



Asia Safe Abortion Partnership



Latin American Consortium
Against Unsafe Abortion



Eastern European Alliance
For Reproductive Choice



African Network
for Medical Abortion

SHARING NEWS!

Dealing with Medical Abortion in Public Policies

In the last Regional Conference of the Latin American Consortium against Unsafe Abortion (CLACAI) -Lima, June 2009- the current regional situation regarding unsafe abortion was discussed. Some presentations addressed the recent Mexican experience with the introduction of Medical Abortion in public policies. The evidence in Mexico city shows that if there is a political will, medical abortion can be rapidly introduced in public policies and clinical protocols with a high acceptability among both women and providers.

In April 2007, the law was changed in Mexico city, making abortion legal up to 12 week of gestation. One year later, the Supreme Court declared the constitutionality of the new law.

Soon after this decisive ruling, the local Secretary of Health organized a consensus meeting which gathered public officials, researchers and experts, and was supported by Gynuity and the Population Council. Those experts agreed upon a misoprostol regime administration based on updated scientific evidence which was incorporated in the clinical guidelines.

Since then, Medical Abortion has been offered up to the 9th week of pregnancy and two Misoprostol doses have been administered at home (a third doses provided if an incomplete abortion is confirmed in the follow-up visit) both at hospitals and health care centers of the public health system in Mexico city.

After two years of public policy implementation, recent studies showed that at present:

- public health facilities are providing 1,900 legal abortions per month (0,3% complication rate)
- medical abortion is being used in 67% of all legal abortions
- the majority of women are requesting a legal abortion before the 9 week of pregnancy
- women are taking Misoprostol in their homes, following the indications given by physicians

Despite the fact that many changes in the health care system are still needed - as it was also stated in that conference- the recent Mexico city experience shows that a rapid institutional response -together with other contextual factors such as a wide support from civil society organizations and from prestigious international institutions- can facilitate the feasibility of a rapid introduction of Medical Abortion in public policies, with a positive impact on provision outcomes, as well as women's and providers' satisfaction, thus creating enhancing conditions for the sustainability of the public policy.

WHY THIS NEWSLETTER?

ICMA and the four affiliated regional networks are devoted to improving women's access to safe abortion worldwide. Medical Abortion is currently one of the most promising means to improve women's access to safe abortion.

This newsletter aims at sharing our views and activities with a broad community of people and organizations committed to the improvement of women's health and to guaranteeing the fulfillment of their reproductive rights.

We are interested in reaching you with updated technical information, advocacy strategies, training activities, research results, and best practices regarding access and provision of Medical Abortion in the context of safe abortion.

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>

Making Abortion Safer in Asia

In the 5th APCRS (Beijing, October 2009), the Asia Safe Abortion Partnership (ASAP) organized the panel discussion "Safe abortion in Asia. Making it work", in collaboration with the Concept Foundation, Ipas, International Centre for Research on Women (ICRW), and International Planned Parenthood Federation / East & South East Asia and Oceania Region (IPPF/ ESEAOR) to address the current abortion situation in Asia and discuss the strategies to improve access to safe abortion in the region. Some highlights of this session were:

Transformative attributes of Medical Abortion:

Dr Priya Nanda (Group director, Social and Economic Development, Asia Regional Office, International Centre for Research on Women) presented a recent study aimed at identifying the positive potentially transformative attributes of Medical Abortion in India. Results show that women's satisfaction with its confidentiality, the opportunity of being able to train non MBBS (basic undergraduate medical degree) doctors and nurses alike, and the facilitation of de-medicalization of abortion services were identified as key transformative attributes of Medical Abortion.

Besides, medical abortion can foster a paradigm shift in the way safe abortion services have been delivered so far. This transformative impact is based in the fact that Medical Abortion offers a safe and effective choice of abortion method which is important for both women and abortion providers; it encourages health systems to make abortion a primary care service; and it can make abortion an earlier and more accessible option; safer; less traumatic; less expensive; and provided by mid-level providers.

Different training methods available:

Dr. Phan Bich Thuy (Training & Services Senior Advisor, Concept Foundation, formerly with Ipas Vietnam) presented Ipas' experiences with diverse Medical Abortion training methods in Asia. The strategies include training of providers, site training for performance improvement, use of blended learning techniques, and innovative ways to reach the community (such as women's clubs, street drama, low literacy information materials and the radio).

Lessons learned show that these approaches are effective, and that different training methods are needed to better address the specificities of social and health system contexts in which Medical Abortion is intended to be introduced.

Medical Abortion in public policies:

Dr BK Suvedi (Family Health Division Ministry of Health and Population, Nepal) presented a pilot program aimed at introducing Medical Abortion within the context of Comprehensive Abortion Care in Nepal. Five years after the legalization of abortion in 2002, this pilot program was initiated in six districts. The initial activities included the development of a training curriculum and of IEC materials for healthcare providers and users; a specific advocacy strategy for comprehensive abortion care; and the implementation of operational research for the scaling up of the program to other health care facilities. The need for a long standing advocacy effort with providers and the community was stressed upon as a critical strategy. Results show the importance of a careful planning of the introductory process, based on a systematic and incremental approach, and in the coordination and collaboration between the public health system and a wide range of key stakeholders to ensure an appropriate and supportive health system.

ASAP's potential contributions:

Dr SP Choong (Chair of Asia Safe Abortion Partnership, former Chairperson of the Federation of Family Planning in Malaysia, and current Co-Chair of Reproductive Rights Advocacy Alliance Malaysia -RRAAM) stressed the fact that despite 15 years since ICPD and 20 years of Mifepristone availability, access to safe abortion is still an unmet goal in the region, and that safe abortion advocates are still operating in relative isolation in their own countries. Given this scenario, the creation of a forum and the regional networking are central strategies for the eradication of the taboo associated with any discussion on abortion, for giving technical and political support to advocates, and to reach women with high quality and appropriate information. The need to criminalize anti-abortion laws and to de-medicalise abortion service provision were also highlighted as current challenges for the region.

For more information please visit:

www.medicalabortionconsortium.org