

Summary report on the

Training workshop on strengthening family planning services through evidence-based guidelines and best practices

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Tunis, Tunisia
13–16 November 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a training workshop on strengthening family planning services through evidence-based guidelines and best practices in Tunis, Tunisia, from 13 to 16 November 2016. The workshop was attended by 53 participants including 18 Member States and representatives from the United Nations Population Fund (UNFPA), International Planned Parenthood Federation (IPPF), National Board for Family and Population, Tunisia, and WHO. The workshop aimed to share family planning programmatic and managerial practices and approaches to help improve quality of, access to, and demand for effective family planning programmes.

The specific objectives of the workshop were to:

- train national reproductive health and family planning programme managers on the updated WHO technical guidelines on family planning;
- train managers on scaling up family planning best practices;
- develop managers' skills in integrating a family planning component within national reproductive, maternal, newborn, child and adolescent health (RMNCAH) strategic plans;
- determine key actions necessary to implement family planning guidelines and best practices.

Dr Syed Jaffar Hussain, Acting WHO Representative, Tunisia, stressed the crucial role of family planning in the continuum of care – particularly in the Eastern Mediterranean Region, where coverage of services is still low and unsatisfied need remains high. Dr Hussain highlighted the logistic issues hindering the availability of modern methods of family planning, which are required to respond to population need and contribute to reduction of maternal and newborn deaths. He emphasized the importance of considering the targets of the

Sustainable Development Goals (SDGs) by ensuring provision of family planning services, particularly in countries in crisis situations.

Dr Leila Joudane, Head of UNFPA Tunisia, noted the importance of adopting evidence-based interventions to strengthen family planning in countries of the Region. Dr Joudane emphasized that family planning is not about controlling birth, but mainly about responding to couples' choices in birth spacing. She also highlighted that family planning methods need to be more accessible and affordable, and there should be quality of care including good counselling. Moreover, family planning is a cost-effective high-impact intervention towards reducing maternal mortality by 30% through universal access to family planning services.

Dr James Kiarie, Coordinator, Human Reproduction, WHO headquarters, stressed the need to leverage family planning programmes with continuing adoption of modern methods at the country level and through coordinated collaboration with partners. It is important to strengthen the skills of family planning programme managers at country level to enable their ownership of the updated family planning tools and guidelines. These tools and guidelines need to be translated into tangible actions in the knowledge that family planning is a “best buy” to prevent maternal and newborn mortality.

Dr Maha El-Adawy, Director, Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean, outlined the overall situation of family planning in the Region. Family planning constitutes an important contribution to the achievement of the SDGs by reducing maternal and newborn mortality, as well promoting the well-being of women, children and families, and being an essential service in the continuum of care. The Eastern Mediterranean Region has the second highest unmet need for family planning (19.8%)

among WHO regions after the African Region, while countries with the highest maternal mortality ratios also have the highest unmet need for family planning. High unmet need for family planning in the Region is mainly due to lack of accessibility to services, poor quality of care – including poor counselling leading to missed opportunities for adopting contraceptive care – and lack of information resulting in misconceptions and rumours about family planning.

Dr El-Adawy emphasized the need for building on family planning best practices through the adoption of evidence-based guidelines, use of communication channels and tools to stress the benefits of modern methods, and integration of family planning within other maternal, newborn and child health components. Many barriers exist to contraceptive care in emergency settings, namely non-availability of methods and lack of counselling, and there are gaps in reproductive health policies and rights at country level.

2. Summary of discussions

Discussions focused on progress in implementation of family planning programmes in participating countries and related scale-up activities in the Eastern Mediterranean Region. WHO, with partners, has developed family planning tools to ensure evidence-based scale up of best practices in the Region.

There was consensus that met need for family planning should be considered a human right, and that disseminating adequate family planning information and providing services for better contraceptive care to the population is crucial. There was consensus on the important role of WHO specific family planning tools and guidelines in strengthening the knowledge and skills of health workers and in improving the quality of family planning services.

Participants acknowledged the importance of family planning as an evidence-based and cost-effective intervention for reducing maternal and newborn mortality and morbidity. There is a need to scale up family planning best practices by ensuring political commitment, involving all partners including religious leaders, and strengthening integration of family planning in existing maternal and child health programmes. Integration of family planning within the maternal and child health package is essential at all levels during service delivery, monitoring and evaluation.

Participants shared achievements including regulations, policies and strategies; scalability and sustainability of family planning programmes through delivery of a basket of modern methods in health facilities; offering proper counselling to prevent misconceptions and misinterpretations; and, ensuring commodity security at different levels. There was consensus on ownership and leadership in implementing family planning programmes at country level, and also on adopting the new family planning guidelines and tools at country level. The establishment of national family planning committees involving experts, academia and stakeholders was considered essential to validate WHO tools, adopt them in service protocols and consider them in academic curricula and training.

Scaling up family planning and progressing towards universal contraceptive care in the Region

Group work was conducted to discuss the key elements required for scaling up family planning services at country level. The focus was on achievements, challenges and gaps, key actions required to address challenges/gaps, capacity-building, institutionalization of services, next steps, and the role of WHO, UNFPA and other concerned partners in supporting country plans.

The key responses shared during the group work are listed below.

Achievements:

- reduction in disparities between different community groups in accessing family planning;
- increase in awareness of family planning issues;
- coordination between all sectors (ministry of health, nongovernmental organizations, etc.);
- integration of family planning along the continuum of care;
- increase in use of long-term contraceptive methods;
- decrease in adoption of traditional methods;
- increase in contraceptive coverage in emergency settings and among refugees.

Challenges and gaps:

- lack of governance, leadership, ownership and institutionalization;
- lack of health providers skilled in family planning;
- poor accessibility to family planning services and secured commodities;
- lack of standardized service protocols;
- poor quality of services, including counselling;
- lack of proactive communication plans to address prevailing cultural and religious barriers;
- lack of supportive monitoring;
- weak collaboration between public and private sectors;
- inadequate consideration of male involvement.

Key actions:

- integrate a family planning component within RMNCAH continuum of care and strategic planning;
- increase community awareness of benefits of family planning;
- improve health service delivery, free of charge;

- increase availability of modern contraceptive methods and improve commodity security;
- increase capacity-building and training;
- improve quality of care, service coverage, relationship between users and providers, and service delivery environment;
- institutionalize family planning budget line to ensure commodities;
- provide emergency contraceptive kits for refugees and displaced populations.

Capacity-building:

- organize competency-based training of trainers on family planning and related issues;
- develop materials;
- identify resource team;
- ensure financial support.

Institutionalization of services:

- share evidence with government and policy-makers;
- define actions plans with clear objectives and actions;
- assess the situation;
- involve all concerned partners and stakeholders;
- establish family planning budget line;
- integrate family planning into RMNCAH package.

Next steps:

- advocacy;
- resource mobilization;
- procurement;
- reporting information system;
- documentation and dissemination of results and success stories;
- national workshop on strengthening birth spacing, involving all partners;

- religious leaders involvement;
- women's empowerment.

Role of WHO, UNFPA and other partners:

- provide technical support to update national guidelines;
- undertake research in collaboration with partners;
- improve family planning supplies and commodity security;
- improve information system, monitoring and evaluation;
- develop materials for information, education and communication activities;
- ensure close coordination between partners and donors.

Assessment of implementation of best practices in family planning services

The findings of a best practices assessment survey were shared with participants. Findings showed that most Member States in the Region have family planning policies in place and are adopting the updated family planning guidelines and protocols. Availability of contraceptive method mix and commodity security remains an issue in some countries. Family planning promotion activities also remain weak and require increased social mobilization and community participation. In addition, some countries are not targeting vulnerable social groups to meet their family planning needs. Sustainability, scalability and integration of family planning services and best practices at all levels are seen as essential elements for successful family planning programmes, and quality of care is crucial to ensure good adoption by users.

Family planning and social norms

The main reasons for poor utilization of family planning services in countries were determined as: limited choice of family planning

methods; limited access to care; poor quality of existing services; unrealistic fear of side-effects; and sociocultural barriers.

Social norms, such as the linkages between religion and gender values, were seen as major factors governing population behaviour and influencing decision-makers in countries. Key social reasons for non-acceptance of family planning include misconceptions and misinformation, and male dominance in decision-making. In some countries, Islamic teaching is understood as being against family planning, although this is not the case.

Participants agreed that gender norms are one of the strongest social influences shaping people's lives, and that patriarchal social norms influence family planning practices (for example, birth spacing, preferred sex of child, age at marriage, sexual and reproductive health). Male involvement in family planning was recognized to be limited and this resulted in limited participation. Information, education and communication interventions have a major role in addressing such challenges. The faith approach was one of the strongest interventions proposed, especially if supported with relevant information from religious teachings. Moreover, community mobilization is essential to share correct information about family planning and methods.

Regarding exposure of adolescents to unplanned pregnancy, it was noted that most countries in the Region have a relatively large proportion of young people and that many pregnancies result from early marriage (under 18 years), leading to high risk of a negative pregnancy outcome. Emphasis should be on adopting WHO guidelines for prevention of early pregnancy through the following interventions:

- educating target groups on the risks of early pregnancy, and the means and ways to prevent it;

- issuing appropriate legislation to ensure adequate accessibility contraceptive services to adolescents;
- improving availability of skilled health workers for teenage pregnancies (when they occur).

Based on the experience of some countries in preventing adolescent pregnancy, a consensus was reached on the need to scale up adolescent sexual and reproductive health. The following actions were recommended:

- recognize adolescent sexual and reproductive health as a priority area in national agendas;
- ensure involvement of concerned active players and stakeholders;
- ensure security of resources needed to implement relevant programmes and services.

Monitoring family planning programmes at country level, in line with SDG targets

Based on the SDGs and the Global Strategy for women's, children's and adolescents' health (2016–2030), WHO provided technical steering in the development of the indicator and monitoring framework for the Global Strategy. The framework focuses on 60 indicators and 16 core indicators; family planning is one of the key indicators. When adopting family planning metrics to measure the progress of programme implementation, countries should take into account existing indicator sets including Family Planning 2020 (FP2020), relevant WHO and UNFPA indicator lists, and human rights-related indicators. When updating/revising an indicators list at country level, policy-makers need to consider the following key monitoring elements:

- family planning is a key aspect in achieving SDG targets by 2030;

- progress in meeting family planning needs (proportion of women with family planning needs satisfied) is monitored as part of global monitoring mechanisms;
- the equal importance of monitoring family planning programme implementation: inputs, processes, outputs and outcomes;
- availability of tools to develop an indicators framework based on country priorities, investment, etc.

Overview of WHO family planning guidelines

Family planning guidelines developed by WHO aim to ensure safety and quality of contraception, human rights in family planning programmes, implementation and scaling up of required services, and that the needs of specific populations are addressed.

Once guidelines are developed, they need to be translated into national policies and protocols, translated into health programmes, and used to improve the coverage and quality of family planning services. WHO guidelines and tools include:

- *Medical eligibility criteria for contraceptive use*, fifth edition (2015);
- *Selected practice recommendations for contraceptive use*, third edition (2016);
- Medical eligibility criteria wheel for contraceptive use (2015);
- *Decision-making tool for family planning clients and providers: a resource for high-quality counselling* (2005);
- Postpartum Family Planning Compendium (2016);
- *Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations* (2014).

Other related guidelines that are currently being updated include *Family planning: a global handbook for providers* (including contraindications of methods), *Reproductive choices and family planning for people living with HIV: counselling tool*, and *A guide to family planning for community health workers and their clients*.

The fifth edition of WHO's *Medical eligibility criteria for contraceptive use* (MEC) aims to determine the safety of various family planning methods for use in the context of specific health conditions and characteristics. The target audience includes policy-makers and programme managers. MEC highlights human rights and addresses issues of service quality and accessibility that affect method use and choice (effectiveness, return to fertility, sexually transmitted infections, etc.). Effectiveness is reflected through typical use (in normal conditions) and perfect use (in ideal conditions) by measuring the risk of unintended pregnancy within a year of use. Changes included in the updated version of MEC are:

- expansion of family planning in the postpartum period while breastfeeding;
- more contraception options for women living with HIV, including those on antiretroviral therapy: no restriction on combined hormonal or progesterone-only contraceptives, levonorgestrel-releasing intrauterine device (LNG-IUD) can be used;
- addition of four new methods of contraception: subcutaneous depot medroxyprogesterone acetate (DMPA); Sino-implant (II) (150 mg LNG implant); ulipristal acetate (delays ovulation with a single dose and is effective up to 120 hours); progesterone-releasing vaginal ring (delivers a daily dose of natural progesterone for breastfeeding women);
- adolescents can use all methods of contraception including IUDs and implants.

The third edition of WHO's Selected practice *recommendations for contraceptive use* (SPR) and the digital Postpartum Family Planning Compendium were presented. There was consensus on the need for standardized training materials, since many family planning tools are outdated and do not have educational tools. The WHO training resource package for family planning comprises web-based materials and tools for countries' use, including quality training and education tools, pre-service and in-service training tools (applicable in both public and private sector), and specific training tools for target audiences. Many partners have been involved in the development, review and dissemination of the tools including UNFPA, United States Agency for International Development (USAID) and IPPF.

Group work was conducted to familiarize participants on the use of the Medical eligibility criteria wheel for contraceptive use (MEC wheel). Emphasis was given to the importance of establishing national family planning committees to review, adapt and translate tools and guidelines, as well as to plan workshops for dissemination of tools and launch training to strengthen family planning providers' skills. Introduction of the tools in pre-service curricula is feasible and will improve family planning knowledge, and ensure prescription of the right contraceptive method to avoid possible side-effects and contraindications. The wheel can be used only by trained health providers including doctors, nurses and midwives while considering the method mix available at the country level. The adoption of the MEC wheel in emergency settings might be challenging, but could be achieved by training health providers on existing methods while adopting the wheel.

FP Umbrella project on strengthening family planning

The FP Umbrella project aims to strengthen family planning at the country level. It focuses on four areas:

- making WHO guidelines adaptable and appropriate for country use;
- building country capacity to support implementation of WHO guidelines;
- providing technical support to countries in collaboration with the International Federation of Gynecologists and Obstetrics to train obstetricians/gynaecologists;
- strengthening partnership and coordination.

Specific lessons learned from other regions include the necessity of linking projects to the WHO planning process to ensure ownership at all levels, the need to clarify roles and responsibilities, and the need to decentralize funding. In addition, the need for innovative models for capacity-building using cascade training has emerged, as well as for active coordination and communication through regular meetings and newsletters.

Linkages to partners and initiatives, including the UN Global Strategy 2016–2030

A panel discussion was held on how to engage partners while adopting implementation of family planning best practices, and how tools and guidelines can be disseminated through partnership and stakeholders in line with the Global Strategy for women's, children's and adolescents' health (2016–2030) and SDGs. The Implementing Best Practices (IBP) initiative provides a strong platform with an efficient network for communication. Currently, 163 members from 39 countries are collaborating and sharing narrative stories and best practices in family planning services. Support is provided through IBP and WHO to prepare health forums and workshops to disseminate best practices in countries, while ensuring more visibility for WHO family planning tools and guidelines.

Linkages between partners and institutions are an essential component in scaling up and strengthening family planning programmes at the country level. The National Board for Family and Population (ONFP) in Tunisia was created in 1978 with a mission to implement population, reproductive health and family planning programmes. The success of family planning in Tunisia is due mainly to political commitment, legislation, leadership and good coverage through a life-course approach in all health facilities. In 2009, ONFP became a WHO collaborating centre and started assisting countries in reproductive health research and training with national and international partners (UNICEF, UNFPA, United Nations Development programme (UNDP), Japan International Cooperation Agency (JICA), UN Women, etc.). Training activities focus on counselling, contraceptive care, safe motherhood, and information, education and communication activities, as well as technical assistance in the field to respond to countries' needs through mobile teams of experts.

The International Planned Parenthood Federation (IPPF) explained the key channels to strengthen linkages with family planning partners through its network in countries. The IPPF Arab World Region office is involved in all RMNCAH activities including family planning. Strengthening service delivery and the quality of contraceptive care using a family planning package is crucial to improve health providers' skills, particularly through the use of a quality of care checklist. The IPPF regional office stated its strong will to ensure the dissemination of new family planning tools, involving all family planning partners including ministries of health.

WHO guidelines and tools: development and utilization in countries

Selected countries presented their experience in adapting, adopting and implementing WHO family planning tools and guidelines (MEC, SPR and MEC wheel). Best practices include:

- establishing national committees for adaption of family planning tools;
- translating family planning tools into local languages;
- developing family planning training modules for adoption in teaching curricula;
- conducting training-of-trainers workshops for physicians, nurses and midwives on family planning guidelines, using cascade training;
- revising the decision-making tools for counselling;
- ensuring national position for family planning commodity provision at ministry of health level;
- ensuring partners' involvement to enhance family planning programme performance.

The main challenges are:

- lack of financing and commodity security;
- poor family planning skills strengthening;
- unavailability of funds to ensure training of trainers and cascade training;
- inadequate counselling at the delivery point;
- poor monitoring and evaluation, particularly the family planning reporting system.

Group work was conducted with ministry of health teams, UNFPA, IPPF and WHO to develop country action plans for family planning in 2017–2018, focusing on priority actions and taking monitoring and evaluation into consideration.

Key action points

- Institutionalize family planning programmes:
 - determine internal and external partners.
- Improve coverage and accessibility:
 - ensure commodity security in all facilities;
 - introduce new family planning methods where needed;
 - introduce family planning in premarital services.
- Improve quality of care:
 - update the existing national protocols using WHO/family planning guidelines;
 - use quality of care checklist;
 - provide the required training and supervision;
 - strengthen family planning counselling;
 - ensure community-based family planning interventions.
- Promote family planning and raise community awareness:
 - strengthen information, education and communication activities;
 - ensure involvement of religious leaders and male population;
 - strengthen community health workers' skills and awareness of new family planning methods;
 - increase social mobilization.
- Strengthen family planning health management information systems and research:
 - strengthen reporting through integration in the health management information system;
 - adopt family planning checklist for better quality of care;
 - invest in family planning research.

3. Next steps

1. Ministries of health and partners to finalize the countries' draft action plans within the RMNCAH strategic plan by 10 January 2017.

2. WHO to send reminders to non-respondents by 20 January 2017.
3. WHO to provide technical feedback on submitted action plans by 15 February 2017.
4. Ministries of health and partners to finalize the countries' action plans by 31 March 2017.



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