

# NURHT Caucus: Safe Abortion Supplies Workstream

## 18 October 2023, 9am - 1pm

SAS Workstream Co-Chairs: Nathalie Kapp & Petra Procter

SAS Workstream, Incoming Co-Chair: Andrea Fearneyhough  
Adlon 3 Ballroom

# WELCOME TO THE SAFE ABORTION SUPPLIES WORKSTREAM MEETING AT RHSC'S GENERAL MEMBERSHIP MEETING 2023

As you take a seat, please consider sitting with others who have the same preferred language as you. We will have simultaneous AI Translation for the Plenary Components of this meeting, but the smaller group discussions will be easier with those who speak the same preferred language as you.

# WELCOMING REMARKS & RHSC STRATEGY RE-DESIGN



**NATHALIE KAPP**

Co-Chair, Safe Abortion Supplies  
Workstream; Chief Medical  
Advisor, IPPF



**PETRA PROCTER**

Co-Chair, Safe Abortion Supplies  
Workstream; Senior Program  
Manager, Concept Foundation

# Available AI Translation

- Available via QR code and URL on table (audio option available via headphones)
- Adjusting Session Speaker Language

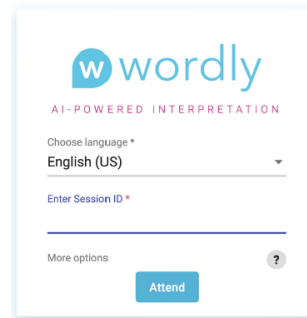
## Example Session How to Use Live Translation

### Step 1



Scan QR Code or Go To:  
<https://attend.wordly.ai/join/XYJA-9454>

### Step 2



Choose Language  
Click Attend

### Step 3



Read Captions on Device  
Use Headset for Audio

We appreciate your patience and understanding as the AI and our glossary continue to learn and make improvements.



# strategy re-design



Reproductive Health  
**SUPPLIES COALITION**



# SETTING THE STAGE & GETTING TO KNOW ONE ANOTHER



**NATHALIE KAPP**  
Co-Chair, Safe Abortion  
Supplies Workstream;  
Chief Medical Advisor, IPPF



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Co-Chair, Safe Abortion  
Supplies Workstream;  
Senior Program Manager,  
Concept Foundation



**EVE BRECKER**  
Associate Director,  
Civic Engagement,  
PAI

# PANEL: Resilience during COVID-19: Access to Safe Abortion Supplies During & After the Pandemic



**DR. CHRIS FOFIE**  
OBGYN, Ghana  
Health Service



**EBENEZER ANTWI  
AMANKWAAH**  
Monitoring &  
Evaluation Officer,  
Ghana Health Service



**DR. NATASHA  
SALIFYANJI KAOMA**  
CEO, Copper Rose  
Zambia



**Global Doctors**  
FOR CHOICE

# AVAILABILITY OF ABORTION SUPPLIES IN GHANA DURING THE COVID-19 PANDEMIC AND BEYOND

Dr Chris Opoku Fofie, GHS/GDC  
Ebenezer Amankwaah, GHS





# INTRODUCTION

- From the 2020 EmONC assessment, within the one year period 45,659 women and girls had abortions.
- 5596 suffered severe complications.
- 28 (3.2%) ended in maternal mortality.
- Of all unsafe abortions, one third were performed under the least safe conditions, i.e. by untrained persons using dangerous and invasive methods

## BACKGROUND

- The abortion law in Ghana is quite liberal
- Care provision is institutionalized with predominantly surgical methods
- New protocols incorporate self care modalities focussing on Medical Abortion

# THE SITUATION BEFORE COVID 19

- The Ghana Health Service-led Comprehensive Abortion Care Program is working very hard to get the buy in of facilities, managers, and society.
- Health care providers prefer MVA because it is fast, tangible and they draw financial incentives
- MVA kits were procured mainly from partners.
- Misoprostol supplies were mainly for obstetric cases- induction of labour and management of PPH in the public sector

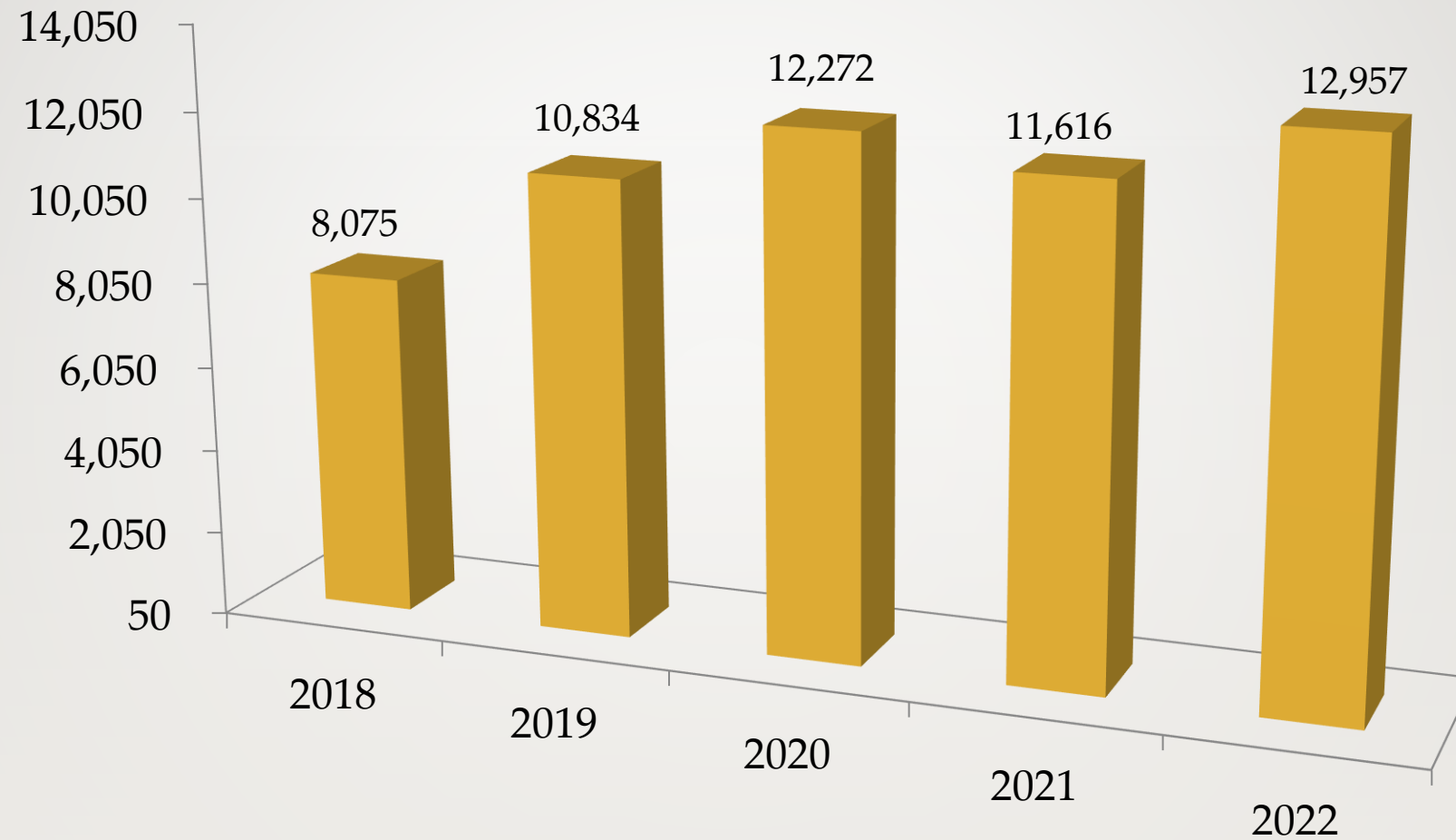


## COVID -19

- **DISRUPTION** of Health Services including Reproductive Health and Abortion Care.
- FHD -Guide for continuity of service during COVID-19 Pandemic was silent on Abortion Care



# MA Data 2018-22

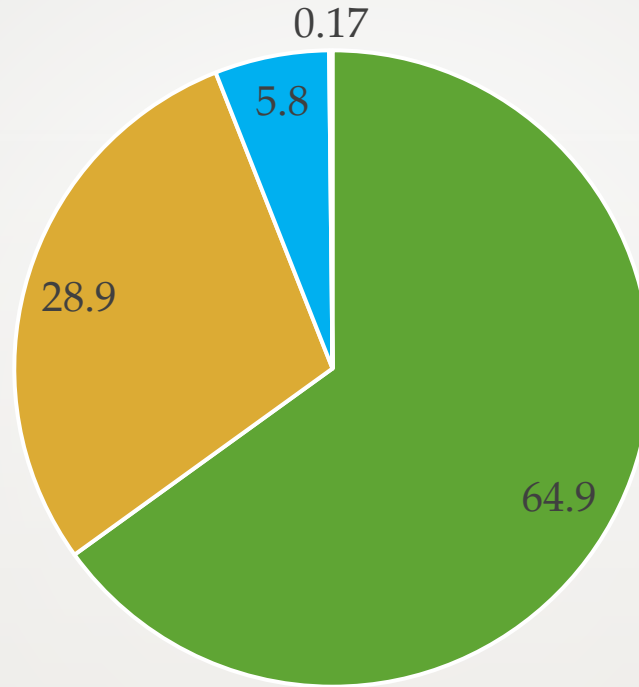


# Main Suppliers of MA Medications

- Marie Stopes International Ghana
- DKT International
- Other private vendors

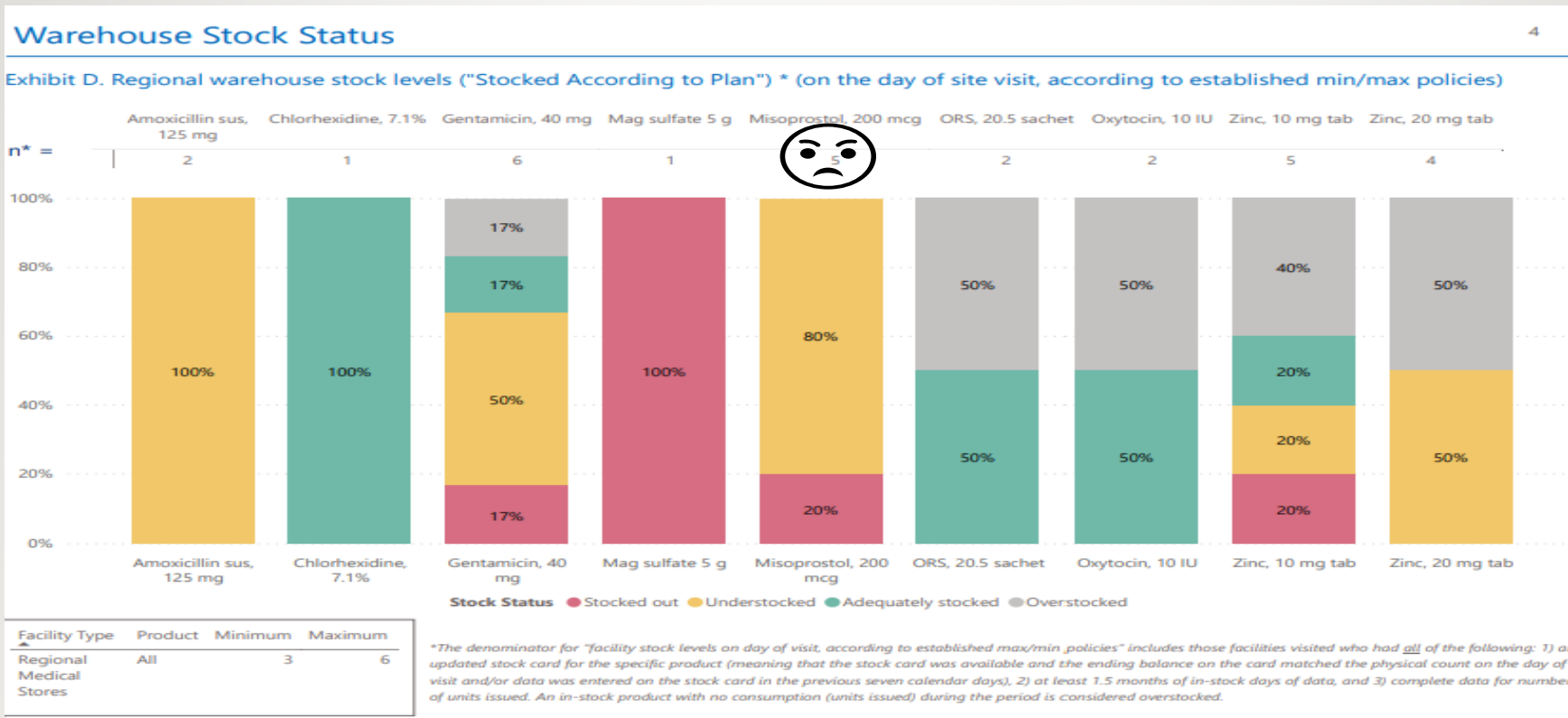
# MA Use by Facility Ownership

% of MA Issued by Ownership



■ Government ■ Private ■ CHAG ■ Mines

# End Use Verification- March-misoprostol





# Quality Issues around MA

## Medication Quality and Authenticity:

- Numerous unregistered brands on the market especially Misoprostol
- Private providers not reporting data on MA use
- MA medications are attractive for medicine peddlers without the appropriate safety consideration and client support

# Opportunity with the GHILmis

## End to End Visibility

- Simplifies processes and reduces lead times and increases visibility
- Real time inventory and order visibility (daily vs. monthly)

## Accurate Quantification and Demand Planning

- Captures all critical elements of Demand and Supply Planning
- Predictive & Historic Analytics



## Data Integrity

- Elimination of redundant data entry and quality data integrity
- On demand configurable dashboards and KPI report

## Low Inventory Operation Costs

- Reduction in Cycle Time, LOE, Expiries and Stock Outs
- Optimized Transportation Management
- Enterprise-wide batch inventory control and expiry management

## Increased Management Efficiencies

- Single system capable of efficiently managing multiple supply, demand and logistics transactions.
- Improved agility level - flexible and responsive to meet the changing supply chain requirements
- Proactive alerting and notification of important supply chain events

## Sustaining MA: Task sharing approaches with Pharmacist

- Engagement ongoing with the Ghana College of Pharmacist and the Pharmaceutical Council.
- The objective is to provide over the counter level support for clients on MA.
- Get the public sector to take active role in MA use.



THANK YOU



# A PROMISING ADVOCACY APPROACH TO IMPROVE ACCESS TO ABORTION SUPPLIES

PRESENTER:

**DR NATASHA SALIFYANJI KAOMA**  
*Chief Executive Officer*





# SUMMARY OF PRESENTATION

- Defining VCAT
- Reproductive Health Scene in Zambia
- Our Research: Methodology and Results
- Impacts of a VCAT program

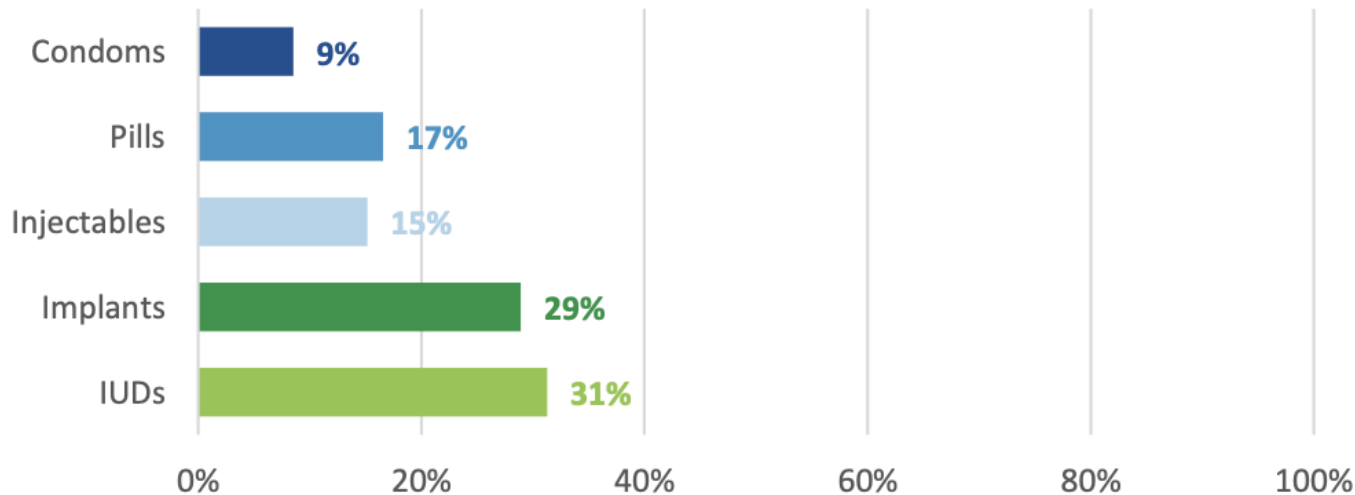
# WHAT IS VCAT???

- Value Clarification and Attitudes Transformation (VCAT) is the process of identifying the influential values and beliefs that guide one's interests, choices, actions and reactions in a variety of interpersonal and social contexts.
- Values clarification is a process that helps ensure that choices and actions result from informed, reasoned thoughts and feelings.
- Research has consistently demonstrated that beliefs, attitudes and norms are associated with behavioural intention, which is the best predictor of behaviour or performance among health workers.

# Reproductive Health in Zambia

- Zambia is a landlocked country in southern Africa with about 20 million people.
- mCPR is at about 51% (Track 20, 2022)

Percentage of facilities stocked out, by method offered



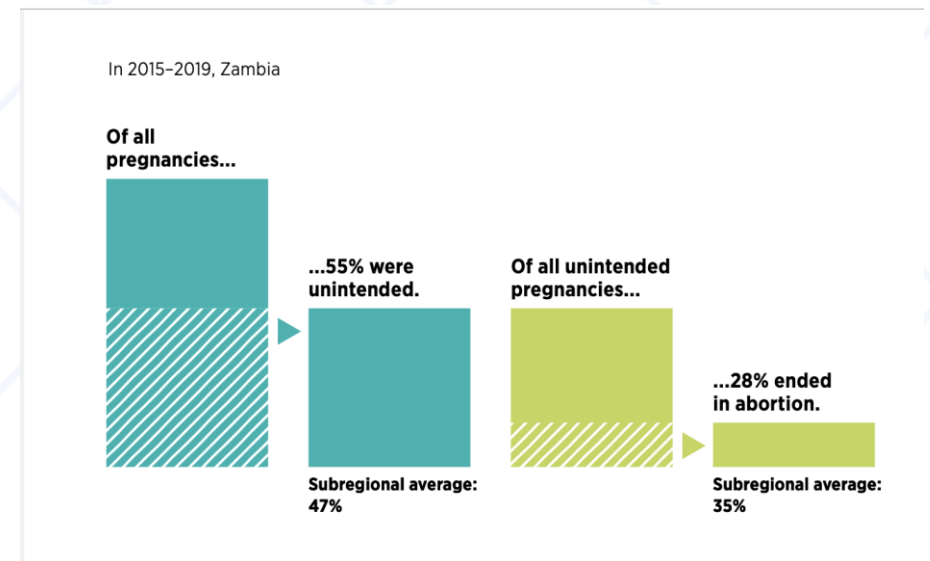
Source: UNFPA SDP Survey





# Reproductive Health in Zambia

- In Zambia in 2015–2019, there were 906,000 pregnancies annually. Of these, 497,000 pregnancies were unintended and 140,000 ended in abortion. Abortion in Zambia is legal on broad social or economic grounds. (Guttmacher Institute 2022)
- Health worker density (Medical officer/MO, Clinical officer/CO, nurses, and midwives) is at 16.5/10,000



# VCAT in Zambia

- Copper Rose Zambia conducted a VCAT research study after implementing VCAT training programs in collaboration with partners.
- Our goal is to embed VCAT into the professional development of health workers in the in-service and pre-service curriculum.
- We identified the fact that programmatic training of providers is not sustainable because of rapid staff turnover in the Public sector.

# What we did: Methodology

- Evidence generation for VCAT by research
- 229 participants from 16 health facilities across 4 districts and their supporting communities
- Collected data via focus group discussions and key informant interviews to explore the impact of providers' values on the client care experience.





# What we found: Results



**51%**

fewer health providers, nurses and midwives in Zambia than the WHO's recommended health system staffing threshold.



**93%**

of adult FGD participants indicated that sensitization trainings — such as the adolescent SRH training provided by Copper Rose Zambia — make it easier to discuss SRH with youth.

**>87%**

of FGD participants shared that they suspect their clinicians' guidance was influenced by religious beliefs, with nearly everyone in this group (**98%**) saying this was especially true when it came to SRH care.





Healthcare providers who don't agree with abortion are 87% less likely to order abortion supplies for their health facility!



# Impacts of a VCAT program

- VCAT has the potential to improve the reproductive health supply chain for abortion drugs.
- In drug expiry data, the most underutilised products are female condoms, emergency contraception and abortion drugs.
- Our next phase after the research is to adapt the curriculum to the Zambian context (2024)
- Expanding access to PAC and PAFP could potentially reduce the incidence of unsafe abortion, unintended pregnancies, and associated maternal mortality.

# Thank You

For Your Attention



Visit Our Website

[www.copperrosezambia.org](http://www.copperrosezambia.org)



# PANEL DISCUSSION: Leveraging Telemedicine & Self-Care Approaches to Accelerate Access to Safe Abortion Supplies



**DR. MARIA MERCEDES VIVAS**  
Executive Director, Oriéntame,  
ESAR, and PROSER Foundations



**SYBIL NMENZI**  
Executive Director, Generation  
Initiative for Women and Youth  
Network (GIWYN)



# Access to supplies, demedicalization, and access to early abortion:

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*Two initiatives launched in Colombia*

María M Vivas Pérez MD MPH  
Executive Director  
Orientame Foundation and  
PROSER Foundation  
Accra 18 of october 2023





**What is needed to**  
*increase access* **to legal,**  
*safe, self-managed, and*  
*demedicalized* **abortion?**



The **Oriéntame Foundation** solves access problems to services of abortion and incomplete abortion.

The **PROSER Foundation** commercializes sexual and reproductive health supplies.





# Conclusions

- The services that we have launched are part of the health system, whether public or private.
- Access to registered medicines is necessary, ideally both mifepristone and misoprostol.
- The full implementation of the legislation, either using the exceptions or the gestational age limits, favors access to early abortion services
- The regulation does not prohibit telemedicine; ideally, it is regulated and favors access to services.



# Colombia



- Abortion has been decriminalized since 2006 and is available at request since 2022
- Medication considered the gold standard for abortion, misoprostol and mifepristone, are registered
- Medical professionals must prescribe medications and must be dispensed in pharmacies or clinics.



# Initiatives

that increase access



## Sede virtual - Telemedicina

### Consulta virtual

Servicio disponible para toda Colombia  
Aplican condiciones, más información en Consulta Virtual

### Horarios:

Comunícate para verificar  
disponibilidad de citas

### Vía:

Consulta médica virtual por  
videollamada sin salir de casa

Pide cita virtual 📅

Servicios 🏠



*Orientame*  
Para Decidir

**PROSER**  
bienestar sexual y reproductivo



# Telemedicine

## *Service promotion*

Women learn about the telemedicine service through publicity on social media and our webpage. Then, they contact Oriéntame's contact center and schedule an appointment.



**ORIÉNTAME EN CASA**  
EL CAMINO MÁS CORTO HACIA UN  
ABORTO LEGAL Y SEGURO.

VIGILADO Superministerio

### Sede virtual - Telemedicina

**Consulta virtual**  
Servicio disponible para toda Colombia  
Aplican condiciones, más información en Consulta Virtual

**Horarios:**  
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[Pide cita virtual](#) [Servicios](#)

# Telemedicine

## *Information and contact prior to eligibility*

- Have an internet connection
- Gestational age ( $\leq 10$  weeks)
- Absence of IUD in situ

## *Scheduling medical appointments*





# Telemedicine

## *Comprehensive medical consultation*

Information on sexual and reproductive rights, contraceptive options and counseling, and anamnesis focused on:

- Determine gestational age
- Identify contraindications for medical abortion
- Risk factors for ectopic pregnancy and hemorrhage
- Explanation of how to use the medication



# Telemedicine

## Shipping Kit Alas

- Instructions for use of medication
- Mifepristone and misoprostol
- Pain medications
- Short-term contraceptive methods
- Urine pregnancy test
- Order of B- hCG or ultrasound



## Follow-up

We have treated more than **3,800** women through telemedicine



# Telemedicine in Mexico



Telemedicine Attentions - Mexico





# AMA

## Self-Managed Medical Abortion

*For women to effectively access medical care and abortion medications outside of clinics like Oriéntame, where we provide the service, health professionals must be able to refer users to pharmacies that dispense the medicines, especially in municipalities far from the major cities, where the largest abortion clinics are located.*



# From **PROSER**

- We trained professionals, willing to provide abortion services in selected municipalities, in providing medical abortion services, through virtual and in-person visits.
- PROSER visited pharmacies and sold them the medications
- We created a referral system from doctors to pharmacies and pharmacies to doctors.





# From **PROSER**

- Through digital promotion campaigns, women learned where they could find available pro-choice professionals who, after a consultation, would prescribe the medication.
- PROSER expanded the training to include professionals and pharmacies from the public health sector in these municipalities.



# Results

## AMA

- 923 people have received information on abortion through the project's WhatsApp lines.
- 134 people have been treated by doctors linked to the project.
- 155 treatments have been dispensed through linked pharmacies.
- 15,275 people have been sensitized about sexual and reproductive rights.





# Lessons learned



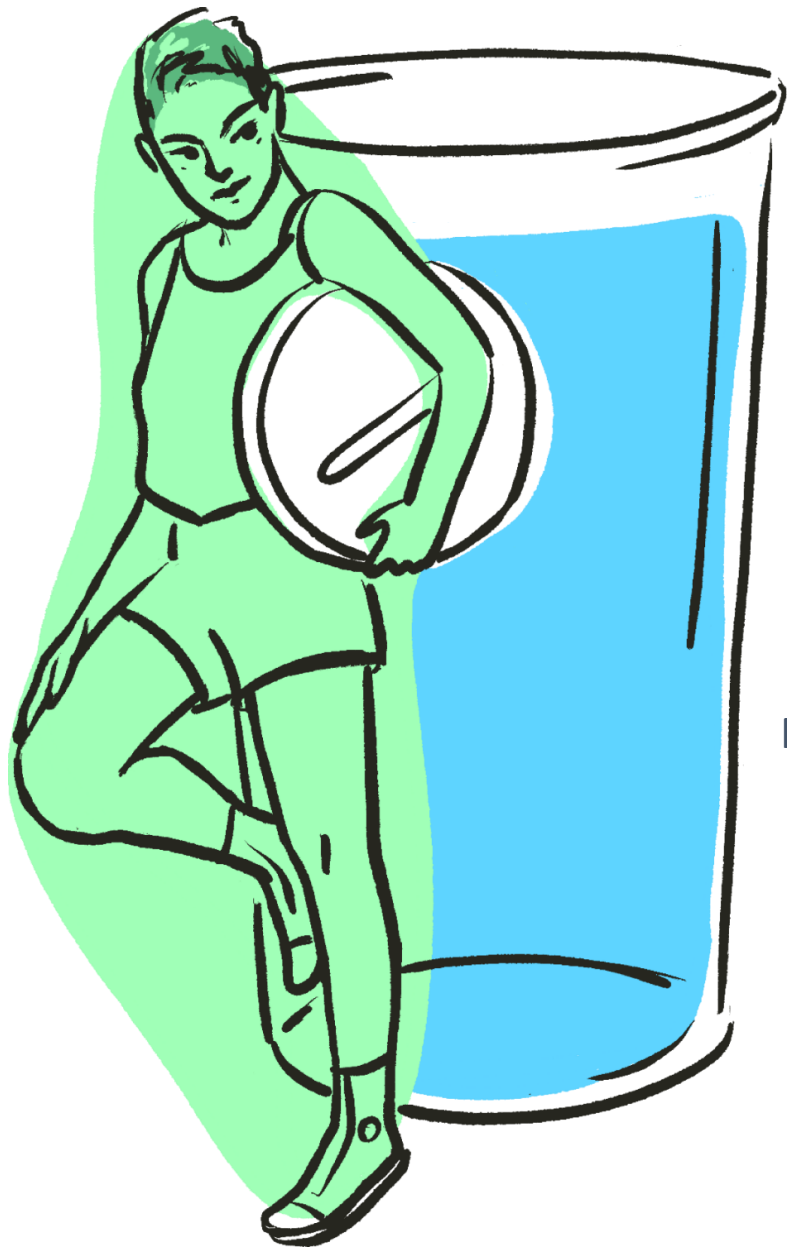
- These interventions are only possible if there are supplies.
- Primary health care clinics like Oriéntame can further simplify services to ensure access.
- One of the challenges we currently have in Colombia is that there is only brand of 200mcg misoprostol.
- Total decriminalization favors access to early and self-managed abortion.



# Thank you!

María M Vivas Pérez MD MPH  
Executive Director  
Orientame Foundation and  
PROSER Foundation





# The role of safe abortion hotlines and accompaniment groups in ensuring safe abortion access during COVID-19

Presenters:

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**Sybil Nmezi, Executive Director**

Generation Initiative for Women and Youth Network (GIWYN)

Jade Maina

TICAH - Trust for Indigenous Culture and Health

# GIWYN slide (intro on their org & partners)

- GIWYN is a non-profit that works to realize the full sexual and reproductive health and rights of all people in local communities, with a particular focus on maternal health and broad reproductive health through: Practical community interventions to increase access to information and products . Expands innovative technological solutions/interventions to increase access to information and medical abortion in collaboration with

- National Coalition for Reproductive Justice
- Empath Alliance for Reproductive Rights
- MAMA Network
- IBIS Reproductive Rights







# What is the Mobilizing Action around Medication Abortion (MAMA) Network?

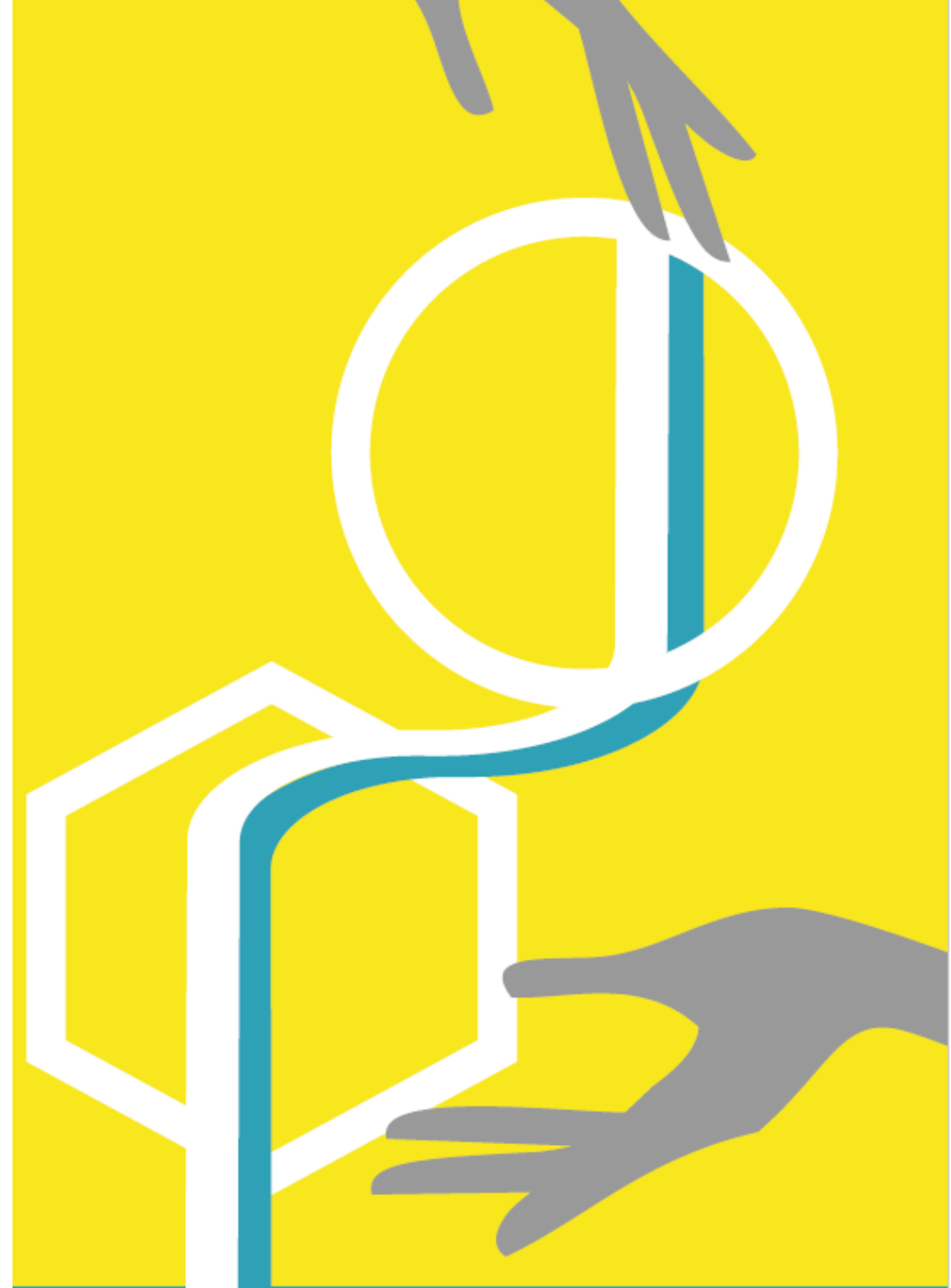
- The MAMA Network is a collaboration of grassroots activists and feminist groups that collaborate to share expertise and resources needed to sustain grassroots efforts and advocacy for improved access to safe abortion in the African region
- Founded in 2016, it has grown to a collaboration of 54 organizations of grassroots activists and feminist groups working within 22 countries of the African region to expand access to safe abortion through SMA



# Overview

- What is abortion accompaniment model?
- WHO abortion guidelines
- The MAMA Network
- Accompaniment models & supply chains
- Measuring impact of COVID-19 on access to safe abortion
  - Key informant interviews (KIIs) MAMA members
  - In depth interviews (IDIs) across 4 countries w/ abortion seekers
  - Surveys with hotline callers in Nigeria

Aim: To assess impact of COVID-19 on abortion seekers + how safe abortion hotlines & accompaniment groups addressed these challenges



# What is the abortion accompaniment model?

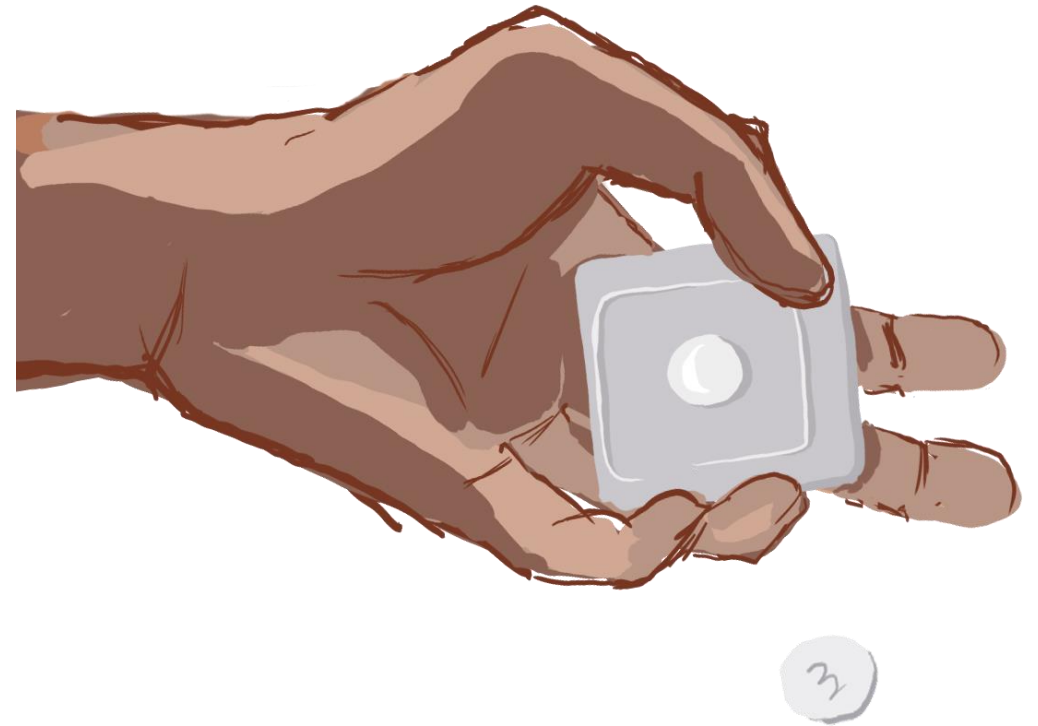
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- This abortion accompaniment model:
  - Emerged as an area of autonomous health action among feminist movements in response to the failure of the state to provide safe abortion care.
  - Is characterized by activist-driven, community-based strategies to facilitate use of de-medicalized approaches to widely available medications.
  - Follows a shared understanding of safe abortion as not only evidence based, but also a practice that is caring, autonomous, and free of violence, stigma, and judgment.



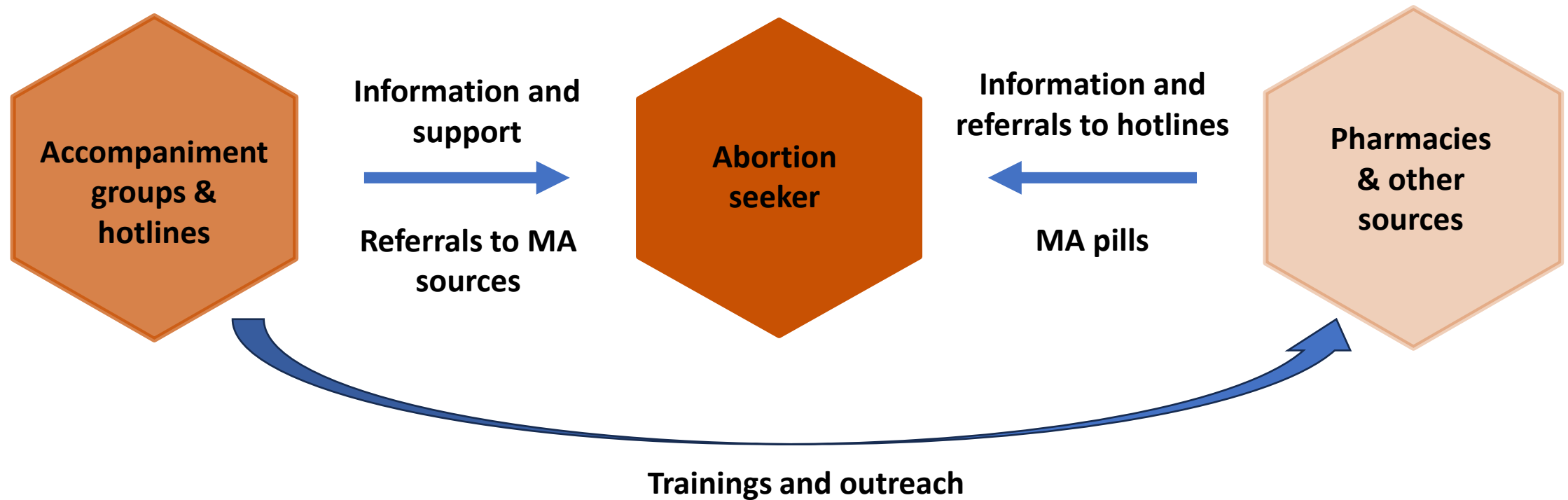
# What do abortion accompaniment groups & safe abortion hotlines do?

- They offer support via phone, messaging or in person, providing information on:
  - how to safely use medications to end a pregnancy,
  - Identifying where and how to source medication abortion (MA)
  - how to manage side effects
  - possible warning signs,
  - how to assess completion,
  - and strategies for safely interacting with the health care system in the event of needing/wanting medical care





# Accompaniment groups, supply chains and pathways to accessing MA



# WHO abortion guidelines

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- The medication abortion process (self-assessment of eligibility, self-administration of medicines and self-assessment of the success of the abortion) can be self-managed outside of a facility, **safely and effectively**,
- Trained health workers are qualified to accompany those seeking medication abortions within first 12 weeks of gestation, using combination mifepristone and misoprostol, or misoprostol alone
- Service delivery with little to no medical supervision significantly improves access, privacy, convenience, and acceptability in restricted and crisis situations, while maintaining high levels of safety and effectiveness

**\*these recommendations are informed by the important role of safe abortion hotlines globally in leading research efforts to document the [safety & effectiveness of this model!](#)**



# Impact of COVID-19 on abortion accompaniment across MAMA members in Africa

- The COVID-19 pandemic and resulting lockdowns greatly impacted sexual and reproductive health and rights (SRHR) in Africa, as resources were strained by long-term structural issues such as supply-chain disruptions and de-prioritization of SRHR services
- **In terms of pathways to MA access, many MAMA organizations hold longstanding partnerships with community pharmacists, who agreed to serve as a reliable source of MA pills to beneficiaries in need.**
- Using a framework of reproductive justice, we conducted KIIs with 15 MAMA member organizations from 11 countries between October and November 2020
- We aimed to assess the impact of COVID-19 on SRHR operations, including facilitation of medical abortion access



# Findings

*"One of [the beneficiaries] even told us that since the pills were very scarce, they could split the pills, like one pill could serve two girls, which is so dangerous...The scarcity of the pills was the big challenge on women accessing SA services."*

*"All [the pharmacists] are thinking of is COVID-19. They can't even listen to us. When we are trying to get in touch with them, they are like, we can't do that right now."*

*"Most of our donors have stopped funding our organization...We are suffering a lot because we don't have funding to sustain our programs."*



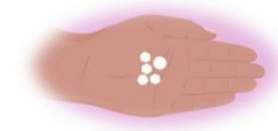
# A qualitative exploration of how the COVID-19 pandemic shaped experiences of self-managed medication abortion with accompaniment group support in Argentina, Indonesia, Nigeria, and Venezuela

## Barriers during COVID

- The pandemic created challenges at each step of the abortion process, from confirming the pregnancy, accessing abortion pills, finding a private, comfortable place, and verifying abortion completion
- **Medication abortion access challenges: lack of vendors, inability to afford pills, closure of health centers and pharmacies**
- Financial hardship due to lost income, reduced working hours
- Restrictions on movement & access to public transport

## Hotline support

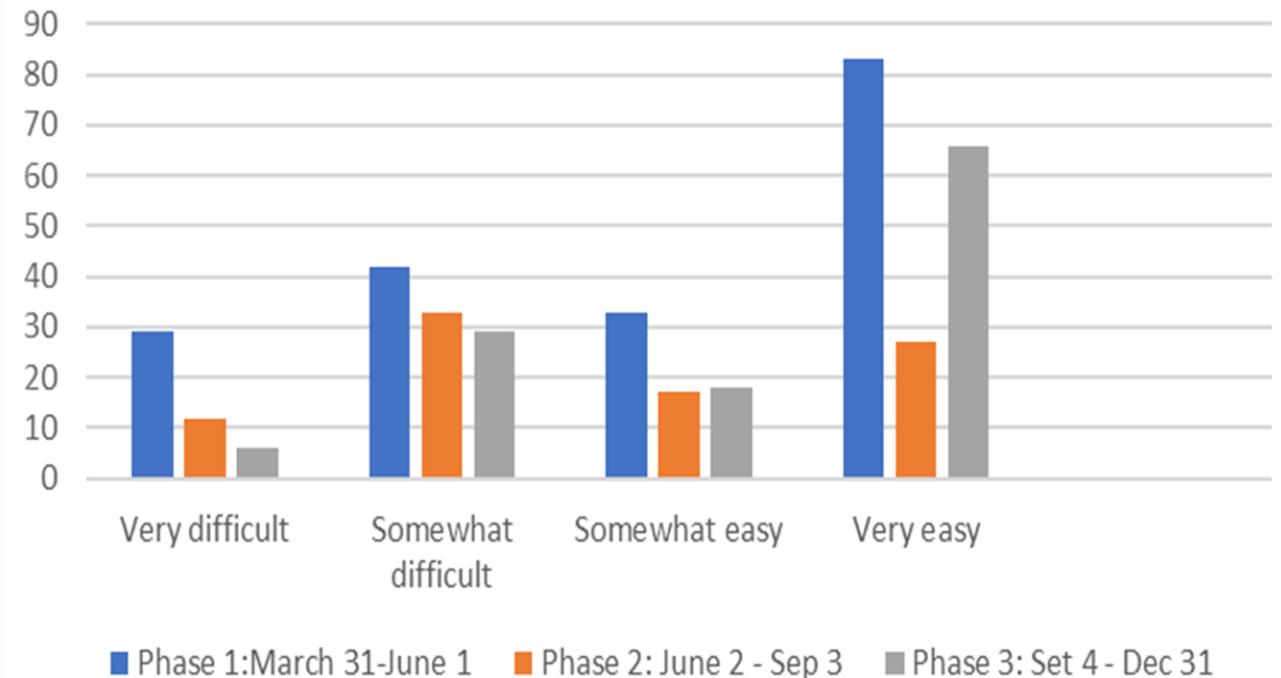
- The participants primary point of care during their abortions were accompaniment groups
- All participants reported feeling supported by accompaniment groups, and COVID-19 and related lockdowns reinforced their preference for accompaniment-supported self-managed abortion, due to the flexibility and privacy of care
- Despite the challenges that participants encountered across four distinct contexts, all ended up with a common solution – self-managed abortion (SMA) with support from accompaniment groups



# Effectiveness of self-managed abortion during the COVID-19 pandemic: Results from a pooled analysis of two prospective, observational cohort studies in Nigeria

- Participants in this study were recruited to a safe abortion accompaniment group using a hotline that provides information on self-managed abortion and sources of MA.
- Most participants (**98.3%**) took misoprostol alone to end their pregnancies.
- Participants reported challenges with accessing MA pills during the COVID-19 pandemic:
  - Across the 3 phases of COVID-19 lockdowns in Nigeria, participants reported the greatest difficulty accessing and taking pills in the second phase
  - Most participants went to 1-3 pharmacies before in order to get all the pills they needed
- Despite these barriers and challenges, **nearly all participants (99.7%) reported a complete abortion at last follow-up**

Experience getting MA pills during the 3 lockdown phases March - December 2020





# Conclusion

- In the face of the pandemic and various degrees of structural violence, MAMA organizations remained flexible and present, responding to ever-changing needs and challenges on a grassroots level.
- Despite multiple barriers to access, the safe abortion accompaniment/ hotline model filled played an essential role in expanding access to safe abortion and even served as a preferred model of supportive care acknowledging the challenging unique circumstances of each person's life and enabling them to overcome these barriers and obtain high-quality, safe, and effective abortion care.
- Accompaniment groups served as a primary point of care for abortion seekers during the COVID-19 pandemic, providing them with information, and linking them to pharmacists and other sources of medication abortion.
- Our evidence on the pathways to MA and the effectiveness of misoprostol alone should challenge the way we think about accessibility of MA in the supply chain and influence the way we engage in conversation around expanding access with suppliers of MA products.

# VALUES CLARIFICATION



**EVE BRECKER**  
Associate Director, Civic  
Engagement, PAI



**DR. NATASHA SALIFYANJI KAOMA**  
CEO, Copper Rose Zambia





# COFFEE & TEA BREAK

11:00 - 11:30am

Please be back by 11:25am so that we can begin our next session on time!

# BREAKOUT DISCUSSIONS: PICK A GROUP!



LAURENCE LÄSER  
Technical Officer,  
Prevention of Unsafe  
Abortion Unit, WHO



MUSLEEHAH USMAN  
Manager, Global  
Markets Team, SRH,  
CHAI



ANNE KUSTER  
Senior Associate,  
Sexual &  
Reproductive Health,  
CHAI



EVE BRECKER  
Associate Director,  
Civic Engagement,  
PAI

# BREAKOUT DISCUSSION

## WHAT'S NEXT FOR QUALITY?

LAURENCE LÄSER

Technical Officer, Prevention of Unsafe Abortion Unit, WHO





# BREAKOUT DISCUSSION

## MEDICAL ABORTION MARKETS & SUPPLIES ACCESS

MUSLEEHAAT USMAN

Manager, Global Markets Team, SRH, CHAI

ANNE KUSTER

Senior Associate, Sexual & Reproductive Health, CHAI





# BREAKOUT DISCUSSION

## ADVOCACY FOR SAFE ABORTION SUPPLIES

EVE BRECKER

Associate Director, Civic Engagement, PAI



# PLENARY DISCUSSIONS & NEXT STEPS



**NATHALIE KAPP**

**(OUTGOING)** Co-Chair, Safe Abortion Supplies Workstream;  
Chief Medical Advisor, IPPF



**PETRA PROCTER**

Co-Chair, Safe Abortion Supplies Workstream; Senior Program Manager, Concept Foundation



**ANDREA FEARNEYHOUGH**

**(INCOMING)** Co-Chair, Safe Abortion Supplies Workstream;  
Director, Safe Abortion, PSI

# Safe Abortion Supplies Workstream - Plenary Discussion & Next Steps

**Goal:** Increase access to and awareness of high-quality abortion supplies globally

**Purpose:** Implement collective measures to increase, expand and improve access to high-quality safe abortion supplies

**Outcome 1:** Abortion commodities integrated into broader Coalition discussions about RH supplies (webinar series, linking with IMs, outreach)

**Outcome 2:** Generate new evidence and disseminate existing evidence on quality products (QA along supply chain framework, MedAB.org, data, metrics, landscaping)

**Outcome 3:** Increase mifepristone, misoprostol and MVA availability (market assessment, cost analyses, API, registration, IF fund, COF,



# PASSING THE 'BATON' & CLOSING REMARKS



**NATHALIE KAPP**

**(OUTGOING)** Co-Chair, Safe Abortion Supplies Workstream;  
Chief Medical Advisor, IPPF



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**THANK YOU**