

SCALING UP POST ABORTION CARE: NATIONAL STRATEGIES AND GUIDELINES

Dr Nuriye Ortayli
UNFPA, Technical Division



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



formulation

implementation



National priority setting and planning processes

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