

# Landscape Assessment of the Availability & Quality of Medical Abortion Medicines



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# Background



- Availability of affordable, quality-assured medical abortion medicines is important for access to safe medical abortion services and provision of comprehensive abortion care
- Based on the outcomes of a global consultation hosted by WHO and Sida\* in 2018, the *Landscape Assessments* examine access to medical abortion medicines from supply to demand.
- The overarching principle of is support countries by generating evidence to be used in policy dialog and policymaking.
- Since 2019, 17 country-specific *Landscape Assessment* have been finalized and 5 are ongoing.
- The country-specific reports have been well-received by WHO country offices, government partners and NGO stakeholders. The cross-cutting learnings and potential for high-level country impact are used by WHO offices working towards increasing availability and improving access to safe medical abortion medicines and services.

\*Sida: Swedish International Development Association

# Assessment Objectives

- Document national experience related to availability and use of MA commodities (mifepristone, misoprostol and the combi-pack of the two drugs), including an assessment of the regulatory landscape;
- Identify the barriers hindering the availability of quality-assured co-packaged MA products
- Identify opportunities for increasing availability of quality-assured co-packaged MA.

# Framework & Methods

## AVAILABILITY FRAMEWORK PILLARS



- Desk review of secondary sources
- Conduct virtual and in-person key informant interviews

# Cross cutting Findings

- Regardless of the legal framework, MA products can successfully be registered (Uganda)
- Dissemination of revised legal frameworks and updated guidelines is too slow
  - In countries without an active presence of a partner working specifically in safe abortion, abortion services lag (i.e. SADC countries)
- EMLs are a key policy document to justify public sector procurement
  - Burkina Faso & DRC include combi-pack on EML
  - Nigeria & Rwanda success can be a model for restrictive countries in East and South Africa region
- Countries with smaller populations could benefit from pooled procurement (Eswatini, Lesotho, Botswana, Namibia)

# Barriers to availability of MA

- Lack of unsafe abortion data at the country-level contributes to a lack of political will
- In countries with stricter legal framework, MA remains largely a private sector commodity
- Stigma negatively affects service provision by doctors & pharmacists who lack clarity on the laws
  - Fear of litigation has driven the practice towards less safe methods
  - Court order or legal process in cases of rape, incest
  - Strict monitoring of MA drugs in pharmacies, despite MA only indicated up to 9 weeks, before sex selection is possible (India)
- Insufficient provider trainings relative to the population creates gaps in service provision
- Uptake of WHO evidence-based guidelines on use of MA up to 12 weeks gestation is low, driven by NRA approval up to 9 weeks, per manufacturers' guidance

# Opportunities

- MoH and Key Stakeholder dissemination meetings
- Country Implementation Plans – based on findings and opportunities
  - Fund a Safe Abortion focal person at WCO or MOH to align national policies related to provision of MA services and capitalize on advancements in recently amended laws or service delivery guidelines
  - Coordinate pooled procurement and distribution in SADC region
- Prioritize, strengthen and expand access to MA through provider and community awareness
  - FIGO's ASAP initiative is synergistic and Ob/Gyn societies have a leading role to play
- Work at the global level with manufacturers to update clinical evidence and product inserts for MA up to 12 weeks gestation

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