

Online health information toolkits for clinicians

The Knowledge for Health project provides easy online access to the most up-to-date and evidence-based resources on family planning, HIV/AIDS, and other topics.

Key points

- Internet use is increasing rapidly in Africa, making it easier for health professionals to access health information on the Internet.
- The Knowledge for Health (K4Health) project offers a variety of online toolkits that give clinicians and health programme managers the resources they need to deliver high-quality family planning services.
- K4Health offers a range of additional online resources to increase access to and use of evidence-based, accurate, and current health information worldwide.

In Africa, the number of new Internet users is growing faster than in most other parts of the world. By the end of 2008, there were approximately 32 million Internet users in Africa – eight times as many as in 2000. The biggest increases have been in Nigeria and Kenya, where together more than 14 million new people started using the Internet between 2000 and 2008.¹

As connectivity increases in many African countries, so does access to important resources such as PubMed and sophisticated Internet search engines that can support clinical practices. At the same time, the ease and affordability of publishing on the Internet has exponentially increased the amount of available content. Healthcare professionals are now inundated with volumes of information and messaging of varied quality, which can lead to information overload.

To reduce this overload and save time, the Knowledge for Health (K4Health) project offers comprehensive, expert-filtered electronic toolkits of essential health knowledge for healthcare providers and other professionals (see ‘What is K4Health?’). These toolkits provide a one-stop source for the key information and resources that health professionals need to affect policy and improve programs and practice. The toolkits cover a range of health-related topics, including family planning, reproductive health, and HIV/AIDS. The specific resources in each toolkit are unique, but the types of resources included in all are similar (see ‘What’s inside for me?’).

Intrauterine device

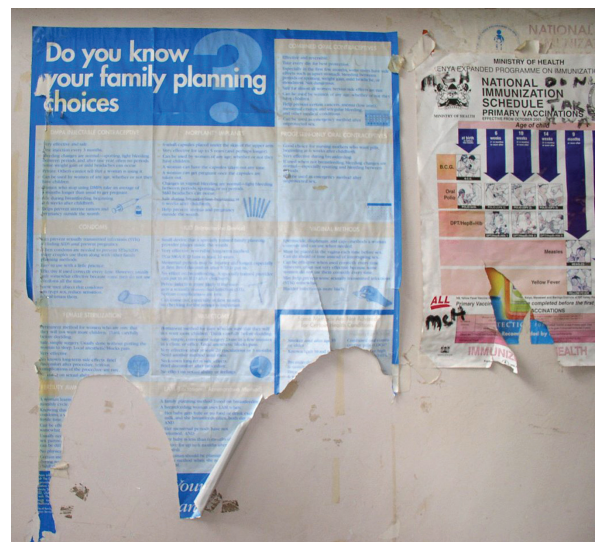
www.k4health.org/toolkits/iud

Recognition of the many advantages of the intrauterine device (IUD) as a safe and effective contraceptive option for women, in addition to liberalised international guidance on who can safely use an IUD, has spurred a

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worldwide increase in IUD uptake. However, barriers to provision and use still exist, even among healthcare providers.

A healthcare provider with minimal training can insert an IUD, but some providers lack the skills and confidence needed to provide the method. They may also lose proficiency if they do not regularly practice inserting and removing the device. Also, many providers are not equipped to manage the side-effects that can occur with IUD use, especially during the first few months of use.² Other factors that have contributed to the underutilisation of the IUD in Africa include stigma, misperceptions and myths about the device, and exaggeration of the concern that users are at increased risk of pelvic inflammatory disease (PID) if they have a sexually transmitted



While printed materials like this family planning wall-chart can become damaged or outdated, K4Health's online toolkits are regularly updated to provide health professionals with the most current evidence-based information on a variety of health topics.

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infection (STI) at the time of insertion.² Research shows that even in settings of high STI prevalence, the risk of PID in IUD users is very low. For example, a modelling exercise from Benin, Burkino Faso, Ghana, Guinea, and Mali – where the prevalence of chlamydial and gonococcal infections was more than 4% – estimated the risk of PID to be only 0.075% (or less than 1 in 1300) among IUD users.³

Implants

www.k4health.org/toolkits/implants

Implants are a long-acting, reversible contraceptive method that can be safely used by most women who want to space or limit their pregnancies. They are among the most effective contraceptive methods, with a clinical efficacy that is indistinguishable from that of sterilisation or the IUD. Implants require almost no attention on the part of the user, their effectiveness is not dependent on daily or monthly action, and a woman's fertility returns immediately after an implant is removed.

Despite their acceptability to women in Africa and their potential to significantly reduce rates of unintended pregnancy, implants have been underutilised. Nevertheless, the demand for them is growing.

As Norplant implants are being phased out in Africa and other parts of the world, several alternatives are entering the market. Jadelle and its low-cost counterpart, Sino-implant (II), consist of two progestin-releasing rods that can be inserted under the skin of a woman's upper arm to prevent pregnancy for up to 5 years. Implanon is a single progestin-releasing rod that can be used for up to 3 years. When compared with Norplant, all of the newer implants are easier to insert and remove.

What's inside for me?

Essential knowledge: Each toolkit provides key background and reference materials on a specific topic. The resources include research reviews, fact sheets, briefs, and other evidence-based materials.

Policies and guidelines: Up-to-date and evidence-based guidelines help health professionals offer high-quality services that are free from unnecessary requirements and medical barriers. Each toolkit contains information on current national and international policies and guidelines.

Training: K4Health toolkits provide comprehensive training materials that can help health professionals deliver high-quality family planning services. Competent and well-prepared cadres of health professionals, including nurses, nurse-midwives, clinical officers, physicians, and community health workers, can safely provide many different contraceptive methods.

Service delivery: Each toolkit includes job aids and other tools to help healthcare professionals screen, counsel, and provide ongoing support to their family planning clients. Such services should be client-centered—tailored to the needs of the client—and should meet current medical standards.

Country experiences: Case studies and other examples of programming activities in various countries are provided in the toolkits. These country experiences illustrate a variety of approaches to family planning services and provide toolkit users with the opportunity to learn from other experiences.

The Implants Toolkit provides healthcare providers, programme managers, and policy makers across the globe with state-of-the-art information on this highly safe and increasingly popular contraceptive method.

Sino-implant (II), also known as Zarin in much of sub-Saharan Africa, is currently available in China, Fiji, Indonesia, Kenya, Madagascar, Malawi, Sierra Leone, and Zambia. It is available to the public sector at a cost that is at least 60% lower than other contraceptive implants currently on the market. The availability of this low-cost alternative could provide the answer to frequent stock outs and increase sustainable access to implants.

Injectables

www.k4health.org/toolkits/injectables

Combined injectable contraceptives, which contain the hormones estrogen and progestin, are administered by intramuscular injection once a month to prevent pregnancy. Progestin-only injectable contraceptives, such as depot-medroxyprogesterone acetate (DMPA), contain no estrogen and are provided every 2 or 3 months, depending on the exact type of injectable.

Injectable contraceptives are increasingly popular around the world for many reasons, including their safety, effectiveness, ease of use, privacy, and convenience. Between 1995 and 2005, the number of married women worldwide using injectables nearly tripled – from about 12 million to more than 32 million.⁴

In sub-Saharan Africa, injectables are one of the most widely used contraceptive methods. However, many eligible women still have limited access to them, often because they are typically provided only through clinical services. A pilot study conducted in Uganda's Nakasongola District showed that community health workers can safely provide injectable contraceptives.⁵ This evidence and the availability of safer injection technologies have prompted governments in Kenya, Madagascar, and other countries to introduce the community-based distribution of the method.

The Injectables Toolkit contains information pertaining to both clinic-based services and community-based services. The Community-Based Family Planning Toolkit (see www.k4health.org/toolkits/communitybasedfp) also includes a special collection of materials on community-based access to injectables.

Lactational amenorrhea method

www.k4health.org/toolkits/lam

One goal of every successful family planning programme is to offer a variety of contraceptive choices. This variety allows couples to select a method that best suits their reproductive needs, with the understanding that their needs may change over time.

Following the birth of a child, many mothers want to take advantage of the numerous benefits provided to both mother and child by breastfeeding. One of these benefits is the natural state of infertility created by breastfeeding. Some women may choose to rely on this infertile state as a temporary method of contraception. This method is referred to as the Lactational Amenorrhea Method (LAM).

To use LAM, a woman must (1) not have menstruated since giving birth, (2) be exclusively or nearly exclusively breastfeeding, and (3) have an infant

What is K4Health?

K4Health's mission is to increase the use and dissemination of evidence-based, accurate, and up-to-date information to improve the delivery of health services worldwide. K4Health is involved in a range of activities to reach this goal, such as:

- Collectively developing new online toolkits that make up-to-date and evidence-based health resources easy to find and use.
- Adapting the existing resources in the toolkits for local and regional use.
- Developing new resources for the toolkits, including articles, guides, curricula, fact sheets, job aids, and eLearning courses.
- Hosting discussion boards to encourage feedback about the resources in the toolkits.
- Sponsoring global-, regional-, and country-level forums on health topics.
- Providing free online and offline eLearning courses on a variety of health topics.
- Supporting virtual networks among a range of healthcare professionals and communities.

Healthcare professionals can collaborate with K4Health by suggesting new topics for toolkits and eLearning courses, joining K4Health discussion boards, or participating on the K4Health blog.

The Office of Population and Reproductive Health in the Global Health Bureau of the US Agency for International Development funds the K4Health project, which is implemented by the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs, FHI, and Management Sciences for Health.

To learn more about the project and the many resources it offers, see www.k4health.org.

younger than 6 months old. When all three of these criteria are met, the effectiveness of LAM is about 99%⁶ – rivaling that of the most effective modern contraceptive methods. However, women using LAM as a contraceptive method must be certain that all the criteria are met. When any of the three criteria is no longer met, a woman should begin using another contraceptive method if she wants to postpone her next pregnancy.

Family planning and HIV services integration

www.k4health.org/toolkits/fphivintegration

In an era when approximately 33 million adults and children are living with HIV or AIDS and women of childbearing age account for nearly half of the infected population,⁷ family planning has a critical role to play in curbing the HIV epidemic. For both HIV-positive and HIV-negative individuals, barrier methods of contraception (such as male and female condoms) provide dual protection against unintended pregnancy and HIV transmission. Among HIV-infected women, the prevention of unintended pregnancies is essential for preventing mother-to-child transmission (MTCT) of HIV and reducing the number of children orphaned when parents die of AIDS-related illnesses.



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A man works at a computer in the Nigeria office of the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs. In the last decade, Internet use has increased more in Nigeria than in any other African country.

Integrating family planning and HIV services offers opportunities to reach more women with a range of life-saving services including contraception, HIV counseling and testing, and antiretroviral treatment. Addressing women's reproductive health needs in a holistic manner also strengthens the impact of both family planning and HIV services.

Prevention of mother-to-child transmission

www.k4health.org/toolkits/pmtct/home

Most children who are infected with HIV became infected through MTCT. This type of transmission can occur when an HIV-infected woman is pregnant, during labour and delivery, or during breastfeeding. Without any intervention, the rate of transmission from an HIV-infected woman to her child is approximately 20% to 45%.⁸ However, services for the prevention of MTCT (PMTCT) can drastically reduce this rate.

The World Health Organization (WHO) and the United Nations (UN) recommend a comprehensive four-pronged approach to PMTCT: (1) prioritise the primary prevention of HIV infection among sexually active men and women, (2) prevent unintended pregnancies among HIV-infected women who do not want to become pregnant, (3) prevent HIV transmission from a pregnant HIV-infected woman to her child, and (4) provide treatment, care, and support to HIV-infected mothers and their families.⁹

A range of PMTCT services, including family planning, HIV counselling and testing, safe delivery practices, infant feeding alternatives, and antiretroviral therapy for HIV-infected mothers and their infants, are needed to implement this approach. Although access to these services has been steadily increasing worldwide, the services are not yet universal. Significant barriers to access include weak healthcare systems, inadequate community engagement, stigma and discrimination, lack of awareness that HIV can be passed from a mother to a child, and inadequate access to antiretroviral therapy.⁸

Web resource

K4Health toolkits

<http://www.k4health.org/toolkits>

This site takes you directly to a list of all the K4Health toolkits, including the six toolkits highlighted here. Additional toolkits on the following topics will be available soon: female sterilisation, vasectomy, oral contraceptives, condom use, the Standard Days Method, and male circumcision.

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