminary study, funded by the New York City Department of Health, of EC attitudes among 15 physicians in the South Bronx, Harlem/East Harlem, and Central Brooklyn. We found that physician practice regarding EC seemed to be guided primarily by their own feelings of discomfort about EC and not clinical evidence for the appropriateness of EC in any given situation. There was a general lack of accurate knowledge concerning what exactly EC is and how it works. Most physicians are not proactive in their discussions of EC with patients, relying instead on patients to initiate the conversation (often due to a patient's immediate need for EC). Many physicians attributed not utilizing EC in their practices to "a lack of training." This phrase seemed to indicate a combination of personal discomfort with and lack of information about EC.

PPNYC will interview an additional 25-35 physicians in Central Brooklyn, South Bronx, and Harlem/East Harlem. The interviews will focus on physicians' understanding of and practices related to reproductive health care with a specific focus on emergency contraception, with the ultimate aim of understanding more deeply how physician practice around EC may be shaped.

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Catholics for a Free Choice conducts study on how Catholic hospitals respond to state laws mandating the provision of EC to sexual assault victims

Catholics for a Free Choice (CFFC) commissioned Ibis Reproductive Health to conduct a survey to determine whether Catholic hospitals in states that have "EC in the ER" legislation are complying with those laws. At the time of this study, California, New Mexico, New York and Washington had explicit "EC in the ER" bills, while South Carolina had a statute specifying that the state will pay for the costs of routine care for sexual assault patients, including emergency contraception. Our results show that 35% of respondents in the mystery client survey indicated that EC is not available at their hospital for sexual assault patients. Among these respondents, only about half (53%) gave the caller the name and telephone number of another facility where EC might be available; half of those referrals (53%) actually lead to a facility that provides EC. Unfortunately, few respondents in Washington and California took the opportunity to refer callers to a pharmacy where they could obtain EC without a physician's prescription. In addition, callers felt that 20% of respondents displayed a negative attitude towards them, which included being evasive, hanging up on them or scolding them. Only 62% of hospitals reported treating sexual assault patients and of these, 76% have a written EC protocol, 95% routinely provided EC counseling and 86% routinely offered EC. Among hospitals that reported treating sexual assault patients, only 51% also indicated in the mystery client survey that EC was available; the other half either misinformed callers or didn't know about the availability of EC. Copies of the report are available on our website: www.catholicsforchoice.org.

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Developing strategies for increasing public awareness of ECPs in South Africa

Although emergency contraception pills (ECPs) are free in public health facilities in South Africa and can be purchased directly from pharmacists, research shows that awareness and utilization of the method among young women is limited. To collectively discuss innovative strategies for increasing public awareness of ECPs and to develop a preliminary set of activities for moving forward, 20 key stakeholders met during the South Africa EC Strategy Meeting held in June 2005. The group prioritized three key areas for further development: 1) incorporating ECPs into HIV prevention and treatment programs, 2) ensuring sexual assault victims are aware of and have access to ECPs, and 3) increasing adolescents' knowledge and use of ECPs. Many participants believed that health care providers' (including pharmacists) involvement is essential and interventions for each priority area should be designed to address providers' needs. The full meeting report can be accessed at: www.ibisreproductivehealth.org/index_announcements.php. The meeting was co-hosted by the Reproductive Health and HIV Research Unit (RHRU) of the University of Witwatersrand, Ibis Reproductive Health, the Family Planning and Reproductive Health Unit of the University of Stellenbosch and PATH.

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Research on adolescents and EC use launched in Nairobi, Kenya

The Kenyan media reported that an epidemic of emergency contraception (EC) abuse had emerged among adolescents in Nairobi. Although these stories were based on anecdotal evidence, they have nonetheless had an impact on the national policy debate. To better inform this debate, *ECafrique* undertook a rapid diagnostic of EC use among Nairobi women, aged 14-25. Three hundred self-administered questionnaires were administered to university and high school students, as well as to a sample of 100 out-of-school women. In addition, a series of open-ended interviews were carried out with 10 pharmacists operating throughout the city. Data is currently being analyzed.

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EC clinical trials conducted in Pakistan

The National Research Institute for Fertility Care of the Ministry of Population and Welfare of Pakistan conducted clinical trials on EC. According to Dr. Badaruddin Abassi, Director, the study aimed: to assess the acceptance, tolerability, side effects and effectiveness of EC on Pakistani women; to provide evidence-based information for policymakers & program managers; and to introduce EC into the national program. For Dr. Abassi's PowerPoint presentation, please contact the Asia/Pacific Network for EC (APNEC) at apnec@apnec.net.

NorLevo clinically tested in the Philippines

Norlevo has been clinically tested in the Philippines by women's clinics of the Women's Health Care Foundation in Metro-Manila and of the Brokenshire Woman Center in Davao City and neighboring cities in Mindanao. Findings and lessons learned are being consolidated to inform policy and to develop follow-up action programs. For further information, please contact the Asia/Pacific Network for EC (APNEC) at apnec@apnec.net.

Research conducted on EC in Australia

Research on the use, knowledge, attitudes and experiences of young women using emergency contraception has been conducted in Australia by Dr. Helen Calabretto of the School of Nursing and Midwifery of the University of South Australia. For a copy of her report and PowerPoint presentation on the subject at the 3rd Asia/Pacific Network for EC (APNEC) meeting, please contact apnec@apnec.net.

FUNDING ANNOUNCEMENTS

Compton Foundation announces RFP for year 5 of EC initiative

The Compton Foundation, in partnership with the David and Lucile Packard Foundation, will award \$1 million in grants for work in the United States in 2006, year 5 of its multi-year initiative to promote awareness of and access to emergency contraception. Proposals for work in the United States are now invited and must be submitted by April 3, 2006. The Foundation will only accept proposals focusing on the following:

- In States that do not yet have pharmacy access, efforts to expand pharmacists' authority to dispense EC, either directly or under protocol.

- In States with pharmacy access, efforts to reach out to adolescents and increase their access to EC through pharmacies.
- National efforts that keep the heat on the FDA and policy makers for OTC availability and access to accurate and scientifically based information.

We will particularly value projects that foster alliances between reproductive rights groups and others, such as organizations focused on sexual assault/domestic violence, youth, minority rights or health care/patient rights. With approximately \$1 million allocated to the domestic program, we anticipate awarding 10 -14 grants with budgets between \$10,000 and \$50,000 and up to 5 grants for larger initiatives.

For a copy of the RFP please email Elisa Wells at eswells@comcast.net.

ABOUT THE AMERICAN SOCIETY FOR EMERGENCY CONTRACEPTION

The American Society for Emergency Contraception (ASEC) is a voluntary collaboration of organizations that promote the availability of emergency contraception for women. Founded in 1997, ASEC has four mandates: 1) to serve as a source of information for the media and others who want information on emergency contraception; 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 link the members of the emergency contraception field, primarily by sending out (in collaboration with the International Consortium on Emergency Contraception) this 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.

ASEC is open to industry participation, although it will not endorse one method or regimen over others that are also safe and effective. Membership is free, and although the focus is primarily on the United States, international affiliates are welcome.

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ABOUT THE INTERNATIONAL CONSORTIUM FOR EMERGENCY CONTRACEPTION (ICEC)

The mission of the International Consortium for Emergency Contraception (ICEC) is to expand access to and ensure safe and locally appropriate use of emergency contraception worldwide within the broader context of family planning and reproductive health, with emphasis on developing countries. The Consortium now has 35 member agencies represented by over 150 individuals worldwide. ICEC is currently hosted by Family Care International.

The ICEC website, www.cecinfo.org, includes policy statements, news, information on **EC status and availability** around the world, and additional materials produced by member organizations. Links to member web sites and contact information for Regional Consortia (see below) are also available on the ICEC website.

For more information, please contact Elizabeth Westley, Consortium Coordinator, at: ewestley@fcimail.org.

REGIONAL CONSORTIA AND NETWORKS

ECafrique

This regional consortium covers both Anglophone and Francophone Africa and currently includes over 200 institutional members, with a mailing list of over 2,000 names. The overall coordinator is John Skibiak of the Population Council, with Anglophone coordination provided by Lucy Mwikali Mang'ati in Nairobi and Francophone coordination provided by Jacqueline Ndione Cabral in Dakar. ECafrique publishes a bilingual newsletter with extensive information about EC in Africa (accessible at the ICEC site at <http://www.cecinfo.org/html/regional-consortia-africa.htm>) and conducts and facilitates activities around Africa to enhance access to EC.

For more information or to be placed on the mailing list, please email: ecafrique@pcnairobi.org.

The Latin American Consortium for Emergency Contraception (LACEC)/Consortio Latinoamericano de Anticoncepcion de Emergencia (CLAE)

This regional consortium is currently coordinated by Jimmy Telleria, based at CISTAC in Bolivia. LACEC has a website (www.clae.info), publishes a newsletter, and has issued a widely used set of fact sheets. CLAE also has a lively listserv to facilitate discussion and exchange in the region.

For more information or to be placed on the mailing list, please contact Jimmy Telleria at: jimmy@cistac.org.

Asia/Pacific Network for EC (APNEC)

This regional consortium is currently coordinated by Emilina Quintillan of the Pacific Institute for Women's Health. APNEC's membership consists of individuals and organizations in the Asia & Pacific region that have participated in at least one of the regional meetings on EC since 2002. Membership is also open to other individuals and organizations in the region that are recommended by the current members, provided the prospective member will agree to the objectives of the organization and the obligations of members. There are currently 64 members representing 50 organizations in 14 countries. APNEC has a website (www.apnec.net).

For more information, please contact Emelina at equintillan@piwh.org.

Arab Region

An Arab Regional EC Network has been formed and is currently managed by Angel Foster of Ibis Reproductive Health. Ibis has coordinated with the Office of Population Research at Princeton University, and the Association of Reproductive Health Professionals to create an

Arabic language Emergency Contraception Website, representing an adaptation and translation of the website www.not-2-late.com. This site aims to expand information about EC to Arabic speaking communities in both the US and the Middle East. The Arabic EC website can be accessed directly through <http://ec.princeton.edu/arabic> or through the main site at www.not-2-late.com. For more information, please contact Angel at: afoster@ibisreproductivehealth.org.

East Europe, NIS and Balkan Region

This network is currently coordinated by Svitlana Okromeshko of PATH, and has produced a number of Russian-language EC materials, including newsletters, service delivery guidelines, and policy statements. These materials can be accessed on the ICEC site at <http://www.cecinfo.org/html/regional-consortia-eeurope.htm>. For more information, please contact Svitlana at: svitlana@path.org.