

International Seminar on
Medication Abortion:
Availability and use, and impact on abortion safety and women's health

Dakar, Senegal, 6-8 July 2016

Organized by the IUSSP Scientific Panel on Abortion Research
and
Population Council, Dakar Office

Chair: Susheela Singh; *Panel members:* Agnes Guillaume, Ndola Prata, Sabina Rashid and Harriet Birungi

REPORT

The seminar was organized with technical and financial support from STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Consortium, funded by UK aid from the UK Government, as well as financial support from: Netherlands Ministry of Foreign Affairs, Bixby Center for Population Health and Sustainability, University of California, Berkeley; and Centre Population et Développement (CEPED, France).

This seminar provided an opportunity for researchers to present results from on-going studies on the use of medication abortion for termination of pregnancy in a range of legal contexts. Because of the difficulty in conducting research on abortion—especially in contexts where the procedure is highly legally restricted, but also an important constraint in all legal contexts because of the high level of stigma that generally surrounds the behavior—the opportunity to discuss and critique research designs and methods was especially valuable for participants. The 14 papers that were presented at the seminar addressed use of misoprostol alone (less effective but available in many legally restrictive settings) as well as use of the combined medication abortion method (mifepristone combined with misoprostol, highly effective and available only where abortion is permitted under broad criteria). In addition, there were two panel sessions, one focused on priority research questions in this area and the other on promising methodological approaches for research in this area.

A few of the papers focused on use of misoprostol alone, the MA method typically available in contexts where abortion is highly legally restricted. These papers addressed the institutional barriers that may arise in such settings and the complicated processes that must be followed in some countries for the drug to be made available; they also discussed poor quality of the information about how to use the method among both women and healthcare professionals, with the consequence that poor use of the method results in frequent complications. One paper evaluated the outcomes of a community-based intervention that provided migrant and refugee Burmese women living in Thailand close to the border with information and access to a misoprostol-alone regimen for pregnancy termination through nine weeks' gestation. Another paper assessed an intervention with private sector providers and found improvement in availability of the method, as well as improvement in knowledge and practices of these providers; however, remaining challenges include inadequate knowledge of correct MA regimen especially among pharmacy workers, and unexpectedly, the quality of medical care declined over time, especially in regard to family planning services.

More than half of the papers focused on contexts where abortion is available under broad criteria (India, Mexico City and Zambia) or where despite a very restrictive law, it is available under unique circumstances (as Menstrual Regulation procedures in Bangladesh). These papers covered use of the

combination method (misoprostol and mifepristone). This group of studies reported on interventions to improve access and effectiveness of use (for example through a call center or hotline is a harm reduction approach in Bangladesh); and a few papers assessed safety and effectiveness through pharmacy-based distribution of the method. One paper reviewed transitions in a longer-term public sector program in Mexico City, and another paper analyzed large-scale data on women obtaining abortions in facilities in nine states of India to better understand differences in service provision between the public and private sectors as well as to understand the characteristics of women obtaining different types of procedures. One presentation discussed possible new research designs and methods for measuring use of misoprostol/medication abortion, in order to improve measurement of abortion incidence in legally restrictive settings.

Seminar participants came from all regions of the world and included both senior and junior scholars, including a few at the pre-doctoral stage.

Participants have been encouraged to submit their papers to a call for papers for a journal supplement focused on medication abortion. In addition, panel members are pursuing the possibility of having one or two commentaries written based on the panel discussions on priority priorities for research on medication abortion and promising study designs and methods for undertaking research in this area.

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the Centre Population et Développement (CEPED)

Programme

Wednesday 6 July

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|---|--|--|
| 8:30 | Registration | |
| 9:00 – 9:45 | Opening - Remarks, Welcome & Introduction | (IUSSP/Mary Ellen)
(Susheela)
(Harriet) |
| | Logistics | (Nafi Diop) |
|
Session 1: Misoprostol for medication abortion | | |
| Chair: Agnes Guillaume
Discussant: Ndola Prata | | |
| 10:00 – 10:20 | <i>Institutional and professional priorities regarding Misoprostol in Benin and Burkina Faso</i> | Fatoumata Ouattara, Seydou Drabo, Carine Baxerres, Agnès Guillaume |
| 10:20 – 10:40 | <i>Community-based distribution of misoprostol for early abortion: Evaluation of a program on the Thailand-Burma border</i> | Angel Foster, Grady Arnott, Cari Sietstra, Margaret Hobstetter |
| 10:40 – 11:00 | <i>Trends in availability, use and quality of care for medication abortion services in private pharmacies and clinics in Western Kenya</i> | Francis Obare, Wilson Liambila, Harriet Birungi |
| 11:00 – 11:30 | Coffee break | |
| 11:30 – 11:50 | Discussant: Ndola Prata | |
| 11:50 – 1:00 | Open Discussion | |
| 1:00 – 2:00 | Lunch | |

Session 2: Beyond clinics: self-medication, pharmacies and other points of care

Chair: Ndola Prata
Discussant: Harriet Birungi

2:00 – 2:20 *The use of misoprostol in abortive practices in Madagascar: between ease of access and lack of information (an anthropological approach)*

Dolorès Pourette, Chiarella Mattern, Patricia Nambinintsoa Raharimalala

2:20 – 2:40 *Medical abortion outside of centers in Bangladesh; women's experiences*

Elisabeth Eckersberger, Sadid Nuremowla, Arunima Islam, Kate Reiss, Thoai Ngo, Pronab Chowdhury, Barbara Reichwein, Cicely Marston

2:40 – 3:00 *Second trimester medication abortion outside of the clinic setting*

Caitlin Gerdts, Sarah Baum, Daniel Grossman, Kelly Blanchard

3:00 – 3:30 **Coffee break**

3:30 – 3:50 Discussant: Harriet Birungi

3:50 – 5:00 Open Discussion

Thursday 7 July

Session 3: Access, quality and safety of medication abortion

Chair: Sabina Faiz Rashid
Discussant: Agnes Guillaume

9:00 – 9:20 *Using a call center to support the provision and uptake of menstrual regulation medications in Bangladesh: a harm reduction approach*

Barbara Reichwein, Katharine Footman, Munnaf Sadekin, Sadid A. Nuremowla, Suzie Schaffnit, Gillian Eva, Kate Reiss

9:20 – 9:40 *Assessing the safety and effectiveness of medical abortion medications purchased from pharmacies: Methodological challenges and emerging data*

Katharine Footman, Sally Dijkerman, Shahida Akter Mitu, Pronab Choudhury, Sadid Nuremowla, Thoai Ngo, Kate Reiss

9:40–10:00 *From dilation and curettage to medication abortion: Documenting a successful transition at the Mexico City Legal Abortion Program*

Araceli Fernández-Cerdeño, Jorge Morales, Claudia Díaz-Olavarrieta

10:00 – 10:30 **Coffee break**

10:30 – 10:50 *Medication abortion in Zambia: trajectories, costs and healthcare provider perspectives*

Ernestina Coast, Emily Freeman, Tiziana Leone

10:50 – 11:15 Discussant: Agnes Guillaume

11:15 – 12:00 Open Discussion

12:00 pm – 1:00 pm **Lunch**

Afternoon free. (Optional Outing – to be decided).

Friday 8 July

Session 4. Medication abortion: measurement issues, trends and availability

Chair: Fatima Juarez

Discussant: Sabina Faiz Rashid

- 9:00 – 9:20 *Trends of use of medical abortion in India: A missed opportunity in formal health system*
Sushanta Banerjee, Kathryn Louise Andersen, Sumit Gulati, Vinoj Manning
- 9:20 – 9:40 *Availability and use of menstrual regulation with medication among pharmacies in Bangladesh: A situation analysis*
Fauzia Huda, Anadil Alam, Hassan Rushekh Mahmood, Bidhan Krishna Sarker, Nafis Al Haque, Faisal Ahmmed, Anisuddin Ahmed
- 9:40 – 10:00 *Medical abortion in Zambia: Results from a longitudinal qualitative study*
Ann Moore, Ragnar Anderson, Mardieh Dennis, Akinrinola Bankole
- 10:00 – 10:30 *Coffee break*
- 10:30 – 10:50 *Measuring abortion incidence in the context of access to medical abortion*
Gilda Sedgh, Sarah Keogh
- 10:50 – 11:15 Discussant: Sabina Faiz Rashid and Fatima Juarez
- 11:15 – 12:00 Open Discussion
- 12:00 pm – 1:00 pm *Lunch*

Session 5: Priority research questions on medication abortion

Chair: Ndola Prata

Panel: Ernestina Coast (LSE); Sushanta Banerjee (Ipas Development Foundation - India); Jennifer Blum (Gynuity); Fatima Juarez (El Colegio, Mexico)

- 1:00 – 2:00 Panel - presentations
- 2:00 – 3:00 Open Discussion
- 3:00 – 3:30 *Coffee break*

Session 6: Methodological issues with research on medication abortion

Chair: Susheela Singh

Panel: Diana Foster (UCSF); Gilda Sedgh; Harriet Birungi (Population Council); Caitlin Gerdt [not attending but may provide some comments]

- 3:30 – 4:30 Panel - presentations
- 4:30 – 5:30 Open discussion

Session 7: Wrap up: Next steps and closing

Chair: Susheela Singh

- 5:30 – 6:15 Panel on Abortion Research & Fatima Juarez (IUSSP Liaison): outline next steps
- 6:15 – 6:30 *Closing*

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List of participants

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**Caitlin Gerdtz presented her paper via Skype*

Observers

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