SCALING UP POST ABORTION CARE: NATIONAL STRATEGIES AND GUIDELINES

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WHAT DID WE LEARN YESTERDAY?

Unsafe abortion is a major public health problem leading to maternal mortality and morbidity in both regions.

There are safe and relatively cheap, and easy-to-use technologies which can help women with incomplete abortions (course to incomplete abortion not important-WB)

In several settings, in different countries these technologies have been applied without major problems (there is a learning curve) to manage incomplete abortions.

In majority of settings, especially at PHC settings, PAC with these technologies can safely be integrated with immediate provision of FP methods, with high uptake and continuation. The only exception being the Egyptian experience of tertiary care setting.

So all these open a path which may help us and the communities we serve to address at least a part of unsafe abortions and make a change in maternal mortality, i.e.

A QUICK WIN.
WHAT ELSE WE NEED TO LEARN?

Science on safety and efficacy are complete.

Some information but more thinking and more experience is needed to put scientific knowledge into LARGE SCALE practice.

Some pilots may help to understand the service delivery challenges, and to make projections about human resource needs, logistics management, community participation.

And a parallel process for scaling up;

POLICIES

HEALTH SYSTEMS

COMMUNITY PARTICIPATION
NATIONAL POLICIES, STRATEGIES

- National Health Strategic Plans
- Reproductive Health Policy and Strategy
- FP Strategy and/or Population and Development Strategy
- HIV/AIDS Strategy
  - 8/35 addressed
- Youth Health Strategy
  - 6/35 addressed unsafe abortion
- Maternal Health Road Maps (strategies)
  - 21/35 addressed FP
  - 17/35 addressed postabortion care, prevention of unsafe abortion
- PRSPs in 35 high fertility countries
  - 13/27 had no indicator, no policy related to FP
Key Steps in Planning Process

- National priority setting and planning processes

Steps:
- Analysis
- Policy Description
- Priority Setting
- Costing & Budgeting
- Policy Matrix
- M&E Indicators

Formulation → Implementation
IMPLEMENTATION: health systems

- SERVICE DELIVERY part of PHC, EmOC
- HUMAN RESOURCES
- INFORMATION SYSTEMS
- MEDICAL PRODUCTS, TECHNOLOGIES & COMMODITIES
- FINANCING
- LEADERSHIP AND GOVERNANCE
NATIONAL STANDARDS AND PROTOCOLS

• WHO Guidelines on safe abortion will be updated. Is there be an adequate section on PAC? The statement on community use of misoprostol for PPH has caused a lot of confusion in the field. There is need for clarification on that.
• National Guidelines on Prevention of Unsafe abortion, Postabortion care, integration with other SRH services National Guidelines on Pregnancy, Childbirth, Newborn Care and Postnatal Care need to be reviewed and if necessary revised.
• Clinical protocols and standards (Professional Associations, Academia, MoH) reviewed/revised
• Training Curricula on EmOC/PAC (Professional Associations, Academia, MoH, MoE
• Commodity Security/Logistics including
  • Registration of medicines and equipment
  • Inclusion of misoprostol and MVA into national essential medicine and equipment lists.
• Management Guidelines, Supervision
COMMUNITIES

- Be informed
- Own the programme
- Monitor changes and demand improvements.
  - Need for vocal allies