

**IMPLEMENTATION GUIDE  
FOR THE MEDICAL  
ELIGIBILITY CRITERIA FOR  
CONTRACEPTIVE USE AND  
SELECTED PRACTICE  
RECOMMENDATIONS  
FOR CONTRACEPTIVE  
USE GUIDELINES**



**World Health  
Organization**



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THE MEDICAL ELIGIBILITY  
CRITERIA FOR CONTRACEPTIVE  
USE AND SELECTED PRACTICE  
RECOMMENDATIONS  
FOR CONTRACEPTIVE  
USE GUIDELINES**

A guide for integration of the World Health Organization (WHO) *Medical eligibility criteria for contraceptive use* (MEC) and *Selected practice recommendations for contraceptive use* (SPR) into national family planning guidelines

Implementation guide for the medical eligibility criteria and selected practice recommendations for contraceptive use guidelines  
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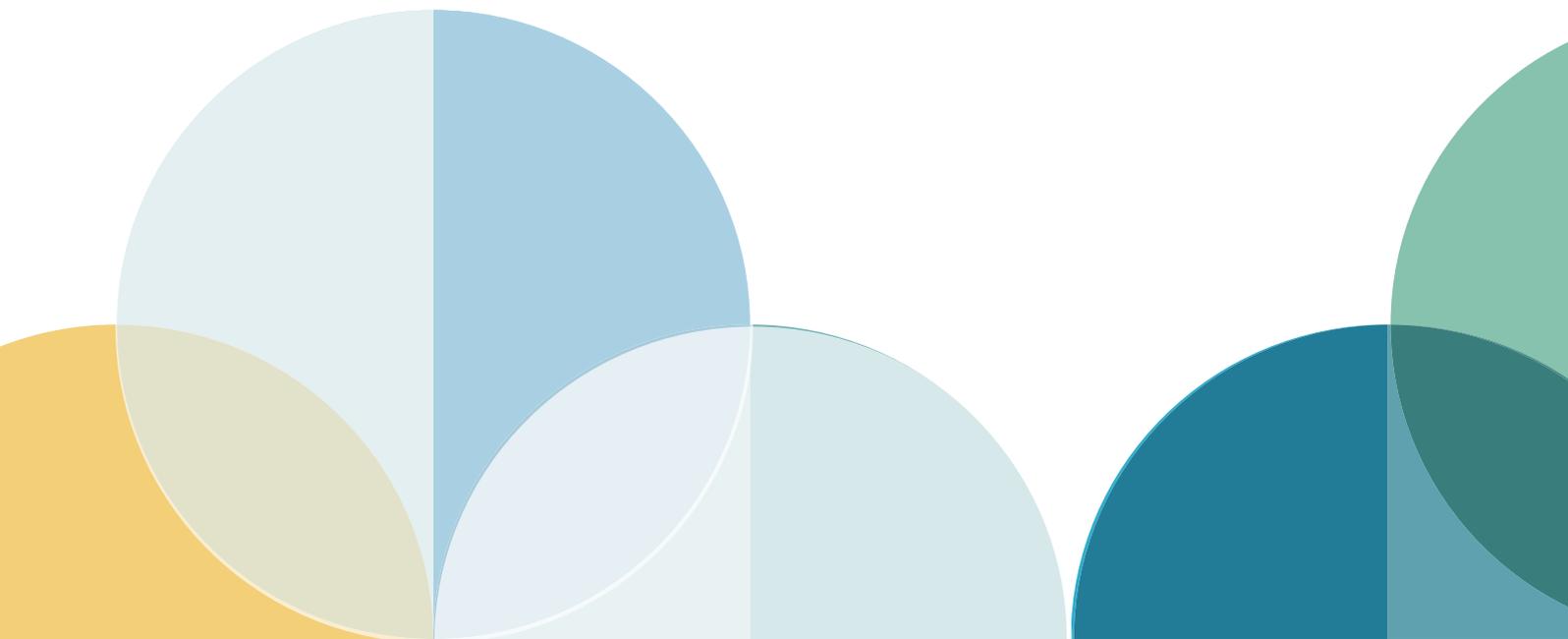
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## 1. INTRODUCTION

### ABOUT THE IMPLEMENTATION GUIDE

Offering the most evidence-based and up-to-date family planning care is a primary element of a sustainable family planning programme (1, 2). The World Health Organization (WHO) publishes two evidence-based guidelines on family planning service provision: the *Medical eligibility criteria for contraceptive use* (MEC), which provides guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics (3), and the *Selected practice recommendations for contraceptive use* (SPR), which provides guidance for how to use contraceptive methods safely and effectively once they are deemed to be medically appropriate (4). These guidelines are designed to be used together. Facilitating the implementation of the MEC and SPR guidance at the country level is crucial for the provision of comprehensive, evidence-based family planning services.

This *Implementation guide for the WHO medical eligibility criteria and selected practice recommendations*

*for contraceptive use* [hereafter referred to as the “implementation guide for the MEC and SPR”] is part of a global initiative to translate guidance into practice, through the principles of implementation science. Implementation of MEC/SPR guidance through a national programme is a complex, multidisciplinary process that requires engagement from multiple stakeholders. Furthermore, implementation can and should be pursued in a systematic and evidence-based manner. This document presents a structured process that will aid countries in their efforts to incorporate the latest MEC and SPR guidance, and their updates, into national family planning guidelines. When considering any policy change related to family planning, it is important to ensure support for the country’s human rights obligations and to serve all populations, including those in humanitarian settings. Additional resources relating to human rights considerations can be found on the WHO website ([http://www.who.int/reproductivehealth/publications/family\\_planning/human-rights-contraception/en/](http://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/)).

*“Facilitating the implementation of the MEC and SPR guidance at the country level is crucial for the provision of comprehensive, evidence-based family planning services.”*

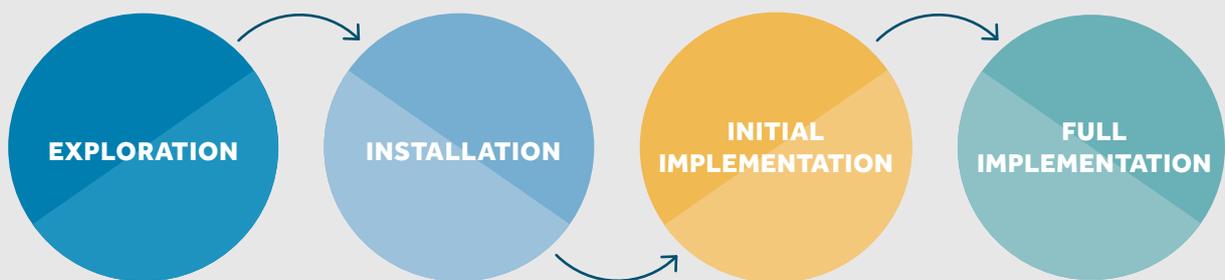
## 1.1 INTRODUCTION TO IMPLEMENTATION SCIENCE

Implementation science is the study and use of methods to promote the adoption and integration of evidence-based policies, practices and interventions into routine health care and public health settings. There are four implementation stages: (i) exploration, (ii) installation, (iii) initial implementation

and (iv) full implementation; these are described in turn in section 2 of this guide and in Boxes 1 and 2. Sustainability planning, including activities that ensure financial sustainability and monitoring and evaluation, is an active component underpinning all four implementation stages.

### BOX 1: IMPLEMENTATION SCIENCE BASICS: IMPLEMENTATION FRAMEWORKS

**Implementation stages:** In the implementation of a programme, there are multiple decisions, actions and revisions needed to change the structures and conditions necessary to successfully implement and sustain new programmes and innovations. The process of change includes four stages that can lead to sustainability of the programme. These stages are not linear, and do not necessarily have a strict beginning or end. The implementation stages include exploration, installation, initial implementation and full implementation (Box 2).



**Implementation drivers** are key components of capacity and infrastructure that influence a programme's success. They are the core components needed to initiate and support change at a local and national level. A full and sustainable family planning programme involves drivers at the **provider level** (e.g. qualified providers who are providing technically competent, evidence-based care), **organizational level** (e.g. accessibility, organization and efficiency of care, appropriate facilities and national policies, and secure commodities supply chains), and **leadership level** (e.g. supportive and proactive policy-makers and programme managers).

**Implementation teams** are organized and active groups support the implementation, sustainability and scale-up of changes by using the other described frameworks of implementation: stages, drivers and improvement

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