Strengthening Evidence for Programming on Unintended Pregnancy

Safe abortion and post-abortion care research
Today’s session

Purpose:
• Share STEP UP abortion research insights
• Showcase how evidence has influenced policy and programmes

Content:
1. Introduction
2. STEP UP results:
   o Medical abortion and post-abortion care
   o Task-sharing
   o Increasing quality
3. Conclusion
22 million unsafe abortions per year

Abortion rates are high; 24% of pregnancies end in abortion.

8–18% of maternal deaths worldwide due to unsafe abortion.

23,000-44,000 deaths from unsafe abortion
The Right to Safe Abortion: Access, Quality, Support
The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** is coordinated by the Population Council in partnership with the African Population and Health Research Center; ICDDR,B; the London School of Hygiene and Tropical Medicine; Marie Stopes International; and Partners in Population on Development. STEP UP is funded by UKaid from the Department for International Development.
Medical abortion and post-abortion care
Expanding access to medical abortion

Social and Legal context: Illegal in 66 countries.

STEP UP Safe Abortion Research.
SAFETY GRADIENT

Very unsafe
- Not done according to WHO guidelines AND
  - Severe complication or death

Unsafe
- Not done according to WHO guidelines AND
  - Moderate or mild complication

Unsafe with low medical risk
- Not done according to WHO guidelines BUT
  - No complications

Safe with non medical risk
- Done according to WHO guidelines BUT
  - Illegal or stigmatized

Safe
- Done according to WHO guidelines AND
  - Legal and with little or no stigma

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STEP UP Safe Abortion Research
Unsafe abortion

**DIRECT**
- Surveys of women or providers
- Incidence of induced and unsafe abortions
- Complication and hospitalization rates

**UNSAFE ABORTION**

**INDIRECT**
- Incidence of induced abortions
- Complications due to induced abortions
- Hospital records all complications

Morbidity and mortality

Unskilled provider AND/OR inadequate medical environment
## Pharmacy assessments for medical abortion and post-abortion care

<table>
<thead>
<tr>
<th>Kenya</th>
<th>Senegal</th>
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<tbody>
<tr>
<td>Pharmacy workers provided mystery clients with MA drugs (28%) and information (62%)</td>
<td>35% of pharmacies sold misoprostol, but mostly for ulcers</td>
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<tr>
<td>Pharmacies reported receiving 12 abortion clients per month</td>
<td>Few knew the reproductive health uses of misoprostol (PAC and PPH); but 38% knew it could be used to induce abortion</td>
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<td>Little training on abortion (14%) and poor knowledge.</td>
<td>48% of those not selling misoprostol expressed a desire to do so.</td>
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<td>Pharmacy workers want training.</td>
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Using evidence to improve access and quality

• MS Kenya conducted training sessions with pharmacy staff, doctors, nurses and clinical officers.

• Data informed training content, and was shared with participants.

• Data informed educational materials e.g. dosage cards, product flyers.

• MoH committed to train pharmacists on misoprostol.

• Partnership with MoH to train public sector on misoprostol for PAC / PPH.

• Pharmaceutical detailers were trained to include misoclear in visits.
Reviewing the global evidence

Proportion of pharmacy workers with correct knowledge of a medical abortion drug regimen

- India
- Latin American city
- Mexico
- Zambia
- Kenya
- Tanzania
- Bangladesh
- SE Asian city
- Senegal


Proportion (%): 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%
Task-sharing to mid-level providers
Why are mid-level providers important?

Even in countries where abortion is legal, access is limited due to the lack of trained providers.
## Systematic review of mid-level provision

<table>
<thead>
<tr>
<th>Service</th>
<th>Lay health workers</th>
<th>Pharmacy workers</th>
<th>Pharmacists</th>
<th>Doctors of complementary systems of medicine</th>
<th>Auxiliary nurses/ANMs</th>
<th>Nurses</th>
<th>Midwives</th>
<th>Associate/advanced associate clinicians</th>
<th>Non-specialist doctors</th>
<th>Specialist doctors</th>
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<tr>
<td><strong>Vacuum aspiration for induced abortion</strong></td>
<td><strong>✗</strong></td>
<td><strong>✗</strong></td>
<td><strong>✗</strong></td>
<td>✔</td>
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<tr>
<td><strong>Medical abortion in the first trimester</strong></td>
<td>Recommendation for subtasks (see below)</td>
<td><strong>✗</strong></td>
<td>Recommendation for subtasks (see below)</td>
<td>✔</td>
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</table>
mHealth for contraception post-menstrual regulation
Why mHealth?
Formative research: listening to clients

“No, what problem? There will be no problem.”

“In my opinion, it is better to listen.”

“I would like to know what methods can I use after MR.”

“After MR, what type of method should be used before intercourse?”
The Intervention

10 interactive voice messages sent to clients over 4 months, offering:
– Support for chosen contraceptive method
– Support with switching method
– Information about long-acting contraception

Option to hear messages again, listen to more recorded information, speak to a counsellor, or stop receiving messages.

Messages include mix of information and personalised stories
Looking ahead
Conclusion