

Summary report on the

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**Training of trainers course
for national gynaecology
and obstetrics societies and
midwifery associations on
evidence-based guidelines
for strengthening family
planning services**

Beirut, Lebanon
22–24 August 2017



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions.....	2
3.	Next steps.....	6

1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a training for trainers course for International Federation of Gynecology and Obstetrics-affiliated national gynaecology and obstetrics societies and midwifery associations on evidence-based guidelines for strengthening family planning services in the Eastern Mediterranean Region in Beirut, Lebanon, from 22 to 24 August 2017. The training course was attended by 48 participants from 12 countries of the region, regional and international experts, and staff from the United Nations Population Fund (UNFPA) and WHO headquarters, the Regional Office and country offices of the Region.

The objectives of this training course were to provide participants with an introduction to and/or an update on key WHO guidelines and derivative tools on family planning; discuss and develop training materials for national training; and plan national training workshops and support relevant national activities in countries of the Region.

In his course inauguration speech, Dr Faysal El-Kak, President, Federation of Arab Obstetrics and Gynecology Societies, highlighted the crucial role played by family planning in the continuum of care, and particularly in the Region, where family planning service coverage levels are still low.

Dr Petrus Steyn, Reproductive Health and Research Department, WHO headquarters, stressed the importance of updating participants on how WHO family planning guidelines and tools can be used at country level to strengthen family planning services.

In an overview of the status of family planning in the Region, Dr Ramez Mahaini, Coordinator, Maternal and Child Health, WHO Regional Office for the Eastern Mediterranean, noted that the regional percentage of unmet family planning needs, at 19.8%, was the second highest globally, and that the Region also had the second-lowest global contraceptive prevalence rate; this was mainly due, he said, to a lack of awareness about and access to services, and poor quality of care.

2. Summary of discussions

Discussions at the start of the training course focused on examining updates on country progress in scaling up family planning activities in the Region.

Participants agreed that the main barriers to effective family planning service provision in the Region included low levels of access to reproductive and maternal health services, inadequate quality of contraceptive care, poor family planning counselling, a lack of information and misconceptions, a lack of social and spousal support, and religious opposition to family planning interventions.

There was a consensus on the fact that a lot remains to be achieved regarding the SDG targets related to family planning. Most countries of the Region have developed appropriate family planning policies, but their implementation is seriously affected by insufficient funding, problems relating to commodity security, and limited access to services. Participants agreed that the keys to effective and sustainable family-planning programmes are high-level political commitment; a broad coalition of support from elite groups; adequate funding; counselling and awareness raising; making a range of contraceptive methods available through medical facilities; outreach services; making the link

between respect for reproductive rights and strong advocacy for planned pregnancies via the adoption of effective contraceptive methods; and the involvement of national authorities and stakeholders, including civil society and the scientific community.

WHO family planning guidelines were then discussed. These included: *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); *Family planning: a global handbook for providers* (2011 update); and the *Compendium of WHO recommendations for postpartum family planning* (2016).

The discussion on *Medical eligibility criteria for contraceptive use* emphasized the following issues that should be taken into account when applying the medical eligibility criteria to programmes: informed choice, elements of quality of care, essential screening procedures for administering the methods, provider training and skills, and referral and follow-up for contraceptive use as appropriate. Discussions also highlighted the importance of the criteria in the provision of contraceptive services for people with disabilities, and for adolescents. The changes made in the fifth edition of *Medical eligibility criteria* were then outlined for participants.

The complexity of the postpartum period with regard to family planning, and specifically for contraceptive use among women who are up to 42 days postpartum, was highlighted during the training. Emphasis was placed on the implications of breastfeeding status, the risk of venous thromboembolism, and the risk of IUD expulsion in the context of contraceptive service provision.

Unintended adolescent pregnancy was also debated by participants, and discussions highlighted the fact that adolescents make up a large proportion – around a fifth – of the population of the Region, and that early marriage is a cause of the high number of pregnancies the Region is witnessing. The debate drew attention to the fact that adolescents bear a disproportionate burden of unintended pregnancy globally and are particularly vulnerable to a number of serious downstream consequences, and also that complications in pregnancy and childbirth are the second leading cause of death in young women aged between 15 and 19 years worldwide. This led to a discussion of fact that the contraceptives assigned to eligibility categories 1 or 2 in the updated *Medical eligibility criteria* are safe for use by adolescents. The training session also emphasized that age alone does not constitute a medical reason for denying particular contraceptive methods to adolescents, and that overall, WHO evidence-based recommendations note that adolescents are generally medically eligible to use all effective, reversible forms of contraception and emergency contraception.

An overview of an umbrella project for strengthening family planning services was presented and discussed. The project was initiated in 2016 and is facing the need for expanded efforts focusing on assisting countries to adapt guidelines, ensuring quality of care, engaging WHO country offices in related activities, maintaining programme sustainability, and avoiding duplication of activities among concerned partners.

Participants also discussed the challenges related to access to family planning in emergency and crisis situations, with a focus on Iraq, Jordan, Syria and Palestine. Discussions underlined the fact that women and children are at greater risk of sexual violence in the context of a humanitarian crisis environment where the social fabric of everyday life has been severely disrupted, and highlighted the drastic

decline in both the availability of and access to family planning services in humanitarian emergencies. The discussion emphasized the need to embed family planning in emergency planning strategies, and also that an understanding of the magnitude and dynamics of each emergency situation and its impact on sexual and reproductive health and family planning services is crucial. Participants also discussed the particular need for family planning services among internally displaced populations, in view of the fact that these populations suffer from increased rates of morbidity and mortality due to reproductive health complications.

A panel discussion on national family planning programmes also highlighted a number of challenges to the successful implementation of these programmes in countries of the Region, including a lack of governance, leadership, ownership, and programme institutionalization; a shortage of health service providers and the limited skills of existing human resources; poor access to family planning services and shortages in supplies of contraceptives; a lack of technically sound guidelines and standardized protocols; cultural barriers and religious misconceptions; a lack of integration and weak collaboration between the public and private sectors; insufficient awareness of family planning and poor information, education and communication plans; the poor quality of existing services; and a lack of monitoring and evaluation of those family planning programmes that are up and running in countries of the Region.

Awareness raising and counselling were considered critical to the promotion of family planning practices among the public, and the involvement of religious leaders was highlighted as a key intervention in efforts to prevent the circulation of misconceptions and rumours about family planning.

3. Next steps

Participating national gynaecology and obstetrics societies and midwifery associations should finalize their draft country family planning plans for 2018–19 by 30 November 2017; initiate implementation of these finalized country family planning plans, and make all necessary preparations to be able to begin holding national dissemination workshops on WHO family planning guidelines, by January 2018; and proceed with the post-implementation monitoring and evaluation of their country family planning plans as of February 2018.



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