Medical abortion

The Legal and Policy Framework for Abortion and the context in which Medical Abortion is available in Africa

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“ Hundreds of pregnant women, alive at sunset last night never saw the sunrise this morning.

Some of them died in labor, some died of hemorrhage in hospital lacking blood, some died in painful convulsions of eclampsia and ***some died on the table of an unskilled abortionist trying to terminate an unwanted pregnancy”***

H. Nakajima,WHO 1999

Deaths from Abortion are real in Africa!!!

- **Lack of access to Family Planning**
- **Restrictive Laws**
- **Lack of access to safe legal services.**
- **Lack of access to emergency life saving PAC**
- **Lack of Political will!!!**

Many women treated for abortion complications are victims of unsafe abortion

- ***The WHO estimates there are 4.2 million unsafe abortions per year in Africa***
- ***44% of global MM related to abortion in Africa***
- ***90 African women die every day***
- ***Up to 50% of all maternal deaths in some African countries are abortion-related***

Risk of Death from Unsafe Abortion

- *Africa* *1 in 16*
- *Asia* *1 in 65*
- *Latin America/Caribbean* *1 in 130*
- *Europe* *1 in 1,400*
- *North America* *1 in 3,700*

Barriers to Access to abortion Services

- **Health System** - **Lack of trained Providers, Equipment, Resources Negative Provider Attitudes**
- **Policy Issues** - **Administrative and Regulatory Barriers**
- **Enabling Environment** - **Societal Attitudes, Stigmatization, Cultural and Religious Factors**
- **Information Gaps** - **Professionals and Women and Societies not aware of the provisions of the law**

International Treaties And Agreements

- ***ICPD Cairo 1994***
- ***FWCWD Beijing 1995***
- ***ICPD +5 1999***
- ***AU-Protocol on the Rights of African women 2003***
- ***MDGs new health priorities***

Technical and Policy Guidance for Health Systems: WHO

- *Reviews clinical aspects of providing High Quality abortion services*
- *Guidance on essential elements for legal abortion services*
- *Policy framework to ensure access to safe abortion services to the full extent of the law*

What Progress

- Increased awareness about unsafe abortion
- PAC in most countries since Cairo
- CTOP in South Africa 1997
- Francophone Africa
  - Guinea, Chad, Niger, Benin have increased indications for elective abortion since 2000
- Ghana – review of RH policies guidelines to include abortion to the extent allowed by law July 2003
- Nigeria – OB Gyn Society – initiation of services and training in elective.
- Increased partnerships for Advocacy and awareness raising on the increase in countries.
- Additional Protocols to African Charter
- WHO draft strategy on RH
- WAHO, ECSA new RH strategies for approval by ministers.
- Ethiopia has reformed abortion laws!!!
- Kenya seems to be going backwards!!!

Overview of Medical Abortion in Africa

- **Medical abortion drugs have broad RH and Safe motherhood application**

  PAC, PPH,(EC), Eclampsia, all appropriate to the region

- **Present as Safe Motherhood technologies so not stigmatised as abortion drugs**

Availability and cost:

- **Mife registered in RSA, Tunisia.**
- **Miso available in Ghana, Uganda,Mozambique(Cytotech)**
- **Available in other countries eg Uganda, Nigeria etc**
- **Given the cost of Mife it probably would not have wide application.**
- **Miso more likely option –need to make this work for us!!!**

Regulatory Issues

- **In Africa we would need to refer to Miso alone because of cost**
- **Lack of drug registration—not for OBGYn use**
- **Placed on Essential drug lists**
- **Who can administer drugs?**
- **Over the counter availability?**

Developing standards and guidelines

- **Many countries reviewing their RH or Abortion guidelines (Ghana, South South Africa, Uganda,**

  Ethiopia)
- **Opportunity to include methods for PAC and also Elective abortion**
- **Guidelines should leave open options for future technologies**
- **Avoid barriers to access (WHO Guidelines)**

Opportunities for Expanding Medical Abortion

- **Laws rarely specify procedures for abortion so no legal barriers**
- **Most laws do not specify who can perform abortions, so investigate role of a range of providers– eg. in Ghana midwives cannot dilate cervix but can they do medical abortion?**
- **Mozambique and SRA both use Miso for cervical ripening. In Mozambique to make the procedure legally permissible as incomplete abortion as in LAC**
- **Include medical abortion in all training to get people familiar and comfortable with idea**

Context for delivery of Medical abortion services in Africa

- Legal and widespread—Tunisia, RSA
- Expanded Practice—Mozambique
- PAC---Uganda
- Community based– most of the above countries as well as others
- Need to advocate for planned introduction rather than letting it happen haphazardly– black market and over the counter use can attract negative association with possible backlash

Challenges

- ***Increasing anti –choice activity***
- ***Dwindling resources for RH and abortion***
- ***Restrictive laws—often practice worse than the law.***
  --Interprete laws in the best interest of women
- ***Lack of awareness of laws***
- ***Stigmatization***
- ***No MOH support , no guidelines, no training, not in procurement lists***
- ***Lack of drug registration-- esp for ObGyn use , policy support difficult to put in place***
- ***Local availability and cost***

Conclusion

- *Unsafe Abortion is totally preventable*
- *Public health crisis of immense proportions in Africa*
- *In all of our countries we have the legal dispensation to reduce or eliminate deaths from unsafe abortion.*
- *Medical abortion promises an additional method for women*
- *Operational research to decentralize medical abortion—make it low tech and available!!*