

Editorial

The World Health Organization's global guidance for family planning: an achievement to celebrate

The World Health Organization's (WHO) Department of Reproductive Health and Research (RHR), in collaboration with numerous international partners, has led the way in creating global guidance for family planning that is science based and consensus driven. By the end of 2006, RHR will have completed WHO's Four Cornerstones for Evidence-Based Guidance for Family Planning. The four cornerstones include the *Medical Eligibility Criteria for Contraceptive Use*, the *Selected Practice Recommendations for Contraceptive Use*, the *Decision-Making Tool for Family Planning Clients and Providers* and the *Handbook for Family Planning Providers*.

The *Medical Eligibility Criteria for Contraceptive Use*, first published in 1996, provides detailed guidance regarding who can use contraceptive methods safely. The third edition of this document, published in 2004 [1], includes 1705 recommendations related to the use of all widely available temporary and permanent contraceptive methods for women with more than 70 conditions and also includes information for men regarding condom use and sterilization. The recommendations are provided by assigning Categories 1 to 4—with Category 1 indicating that method use is unrestricted and Category 4 indicating that method use presents an unacceptable health risk. Category 2 is assigned when advantages of use are deemed to generally outweigh risks and Category 3 is assigned when risks of use usually outweigh advantages. For example, oral contraceptive use by women with a history of gestational diabetes was assigned Category 1 whereas its use by women with diabetes without vascular disease was assigned Category 2. By contrast, women with diabetes with vascular disease were assigned a Category 3 or 4, depending on the severity of their disease. The guidance was based on recommendations of an expert working group meeting held at WHO Headquarters in Geneva on October 21–24, 2003, that included representatives from many international agencies, with 36 participants from 18 countries. The third edition includes guidance for new contraceptive methods (combined hormonal patch and vaginal ring, etonogestrel implant) and new medical conditions (including depression, use of antiviral therapy)—resulting in a substantial update from the second edition.

The document *Selected Practice Recommendations for Contraceptive Use*, first published in 2002, was revised in 2004 [2]. Whereas the *Medical Eligibility Criteria for Contraceptive Use* provides recommendations regarding who can safely use contraceptive methods, the *Selected Practice Recommendations for Contraceptive Use* provides guidance regarding how to safely and effectively use contraceptive methods once they are deemed to be medically appropriate. The second edition was based on recommendations from an expert working group meeting held at WHO Headquarters in Geneva on April 13–16, 2004. The working group provided guidance through responses to 33 questions selected by WHO. These questions included ones related to the initiation and continuation of contraceptive method use and to problems encountered during use. For example, the group answered the question “What can a woman do if she misses combined oral contraceptives?” with recommendations that depended on the type of pills missed, the number of pills missed and the timing in the menstrual cycle during which they were missed.

Both the *Medical Eligibility Criteria for Contraceptive Use* and the *Selected Practice Recommendations for Contraceptive Use* are intended to guide national family planning and reproductive health programs in preparing their own service guidelines. To date, at least 50 national program guidelines have drawn on recommendations included in one or both of these documents. Furthermore, WHO and the United Nations Population Fund (UNFPA) Strategic Partnership Programme includes a specific focus on implementing these guidelines at regional and country levels through WHO's six regional offices and UNFPA's nine country support teams.

Because these two guidelines have such widespread impact and because they directly contribute to the *Decision-Making Tool for Family Planning Clients and Providers* and the *Handbook for Family Planning Providers*, it is imperative that they remain current and based on the best available scientific evidence. In 2002, WHO, in collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and the Information and Knowledge for Optimal Health (INFO) Project at the Johns Hopkins

Bloomberg School of Public Health's Center for Communication Programs, launched the Continuous Identification of Research Evidence (CIRE) System—with support from the U.S. Agency for International Development (USAID) and the National Institute for Child Health and Human Development (NICHD). The purpose of the CIRE System is to identify, synthesize and evaluate new evidence that is relevant to the WHO family planning guidelines [3].

The CIRE System creates a finger-on-the-pulse approach to identifying evidence as soon as it becomes available in the POPLINE® database. The methodology for the system has been described in detail elsewhere [3]. In brief, once an article has been identified as being potentially relevant to the guidance, it is retrieved and reviewed by CDC and WHO staff who, in turn, determine whether it warrants a new systematic review or updating an existing review. After the systematic review is conducted, it is submitted to WHO, which then determines whether any action is needed regarding the current recommendations. When necessary, WHO may ask its guidelines steering group to determine whether interim updates to the guidance are warranted, pending the next expert working group meetings. In such cases, the guidance is updated electronically (http://www.who.int/reproductive-health/family_planning/evidence.html).

Since 2002, 90 new articles have been determined to be relevant and 43 systematic reviews were created as a result—with all 43 being used during the creation of the latest editions of the *Medical Eligibility Criteria for Contraceptive Use* and the *Selected Practice Recommendations for Contraceptive Use*. Ten of these reviews are included in this issue of *Contraception*.

We have had the great privilege of working with numerous individuals and agencies in the creation of the WHO's Four Cornerstones of Evidence-Based Guidance for Family Planning and the CIRE System to support them. There are too many to recognize here, but this work would not have been possible without the leadership of the WHO's

Dr. Paul F. A. Van Look (Director, RHR) and the members of his Team for Promoting Family Planning who worked on the latest editions—Dr. Catherine D'Arcangues (Coordinator), Ms. Kathryn Church, Dr. Mary Lyn Gaffield, Dr. Carlos Huezco, Ms. Sarah Johnson, and Mrs. Gloria Lamptey. This effort would also not have been possible without strong support from CDC's Division of Reproductive Health, NICHD and USAID. The USAID supported some of the key agencies and programs that contributed, including the INFO Project (Mr. Ward Rinehart, Director).

Herbert B. Peterson
Department of Maternal and Child Health
School of Public Health
The University of North Carolina at Chapel Hill
Chapel Hill, NC 27599, USA
Department of Obstetrics and Gynecology
School of Medicine
The University of North Carolina at Chapel Hill
Chapel Hill, NC 27599, USA

Kathryn M. Curtis
WHO Collaborating Center in Reproductive Health
Division of Reproductive Health
Centers for Disease Control and Prevention
Atlanta, GA 30341, USA
E-mail address: kmc6@cdc.gov

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