Spotlight on the Emergency Contraceptive Pill

In developing countries, women of reproductive age are at high risk of unintended pregnancy and sexually transmitted infections (STIs), including HIV. Globally, it is estimated that 86 million pregnancies were unintended; of these, 41 million ended in abortion, 33 million in unplanned birth and 11 million in miscarriage (Singh, Sedgh, & Hussain, 2010).

Political factors. A low rate of awareness of ECPs in most developing countries is a significant barrier to access. Lack of correct knowledge about ECPs and negative attitudes by health providers further inhibit uptake. Unique among family planning methods, the mechanism of action of ECPs is often misconstrued and stigmatized, as inducing a medical abortion. There also is widespread belief that repeat use of ECPs will cause long-term health and fertility problems, despite evidence suggesting women are not at increased risk (Halpern, Raymond, & Lopez, 2011). These knowledge gaps affect provider comfort and ability to properly counsel potential ECP clients. In all of these studies, there were strong biases among health care providers concerning the administration of ECPs to certain populations.

Demand Generation Interventions

Social Marketing: ECPs can safely be provided in pharmacy settings without clinical supervision, making them a good fit for commercial and social marketing sectors. This approach has been used in many countries to increase access and utilization. The strategies for scaling up ECPs vary across country; however, they generally include the following steps: (1) generating awareness; (2) building health care provider knowledge and skills; (3) ensuring availability and affordability; and (4) increasing community knowledge and acceptability (PSI, 2013). Overall, social marketing and other non-medical channels for ECPs are important; yet, a recent assessment shows that only one-third of social marketing programs which offer family planning include ECPs in their mix of methods offered (Westley & Shochet, 2013).

Front-line Services: Evaluation of an initiative to mainstream ECPs in both the private and public sectors of Kenya—through training of private pharmacists and provision of information, education and communication materials—found that pharmacists who received the intervention were better positioned and more comfortable providing ECPs to clients (Keesbery, Liambila, Obare, & Kuria, 2009a). The study results suggest that pharmacists can play an important role in increasing women's
knowledge about and access to ECPs when provided with the proper tools, materials and knowledge.

**Mass Media and Interpersonal Communication (IPC):** A variety of mass media and IPC interventions for scaling up ECPs have been implemented in multiple settings. Example approaches include: (1) repositioning ECP within the context of broader sexual and reproductive health in Jamaica (Chin-Quee, Hinson, L'Engle, Otterness, & Janowitz, 2012); (2) awareness-raising among the public in Mexico, combined with a workshop for the media to avoid an inflammatory press response to ECP promotion efforts (Schiavon & Westley, 2008); (3) a counseling hotline in Kenya (Keesbury et al., 2009a); (4) improving parent-child communication to increase adolescent access to sexual and reproductive health (SRH), including ECPs, in Mexico (Campero, Walker, Rouvier, & Atienzo, 2010); and (5) peer education and outreach in Cameroon (Goergen & Ndonko, 2006).

**Cross-sectoral:** An innovative initiative in Zambia integrated ECP provision and counseling into police responses to sexual violence, with positive results (Keesbury et al., 2009b). The study also found that more cases of gender-based violence and rape were reported because women knew they could get ECPs from the police.

**Conclusions and Recommendations**
Access to ECPs varies across different country contexts and is influenced by a number of cultural, social and political factors. The Commission's recommendations to overcome barriers to ECP uptake are to: (1) increase knowledge and correct misperceptions about ECP among health consumers; (2) increase social marketing of ECPs; (3) increase use of mass media and interpersonal communication; (4) increase knowledge and reduce bias among health providers; (5) increase political support for ECPs; and (6) employ cross-sectoral approaches to increase ECP use.

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For tools and resources on demand generation for life-saving commodities, visit [http://sbccimplementationkits.org/demandrmnch/](http://sbccimplementationkits.org/demandrmnch/).

**References**


