



**Report of Implementing Best Practices
Stakeholder Consultation for the MEC/SPR
Implementation Guide:
Technical Consultation**

**Washington, D.C.
August 11th, 2016**

Rationale and Objective of Meeting:

RATIONALE: Through a three-year grant from the Bill and Melinda Gates Foundation, WHO will prepare an implementation guide for its *Medical eligibility criteria for contraceptive use* (MEC) and *Selected practice recommendations for contraceptive use* (SPR) guidelines. This guide will offer policy makers and program managers practical information on how to interpret, adopt, adapt, and implement WHO recommendations on contraceptive service delivery into national programs, protocols, and guidelines. Additionally, to improve the usability of the MEC and SPR guidelines, WHO will prepare new simplified guidance addressing contraceptive method eligibility provision of contraception.

OBJECTIVE: To engage IBP members to advise in this process, through a stakeholder meeting. The inputs and advice obtained during this consultation will be shared with an external Working Group to further inform the development the WHO MEC/SPR Implementation Guide, as well as provide key information that will be used to finalize the Guide during a global consultation that will be held in early 2017.

Highlights and Key Themes from the Meeting:

Sharon Rudy, director of the Global Health Fellows Program/Public Health Institute, provided the **Welcome Address**. She highlighted the importance of engagement and partnership of IBP with the World Health Organization.

Mary Lyn Gaffield, Scientist at WHO Department of Reproductive Health and Research, and **Ados May**, Senior Technical Advisor at IBP provided the **Consultation objectives and background**.

Consultation objectives

- To engage with IBP membership on the preliminary content of an MEC/SPR guideline implementation guide
- To identify gaps where additional practical guidance and/or inputs from IBP stakeholders is needed
- To offer feedback on a draft decision aid for providers that integrates contraceptive eligibility and service provision information
- To define the process for continued engagement with IBP, in order to complete the guide during 2017.

Background

Mary Lyn Gaffield reviewed the WHO's family planning guidance documents including the Medical Eligibility Criteria, Selected Practice Recommendations, the MEC Wheel, Reproductive Choices and Family Planning for People with HIV, and the Guide to family planning for health

care providers and their clients. The MEC provides guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics. The *SPR* provides guidance for how to use contraceptive methods safely and effectively once they are deemed to be medically appropriate. Mary Lyn then introduced the Gates Foundation Family Planning Umbrella Grant, a 4.75 million USD grant to strengthening the policy level and health system response to reduce unmet need for contraception through three interrelated work streams. As part of Work stream 1, the WHO has been tasked with the creation of the MEC and SPR implementation guide. Finally, Mary Lyn described new guidelines and tools to be released by the WHO, including a French translation of the MEC, French and Spanish translations of the MEC wheel, the 3rd edition of the SPR, and plans to update the Global Handbook and Decision Making Tool for Family Planning Clients and Providers.

Titilope Oduyebo of the CDC then presented **“Understanding the dissemination and implementation processes of the World Health Organization Family Planning Guidance.”**

Titi described her USAID-funded research which aimed to document examples of dissemination and implementation of the WHO family planning guidance, to assess the perceived impact of the dissemination and implementation process, and to identify ways to strengthen dissemination and use of materials for the future. She conducted semi-structured key informant interviews with WHO regional advisers in Spring 2015, as well as in-person interviews with policy-makers, implementers, and end-users in Ethiopia and Senegal during the Summer 2015.

WHO regional advisers reported that an implementation guide for WHO family planning guidance was necessary and important, content would depend on the target audience, and recommended a short, adaptable document. They recommended that WHO family planning guidance updates be used to revise countries’ national family planning guidelines.

In Ethiopia, on the national level, family planning guidance was adapted for language and simplicity for the use of community health workers, and was adapted in cases where a method was not offered or guidance could not be followed. At the regional and local level, there was provision and training for the National FP Guidelines, the Global Handbook, MEC chart and wheel, pregnancy check list, and wall chart. In Senegal, WHO guidance was adapted at the national level for language, as well as if certain methods were not offered if there was conflict with norms and/or traditions. Updated WHO guidelines were incorporated, such as the use of IUD in nulliparous women. At the regional and local level, participants were trained to use Policies, Norms, and Protocols, the MEC chart and wheel, pregnancy checklist, DMT, and wall chart.

In both countries, some clinics/staff did not have tools available due to staff turnover or other reasons. In both countries, political commitment to family planning, financial and technical support, support from WHO, and trust in the WHO were described as facilitators to the use of WHO guidance. Barriers to the use of WHO FP guidance included traditional gender norms, religion, shortage of skilled health providers, and instability. In addition, there was reported lack of clarity for some MEC categories, inconsistent communication with WHO, high cost of the MEC wheel, and time lags with regard to translations. Conclusions were made that communication with WHO and provision of information in between guidance updates might lead to greater use of materials.

Sarita Sonalkar, an obstetrician/gynecologist at the University of Pennsylvania and WHO Consultant in the Department of Reproductive Health and Research, then presented **“Development of WHO MEC/SPR Implementation Guide.”**

She reviewed the process for developing of a framework for the WHO MEC/SPR Implementation guide. She updated the group on the Implementation Guide Working Group Meeting, held in Geneva, Switzerland in April 2016. During this meeting, examples of adaptation of the MEC into countries guidance were reviewed, previously developed WHO implementation guides were considered, and a strategy and framework for the MEC/SPR implementation guide was created.

Proposed implementation guide elements as determined in the Working Group Meeting included three strategies:

Strategy 1: Help countries take ownership of MEC/SPR guidelines

To do this, the working group proposed the creation of an Adoption/Adaptation Guide for the use of WHO resources. Within this guide, proposed elements included a description of WHO tasks at each level of WHO leadership, guidance regarding prioritization in adoption/adaption with a self-assessment checklist, recommendations regarding the process of adoption/adaptation, and case studies of successful examples of adoption or adaptation. In addition, recommendations and guidance for the process would be included in a “toolkit,” including a budget template, a template of a profile of a core team of champions and experts, a sample agenda for a multi-day meeting, and a sample media strategy. The guide would also include recommendations to ensure sustainability, such as involvement of the ministry of health, field testing of materials, and integrating tools into pre-service and in-service training.

Strategy 2: Improve usability of guidance

The group recommended improving usability of current tools, specifically the MEC wheel. Proposed elements of this revision include color-coding MEC numbers as red and green, and including additional counseling message such as effectiveness of methods.

Strategy 3: Turn policy into practice

For an implementation strategy, an incorporation of an audit process with outcome measurement was recommended, a plan for monitoring and evaluation, continued support from WHO and partners, and an emphasis on sustainability by insuring availability of materials and training.

Simplified MEC Wheel and SPR tool

Anna Altshuler, an obstetrician/gynecologist and WHO Consultant for the Department of Reproductive Health and Research, then discussed preliminary concepts for a frontline provider MEC/SPR tool, which increases the usability of the MEC wheel and integrates it with counseling messages from the SPR. Anna described the current 2015 MEC wheel, and discussed potential conceptual improvements that were recommended from the Working Group meeting in Geneva in April 2016. Content improvements were proposed to include modifying current conditions and characteristics to balance between advocacy and clinical complexities, adding additional methods such as LAM and sterilization, increasing the readability of the EC information, and mentioning post-abortion contraception. It was proposed to change the order of methods on the wheel from most to least effecting (from the outer to the inner ring). On the

jacket, Anna proposed adding SPR information regarding method initiation, ruling out pregnancy, and follow-up guidance. Proposed additional conditions included postpartum and *not* breastfeeding, gestational trophoblastic disease, post-abortion family planning, and systemic lupus erythematosus. A proposed layout for the wheel was presented.

Integrated Summary of IBP Group Recommendations:

The meeting participants then broke out into groups with the following tasks:

Group A: Development of simplified WHO guidance (MEC Wheel and SPR tool)

Group B: Implementation guide format and interface

Group C: Implementation guide content

Group D: Linkages with other implementation tools

As many recommendations from each of the groups crossed into topics from other groups, we present below an integrated summary of group recommendations.

Recommendations: MEC/SPR wheel tool revisions

One small group was tasked to develop guiding principles for a revised MEC/SPR Integrated Tool, evaluate essential conditions on the MEC wheel, and assess readability and value of new content. The group generated many specific recommendations for a revised tool.

Guiding principles for the MEC/SPR wheel tool

1. Consider a community health worker with limited medical knowledge as the end user.
2. Prioritization of the following:
 - a. Simplicity for providers
 - b. High yield: Conditions on the wheel should be those with high prevalence
 - c. Advocacy: Keep conditions that have few or no medical contraindications but have historical reasons women have been denied contraception
3. Keep the wheel and the jacket separate
4. The full MEC/SPR documents may be adapted into an electronic phone app
5. Once prototype wheel and jacket are complete, hire an instructional design expert. IBP partners have connections with such experts
6. Field test prototype, possibly in partnership with IBP organizations
7. Investigate how to reduce cost of the wheel.

Specific recommendations for the wheel

Front of wheel

1. Color code categories such that 1 and 2 would be green & 3 and 4 would be red
2. Add “voluntary sterilization, male (vasectomy)” and “voluntary female sterilization” to the methods included
3. Organize the methods in tiers from most to least effective
4. Add a message stating “Most women are eligible for all methods of contraception.”

Back of Wheel

1. Place “conditions that are category 1 or 2” at the top and make it more prominent
2. Add a section on key counseling messages. The wording may come from SPR
3. Add statement about “ruling out pregnancy” with a simple statement that a woman does not have to be on her period to initiate a method.

Jacket

1. Focus on counseling
2. Add effectiveness chart
3. Add checklist “how to be reasonably certain a woman is not pregnant” and statement that most contraceptive methods can be initiated at any time in the menstrual cycle.
4. Task-shifting statement
5. Emergency contraception information as relevant for initiation of pre-coital contraception

Recommendations: Implementation Guide Format and Content

The proposed purpose of the Implementation Guide as recommended by the Working Group was to help Ministries of Health to adopt or adapt MEC and SPR. However, the IBP stakeholders recommended a refined purpose: *to offer a standardized process by which MOHs or partners could lead the process of incorporating the MEC and SPR into national service delivery guidelines*. To do this, the group recommended emphasizing adoption and incorporation, with less focus on adaptation.

To help facilitate this process, the group suggested a series of steps to facilitate country adoption of WHO guidelines:

1. Evaluate health literacy through field testing of providers and clients
2. Conduct a mapping of key stakeholders, resources, personnel, and documents
3. Convene a meeting to review the new MEC and SPR, and consider what the new guidance means for the country’s existing service delivery guidelines
4. Action plan on next steps to make guideline changes, who to contact about the adaptations that will be needed in training materials
5. Ensure that this process includes a measurement plan to track dissemination
6. Create a feedback mechanism/audit process
7. Provide a knowledge management/dissemination strategy plan template in the implementation guide with the following strategies incorporated:
 - a. Media involvement
 - b. Journal article
 - c. Webinar trainings for MOH and on-ground partners

Recommendations: Dissemination of the Implementation Guide

1. Disseminate guidance through CORE group, IBP, and other organizations; recommend organizations place links to guide in their library of tools

2. Integrate guidance into pre-service and in-service educational curricula for providers and health workers
3. Create integrated working groups to have multiple sectors' input
4. Develop strategies to partner with religious groups
5. Roll out implementation guide with medical universities and teaching hospitals, medical societies, and private-sector faith-based community
6. Involve local, national, and international societies and non-governmental organizations at a country level that are running family planning programs
7. Develop a field version of the implementation guide: single-page document that has linkage to the MEC Wheel and WHO tools
8. Ensure that adoption of MEC/SPR guidance is included in the Country Cooperative Strategy for 5 year plan- agreement of prioritized sectors and themes that WHO and MOH choose to address in that 5 year strategy
9. Ensure that WHO and UNFPA work at the country level together
10. Consider how to integrate into other health sectors such as nutrition and community health

There was discussion regarding the importance of monitoring dissemination to the end users/providers, including discussion of a study that looked at dissemination of national service delivery guidelines, "Stanback, J. et al. Improving adherence to family planning guidelines in Kenya: an experiment. *International Journal for Quality in Healthcare* (2007) **19** 68-72."

Recommendations: Linkages to existing implementation guides and implementation tools

IBP members considered how the implementation guide can be linked to other established global health tools, in order to disseminate guidance broadly and efficiently:

- The Training Resource Package for Family Planning: increase reference to WHO guidance
- UNFPA tools
- International Planned Parenthood Federation
- WHO: Ensuring Human Rights Within Contraceptive Service Delivery
- USAID partners- Knowledge for Health tool kits
- CDC MEC/SPR app
- FHI 360 Quick Reference Chart for WHO MEC
- Hesperian Health Guides (hesperian.org), a nonprofit health information and health education source that develops easy to read materials that are produced in many languages
- UNHCR- Reproductive Health in Refugee Situations
- IWAG (Interagency working group on reproductive health in crisis)

Recommendations: Models of successful Implementation Strategies

- MSF-Ebola App
- CORE group Polio project

- The Sphere project (sphereproject.org)
- WHO Injury Surveillance
- CDC Dissemination and Evaluation Checklist

Highlights of Small Group Discussions and Closing Remarks

Highlights of small group discussions were reported back to the larger group as noted above. Finally, Mary Lyn Gaffield provided Closing Remarks, provided thanks to the IBP Partnership and membership, and discussed plans for continued engagement with IBP partners.

Presentations

For additional materials and presentations, please visit:

<https://www.dropbox.com/sh/k8tx7k1yxjaagt/AADaaPkl-jb0jEVrKiWeWR4ma?dl=0>

Acknowledgements

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Appendix 1: List of meeting participants

First Name	Last Name	Email Address	Organization
Candace	Lew	clew@pathfinder.org	Pathfinder
Emma	Clark	eclark@chemonics.com	Chemonics
Ronnie	Lovich	rlovich@edc.org	EDC
Wayne	Shields	wshields@arhp.org	ARHP
Lisa	Hilmi	Lhilmi@coregroupdc.org	CORE Group
Esther	Tahrir	etahrir@ihp.org	PHI
Lucy	Wilson	lwilson@fhi360.org	FHI 360
Roy	Jacobstein	rjacobstein@intrahealth.org	IntraHealth
Rati	Bishnoi	rbishnoi@familyplanning2020.org	FP2020
Kamlesh	Giri	kgiri@care.org	CARE
Christine	Bixiones	cbixiones@psi.org	PSI
Beth	Fredrick	bethfred@jhu.edu	JHU
Ruwaida	Salem	rsalem@jhu.edu	JHU-CCP
Teshome	woldemedhin	Twoldemedhin@usaid.gov	USAID
Meg	Schmitt	mschmitt@engenderhealth.org	EngenderHealth
Sarita	Sonalkar	sonalksa@gmail.com	WHO/Consultant
Abdulmumin	Saad	absaad@usaid.gov	USAID
Megan	Christofield	megan.christofield@jhpiego.org	Jhpiego
Kate	Cho	kcho@msh.org	MSH
Margaret	D'Adamo	mdadamo@usaid.gov	USAID
Jessica	Reinholz	reinholzj@ipas.org	Ipas
Sharon	Rudy	srudy@ghfp.net	PHI
Joanne	Gleason	jgleason@popcouncil.org	Population Council
Mark	Hathaway	Mark.Hathaway@jhpiego.org	Jhpiego
May	Post	may_post@abtassoc.com	Abt Associates
Merce	Gasco	mgasco@jsi.com	JSI
Victoria	Jennings	Victoria.Jennings@georgetown.edu	IRG
Ados	May	Ados.may@phi.org	IBP
Michelle	Prosser	mprosser@savechildren.org	Save the Children USA
Anna	Altshuler	aaltshuler@post.harvard.edu	WHO/Consultant
Titilope	Oduyebo	ydk7@cdc.gov	CDC (remote presenter)
Kate	Curtis	kmc6@cdc.gov	CDC (remote presenter)
Mary Lyn	Gaffield	gaffieldm@who.int	WHO (remote presenter)

Appendix 2: Agenda

IBP Stakeholder Consultation – MEC/SPR Implementation Guide
Thursday, 11 August 2016
Venue: GHFP – II, 1201 Pennsylvania Avenue NW, Washington, DC 20004

Meeting Objective: To gather input for practical guidance for program planners and managers on the proposed MEC/SPR Implementation Guide.

Time	Topic	Facilitator/speaker
9:00	Welcome	Sharon Rudy, GHFP/PHI
9:10	Introduction: Consultation objectives and background <i>Consultation objectives and background</i>	Mary Lyn Gaffield, WHO (virtual), Ados May, IBP
9:20	Understanding the dissemination/use of WHO family planning materials: preliminary results <ul style="list-style-type: none">• Project methodology and preliminary results	Titilope Oduyebo, CDC (virtual)
10:15	Development of WHO MEC/SPR Implementation Guide <ul style="list-style-type: none">• Working Group April consultation• Draft strategic framework	Sarita Sonalkar, WHO Consultant
10:45	Simplified MEC Wheel and SPR tool <ul style="list-style-type: none">• Draft concept for increasing the usability of MEC Wheel• Preliminary concept for a frontline provider SPR tool	Anna Altshuler, WHO Consultant
11:15	Introduction to Small Group Work <ul style="list-style-type: none">• Objectives and opportunities for feedback	Sarita Sonalkar, WHO Consultant
11:20	Small Group Discussions: First round Group A: Development of integrated WHO guidance (MEC Wheel and SPR tool) Group B: Implementation guide format and interface: Group C: Implementation guide content Group D: Linkages with other implementation tools	Anna Altshuler & Sarita Sonalkar, WHO Consultants; Mary Lyn Gaffield, WHO; Ados May, Esther Tahrir, IBP
12:30	Lunch Break	
13:15	Small Group Discussions: Second round	Anna Altshuler & Sarita Sonalkar, WHO Consultants; Mary Lyn Gaffield, WHO; Ados May, Esther Tahrir, IBP
14:30	Highlights of Small Group Discussions	Anna Altshuler & Sarita Sonalkar, WHO Consultants
15:45	Closing Remarks and next steps	Sarita Sonalkar & Mary Lyn Gaffield

