

Access to Medical Abortion

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Defining access - abortion legal

- Law on abortion
- Approval and registration of drugs
- Importation and cost of drugs for health system, private providers
- Health system incorporation of abortion provision – primary, secondary, tertiary – public vs. private
- Training in providing method(s) for first and second trimester abortions for appropriate cadres
- Women informed about method, availability and know others who have used it.

Defining access - abortion restricted



- Law on abortion restricted.
- Approval and registration of drugs – absent.
- Importation and cost of drugs – uncontrolled.
- Pharmacy/black market availability – self-use often.
- Health system incorporation of abortion provision – in secret, focused on complications – public vs. private
- Training in providing method(s) – haphazard, experiential, lack of information
- Women ill-informed about method, availability,

Lag time: development and promotion to access



- Family planning – modern methods increase in use averaged about 1.4% more per year in 20th century*
- Condom use – young, single women in Africa also about 1.4% per year*
- PMTCT – 10% globally after a decade**
- Cervical cancer screening – patchy
- HPV vaccine – universal coverage goal but...

*Cleland et al. RHM 2006;14(28).

**PMTCT Symposium, Toronto, AIDS 2006.

Lag time to seek/get abortion

- Biggest advantage of medical abortion is how early in pregnancy it can be used with high efficacy.
- Delays in woman recognising and confirming pregnancy need to be reduced.
- Delays in woman being able to access a clinic or get the drugs herself.
- Calls for re-education of providers, including pharmacists, and women, to make optimal usage possible.

Mifepristone approval 36 countries 1988-2005*

- 1988 China, France 1989 UK 1992 Sweden
- 1999 Austria, Belgium, Denmark, Finland, Germany, Greece, Israel, Luxembourg, Netherlands, Spain, Switzerland
- 2000 Norway, Russia, Taiwan, Tunisia, Ukraine, USA
- 2001 New Zealand, South Africa
- 2002 Azerbaijan, Belarus, Georgia, India, Latvia, Uzbekistan, Vietnam
- 2003 Estonia
- 2004 Guyana, Moldova
- 2005 Albania, Bulgaria, Cambodia, Czech Republic, Hungary, Kazakhstan, Lithuania, Macedonia, Mongolia, North Korea, Poland, Romania, Slovakia, Slovenia, Thailand, Turkey, Vietnam

Misoprostol approved 2004

Gynuity website



Specific “complications”: legal medical abortion

- Three drug combinations — mifepristone + PG, methotrexate + PG or PG alone — with a confusing jumble of dosages and regimens at different stages of pregnancy.
- Differences in type of provider and aspects of care, e.g. vaginal or oral PG, home or clinic, ultrasound, number of visits, dealing with incompletes, etc.
- Differences among abortion providers as to what is “the preferred method”, e.g. surgical or medical after 9 weeks of pregnancy and in the second trimester.

— Inability even to reach a consensus in English on

Specific “complications”: legally restricted abortion



- Indiscriminate use, large doses, late use. (Caribbean)
- Instructions for providers, chemists, women not available. (Latin America)
- Incorrect regimens used, even with plethora of regimens.
- Concern and uncertainty whether bleeding is normal or not, abortion complete or not. (India)
- Distinctions between effective and ineffective “medical methods” not made by chemists. (India)
- No one responsible except the woman.

Too often...



■ Access denied.

Improving access



- Patience and persistence in seeking approval and setting up services — time lags are inevitable.
- Consensus on terminology.
- Simplicity and greatly reduced anarchy re dosages, regimens, aspects of care, etc.
- Choice of method or choice between clinics offering one or other method, through second trimester.
- Low-cost drugs and public sector prices.
- Private sector (non-profit) provision as a form of advocacy for public sector provision.
- Information based on practice that most women

Further reading



- The abortion pill
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Articles on access and acceptability from:
South Africa, Caribbean, India, Mexico,
Colombia, Ecuador, Peru, Moldova,
Turkey and Nepal