



## ***Development of the Emergency Contraception Wheel***

### **Final project report to the European Society of Contraception and Reproductive Health**

#### **Introduction**

In October 2014, the European Consortium for Emergency Contraception (ECEC) was awarded a grant of 8.006 Euro by the European Society of Contraception and Reproductive Health (ESCRH) to implement the project “Development of the Emergency Contraception Wheel”. The goal of this project was to develop a user-friendly tool that helps women choose the best emergency contraceptive (EC) method for them. Since 2015, in most European Union countries, different EC methods are available directly from the pharmacies without prescription (ulipristal acetate and levonorgestrel EC pills). However, it is unclear to what extent women are informed of and offered choices when in need of EC. Furthermore, in some countries pharmacist associations developed and are implementing dispensation protocols which do not help women choose a method, but may rather become a new barrier to access. With this wheel, ECEC wants to create a counseling tool that will facilitate the provider-user interaction, based on collaborative ground by which both user and provider assess together what is the best EC choice for a woman in a given case.

With this project, ECEC contributes to

- a) strengthening evidence-based EC counseling and provision services, both in pharmacies and health centres,
- b) improving access to EC and
- c) creating an enabling environment for women to exercise choice when in need of EC.

The grant from ESC was received in November 2014 at the East European Institute for Reproductive Health (EEIRH). EEIRH hosts the European Consortium for Emergency Contraception since September 2014. The original timeline for project implementation was 8 months (November 2014 through June 2015). However, ECEC requested a no-cost extension to complete project activities by December 2015. This delay was due to the need to await for the publication of the new edition of the World Health Organization's (WHO) *Medical Eligibility Criteria for Contraceptive Use* in July 2015, in order to make sure that ECEC recommendations were aligned with WHO's.

#### **Activities implemented**

Throughout the project period, ECEC carried out the following activities:

1. Defined the terms of reference for an expert to develop the draft content of the EC wheel.
2. Established contact with the Department of Reproductive Health and Research of WHO to inform them of this project, and to request their help in identifying experts in the development of contraception counselling tools.

3. Identified and hired Dr. Anna Altshuler (USA), who had work with WHO in the 5<sup>th</sup> edition of the Medical Eligibility Criteria wheel.
4. Held calls with Dr. Altshuler in order to define the scope of work, the purpose of the wheel, the expected outcome of the consultancy, and a work timeline.
5. Reviewed key literature and other EC counselling tools.
6. Developed a first draft of the content of the wheel in August 2015. This first draft was developed after the publication of the MEC 5<sup>th</sup> edition, in order to ensure that ECEC recommendations were in line with the new WHO recommendations regarding EC.
7. Selected and contacted a group of international experts to invite them to participate in the technical review of the wheel content. This group was conformed by:
  - Dr. Kristina Gemzell (Sweden), European Consortium for Emergency Contraception (ECEC) and European Society of Contraception (ESC).
  - Dr. Medard Lech (Poland), ECEC and ESC.
  - Dr. Sharon Cameron (Scotland), ECEC and International Federation for Professionals in Abortion and Contraception (FIAPAC)
  - Dr. Tara Jatlaoui (USA), Center for Disease Control and Prevention (CDC)
  - Caron R. Kim, WHO
  - Mary Linn Gaffield, WHO
  - Elizabeth Westley, International Consortium for Emergency Contraception (ICEC)
  - Kelly Cleland (USA), American Society for Emergency Contraception (ASEC)
  - Mihai Horga (Romania), EEIRH
8. Coordinated two rounds of reviews by the experts group (September and November 2015).
9. Identified and hired a designer.
10. Conducted fundraising efforts with the two main EC manufacturers in Europe (Gedeon Richter and HRA Pharma) to request their support to continue this project in 2016.
11. In addition, conducted efforts to mobilise the cooperation of Contraception societies, to participate in the pre-testing of this tool.

## **Outcomes**

- A pilot of the EC wheel has been developed. Content has been drafted and a pilot design has been conceived. Regimes included in the wheel are levonorgestrel (LNG) and ulipristal acetate (UPA) EC pills, and the use of the copper IUD for EC. The wheel address key issues that should be considered by the user or the professional advising the user, when choosing an EC method: time since last episode of unprotected intercourse; risk of early pregnancy; previous use of EC in the same cycle; medical conditions (active cervicitis or PID); rare medical conditions; severe asthma on oral steroids and severe lactose problems); obesity; medications; breastfeeding; young women; never pregnant or nulliparous; post sexual assault.
- A group of international experts has been summoned, and key international health organisations such as WHO or CDC, have been involved in the process.
- Two rounds of technical reviews have been conducted. At the time of finalising the first review, research and changes in product labels in the United States, raised new questions regarding the recommendation of quick starting hormonal contraception after using UPA EC pills, and the recommendation of using LNG EC pills after UPA within the same cycle. Changes were introduced in the first pilot, in order to update this more recent recommendations.
- In the fundraising front, Gedeon Richter refused to provide funding for this project, but expressed its will to discuss future collaboration to produce the wheel and disseminating it at the country level. HRA Pharma is considering providing additional support to pre-test the wheel, and coordinate in-country production and dissemination.
- The Catalan Society of Contraception has agreed to collaborate with ECEC in conducting a pilot pre-testing session of the wheel, with a small group of pharmacists and primary care health providers during the first semester of 2016.

## **Next steps**

- This pilot will now be reviewed by the ECEC board and advisory committee, and will be submitted to the ESC Internal Scientific Committee for review and approval.
- The wheel needs to be pre-tested, ideally in different countries, in order to make sure that the information included is sufficient, clearly displayed and properly understood by the potential users of the wheel. ECEC will fundraise to develop a brief pre-testing methodology and seek the support of national or subnational contraception and pharmaceutical societies, to conduct a number of systematic pre-testing sessions in different countries. Potential countries are Croatia, the United Kingdom and Spain.
- Once feedback from the pre-testings is incorporated and the wheel is finalised, ECEC will need to develop a dissemination strategy.

ECEC wants to thank the ESCRH for its support and looks forward to further cooperation. We also want to thank the colleagues who generously participated in the technical reviews. We hope to continue this valuable cooperation with ESCRH to increase knowledge and promote equitable access to emergency contraception in Europe.

## **Annexes:**

1. The EC wheel - draft content. NOT FOR CIRCULATION
2. The EC wheel - draft design. NOT FOR CIRCULATION
3. Financial report