ICMA NEWS
April 2010
newsletter n.2

International Consortium for Medical Abortion

Promoting access to medical abortion in the context of safe abortion worldwide...

Asia Safe Abortion Partnership

Latin American Consortium Against Unsafe Abortion

Eastern European Alliance For Reproductive Choice

African Network for Medical Abortion

SHARING NEWS!

ICMA 3rd international conference

On March 2, 2010 over 170 clinicians, public health officials and advocates from 60 countries around the world came together for the Third International Conference on Medical Abortion sponsored by the International Consortium on Medical Abortion (ICMA) in collaboration with IPAS and Gynuity.

The conference **"Expanding access to medical abortion: Building on two decades of experience"**

- ✓ Reviewed the current status of medical abortion internationally and highlighted key issues in advancing access to medical abortion, including strategies for making medical abortion more accessible, overcoming political opposition, and the debate over how much supervision women need when using medications to end a pregnancy.
- ✓ Shared information about the experiences in several specific countries with unique successes in introducing medical abortion or overcoming barriers to illustrate innovative approaches and strategies.
- ✓ Celebrated the increased diffusion of medical abortion around the world and highlighted the progress in expanding access to medical abortion in recent years
  - Misoprostol and mifepristone have been included in the WHO list of essential medicines
  - Mifepristone has been approved in additional countries
  - Information about medical abortion is more available to women across borders
  - Nepal, Ethiopia, Columbia, Mexico City, Switzerland, Portugal and Spain have either legalized abortion or expanded the grounds on which an abortion is considered legal
  - Low-cost mifepristone and misoprostol products, including combined products, have become more available
  - Several new provision models, including social marketing of misoprostol and education of pharmacists, have been piloted
  - Safe internet provision of medical abortion has become a reality
- ✓ Motivated participants to share how the conference had shaped their individual plans for continuing work in their countries: New partnerships and relationships were fostered by the conference, and the convening of regional caucuses generated new ideas for collaborative work.
- ✓ Included regional caucuses sessions to discuss safe abortion and medical abortion access in Africa, Asia, Eastern Europe, Latin America and the Caribbean, North America and Western Europe, and to present the plan of work of the four ICMA´s affiliated regional networks.

- ✓ Ended with a lively session on "next steps" in which the four ICMA-affiliated regional networks shared their action plans, ICMA pledged to convene a fourth international conference to move the global agenda forward while continuing to support regional work, and the floor suggested innovative ideas and strategies such as convening regional network meetings of physicians and midwives, partnering with the International Federation of Gynecology and Obstetrics (FIGO) to work closely with obstetric/gynecological associations on the national and regional levels, inviting more policy makers to regional and international forums on abortion, and collaborating on a Worldwide Day of Action.

After three days of inspiring exchange and debate, the conference finished with a strong sense that there will more gains to celebrate on the global, regional, and national levels as ICMA continues to work to improve women´s health and to guarantee women´s rights by expanding women's access to safe medical abortion.

For more information:
http://www.medicalabortionconsortium.org

Medical abortion: where are we now? where are we going?

Marge Berer, *Chairperson, Steering Committee, ICMA*

Medical abortion offers a choice both for women and providers; it increases access to safe abortion, and can put the means of abortion into women's hands. After 20 years of use and research, it is also safer and more effective.

But despite all these gains, access to medical abortion is still a problem worldwide owing to many obstacles. The provision of medical abortion is often over-medicalized (e.g. when a physician is the only provider allowed to offer it, when there is only hospital-based provision, and when ultrasound is required to determine length of pregnancy and/or to check abortion is complete). Training of providers is haphazard and treatment of complications is not always assured. Barriers also exist due to women lacking accurate information, which leads to incorrect use (doses too large or too small or self-medication beyond 9 weeks, which can be risky), and uncertainty whether bleeding is normal or abortion is complete. Drug availability is also a problem; the registration and approval process is more complicated than it needs to be, given that the drugs have been registered and approved in so many countries already, and in some cases drug companies have even refused to apply in developed countries like Canada where abortion is legal. In some countries, outdated, overly stringent regulatory conditions have been imposed, or the method has not been allowed to be used in the public sector at all. At present, mifepristone is registered/approved in only 44 countries (since 1988 when it was first registered in France and China). Misoprostol, on the other hand, can be found in most countries (except a few sub-Saharan African and Asian countries) but it is registered not as an abortion drug but for treatment of gastric ulcers, and more recently also for prevention of post-partum haemorrhage. The prices of both drugs differ markedly between countries and where misoprostol is being used outside the law, the price can be very high.

Despite all these barriers and problems, access to medical abortion is much better than it used to be ten years ago. An important sign of this trend was the inclusion of mifepristone and misoprostol for induced abortion in the WHO Essential Medicines List in 2005. Also, in recent years, more countries have been approving medical abortion, more women are choosing it, and more providers are offering it. In addition, national laws and policies have begun to incorporate regulations specific to medical abortion, which help to make it more accessible. To complete this encouraging picture, more global stakeholders are currently engaged in disseminating information about medical abortion. When ICMA started in 2002, few people around the world knew about medical abortion. Today, many international, regional, national and local stakeholders are involved in advocacy activities, in the provision of information and medical abortion pills through a range of outlets. There are many more drug companies producing generic brands of the drugs and now, with the support of the Concept Foundation, the two drugs are being packaged and sold together.

We are certainly in a better position to make medical abortion a real choice for women. To move the process forward even more, we need to put policies in place that will increase the role of mid-level providers at primary care level, where they are closest to women (nurses, midwives, family planning workers and, and physician assistants) to provide medical abortion pills. We also need to improve the quality of information given to women so that all women can understand it (including how to take the drugs safely). Health services need to allow home use of both drugs (until at least 9 wks of pregnancy); and women's health advocates and others must support bona fide web provision as a form of distance medicine and self-medication where services are lacking and/or illegal.

And as it has always been an imperative in the reproductive health and rights´ arena, we need a knowledgeable, committed and creative social movement advocating for access to medical abortion everywhere that is coordinating its efforts at the global, regional and national levels.

Bolivian national strategy to reduce maternal mortality includes guidelines on misoprostol use

Bolivia has one of the highest maternal mortality rates in the western hemisphere—229 maternal deaths per 100,000 live births—and the main causes of death are hemorrhage (33%), infection (17%), and abortion (9%). Poor and indigenous women, as well as those with less education and who live in rural areas are much more likely to die during pregnancy. Faced with such daunting statistics, the Bolivian government launched a national strategy aimed at reducing maternal and neonatal mortality by promoting evidence-based practices and by community mobilization, among other approaches.

As part of this strategy, in 2009 the Ministry of Health also issued norms and clinical protocols for the use of misoprostol in obstetrics and gynecology. Based on the guidelines published by the Latin American Federation of Obstetrics and Gynecology Societies (FLASOG in Spanish), these protocols cover all of the evidence-based indications for misoprostol use, including labor induction, abortion and prevention and treatment of postpartum hemorrhage. Ipas collaborated with the Ministry on the development of the national guidelines, making Bolivia one of the first countries in Latin America to incorporate this drug into its national public health policy.

For more information (in Spanish):

http://www.clacai.org/home/images/img/manualdelmisoprostolbolvia.pdf

http://www.scribd.com/doc/20961603/Plan-Estrategico-Nacional-para-Mejorar-la-Salud-Materna-Perinatal-y-Neonatal-en-Bolivia-2009-2015

Study of understanding and support of legal professionals and law enforcement officials for safe abortion

Suchitra Dalvie, *Asia Safe Abortion Partnership (ASAP) Coordinator*

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Sexual and Reproductive rights and health for the women of Asia sometimes appears to be a distant vision. The ICPD, the Millennium Development Goals and the Beijing Declaration notwithstanding, maternal mortality continues to be high in many parts of Asia and patriarchal society structures reinforce women's lack of autonomy and decision making capacities thus putting their lives at risk on a daily basis through deprivation, physical and sexual violence, rape, unsafe abortions, and others. Unsafe abortions still contribute to 13-50 % of the maternal mortality in some of these countries.

The Asia Safe Abortion Partnership (ASAP) coordinated a qualitative study of legal professionals and law enforcement officials to assess their level of knowledge of current legal framework and international covenants, their view of the abortion problem and their support for safe abortion as a women's right and public health issue in countries where abortion laws are restrictive and where it is legal. This study is unique in its attempt to move beyond the women/community- provider interface and look at gatekeepers outside the service provision field.[1]

It was conducted in 7 countries (India, Indonesia, Malaysia, Nepal, Pakistan, Philippines, Sri Lanka in which 193 legal professionals and law enforcement officials were interviewed out of which 107 were lawyers and the remaining were judges, law students, law teachers, and personnel from police department. The results will be utilized to develop advocacy tools and strategies which will facilitate sensitization of legal professionals and create a feasible and supportive environment for enabling laws and public policies to improve access to safe abortions.

The main results of the study show that despite

some national differences, the respondents from different enforcement agencies from all the countries were poorly informed about current legal norms and international human rights framework related to abortion; they had reservations about the expansion of abortion services as well as about abortion as a woman's right. In addition, while some respondents were cognizant of the public health implications of safe abortion, the majority were unable to see it in that light.

When it comes to examining the law as it is and the law as it should be, it is important and necessary to look at the role of the legal profession as agents of change. Lawyers after all, make use of the law to defend or prosecute women or abortion service providers who are held to account under the law; the academe's opinions are consulted by

the judges and magistrates who in turn, interpret the provisions of the law and decide the fate of the woman/service provider accordingly. Legal experts (whether private practitioners, members of the judiciary or the academe) are always at the forefront in legislative advocacy - drafting of bills, as well as providing legal expertise and support for the sponsors of proposed legislative measures, to ensure that the proposed measure measures up to the agreed-upon standards, i.e., the Constitution and in many cases, the state's international commitments.

The court is a powerful arena to effect changes in society. Through the avenue of the courts, restrictive laws may be stricken down as invalid; failure to implement the law by state agents, may hold these state agents liable, in their official as well as personal capacity; refusal to heed the requirements of the law, may also compel the courts to enforce compliance by these state agents. Needless to say, the role of the lawyer in advocating for these reliefs, and of the judges / magistrates in deciding to grant and ordering the reliefs sought, are important in society purporting to be under the rule of law, where society evolves and changes are effected, in part, through the courts and justice system.

While the members of the legal profession are important agents of change in society, they cannot effect lasting change on their own. We recognize that these changes in the field of law and policy need to be propelled and informed by the experiences and wisdom of those at the ground level in the implementation of the law.

1 The study was conducted in 2009 with the support of Packard Foundation. Its final report will be soon available on ASAP website (www.asap-asia.org)

CLACAI Small Grants Program promotes access to misoprostol and safe abortion in Latin America

With support from the Tides Foundation, in 2009 CLACAI launched a call for proposals for small grants that aimed to support member organizations to develop activities that could contribute to improved access to medical abortion in Latin America. With this activity CLACAI aimed to solidify its relationship with its members and help them have even greater impact at the national and local levels.

After selecting the grantees through a competitive review process, each organization had approximately eight months to complete its activities. Below is a brief summary of several of the funded projects:

Ecuador: Strengthening a network of services for safe abortion in Ecuador.

CLACAI supported a service delivery network, which would prefer to remain anonymous, to perform trainings at five centers on the use of misoprostol and develop patient education materials, as well as materials for clinic staff on medical abortion. The materials aimed at women are simple, easy-to-read, and make good use of illustrations to cover key concepts about misoprostol use and warning signs. They also developed a protocol for providing medical abortion in clinics, as well as strengthened relationships with nearby clinics offering similar services and pharmacies that stocked misoprostol. The materials and protocol could be adapted for use in other settings to scale-up medical abortion provision and provide women with accurate information.

Argentina, CEDES: Feasibility of the introduction of misoprostol for the treatment of incomplete abortion.

CEDES developed a study to explore the feasibility of the introduction of misoprostol for the treatment of incomplete abortion in public sector services with the aim of understanding the availability and use of misoprostol for this indication,

disseminating international evidence about the safety and efficacy of misoprostol, and discussing and solidifying strategies to incorporate the drug into service-delivery protocols. The study found very high use of MVA; although there was a wide recognition of the benefits of using misoprostol for incomplete abortion, the drug is rarely used for this indication. They found a lack of information about evidence-based regimens for its use, as well as barriers related to cost, especially for women since the drug must be purchased by women themselves. The results were presented and discussed within the medical community. While it seemed there were possibilities for introducing misoprostol for the treatment of incomplete abortion, it will be necessary to disseminate information and develop continuing medical education activities and evidence-based protocols. It will also be critical to continue to gather political support for the registration of misoprostol for obstetric and gynecologic indications in order to guarantee its availability.

Costa Rica, Colectiva por el Derecho a Decidir: Approval of norms for the provision of legal abortion using misoprostol.

This project aimed to promote the inclusion of misoprostol in the official norms related to therapeutic abortion in Costa Rica, which currently include dinoprostone as the preferred prostaglandin for medical abortion. In addition, they aimed to train health personnel in obstetric use of misoprostol, including for therapeutic abortion, labor induction and the treatment of incomplete abortion. As part of this project, they developed a brochure containing information on the study recently commissioned by CLACAI on the availability of misoprostol in Latin America. They also adapted the FLASOG manual on misoprostol use that included recently published information. In addition, they convened a day-long seminar on obstetric use of misoprostol that was supported by FLASOG, CLACAI and PPFA. Although the medical community—especially the national OB/GYN society—refused to participate in the meeting, over 40 health professionals attended the event.

Other funded projects

In addition to these projects, CLACAI supported a team within the Ministry of Health in Piura, a region of the north of Peru with a high rate of maternal mortality, to expand the use of misoprostol for management of obstetric hemorrhage. Through this project, misoprostol was added to the regional essential medicines list and became available at several health center pharmacies. CLACAI also supported Ruda, based in Uruguay, to develop a network of pharmacies and pharmacists, who they trained on sexual and reproductive rights and other issues related to misoprostol provision.

CLACAI plans to build on the success of this first cycle of small grants by opening a similar call for proposals this year. With support from the American Jewish World Service, CLACAI will be seeking small grants aimed at improving access to medical abortion for the most vulnerable populations, including adolescents, poor women, and those living in rural areas, among others.

For more information : www.clacai.org

Eastern European Alliance for Reproductive Choice (EEARC)

Report from the Caucus at ICMA 3rd International Conference

Most of the countries from the East European region have had availability of abortion on legal grounds for more than 50 years. But despite this long way, they still share some common problems: high abortion rates, widely use of D&C, low quality of services –related to limited choice of methods-, absence of counseling, lack of post-abortion contraception services, poor infection prevention, use of general anesthesia for pain control, and better quality and higher prices at the private health sector.

Concerns about the declining birth rates and the "leading role of abortion" in this process have become a top issue not only for the church but also for most politicians and political parties. Pressure from religious groups has further reduced support for family planning, and abortion services and the movement against abortion access has strengthened in Eastern European countries in the last years.

East European countries' current situation, their common problems and challenges, and their advocacy strategies to keep abortion legal and safe were the central topics discussed at the the regional caucus.

Some highlights about the current political situation:

Lithuania: A law on the protection of human life in the prenatal stage is being discussed in the Parliament. Many of the health care providers refuse to provide abortion services due to "moral and ethical reasons", and a proposal to exclude the abortion topic from the curriculum of Medical Schools is also being discussed at the Ministry of Health.

Romania: The law on abortion was under debate in the Parliament last year which includes the incrimination of the therapeutic abortion performed after the 24th week from conception and the definition of personhood as the fetus after the 24th week from conception.

Ukraine: The Ministry of Health and the representatives of Ruthenian Catholic Church, Ukrainian Orthodox Church, and the Roman Catholic Church set up a working group to review the regulations on reproductive health issues (contraception, abortion, and sexual education). Most of the representatives of religious groups are pushing the government to adopt drastic measures to ban abortion and contraception use and to introduce obligatory pre-abortion counselling provided by representatives from the Church.

Slovakia: Last year the Parliament ruled out an informed consent before abortion, a mandatory counselling with a 3 day waiting period, and a mandatory parental or guardian consent for minors in the current abortion law.

Russia: Since last year, the anti-abortion groups have pressed forward significantly. A clear signal of this new scenario was the organization of several activities to address the abortion topic by the Russian Orthodox Church. This Church, with the support of Federal institutions including the Parliament, is putting forward new amendments into the current legislation (a mandatory waiting period, the husband's written permission for women's with unwanted pregnancy, and even the total ban of abortion).

Moldova: The recent evaluation of the National Reproductive Health Strategy (2005-2015) showed that despite the substantial reduction of the abortion rates, and the introduction of manual vacuum aspiration and medical abortion methods, and of pre-and post abortion counseling, access to comprehensive abortion care for adolescents and women of socially vulnerable groups, as well as women seeking second trimester abortion are still a problem.

EEARC´s members and participants of the Regional Caucus discussed the network´s plan of action, the launching of advocacy campaigns to guarantee women's right for safe, accessible and legal abortion, and the organization of a regional meeting to agree upon advocacy activities at the national and regional levels.

MEDICAL ABORTION INFORMATION PACKAGE ?

Lack of knowledge about Medical Abortion is widespread, not only among women around the world but also among service providers, policymakers, pharmacists and the lay public. Informing these target groups is a strategic objective of ICMA and the regional networks affiliates.

ICMA Information Package provides comprehensive information on Medical Abortion to address the specific information needs of women, women's groups and organizations and other NGOs, policymakers, and health care providers, particularly those in developing countries. It includes a section containing resources, publications and contacts, model leaflets and examples of educational materials and personal histories. It also includes a section for women who need an abortion.

To access the information package go to:
http://www.medicalabortionconsortium.org