



■ Technical Brief

KNOWLEDGE AND USE OF THE WORLD HEALTH ORGANIZATION MEDICAL ELIGIBILITY CRITERIA

For contraceptive use among family planning professionals
in low-resources settings



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INTRODUCTION

Achieving maximal impact requires that every health worker provide evidence-based quality care to their clients. Recent interactions with frontline health workers in low-resource settings revealed that some providers had never been exposed to tools that help ensure client safety in family planning (FP), including the World Health Organization (WHO) medical eligibility criteria (MEC). As a result, MOMENTUM Country and Global Leadership staff devised an online survey to better understand how aware technical assistance providers, trainers, educators, and professional association members globally are of these tools and how they use them in their day-to-day clinical, training or mentorship practices. The intent was to present the findings at the 2021 FIGO conference and catalyze professional associations to further disseminate the [digital app](#) and hard copy of the MEC within their memberships.

The MEC, first introduced in 1996, has guidance on the safety of various contraceptive methods in current use and was intended to be used by FP and other health programs in the “preparation of guidance for the delivery of contraceptive methods.”¹ It is therefore important that health workers are familiar with and use the guidance in their programs and for clinical decision-making and counseling in service provision.

OBJECTIVES

In designing and deploying the survey, MOMENTUM Country and Global Leadership intended to:

- Assess providers’ knowledge, use, and diffusion of the MEC in FP practice
- Identify barriers and enablers for the use of the MEC and recommendations for mainstreaming tools for new clinicians

METHODOLOGY

A quantitative survey was conducted in June–July 2021 with the staff of global FP organizations, ministries of health, members of professional associations, and providers at FP clinics. To reach this target audience, a link to the online survey was sent to the listservs of the Implementing Best Practices² (IBP) initiative, which disseminates evidence-based FP materials to partners; Healthcare Information for All³ (HIFA), a global community of practice with a large membership that includes health care providers; and Jhpiego’s internal staff FP/reproductive health community of practice.

The survey explored the following questions: 1) are you personally aware of the MEC (or a national equivalent)? 2) do you personally have a copy of the MEC and in which format? 3) have you integrated the use of the MEC into your own practice, teaching, or training roles and how? 4) have you disseminated MEC information outside training? 6) can you list barriers and enablers to availability and use of the MEC?

The responses were tabulated in Excel and analyzed using descriptive methods.

¹ World Health Organization. Medical eligibility criteria for contraceptive use—5th edition, 2015. <https://www.who.int/publications/i/item/9789241549158>

² <http://www.ibpinitiative.org/>.

³ <http://www.hifa.org/>

RESULTS AND FINDINGS

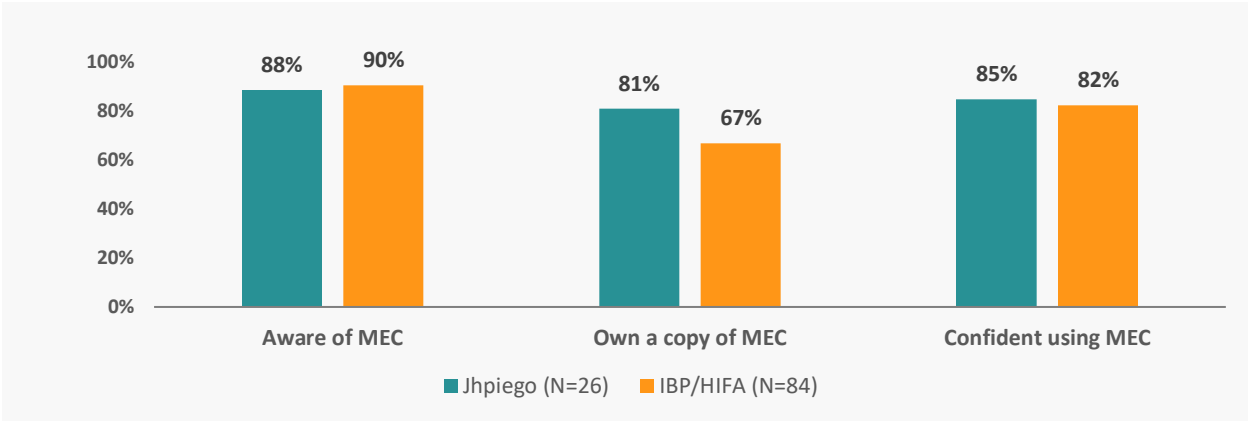
We obtained responses from 110 participants from 50 countries. Among these, 83 responded through their affiliation with IBP, one from HIFA, and 26 from Jhpiego global staff. For the remaining analysis, IBP and HIFA respondents were grouped together.

USE OF THE MEC

The survey asked respondents to describe their access to and use of the MEC (skips were not used).

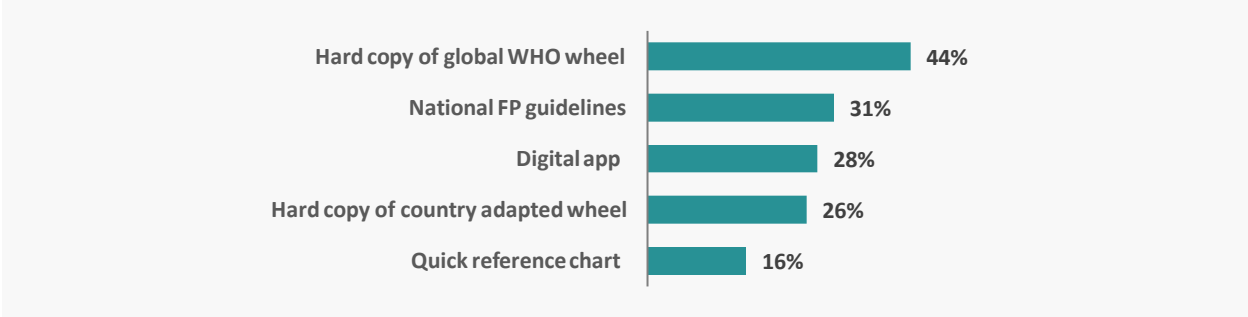
Results showed that 77% of the IBP/HIFA respondents said they are aware of the MEC, 90% claimed to have a copy, and 82% reported being confident in their ability to use it. Although Jhpiego global staff are aware of the MEC (88%), only 81% owned a copy and 85% reported being able to confidently use it (Figure 1).

FIGURE 1: INTERACTION WITH MEC BY ASSOCIATION



There was a real split in what version of the MEC people use (Figure 2). More than one response was allowed. The most common version is the hard copy MEC wheel (44%), followed by national FP guidelines that reference the MEC (31%), the digital phone app (28%), a hard copy of a country adaptation of the MEC wheel (26%), and a quick reference chart using the MEC criteria (such as the FHI 360 green and red version⁴) (16%).

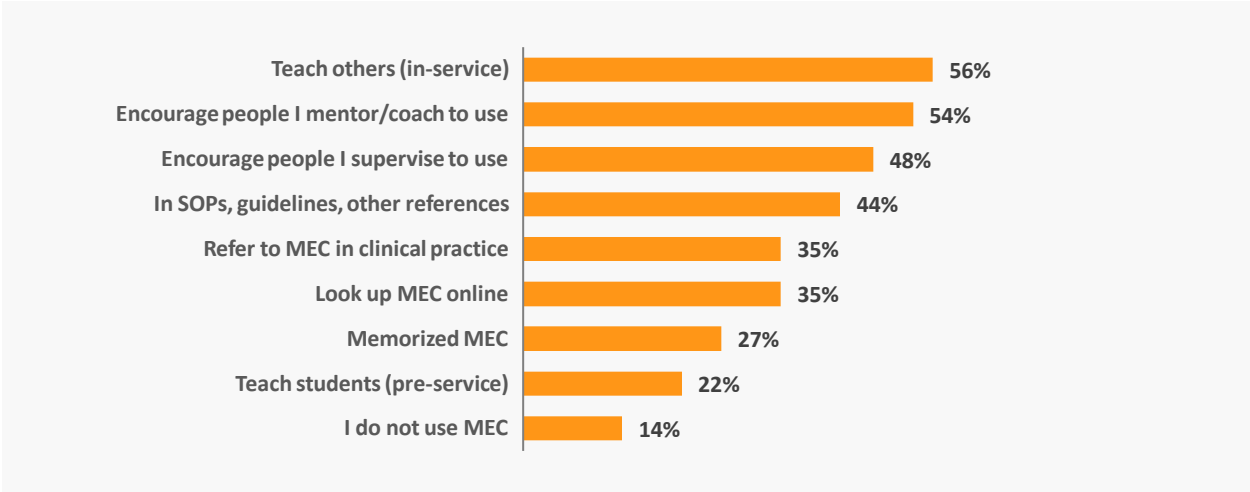
FIGURE 2: VERSION OF THE MEC PARTICIPANTS USE (N=110)



⁴ <https://www.fhi360.org/resource/quick-reference-chart-who-medical-eligibility-criteria-contraceptive-use>

No single use application of the MEC dominated among respondents (Figure 3). Multiple responses were allowed for this question. Using the MEC during in-service teaching (56%) and encouraging others to use the MEC during mentorship (54%) were the most commonly selected uses. Using the MEC during pre-service education was the least common use (22%) while 14% said they do not use the MEC.

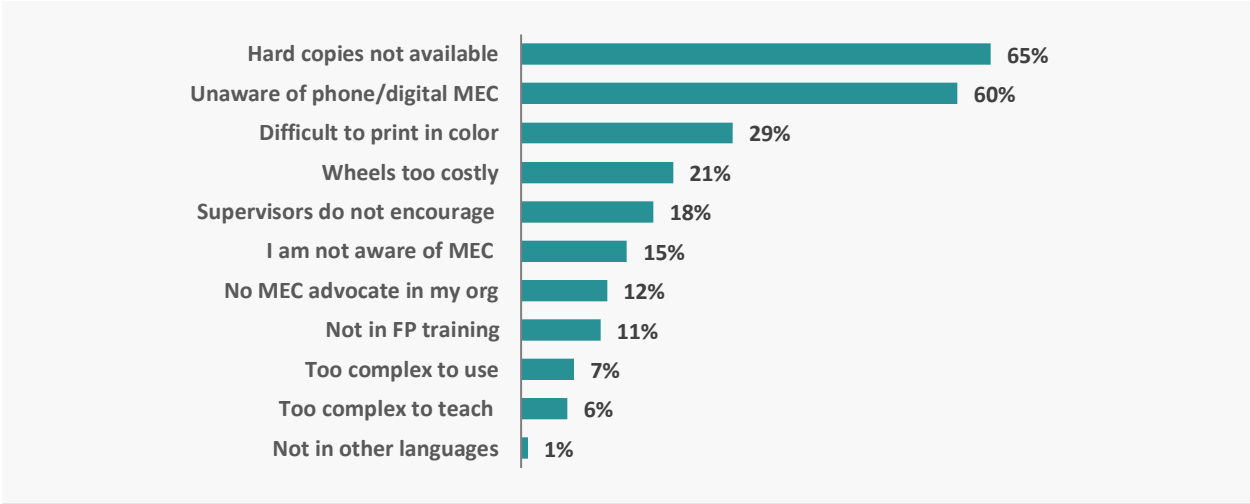
FIGURE 3: HOW PARTICIPANTS USE THE MEC (N=110)



BARRIERS AND ENABLERS TO AVAILABILITY AND USE OF THE MEC

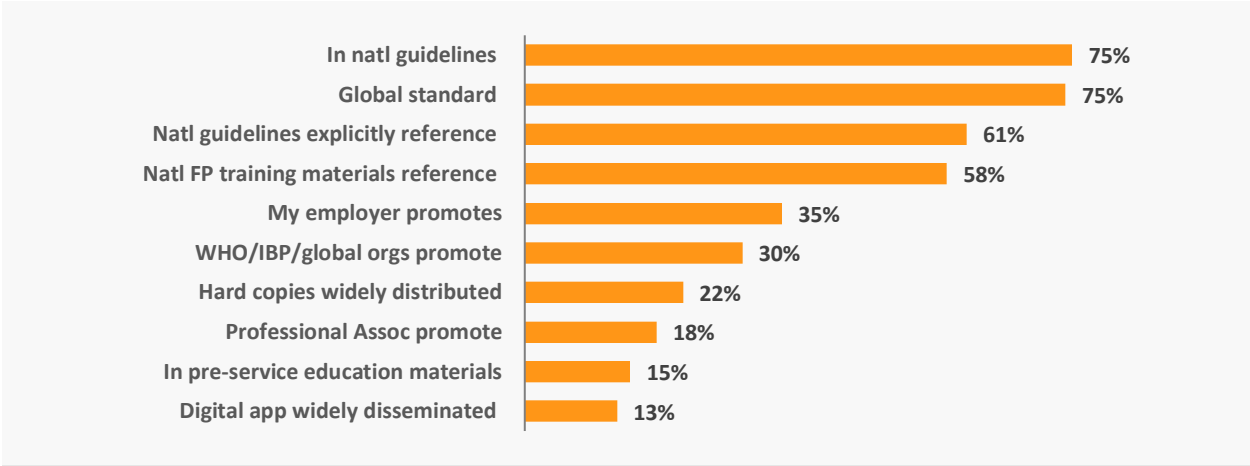
The next set of questions in the survey solicited barriers and enablers to use of the MEC. The most commonly selected barriers that hindered the availability and use of the MEC were the lack of hard copies (56%) and the lack of awareness of the digital app (60%). Few respondents selected complexity or lack of translation as barriers (Figure 4).

FIGURE 4: BARRIERS TO AVAILABILITY AND USE OF THE MEC (N=110)



For enablers, 75% of respondents said the integration of the MEC into national FP guidelines and the fact that the MEC is a globally recognized standard of care were enablers for the availability and use of the MEC (Figure 5). Other common enablers were explicit references to MEC guidelines in FP guidelines (61%) and FP training materials (58%).

FIGURE 5: ENABLERS OF AVAILABILITY AND USE OF THE MEC (N=110)



Top three barriers to availability and use of the MEC

1. Hard copies are not widely available in clinical settings.
2. People are not aware there is a phone/digital app for the MEC.
3. It is difficult to print the tools in color.

Top three enablers to availability and use of the MEC

1. It has been integrated into national guidelines and protocols.
2. It is a globally recognized standard of care.
3. National FP training packages/materials reference the MEC.

RECOMMENDATIONS

The global FP community can take inspiration from this rapid and somewhat informal survey of global FP staff of one international nongovernmental organization and members of a network striving to implement best FP practices. We hope that answering a survey itself served as a reminder of the importance of client safety standards and the variety of tools to support their use. The following actions would improve effective utilization of WHO guidance on medical eligibility for contraceptive use and prioritize the safety of clients while also reducing unnecessary barriers to access.

- Ensure availability and wider dissemination of digital and hard copies of the MEC at all levels of the health system, including in pre-service clinical education and affiliated curricula.
- Train all frontline health workers on the importance and use of the MEC during pre-service and in-service training.
- Improve integration of the MEC into national policies, guidelines, and official program regulations.
- Ensure that internal and external supervisors have the capacity to use the MEC.
- Ensure professional associations, the private sector, and pharmaceutical regulatory authorities/associations are involved in MEC use and advocacy.

As noted in the results, more efforts are needed to encourage professional associations to disseminate information on the MEC, and to do so in engaging ways. For example, MOMENTUM uses case studies and requests learners to seek the answers in the free downloadable digital app or in the tools available during a meeting or learning event, as was done recently in a virtual seminar of the Caribbean Regional Midwives Association.

In this era of growing smartphone ownership, especially among health professionals, greater emphasis on disseminating the free app is warranted. To contribute to this, MOMENTUM included links to this resource in multiple pages of the redesigned [Training Resource Package for Family Planning](#), soon to be launched and will promote the clinical tool as part of the IBP Network track alongside the resource package at the 2022 International Conference on Family Planning.

In conclusion, more work is needed to understand channels that effectively reach frontline FP workers and to make the MEC more readily available on those channels. Also, additional research to understand how standardized clinical FP tools are used (the demand and utilization components) is needed to enhance the quality of sexual and reproductive health programs and enable health workers to provide high-quality services in clinical settings.

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