



**International Seminar on  
Medication Abortion:  
Availability and use, and impact on abortion safety and women's health  
Dakar, Senegal, 6-8 July 2016**

Seminar organized by the IUSSP Scientific Panel on Abortion Research,  
the STEP UP Research Programme Consortium, and  
the Population Council-Senegal.

**CALL FOR PAPERS**

**Deadline for submission of abstracts: 31 October 2015**

Dramatic increases in misoprostol sales have been reported worldwide. With the exception of Latin America (where use was already high), all regions of the world registered increased sales in misoprostol in the past decade. This increase in misoprostol sales has been associated with its use for a number of obstetric indications. Two of the indications for which misoprostol is being widely used include pregnancy termination and treatment of incomplete abortion. WHO guidelines recommend medication abortion as an appropriate medical procedure for both of these indications. A recent review of global availability of misoprostol published in 2009 concluded that availability has been improving in low-income countries where the use of this drug could significantly impact morbidity and mortality associated with unsafe abortion.

Clinical studies have shown the efficacy of use of misoprostol alone in pregnancy termination, its even greater efficacy when combined with mifepristone, and confirm that it is a highly effective method for the treatment of incomplete abortion. Medication abortion methods are a valuable addition to existing surgical methods (MVA or Manual Vacuum Aspiration and D&C or Dilation and Curettage). Clinical studies have also shown misoprostol's efficacy and safety when used as a method of abortion; acceptability studies show that despite its side effects it is highly accepted by women.

Some studies have found that the number of women treated for postabortion care may not decrease, but the severity of complications they experience declines. The reasons why the incidence of abortion complications may not decline rapidly even when misoprostol is widely used include the lack of knowledge about how to use the method among both providers and women, and the fact that women are often counseled by providers to go to a hospital as soon as bleeding begins rather than wait for the procedure to complete.

This seminar will provide an opportunity for researchers to present results from new studies on the use of medication abortion (misoprostol-only, or in combination with mifepristone for termination of pregnancy; and misoprostol for post abortion care). Studies of interest include those that address: Trends in availability and use of medication abortion; factors that affect use of the method and how well it is used; the impact of increased use of medication abortion on access to safe abortion services and postabortion care, impact on maternal mortality and morbidity and health outcomes more generally, and on stigma related to abortion, compared to MVA; and reasons why the incidence of abortion complications may not decline rapidly even when use of misoprostol is increasing. In addition, studies on new techniques to incorporate use of misoprostol/medication abortion in the measurement of abortion incidence are also of interest to this seminar.

This seminar will cover the following topics:

- Availability and use of misoprostol alone or in combination with mifepristone (MA) and its potential impact on abortion safety: Have studies measured the impact of use of MA on abortion safety?
- The role of medication abortion drugs in the provision post abortion care: implications for programs; public health importance; does it increase access to care; does it decrease delay to treatment, reduce severity of complications and/or shorten length of hospitalization?
- Surgical versus medication abortion: What do studies say about providers' attitudes and preferences; what are the cost implications to both client and provider, and does this differ between public sector services and providers in private practice?
- Use of mid-level providers and lower level facilities for provision of medication abortion services: What do studies show about the extent to which abortion services are being provided by mid-level providers and in primary health centers?
- Provider perspectives on abortion related services: is conscientious objection and resistance to service provision similar to when only surgical methods are available or are they changing due to medication abortion.
- Women's perspectives regarding MA (combination of mifepristone and misoprostol or misoprostol alone), including their experience of using this method, preference for MA over other abortion methods, their reports on availability of choice of methods and barriers to choosing particular methods.
- The role of misoprostol in reducing inequities in access to safe abortion services: does it improve access for disadvantaged subgroups, including adolescents, poor and rural women?
- What role has misoprostol availability had in efforts to move the policy and legal agenda on abortion?
- How well are studies succeeding in capturing the magnitude of use of medication abortion and misoprostol, and as a component of abortion incidence?

Papers may be country-specific or comparative, quantitative and/or qualitative. This international seminar will bring together demographers, public health researchers, sociologists and anthropologists, as well as scholars from other related disciplines interested in exchanging the latest scientific knowledge on availability, accessibility and use of medication abortion and its impact on abortion safety and women's health and survival. Additional aims of the seminar are to increase networking between researchers and to facilitate linkages and coordination across disciplines, countries and research institutions.

### **Online Submissions:**

The IUSSP Panel on Abortion Research invites researchers to **submit online by 31 October 2015** a short 200-word abstract **AND** an extended abstract (2 to 4 pages, including tables) or a full unpublished paper for consideration. To submit an abstract please fill out the online submission form on the IUSSP website: <http://iussp.org/en/iussp-seminar-submissions>.

Abstracts and papers may be submitted in English, French or Spanish. However, the working language of the meeting is English, and presentations must be made in English.

The seminar will be limited to about 20 contributed papers. Submission should be made by the author who will attend the seminar. If the paper is co-authored, please include the names of your co-authors in your submission form (in the appropriate order).

Applicants will be informed whether paper is accepted by 30 November 2015.

Participants must submit their complete paper by 31 May 2016.

In addition to dissemination through posting on the member-restricted portion of the IUSSP website, seminar organizers will explore possibilities for publishing the papers as an edited volume or a special issue of a journal. Papers submitted should be unpublished and, as for a journal or an edited book, authors, by submitting a paper, agree they will not propose it for publication to another editor until the committee makes a decision with regard to their possible publication.

Current funding for the seminar is limited and efforts are under way to raise additional funds but the outcome is at this point uncertain. Participants are therefore encouraged to seek their own funding to cover the cost of their participation in the seminar. If available, funding will be restricted to IUSSP members in good standing and will be contingent upon submission of a complete paper of acceptable quality by the deadline for papers.

**For further information** please contact Seminar Organizer Susheela Singh ([ssingh@gutmacher.org](mailto:ssingh@gutmacher.org)).

### **IUSSP Scientific Panel on Abortion Research:**

*Chair:* Susheela Singh (*Gutmacher Institute, United States*).

*Members:* Harriet Birungi (*Population Council- Nairobi, Kenya*); Agnes Guillaume (*Institut de Recherche pour le Développement, France*); Ndola Prata (*School of Public Health, University of California, Berkeley, United States*) and Sabina Faiz Rashid (*James P Grant School of Public Health, BRAC University, Bangladesh*).