

**Regional Meeting to Strengthen Capacity in the new  
WHO family planning guidelines:  
Towards universal reproductive  
health coverage in SDGs era**



**Meeting Report**

17th-19th April, 2017  
New Delhi, India



**World Health  
Organization**

Regional Office for South-East Asia

Regional Meeting to Strengthen Capacity in the new WHO family planning guidelines: Towards universal reproductive health coverage in SDGs era

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## Background

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With 1/4th of the world's population in 11 SEAR Member States, family planning is a central tenet to national social and economic development. Over the last three decades, Total Fertility Rate (TFR) declined from 3.8 to 2.4 per woman in the region from 1990-2015.

However, adolescent birth rate (per 1000 girls aged 15–19 years) remains staggeringly high (Bangladesh 113, Nepal 71, and Thailand 60).<sup>1</sup> Thus, despite progress challenges remain - unmet need for Family planning in SEAR at 13% while the corresponding contraceptive prevalence rate (CPR) is 60%.<sup>1</sup>

The newly-adopted 2030 Agenda for Sustainable Development sets a global target to ensure universal access to sexual and reproductive health-care services, including family planning under Target 3.7 and Target 5.6.<sup>2</sup> Global Strategy for women's, children's and adolescent's health (2016-2030) further states health system strengthening alongside investments in high-impact health interventions for reproductive, maternal, newborn and child health, at a cost of US\$5 per person per year up to 2035 in 74 high-burden countries (6 SEAR countries), could yield up to nine times that value in economic and social benefits.<sup>3</sup>

The strength of the 2030 SDG Agenda along with the Global Strategy is that it lays a roadmap for national governments to take specific actions to achieve its goals and targets. The translation of these global targets to action at the country level is critical for progress.

The success of SDG will depend significantly on the extent to which all stakeholders—governments, UN agencies and nongovernmental organizations—realise the specific reproductive health targets and fully implement the relevant policies, services and programs needed to attain them.

WHO SEARO conducted a survey on implementation and use of Family Planning Guidelines as a prelude to this workshop. Survey reviewed the National FP Strategies and guidelines in all 10 of the Member States that participated. It showed that there was a need in countries to update their guidelines and strategies as well as orient staff in at all levels, national, ministry or facility.

WHO recently updated and released new guidance documents/tools on family planning and contraceptive use like the Medical eligibility criteria (MEC) for contraceptive use, 5th edition (2015) and the Selected Practice Recommendations (SPR) for Contraceptive use, 3rd edition (2016) and Training Resource Package for Family Planning (TRP) (2016) - curriculum and tools needed to design, implement, and evaluate training for family planning (FP).

The regional meeting was organized with objectives listed below.

## Objective of the meeting

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1. To review progress towards implementation of family planning programme in Member States.
2. To share updated and new guidelines on family planning including medical eligibility criteria, postpartum family planning compendium.
3. To draft country action plans for adaptation of these guidelines at national level.

## Highlights

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The regional meeting brought together national family planning programme managers from ministries of health from 10 of the 11 SEAR Member States, along with WHO Country office staff and civil society organizations, UN and development partners (see Annex for full list of participants). They were oriented with the most updated WHO technical guidelines for improving family planning services.

WHO-SEARO Regional Director Dr Poonam Khetrpal Singh inaugurated the regional meeting. She highlighted the importance of family planning as a formidable tool to drive down maternal and child mortality, empower women to avoid unintended pregnancies, and advance women's social and economic autonomy (see Annex for full address).

WHO response to the global family planning situation in the SDGs era was presented, along with relevant updates on norms and standards for contraceptive use and new WHO family planning technical guidelines and tools (see Annex for all recent updates). The regional office provided an apprise on the situation of family planning in South East Asia Region including support provided to Member States in building sustainable institutional capacity for family planning.

Technical updates on Family Planning were provided through presentations and discussions on WHO fifth edition of the Medical Eligibility Criteria for contraceptive use (new contraceptive methods, contraception for HIV, postpartum family planning, emergency contraception and adolescence); the third edition of the selected practice recommendations; Training Resource Package for Family Planning (TRP) 2016 and using the digital postpartum family planning compendium (PPFP). Participants were given the opportunity to learn how to use the MEC-Wheel and PPFP through live demonstrations.

Country presentations were made on the progress in family planning to review the situation; discuss high unmet need, low CPR, problems/barriers to access and utilization of FP services including socio-cultural and health systems issues, relevant indicators and current status of national family planning programs (table below). All relevant documents and resources (including meeting



presentations, survey analysis and standees) were provided to the participants as both print and soft copies.

**Table: Family planning indicators and progress in countries (2015)**

Country	Total fertility rate (TFR) <sup>4</sup>	Contraceptive prevalence (%)	Unmet need for family planning (%)	National Family Planning strategy/program
Bangladesh	2.2	62	12	✓
Bhutan	2.2	66	12	✓
India	2.2	55	21	✓
Indonesia	2.3	62	11	✓
Maldives	2.3	35	29	✓
Myanmar	2.2	62	52	✓
Nepal	2.3	50	28	✓
Sri Lanka	2.3	68	7	✓
Thailand	1.4	79	7	✓
Timor-Leste	5.9	22	32	✓
SEAR	2.4	60	13	-

Source: Reported by country teams during 'Regional Meeting On Strengthening Family Planning Programs: Towards Universal Reproductive Health Coverage In The Sdgs Era' WHO-SEARO, New Delhi, India 18-20 April, 2017

WHO-HQ RHR unit presented the new Family Planning Umbrella Project details which aims to strengthen and improve equitable access to quality family planning services at scale, and maintain family planning as a global development priority through favourable policies and use evidence to inform optimal services. Lessons learned from the Africa experience was shared, where 58 countries were covered and 16 countries adopted WHO FP guidelines (adaptation of the new FP guidelines in 11 countries, 5 countries adapted the MEC wheel, and 5 countries adopted the generic MEC wheel).

Adolescent health and addressing their SRH needs was a highlight of the meeting. Evidence-based recommendations from WHO was presented that clearly states that adolescents (married and unmarried) are medically eligible to use all effective, reversible forms of contraception and emergency contraception was presented during the meeting. Considerations related to quality of care for FP providers, violence against women along with a rights based approach to family planning were also made.

Technical support required for optimal implementation of family planning interventions were identified with specific focus on countries with high burden of maternal and neonatal

<sup>4</sup> **Total fertility rate.** Definition: The number of children who would be born per woman (or per 1,000 women) if she/they were to pass through the childbearing years bearing children according to a current schedule of age-specific fertility rates.



mortality. Countries prepared draft action plans which were finalized and submitted to WHO-SEARO (see Annex summary of country-wise action plans). Priority countries will be selected based on these action plans to implement WHO-FP umbrella project with RHR HQ support in SEAR. Through this project, WHO will be able to advocate for and promote the use of its contraception guidelines, facilitate regional and national adaptations of recommendations, review and update the guidelines to incorporate new knowledge, and provide technical assistance to member states through regional and sub-regional mechanisms.

Various activities conducted through group work enabled participants to determine the necessary course of action for adopting, adapting and implementing these guidelines in the participating countries, early on in the SDG era. The meeting also provided a platform for country teams/participants/partners deliberate on the challenges faced by the FP programmes in countries in conjunction with other relevant stakeholders and partners. This helped MoH to develop strategies and country action plans that improve access to FP services.

## Discussions

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Equity in access to family planning services was identified as an area of paramount importance, iterated through discussions on the SDG objective to “leave no one behind”. Keeping this in mind the meeting discussions were successful in reviewing key actions for improving family planning services in SEAR Member States ; ensuring that plans are aligned with the SDGs and Global Strategy and incorporated in national RMNCAH strategic plans; and revising family planning programme implementation to ensure national adaptation and implementation of new WHO guidelines and tools.

- **SDG and Global Strategy indicators:** Discussions highlighted the need for more clarity on the targets and indicators in the SDGs for better synergies during implementation, which was identified as a priority area. Concerns were raised indicator monitoring including stagnant CPR associated with increase of TFR. Use of data for monitoring and planning was deemed extremely critical for decision making and policy formulation. There is a need to boost country level actions on data collection and consolidate the data from the existing different sources.
- **WHO Technical guidance/tools/recommendations:** Countries expressed a need for national implementation and adaptation of these documents at the national level. Presentations, demonstrations and guided activities were conducted to provide further clarification. Recommendations on expanding method mix using updated guidelines, monitoring the quality of commodities and building governments capacity in this area including in emergency situations were discussed. Resource material was provided to all along with a summary of all update through USB.



- **FP WHO/RHR Umbrella Project:** Country priorities and support needed for implementation of the activities to strengthen FP services under the FP Umbrella project was discussed by WHO-RHR. Participants were provided with templates to document their experience including updates on national family planning plans, guidelines and training packages, improving the quality of family planning counselling and services, documenting best practices in FP and addressing adolescent health issues, contraceptive access with particular focus on gender, equity and rights.
- **Adolescent health:** Early marriage and teenage child bearing, still common in the region was identified as a priority area though discussions on all three days. Countries shared their experiences with implementation of adolescent health programs including access to preventive, promotive and curative services. However, they noted that services often don't reach all adolescents especially vulnerable people. Participants acknowledged that incorporating gender, equity, rights and social determinants in service delivery and discussed ways of integrating contraceptive services for adolescents into existing service models.
- **Documenting best practices:** Country experiences were documented by participants through templates provided which gave participants and opportunity to discuss and learn from one another. Key highlights of partners' support to family planning in South-East Asia were also discussed. For example, SAFOG expanded on working actively on expanding contraceptive choice in the FP basket; UNFPA raised the importance in developing the regional capacity for adopting a rights-based approach to FP, SEARO raised the importance of improving the quality of family planning services and JHPIEGO demonstrated on the support provided to India to achieve the 2020 goals by mainstreaming quality and strengthening supply chain management as a best practice example.
- **Intersectoral collaboration and partnership:** All participants recognized the need for partnerships within the health sector and inter-sectoral collaboration at the national and sub-national levels especially to sustain comprehensive family planning programmes. Collaboration with education, finance and employment ministries was specifically mentioned to improve adolescent access to reproductive health services.



## Conclusions

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1. Participants unanimously acknowledged that Family Planning is a key driver of the SDGs (Target 3.7 under Goal 3 on health and Target 5.6 under Goal 5 on gender equality) and recognized that national governments need to take specific actions to achieve its goals and targets early on.
2. Strengthening family planning services in the region will help to “end preventable maternal, newborn and child deaths” which is one of the seven Flagship Priorities for the South East Asia Region.
3. It was highlighted that if all women who want to avoid a pregnancy used modern contraceptives and all pregnant women and their new-borns received care according to the standards recommended by WHO the benefits would be dramatic.
  - unintended pregnancies would decrease by 70%,
  - maternal deaths would decrease by 67%,
  - newborn deaths would decrease by 77%, and
  - burden of pregnancy related disability would decrease by two-thirds
  - evidence shows \$1 invested in family planning gives \$120 return on investment
4. Countries have been implementing national Family Planning programmes and progressively expanding the contraception choices through innovative and evidence based approaches and were encouraged to promote human rights based approaches in their national family planning programs.
5. Best practices on family planning practices were shared by countries, partner agencies and INGOs which have gradually improved coverage among the target population, including application of a rights-based approach.
6. The role of ministries as a leader in both planning and implementation of national family planning programs was highlighted. The member states were encouraged to adapt and implement the new WHO tools and guidelines to strengthen their FP policies and programmes and align them with the SDGs and Global Strategy for Women’s, Children’s and Adolescents Health.
7. All participants recognized the need for partnerships to support ministries and promote inter-sectoral collaboration at the national and sub-national levels for optimum implementation of comprehensive family planning programmes.
8. WHO’s role was identified as setting norms and standards in family planning and its long standing experience in providing technical support, convening partner agencies and building



sustainable institutional capacity for family planning services and programmes was reinforced throughout the meeting.

9. Technical support and updates on the new evidence-based guidelines and tools was presented to assist the countries to use these in their national family planning programs, including but not limited to-
  - a. WHO 5th edition of the Medical Eligibility Criteria for contraceptive use (new contraceptive methods, contraception for HIV, emergency contraception and adolescence)
  - b. MEC Wheel and its practical use and application
  - c. Postpartum family planning Compendium
  - d. 3rd edition of the Selected Practice Recommendations for Contraceptive Use
  - e. Training Resources Package
10. Overview and lessons from other regions from the WHO Family Planning Umbrella Project was presented. This project has been implemented in Africa region and was successful in strengthening and improving equitable access to quality family planning services, and maintaining family planning as a global development priority through favourable policies and using evidence to inform optimal services.
11. Issues around addressing contraceptive needs of adolescents were identified as a specific area of focus by the participants. Despite progress, the need to remove barriers to access, expand the method mix; strengthen programs and the quality of services to reach the under-served and vulnerable groups' remains.
12. Use of data for monitoring and planning was deemed extremely critical for progress and it was pointed out that countries need to invest more in strengthening LMIS and HMIS. The participants acknowledged the importance of strengthening ongoing planning; integrated service delivery, and monitoring and evaluation processes to ensure that family planning programmes are evidence-based and reach the unreached - including adolescents.
13. Participants acknowledged the importance of increasing investments and strengthening health system and engaging the community for equity-focussed and evidence-based family planning service delivery.
14. Nine out of eleven countries in SEAR are FP2020 countries and two countries are eligible for the second wave of GFF. This was identified as an opportunity to build capacity and implement strong family planning programs so that global goals can be achieved.
15. Ministries of Health from Member States will be assisted to adapt and implement the new WHO tools and guidelines to strengthen their FP policies and programmes



## Recommendations

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### For Member States

1. National governments to lead a review of existing family planning policies and identify areas for improvement to ensure that no one is left behind and rights are upheld in line with the Global Strategy for women's, children's and adolescent's health and SDG commitments.
2. Update the national guidelines and tools for family planning based on recent WHO guidance published in the Medical Eligibility Criteria (5th edition) and the Selected Practice Recommendation for Contraceptive Use (3rd edition). To include the WHO, postpartum family planning compendium as a resource for health care providers as a means to strengthen quality of care
3. Incorporate new contraceptive methods to improve method-mix as per their need to expand choices for the target population and strengthen logistics management to prevent non-availability.
4. Use the training resource package to develop/update the training modules and programmes on family planning
5. Ensure that quality of care in FP services is adhered to and clients have access to good quality contraceptives that meet international standards.
6. Strengthen the national family planning programs and management capacity at national and subnational level for effective implementation through integrated approach across RMNCAH life-course and ensure good quality of family planning services; based on incorporation of the technical updates in the existing initiatives.
7. Ensure that no one is left behind including unreached and vulnerable populations, especially married and unmarried adolescents and adopt locally applicable innovative service delivery models to serve these populations and communities.
8. Ensure good quality data is collected, analysed and used for planning and improvement within a robust monitoring and evaluation process in collaboration with relevant sectors (HMIS, financing and health systems) and in line with regional and global guidance within the umbrella of Global Strategy and SDGs.
9. Lead and coordinate wider partnerships for family planning in the country including professional societies and academia, civil society, NGOs, private sector, UN agencies and other development partners.
10. Strengthen IEC/BCC activities and community engagement to reach the marginalized populations, including adolescents (married and unmarried)



11. Undertake documentation of best practices, which includes programmatic and policy innovations as well as inter-sectoral approaches and collaborative learning in the country.

### **For WHO and Partners**

1. Provide sustained, harmonized support and align efforts for technical assistance, advocacy, capacity-building and resource mobilization (financial, technical and human) for planning, implementing and monitoring of family planning programs
2. Strengthen country capacity and provide support and guidance to Member States for developing/updating national family planning plans and strategies including improving the quality of family planning counselling and services
3. Provide technical support for strengthening FP Programmes in selected countries (based on the action plan) under the FP Umbrella project.
4. Support capacity building on monitoring/evaluation and health systems strengthening, strengthening in line with global and regional family planning targets towards achieving the Sustainable Development Goals
5. Build country capacity and provide support and guidance to Member States for documenting best practices in FP using WHO's Best Practice Documentation as resource
6. Provide technical support to develop/strengthen regional and national strategy and implementation plans on a holistic approach to adolescent health and contraceptive access with particular focus on gender, equity and rights
7. Consolidate all relevant tools and new guidelines (including but not limited to those used in the meeting) and provide them to the participants as resource materials





# Annexes

## Annex 1: Regional Director's Address

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### Opening Remarks by the Regional Director

#### **Regional Meeting to Strengthen Capacity in new WHO family planning guidelines: Towards universal reproductive health coverage in the SDGs era, 17-19 April 2017, New Delhi, India**

Distinguished participants, ladies and gentlemen,

It is with great pleasure that I welcome you to this very important meeting.

Strong and healthy families are the cornerstone of strong and healthy communities. They are the social unit preceding all others, and a powerful force for raising the health and wellbeing of individuals, communities and countries.

But like all social institutions, they benefit from effective planning.

As you know, family planning is a formidable tool to drive down maternal and child mortality, empower women to avoid unintended pregnancies, and advance women's social and economic autonomy.

As outlined in the Sustainable Development Goals, family planning services must be available to all women everywhere. The benefits are clear.

It is estimated that universal access to quality family planning services would decrease unintended pregnancies by 70%. Maternal deaths would drop by an estimated 67%, while newborn deaths would decline by 77%. At the same time, pregnancy and delivery-related disability among women and newborns would decrease by two-thirds.

Making this happen is central to WHO's focus and drive. This is especially so in the SDG era, where universal health coverage – including access to family planning – provides the framework for all that we do.

Though we still have some way to go, family planning has been a feature of reproductive and child health programmes in the Region for many years. Indeed, in many parts of the Region contraceptive use – much like vaccination – has become routine health behaviour. Family planning programmes can be credited for making it so.

They can also be credited for the substantial progress we've made.

Between 1990 and 2015 the Region achieved a 69% reduction in maternal mortality – the highest among WHO regions. The contraceptive prevalence rate has meanwhile improved from 46% in 2000 to 60% in 2015. At the same time, the total fertility rate in the Region dropped from three to 2.4 children per woman – the most significant change among all WHO regions.

Despite these impressive advances, progress has been uneven. The unmet need for family planning, for example, remains high, especially among adolescents and young people. And at just 60%, the Region's contraceptive prevalence rate is one of the lowest among WHO regions.



Of significant concern is the fact that in four of the Region's countries the adolescent birth rate is more than 50 per 1000 women aged 15-19 years. Around 6 million girls aged 15-19 years give birth each year in our Region, mostly within marriage. Nearly half of these pregnancies are unintended.

Ladies and gentlemen,

The Sustainable Development Agenda provides a compelling opportunity to strengthen family planning programmes.

As you know, these programmes are supported by targets under SDGs 3 and 5. The UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health has reinforced the primacy of family planning within the Agenda, and has already attracted over USD 25 billion in commitments.

As we gather today we must capitalize on this momentum. We look forward to familiarizing each of you with the new WHO family planning guidelines, with specific attention on how they can be adapted to your needs.

Before we proceed, however, I wish to emphasize four points that are fundamental to achieving our goals.

- First, we must ensure improved access to contraceptives to all women of reproductive age, including adolescents. Ongoing barriers to access – whether related to age, geography or any other factor – must be identified and remedied. As the SDGs outline, no one can be left behind.
- Second, we must ensure women can access a range of contraceptive options, and that they are empowered to make evidence-based choices. Women must be provided the means to fulfil their family planning objectives, and must be able to do so with full confidence in the decisions they are making.
- Third, we must ensure higher quality of family planning services. This means investing in and enhancing the skills of service providers, both technically and in terms of their approach to patients. It also means widening the scope of services available.
- And fourth, we must ensure progress is monitored closely. Access to high quality information provides policymakers the means to adjust policy where necessary. And it also provides the evidence needed to pursue more targeted interventions where appropriate.

Ladies and gentlemen,

WHO is committed to supporting your efforts.

As many of you are aware, In December 2015 I convened the SEAR-Technical Advisory Group of global and regional experts. Ever since, the Advisory Group has provided guidance to national governments, implementing partners and other stakeholders across the Region. I am glad that some Advisory Group members are in attendance today.

As many of you will also know, the Regional Summit of the H6 Partners, which includes WHO, UNICEF, UNFPA, UN WOMEN, UNAIDS and World Bank, has now operationalized its mandate, and is



harmonizing technical support to the Region's Member States. I am glad that many of these partners are here to actualize our commitment to provide collective support to Member States.

Distinguished participants,

Our collective vision of a Region where family planning and reproductive health services are available to all is inspiring. As I mentioned at the outset, making this happen will strengthen communities and accelerate development. It will also advance the enjoyment of basic human rights.

But unless our vision is supported by evidence-based standards, guidelines and tools, it will be left unfulfilled.

Today I am proud to present you the latest iteration of these tools. Through our joint engagement and commitment I am certain that we will harness and apply them as efficiently as possible, and in doing so advance the health and wellbeing of women, children and adolescents across our Region.

I take this opportunity to express my sincere appreciation to WHO HQ for their support, especially with regards to the umbrella project. I also wish to reiterate my warmest welcome to you all, including representatives of Member States, UN partner agencies, professional associations, academia, experts and TAG members.

I wish you a successful and productive meeting and a comfortable stay in New Delhi.  
Thank You



## Annex 2: Summary of new WHO Tools and Guidelines

	Objective	Updates
MEC 5 <sup>th</sup> edition	Provides recommendations (> 2000) on eligibility for 25 methods of contraception	<p><b>New methods added:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Subcutaneously-administered depot medroxyprogesterone acetate (DMPA-SC)</li> <li><input type="checkbox"/> Sino implant (II)</li> <li><input type="checkbox"/> Ulipristal acetate (UPA)</li> <li><input type="checkbox"/> Progesterone-releasing vaginal ring (PVR)</li> </ul> <p><b>WHO evidence-based recommendations note that <u>all adolescents</u> are generally medically eligible to use <u>all effective, reversible forms of contraception and emergency contraception</u></b></p> <p><b>Recommendations according to breastfeeding status and timing since childbirth</b></p> <p><b>Provides contraceptive eligibility recommendations for:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Women living with HIV</li> <li><input type="checkbox"/> Women living with HIV and using antiretroviral therapy</li> </ul>
MEC Wheel	Offers accessible MEC guidance for most commonly encountered medical conditions	<p><b>Practical recommendations available numerous methods:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Combined methods (pills, patch – NEW, vaginal ring – NEW, combined injectable)</li> <li><input type="checkbox"/> Progestogen-only methods (injectable [DMPA IM &amp; subcutaneous – NEW, NET-EN], implants, pills)</li> <li><input type="checkbox"/> Copper-bearing IUD</li> <li><input type="checkbox"/> LNG-releasing IUD (NEW)</li> </ul> <p>Conditions that are either '1' or '2' appear on back of wheel.</p> <p>Additional explanations for certain recommendations appear on the back of wheel</p> <p>Locate condition of interest, then turn wheel to identify eligibility category</p> <p><b>Standees</b> developed for interpretation by WHO-SEARO for country level use</p>

	Objective	Updates
<p><b>SPR 3<sup>rd</sup> edition</b></p>	<p>Selected practice recommendations for contraceptive use (SPR) guideline provides evidence-based guidance on how to safety and effective use contraceptive methods</p>	<p><b>New methods added:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patch</li> <li><input type="checkbox"/> Combined vaginal ring</li> <li><input type="checkbox"/> Subcutaneously administered DMPA (DMPA-SC)</li> <li><input type="checkbox"/> Sino-Implant (II)</li> <li><input type="checkbox"/> Ulipristal acetate (an ECP)</li> </ul> <p><b>New recommendations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Patch</b> <ul style="list-style-type: none"> <li>– existing recommendations for COCs apply</li> <li>– exception: Instructions for missed or delayed patch-taking</li> </ul> </li> <li><input type="checkbox"/> <b>Combined vaginal ring</b> <ul style="list-style-type: none"> <li>– existing recommendations for COCs apply</li> <li>– exception: Instructions for missed or delayed ring use</li> </ul> </li> <li><input type="checkbox"/> <b>DMPA-SC</b> <ul style="list-style-type: none"> <li>– existing recommendations for DMPA intramuscular injection apply</li> </ul> </li> <li><input type="checkbox"/> <b>Sino-Implant (II)</b> <ul style="list-style-type: none"> <li>– existing recommendations as other LNG implants apply</li> </ul> </li> <li><input type="checkbox"/> <b>Ulipristal acetate (an ECP)</b> <ul style="list-style-type: none"> <li>– existing recommendations as other ECPs (e.g., combined and LNG) apply</li> <li>– exception: Instructions for initiating regular contraception after UPA</li> </ul> </li> </ul> <p><b>Recommendations for health care providers available on:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initiation/continuation of methods <ul style="list-style-type: none"> <li>– For specific situations (regular menstrual cycles, postpartum, post abortion,</li> </ul> </li> </ul>

	Objective	Updates
		<p>switching from another method, breastfeeding)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Incorrect use of methods (e.g. missing pills, delayed re-injection)</li> <li><input type="checkbox"/> Problems during use (such as vomiting and/or diarrhea from emergency contraceptive pill use, menstrual irregularities associated with hormonal methods)</li> <li><input type="checkbox"/> Programmatic issues (such as required exams and tests, appropriate follow-up, advanced provision of supplies)</li> </ul> <p><b>Method-specific recommendations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COCs, ECPs, POPs <ul style="list-style-type: none"> <li>– initiation/continuation, incorrect use, problems during use, bleeding irregularities, programmatic issues (exams &amp; tests, number of pill packs, follow-up)</li> </ul> </li> <li><input type="checkbox"/> Injectables <ul style="list-style-type: none"> <li>– initiation/continuation, bleeding irregularities, programmatic issues (exams &amp; tests, follow-up)</li> </ul> </li> <li><input type="checkbox"/> Implants <ul style="list-style-type: none"> <li>– initiation/continuation, bleeding irregularities, programmatic issues (exams &amp; tests, follow-up)</li> </ul> </li> <li><input type="checkbox"/> IUDs <ul style="list-style-type: none"> <li>– initiation/continuation, bleeding irregularities, PID, pregnancy diagnosis during use, programmatic issues (exams &amp; tests, follow-up)</li> </ul> </li> </ul>

## Annex 3: Country Action Plans

	Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
Development/updates of/on National FP guidelines based on 2015/16 WHO guidelines	<ul style="list-style-type: none"> <li>-Standard Practice Recommendations for Contraceptives (SPR)</li> <li>-Decision making tool</li> <li>-Monitoring checklist for quality of FP care</li> </ul>	<ul style="list-style-type: none"> <li>-National Contraceptive standards updated in 2014, to be updated again to include all new developments</li> </ul>	<ul style="list-style-type: none"> <li>-FP Training Resource packages being developed</li> </ul>	<ul style="list-style-type: none"> <li>- MEC Postpartum family planning compendium (PPFP)(Agreement to adopt)</li> <li>- Training Resource Package (TRP) (Adopted and used for centre of excellence)</li> </ul>	<ul style="list-style-type: none"> <li>-Currently being updated</li> </ul>	<ul style="list-style-type: none"> <li>-National Family Planning Guideline (draft)</li> <li>-Family Planning Factsheet (for policy maker/provider and community) outlined</li> <li>- WHO MEC wheel (2015) translated integrated MEC wheel for pharmacies and voluntary health workers</li> </ul>	<ul style="list-style-type: none"> <li>-National Medical Standards for Contraceptive Services based on revised SPR and MEC guideline (planned revision in 2017/2018)</li> <li>-MEC wheel (adapted in 2014)</li> <li>-DMT tool (adapted in 2014)</li> </ul>	<ul style="list-style-type: none"> <li>- Medical Eligibility Criteria for contraceptive use 2013 (being updated)</li> <li>-Standard Practice Recommendations for contraceptives (SPR) and Family planning a global handbook for providers to be adopted</li> </ul>	<ul style="list-style-type: none"> <li>-Guideline for managing side effects of contraceptive methods</li> <li>-Guideline for adolescent contraception (to be developed)</li> <li>-Guideline for contraception in women with special conditions (to be developed)</li> </ul>	<ul style="list-style-type: none"> <li>-Family planning a global handbook for providers and Post-Partum Family planning compendium updated</li> </ul>



		Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
Adaptation of WHO technical guidance and tools	Medical Eligibility Criteria for contraceptives (MEC) 5 <sup>th</sup> Edition	-	-	-	-	-	-	-	Currently Using 2013 Edition--to be adopted to the latest version	-	-
	MEC Wheel	Hire consultant for translate in Bangla	Update the existing MEC	Adapted	Adopted and will be socialized to professional org	In the process	Adaptation done	To adapt the MEC wheel in Nepali language	To be adopted	Already translated into Thai	Translation completed
	Standard Practice Recommendations for Contraceptives (SPR) 3 <sup>rd</sup> Edition	-	-	-	-	-	-	-	To be adopted	-	-
	Postpartum family planning compendium (PPFP)	Adapt and print	To be introduced	Not planned	Agreement to adopt by Govt. and partners	In the process	Plan to incorporate into existing Comcare App	To customize as required once the App is developed	To be adopted	None	NA
	Training Resource Package (TRP)	Consultant	To be introduced	GoI training material developed on the guidance of TRP	Adopted and used for center of excellence	In the process	-	Will continue to use the resource package during the next revision of the FP training package	To be adopted	To be used for pre and in-service training	Near completion



		Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
FP program /policy update	Introduction of new contraceptive methods to national FP programme	- Hormonal Vaginal ring - DMPA (SC) Approval from NTC Pilot study in selected facilities Approval for scale up Inclusion in national FP program	- Implant Procurement through DVED and list in EDL (WHO/UNFPA support)	-Centchroman Roll out evidence Generation -Injectables: Phase wise roll out in facilities -Progesterone Only Pills: Under pilot for evidence generation	No new method to be introduced	DMPA- SC Sino-implant Female condom -Advocacy efforts at policy level	DMPA-sc: Commodities ready, SOP finalized and phase wise implementation underway	-One rod implant-- Endorsed by FP Subcommittee meeting -Sub-cutaneous Depo--Piloting	-Costing/ feasibility study for DMPAS, Sino implants, patch and ECP- Ulipristal Acetate to be discussed by technical advisory committee on MH/FP	Pilot study for introduction of DMPA-SC into health service system	-Already integrated in new FP training curriculum -Add to essential drug list -Add to training curriculum -Pilot to be done
	Addressing contraceptive needs of adolescents and hard to reach people	-Through school health program -Orientation of gate keepers -Mobile/roving team camp -LARC&PM client fair -Recruit community volunteer -Additional resources for H2R -Sensitization meeting with marriage registers -Disseminate IEC materials to the newlywed couple	-Create awareness about adolescent sexual and reproductive health through training of health workers on adolescent RH who will further train teachers to give sexuality education in schools -Use mass media to educate public -1 day training	- Ensure healthy timing and spacing among married adolescents through strengthening community based schemes for Family Planning - Safe post abortion FP to all women including adolescent women	-Provide evidence based analysis on adolescent for advocacy and decision making through situational analysis; policy briefs; open talk with adolescent - Strengthening of village midwife programme; expanding FP mobile services	-Through schools and life skills training through KAP and Surveys -Training health care providers	-Community based distribution by community health workers (task shifting) and through EHOs to urban poor, migrants, hard to reach and in emergency and humanitarian setting through SRH Mobile App	-Demand generation for Adolescent Friendly Services; Peer education -Scale-up adolescent friendly services; -Quality monitoring using Quality Assurance tools and certification of sites -Integrating AFS into mainstream health services -Capacity building of	-Comprehensive SRH education in to school curriculum -Integration YFHS in to existing systems and mechanisms -Survey on information seeking behaviour of young people in development of tools -Government-NGO partnership: Establishment	To be determined by MOPH and MOE in collaboration with NGOs and international partners	-Consultation meetings with stakeholders (donors, civil society, providers) -Advocacy with  Church, community leaders and parents on SRH - Demonstration policy (with TA/\$ support of WHO-HRP).



	Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
		to all pharmacy retailers region-wise -Include new indicator in HMIS				-Training of health staffs for communication skills with youths and AYFHS	Health Workers -Demand generation for FP services -Micro planning; Satellite Clinics -Scale-up visiting provider approach for LARCs Roving ANM -Ensuring commodities/supply is available -Integration into other services	of Outreach FP services with FPA, Plantation Human Development Trust and other stake holders		
<b>Documenting best practices</b>	-LARC&PM client fair by arranging special service day in each month in H2R and low performing areas	-Provision of family planning services by paramedical workers including insertion of implants (except sterilization) -Improve PFP and keep data (presently only TL done)		Indonesia zero stocks Contraceptive Early Warning System	-	Underway: Demand creation for FP services, especially for youth; Task shifting to voluntary health worker; Coordination with Ethnic Health Organizations to increase access to hard to reach population	-Mobilizing Visiting Providers to increase access to LARC services -Roving ANMs to reach hard to reach/marginalized women with FP services -Provision of FP counselor for PP IUCD in tertiary level hospitals	Documentation underway -PPIUD Program -Integration of service delivery information system and monitoring mechanism -Evaluation of unmet need of FP in MDSR -IUD as a prominent Family Planning method-		- Collaboration with Church -Expanding Contraceptive options (Fertility Awareness and Long-acting methods)



	Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
								challenges in Implementation		
Health Systems Actions	<ul style="list-style-type: none"> <li>-Recruit dedicated counsellor in DHs</li> <li>Include PFP in DSF program</li> <li>-Functional coordination between DGHS&amp;DGFP</li> <li>Strengthen clinical supervision</li> <li>-Update monitoring tools</li> <li>-Include age specific CAR</li> <li>-Recruit FP facilitator</li> </ul>	<ul style="list-style-type: none"> <li>-To adopt revised contraceptive standards by FONPH</li> <li>-Use of manuals and MEC Wheels,IUD insertion</li> <li>-To include adolescent contraceptive use and PFP in HIMS</li> </ul>	<ul style="list-style-type: none"> <li>-Integration of RMNCH+A counsellors</li> <li>-Development of comprehensive tool and guidelines</li> <li>-Strengthen the linkages with other maternal and child health services through existing platforms</li> <li>-Integrated trainings of counsellors</li> <li>-Performance tracking of counsellors</li> <li>-Introduction of new indicators in reporting formats</li> </ul>	<ul style="list-style-type: none"> <li>-Introducing PFP into Integrated curriculum module of maternal neonatal health</li> <li>-Counseling of FP methods and choices during ANC; introducing FP methods during pre-marital counselling</li> <li>-Introduce FP decision making tools for People Living with HIV to HIV sub-directorate</li> </ul>	-	-	<ul style="list-style-type: none"> <li>-Strengthening of services - Scale-up pilots;</li> <li>-Ensure availability of all five 5 methods</li> <li>-Availability of dedicated counselor</li> <li>-Integration of services</li> <li>-Capacity building of Health workers especially focusing on LAPM;</li> <li>-Strengthen the training sites</li> </ul>	<ul style="list-style-type: none"> <li>-HR Training plan development</li> <li>- Logistics: Develop/ revise the training modules based on TRP</li> <li>- Review and revise RH communication strategy for a comprehensive SRH communication strategy</li> <li>- Development of indicator directory for MCH/FP</li> </ul>		<ul style="list-style-type: none"> <li>-Develop new RH BCC strategy 2018-2022</li> <li>-Finalize 2016 DHS Report Annual Facility audits supported by UNFPA</li> <li>-Monitor pilot/ demonstration activities</li> </ul>



High priority actions

Short term actions (1-2 years)



	Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
	<ol style="list-style-type: none"> <li>1. Organize Mobile/roving team camp in LARC&amp;PM client fair and Recruit FP facilitators in hard to reach districts</li> <li>2. Recruit dedicated counsellor in DHs</li> <li>3. Conduct sensitization meeting with marriage registers</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase LARC uses</li> <li>2. Improve postpartum family planning services by adopting PFP addendum</li> <li>3. Initiate and improve MEC (2015) use</li> </ol>	<ol style="list-style-type: none"> <li>1. Integration of RMNCH+A Counsellors</li> <li>2. Capacity building on PAFP</li> <li>3. Development of Communication package for FP</li> <li>4. Development of comprehensive logistics and management software</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide evidence based analysis on adolescent for advocacy and decision making</li> <li>2. Strengthening midwifery workforce through regulations and capacity building</li> <li>3. Review of current existing policies of FP in UHC</li> </ol>	<ol style="list-style-type: none"> <li>1. More emphasis on comprehensive sex education programmes</li> <li>2. Qualitative socio cultural research</li> <li>3. Focus on adolescent friendly health services</li> </ol>	<ol style="list-style-type: none"> <li>1. Finalization / adaptation of FP guideline and dissemination</li> <li>2. Launching and scaling up of SC DMPA</li> <li>3. Task shifting (AMW, EHOs, etc.)</li> </ol>	<ol style="list-style-type: none"> <li>1. Need to implement the Costed FP Implementation plan</li> <li>2. Update of Nepal Medical Standards and FP tools as per the revised WHO guidelines/tools.</li> <li>3. Capacity building of Health workers especially focusing on LAPM; Strengthen the training sites.</li> <li>4. Demand generation especially focusing on hard-to-reach and marginalized women including adolescents</li> <li>5. Scale-up FP services/Adolescent Friendly Services. Dedicated Counselor in the Health Facilities</li> <li>6. Commodity security, systematic procurement, forecasting and distribution</li> </ol>	<ol style="list-style-type: none"> <li>1. Update the national guidelines on FP based on MEC, SPR and Global hand book</li> <li>2. Adaptation of MEC wheel, Digital PFPF and QOC check list based on updated guidelines</li> <li>3. Review and revise the training programs based on the TRP</li> <li>4. Incorporate QOC check list in to supervision check lists and QOC assessment tools</li> <li>5. Conduct a costing to estimate the investment for achieving SDG goals in FP</li> <li>6. Develop training plans &amp; advocacy plan including risk communication strategy</li> <li>7. Development of indicator directory for MCH/FP</li> <li>8. Best Practice Documentation (atleast 3)</li> </ol>	<ol style="list-style-type: none"> <li>1. Action plan under Teen pregnancy prevention act</li> <li>2. Repeated teen pregnancy prevention project</li> <li>3. Youth Friendly Health Services</li> </ol>	<ol style="list-style-type: none"> <li>1. Dissemination of FP revised policy to the high level /decision makers and health providers.</li> <li>2. Capacity building for health providers on FP programs</li> <li>3. Strengthening advocacy on FP program with ME, Church, and others relevant organizations</li> <li>4. Develop policy for adolescent health</li> </ol>

		Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand	Timor-Leste
	Long term actions (3-5 years)	<p>1. Development and adaptation of FP guidelines and tools</p> <p>2. Introduction of Hormonal Vaginal ring and DMPA (SC)</p> <p>3. Include PFP in DSF program</p>	<p>1. Introduce new methods like implants (and PVR and DMPA-SC if possible).</p> <p>2. Ensure contraceptive commodity security (have separate budget for contraceptives if possible)</p> <p>3. Improve adolescent RH services in the country by giving sexuality education in school children and out of school adolescents</p>	<p>1. Tracking of performance of Counsellors</p> <p>2. Roll out of new contraceptives</p> <p>3. Documenting best practices</p> <p>4. Capacity building of logistics personnel till lowest level</p>	<p>1. Strengthening quality through compliance of FP standard</p> <p>2. To integrate FP information system at all levels</p> <p>3. Strengthening supply chain management to reduce stock out</p>	-	<p>1. Total market approach for FP</p> <p>2. Private sector (pharmacies) involvement (capacity building, reporting, feedback)</p> <p>3. Update curriculum for both pre-service and in-service for FP</p> <p>4. User friendly health services for adolescent and youths</p> <p>5. Upgrade community clinics for mobile population for FP program</p>	<p>1. Introduction of new methods – Implanon and Subcutaneous Depo</p> <p>2. Continuity of demand generation program especially focusing on hard-to-reach and marginalized women including adolescents</p> <p>3. Continuity of Capacity building of Health workers especially focusing on LPM; Strengthen the training sites.</p> <p>4. Demand generation especially focusing on hard-to-reach and marginalized women including adolescents</p>	<p>1. Establishment of e-based system for information system from grass root level</p> <p>2. Review and revise RH communication strategy</p> <p>3. Expansion of Youth Friendly health services</p> <p>4. Establishment of Outreach FP services</p> <p>5. Streamlining of good SRH education in to school curriculum</p> <p>6. Development and dissemination of IT based IEC material for young people</p>	<p>1. Implementation of the Act for Prevention and Solution of the Adolescent Pregnancy Problem, B.E. 2559(2016)</p> <p>2. Implementation of National Reproductive Health Policy II (2017-2026)</p>	<p>1. Develop counseling manual for adolescent health</p> <p>2. Establish peer education for youth</p> <p>3. Establish adolescent health information center for youth</p>



## Annex 4: Programme

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1. Inauguration and Address by RD
2. Global and Regional overview of Family Planning
  - a. WHO response to global family planning situation in the SDGs era
  - b. Situation of family planning in the South-East Asia Region
  - c. Rights based approach in family planning
  - d. Family planning umbrella project: overview and lessons from other regions
3. Overview of FP activities in SEAR member states  
Country Presentations on Progress in Family Planning by MoH
4. Technical updates on Family Planning
  - a. Presentation and discussion on WHO fifth edition of the Medical Eligibility Criteria for contraceptive use ( new contraceptive methods, contraception for HIV, postpartum family planning, emergency contraception and adolescence)
  - b. The third edition of the selected practice recommendations
  - c. The digital postpartum family planning compendium (PPFP)
  - d. Training Resource Package
  - e. Documenting best practices
  - f. Considerations related to Quality of care for FP providers
  - g. Considerations related to Violence against women for FP providers
5. Addressing contraceptive needs of adolescents
  - a. Regional situation, barriers and challenges in adolescent contraception
  - b. Global situation, success factors and way forward to strengthen adolescent contraception
  - c. Initiatives to address teenage (adolescent) pregnancy in Thailand and Bangladesh
6. Monitoring FP Programmes: SDGs and FP 2020
7. Key highlights of partners' support to family planning in South-East Asia (UNICEF, UNFPA, USAID, JHPIEGO, Population Council)
8. Country work plans
9. Conclusion and Recommendations
10. Closing



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