

Landscape Assessment of the Availability Medical Abortion Medicines

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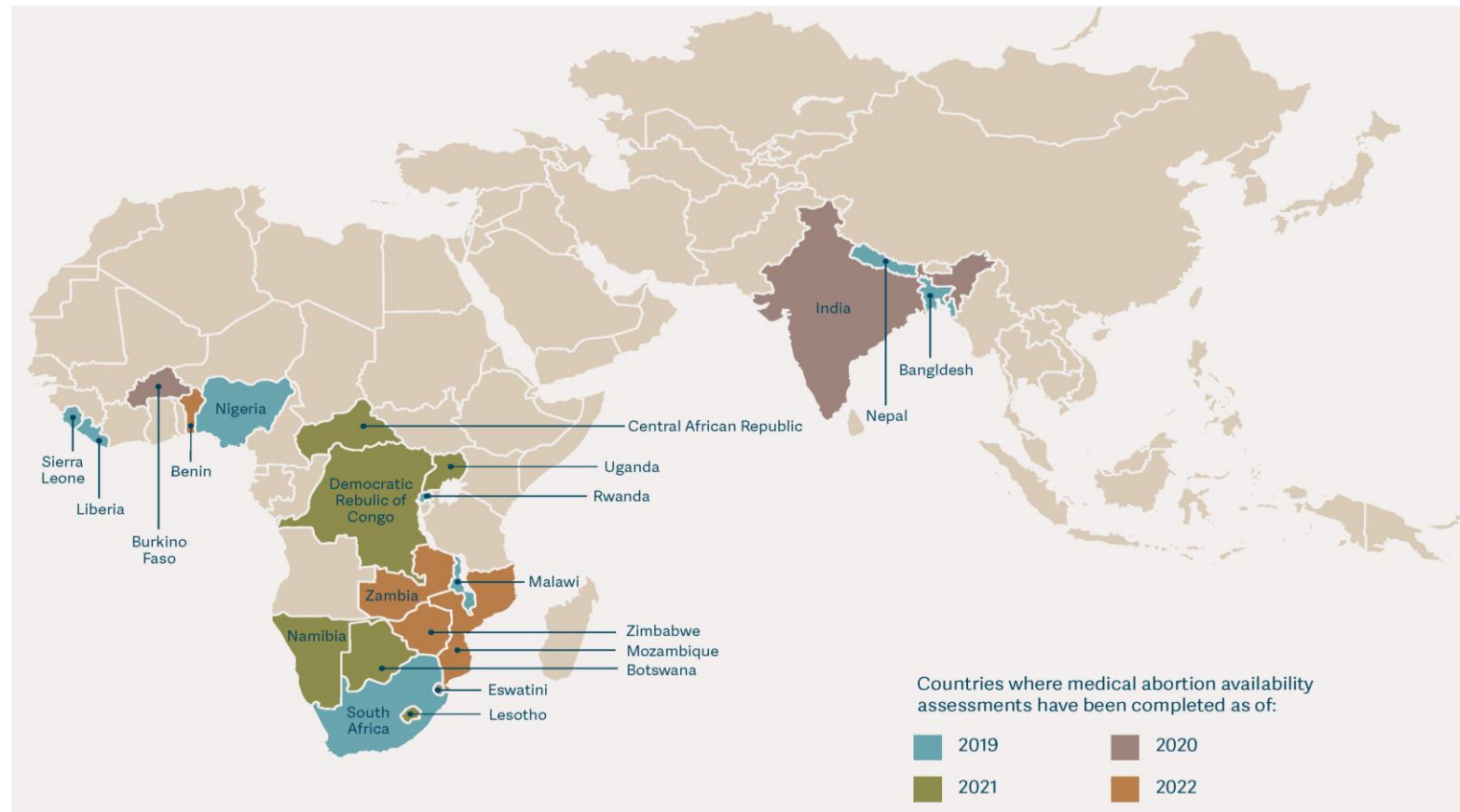
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Background

- Availability of affordable, quality-assured medical abortion medicines important for access to safe medical abortion services and provision of comprehensive abortion care
- *Landscape Assessments* of the availability of medical abortion medicines conducted in 21 countries
- Aiming at supporting countries by generating evidence to be used in policy dialogs and policymaking



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Cross-cutting Findings

- Regardless of the legal framework, medical abortion medicines can successfully be registered
- Dissemination of revised legal frameworks and operationalization of updated guidelines is too slow
- In countries without an active presence of an implementing partner working specifically in comprehensive abortion care, abortion services lag
- National essential medicines lists (EMLs) are a key policy document to justify public sector procurement
- Eight (out of 21) countries include the combination (Mife/Miso) regimen on EML
- Several countries, especially those with smaller population countries, could benefit from pooled procurement mechanisms to unlock public procurement

Barriers to the availability of MA

- Lack of unsafe abortion data at country-level contributes to the lack of political will to tackle the issue
- In countries with stricter legal framework, medical abortion remains largely a private sector commodity
- End-user pricing is often prohibitive (no pricing regulation in the private sector, unjustified fee for service in the public sector even) and restrict access
- Stigma negatively affects medical abortion service provision by doctors & pharmacists, who also lack clarity on the laws
 - Providers fear of litigation has driven women towards less safe methods
 - Lack of clarity around court order or legal process in cases of rape, incest limits access
 - Strict monitoring of medical abortion medicines in pharmacies disincentivizes dispensing
- Insufficient provider trainings relative to the size of the population to cover creates gaps in service provision
- Low uptake of WHO evidence-based guidelines on use of medical abortion up to 12 weeks gestation drives manufacturers to request and NRA to approve medicines for use up to 9 weeks only

Opportunities

- Ministry of Health and key stakeholder dissemination meetings could be organized, under WHO country offices leadership, and lead to
 - Country implementation plans to be developed based on findings and opportunities
 - MOH to identify and to be financially supported to implement the most efficient mechanism, e.g. a focal person or a technical working group, to drive the abortion agenda at the country level
- Regulatory reliance mechanisms should be used more widely to register quality-assured medical abortion medicines as a first step to drive increased availability, especially through the public sector
- Coordinated action shall support pooled procurement and distribution in regions where combi-pack is new
- Prioritize, strengthen and expand access to medical abortion through provider and community awareness
 - FIGO's Advocating for Safe Abortion Project initiative is synergistic with activities working to improve availability and should be leverage to drive Ob/Gyn societies to a leading role
 - Values Clarification and Attitude Transformation trainings should be conducted to reduce stigma
- Technical support might be provided to manufacturers at the global level to update clinical evidence and product inserts for medical abortion up to 12 weeks gestation

Dissemination

Rehnström Loi et al. *Reproductive Health* (2023) 20:20
<https://doi.org/10.1186/s12978-022-01530-7>

Reproductive Health

& more to come...

METHODOLOGY

Open Access

In-country availability of medical abortion medicines: a description of the framework and methodology of the WHO landscape assessments



Grossman et al. *Reproductive Health* (2023) 20:58
<https://doi.org/10.1186/s12978-023-01574-3>

Reproductive Health

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RESEARCH

Open Access

Availability of medical abortion medicines in eight countries: a descriptive analysis of key findings and opportunities



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<https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-022-01530-7>

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REVOLUTIONIZING MA ACCESS: INSIGHTS FROM SOCIAL MARKETING DATA & EXPERIENCES OVER THE LAST DECADE+

Andrea Fearneyhough, PSI
SAS: Access & Opportunities
19th October 2023

SMOs and the MA Revolution

- Social marketing organizations (SMOs) have been at the forefront of a dramatic increase in the availability of medication abortion (MA) availability in LMICs.
- DKT International contraceptive social marketing reports have documented this journey.
- Misoprostol first appears in the data in 1993 and MA combipacks in 2008. Social marketed MA really takes off from that time on.
- PSI conducted a secondary analysis of the DKT compiled MA data. While it doesn't capture non-SMO results, it provides a compelling picture of progress over the last decade+.



SMO MA Expansion 2010-2022: Geography



SMO MA Expansion 2010-2022: Distribution of Products

COMBIPACK distribution by SMOs increased six-fold.



MISOPROSTOL tablet distribution by SMOs increased nearly eight-fold.



SMO sales resulted in an estimated 81 million safe abortions and an estimated 51 million unsafe abortions averted.



Double Bottom Line: Health Impact & Sustainability

SMOs hold themselves accountable to a double bottom line, pursuing both health impact and financial sustainability. This is unique from purely commercial distributors whose goal is profit.

Call Centers

Chat Bots

Advocacy

Quality Assurance

Medical Detailing

Provider Trainings

Innovation

Last Mile Distribution

Market Strengthening

Looking Forward

- Donor investments catalyzed the achievements of the past 10+ years by supporting SMOs to register and initiate MA product sales and implement initiatives that ensured access to quality products and information.
- SMOs have demonstrated their commitment to a double bottom line that prioritizes health impact as well as financial viability.
- Continued targeted donor subsidy is critical to capitalizing on the current momentum for the next decade and beyond.



Learn More



- DKT Social Marketing Statistics Reports: <https://www.dktinternational.org/contraceptive-social-marketing-statistics/>
- Get involved in the conversation with RHSC (focal point Sarah Webb) about future data collection as they take over from DKT.
- Check out IPPF's MA Database: <https://medab.org>
- Email afearneyhough@psi.org to request a short write up about our analysis.

Interactive session

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Questions (yes, more sticky notes!)

1. What lessons can we learn from other medicines in improving access to the end user?
2. What is one “quick win” that we could achieve in the next 12-18 months? Is it a barrier or an opportunity?
3. Fast forward 10 years, what will be our biggest success?
4. Should the WHO EML list misoprostol for induced abortion? What are the risks of doing so?
5. We’ve talked about several opportunities, what is missing from our discussion today?
6. What is the one piece of evidence that could have the biggest impact?