Introducing medical abortion into the public sector in Nepal

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Safe motherhood in Nepal

- Maternal Mortality Ratio was 539/100,000 live births in 1996
- Before legalization of safe abortion, 50% of all maternal deaths were due to abortion related complications
- The latest MMR (2008) is 281/100,000
- Nepal’s target is to reduce MMR to 134 by 2015
Providing abortion services

• Abortion was legalized in Nepal in 2002
• Safe abortion services (surgical method, MVA) were initiated in March 2004
• Medical Abortion service in Nepal started from January 2009 as pilot program in 6 districts
• Up to September 2009, 245 CAC sites have been listed and cover all 75 districts in Nepal
• More than 260 physicians are trained in CAC
• Up to July 2009, more than 5,900 women have received safe abortion services in Nepal
Overall objective of Nepal’s strategy for the introductory of medical abortion

To develop and implement a strategy for the introduction of medical abortion within the context of comprehensive abortion care (CAC).
Specific objectives

• Provision of medical abortion in the context of CAC in all facilities meeting the requirements of the national guidelines. In the initial phase this was undertaken in healthcare facilities in six districts.

• Development of a training curriculum for the provision of comprehensive abortion care, in particular, of MVA and medical abortion.

• Development of IEC materials for healthcare providers and users.

• Development of an advocacy strategy for CAC.

• Implementation of operations research to allow planning for scaling up to other health care facilities.
An optimal approach to product introduction

To achieve the stated objectives, it is necessary to develop and implement an appropriately designed introductory process. This requires:

• a systematic and incremental approach; and
• coordination and collaboration between the public health system and all key stakeholders - synchronization of activities is the key to building an appropriate and supportive health system for the provision of medical abortion.
Ensuring a supportive health system

• Drugs for medical abortion can be provided by trained mid-level providers but, in the few cases of incomplete abortion or excessive bleeding, there is need for access to referral services.
• The health system must ensure access to a provider trained in the use of manual vacuum aspiration (MVA) and to blood transfusion services.
• The health system must be prepared to provide training of all levels of health care providers and values clarification with providers.
• Abortion remains a sensitive issue and there is a continuing need for advocacy with providers as well as the broader society.
Nepal

- FHD/MOH
- TCIC/Ipas
- Advocacy
- MSI, FPAN, PSI, CREHPA
- TCIC/Ipas, NHTC/DHS
- NESOG Nursing Council
- Medical Council
- NHIECC TCIC/Ipas
- NHTC/DHS
- NHTC/DHS, service providers, public & private
- Operations Research partners
- Sun Pharma Product availability Concept
- NHTC/DHS
- NESOG Ipas
- Material development
- Training
- Regional/district health authorities
- Service delivery
- All listed CAC service providers
- Public & private
- CREHPA
- TCIC/Ipas
- Training curriculum development
- NESOG Nursing Council
- Medical Council
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An incremental and systematic approach to introduction

Public sector:
Scaling up to all approved centres

Selected centres in the public and NGO sectors

Private sector

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Initial phase of introductory strategy

1. Objectives
2. Design and implementation of introduction of medical abortion
   2.1 Advocacy
   2.2 Development of comprehensive abortion training curricula
   2.3 IEC Material development
   2.4 Training
   2.5 Availability and provision of product
   2.6 Service provision
   2.7 Operations research and monitoring and evaluation
   2.8 Timeline for the initial phase of introduction
   2.9 Project management and building management capacity
   2.10 Expected outcomes of the initial phase of introduction
   2.11 Plans for scaling up

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Training

Staff providing CAC in the initial centres were trained to:

• Provide pre- and post-abortion counselling;
• Assess gestational age;
• Provide vacuum aspiration and medical abortion with mifepristone and misoprostol;
• Assess patient needs for pain management;
• Provide contraceptive counselling and methods;
• Screen and refer patients with other sexual/reproductive health needs;
• Monitor and evaluate the quality of services.
Drugs for medical abortion

Through a collaborative agreement with WHO and donor funding, Concept Foundation created a public-private partnership with Sun Pharma, India and developed an affordable product of assured quality Medabon®

A combi-pack containing one 200mg tablet of mifepristone and four 200µg tablets of misoprostol

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Implementation of pilot study

• 49 service providers and 47 assistant providers were trained in medical abortion.

• During the pilot period, MA was provided in 32 sites in 6 districts of Nepal (Jhapa, Chitwan, Dhading, Tanahun, Surkhet and Kailali).

• Of these, 16 were public sector sites; 13, NGO sites; and 3, private sites.
Outcomes of pilot study

- Total number of clients receiving MA - 1718
- No. of clients lost to follow up - 61 (3.6%)
- No. of clients followed-up, who had complete abortion - 1593 (96.1%)
- No. of clients requiring blood transfusion - 2 (0.1%)
- Number of clients with suspected infection - 8 (0.5%)
Recommendations from pilot study

• Update MA regimen up to 63 days of gestation
• Charge same service fees for both MA and MVA services in all listed CAC sites
• Integrate MA in existing 245 listed CAC sites
• Scale up orientation of FCHVs on prevention of unwanted pregnancy and referral for safe abortion services
• Ensure integration of CAC with FP services by strengthening existing FP clinics
Recommendations from pilot study

- Implement quality assurance of safe abortion services according to the national protocol
- Strengthen referral services for management of complications
- Upgrade and equip the public sector CAC sites
- Integrate MA and MVA content into MBBS, post graduation courses, nursing and SBA training curricula
- Undertake a strategic approach to scaling up services throughout the country using the lessons learnt.

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