

WHO Strategic Assessment of abortion in the region

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Outline

To provide participants with information on:

- WHO Strategic Approach
- Tools for assessment
- Goal
- Objective of the research
- Main supporting materials

To discuss:

- Key findings and recommendations
- Discussion

- Abortion is a severe problem for health systems in many countries of the EURO region (WHO).
- Number of abortion is decreasing over the last decade (modern contraceptives popular among population, better access to contraceptives, and positive impact of programmes on FP and RH).
- Abortion statistics is still very high and it's a reason for high level of maternal morbidity and mortality.

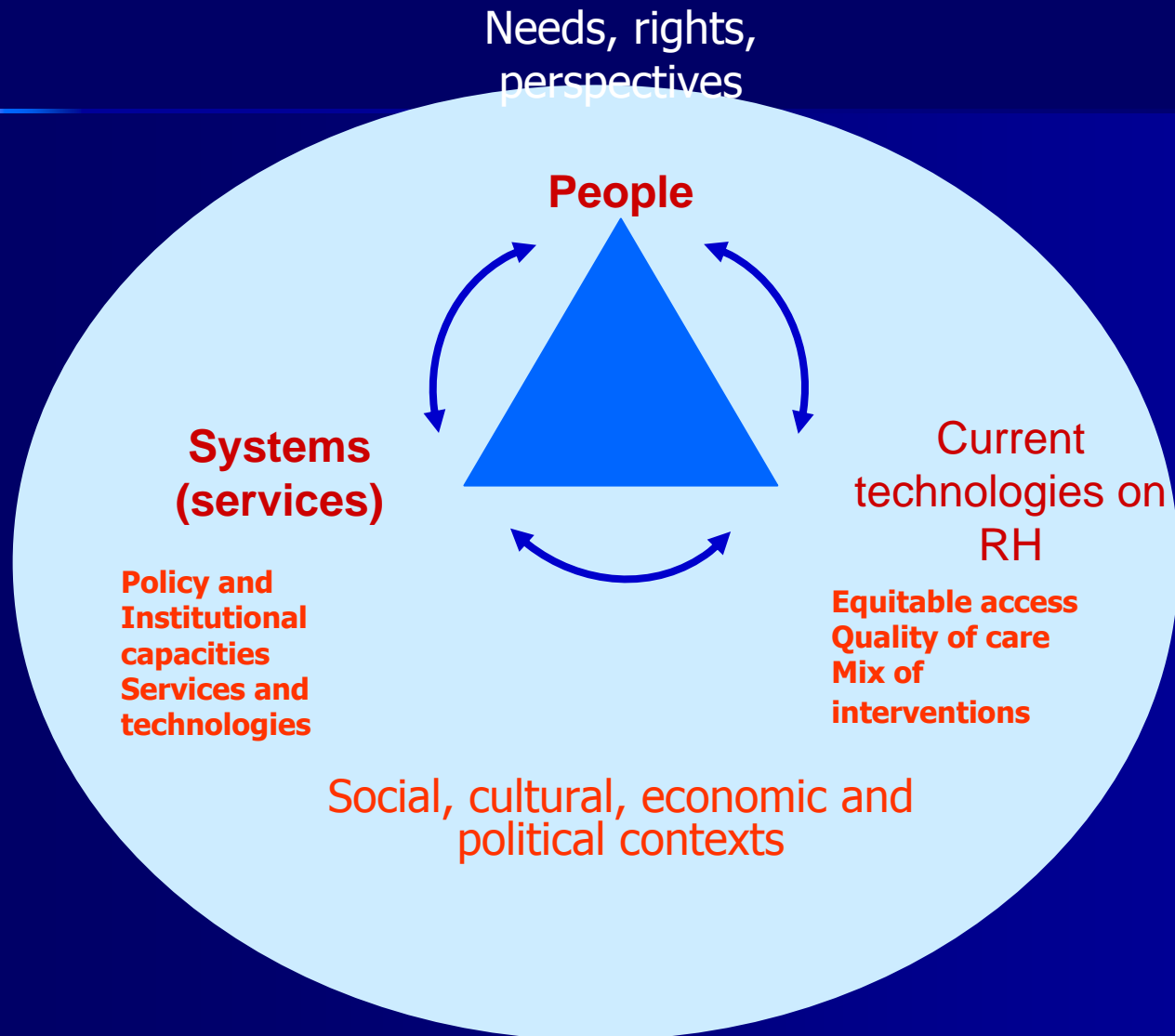
Public health problems

- About 210 million pregnancies occur each year.
- An estimated 46 million pregnancies end in induced abortion each year. Nearly 19 million of these are estimated to be unsafe.
- About 13 per cent of pregnancy-related deaths have been attributed to complications of unsafe abortion, and probably number about 67,000 deaths annually

Public health problems

- Complications resulting from unsafe abortion contribute to serious sequelae for women's health such as infertility.
- The risk of death following complications of unsafe abortion procedures is 200 times higher than that of an abortion performed professionally under safe conditions.

Concept of Strategic Approach :



Strategic approach it's a effective tool to access the following:

- ▲ To identify the own needs (not recommended by ...) and recognize priority for developing policies, programmes and research agenda in the field of RH.
- ▲ To pilot the proposals.
- ▲ To distribute and implement effective innovations at the national level.

Strategic Approach would be applied for solving different RH problems such as:

- Mother and child health
- Adolescents RH
- RTI/STI and HIV/AIDS
- Family planning and abortions
- Cervical cancer and ...



Strategic Approach have applied in 24 countries for harmonization of RH programmes



Strategic Assessment on abortion care, Countries

- Viet Nam (1997)
- Romania (2001)
- Bangladesh(2002)
- Mongolia (2003)
- Ghana (2005)
- Молдова (2005)
- Zambia (2007)
- Macedonia (2007)
- Ukraine (2008)
- Russian Federation (2008-09)

The steps of the Strategic approach

▲ 1st step

Strategic assessment

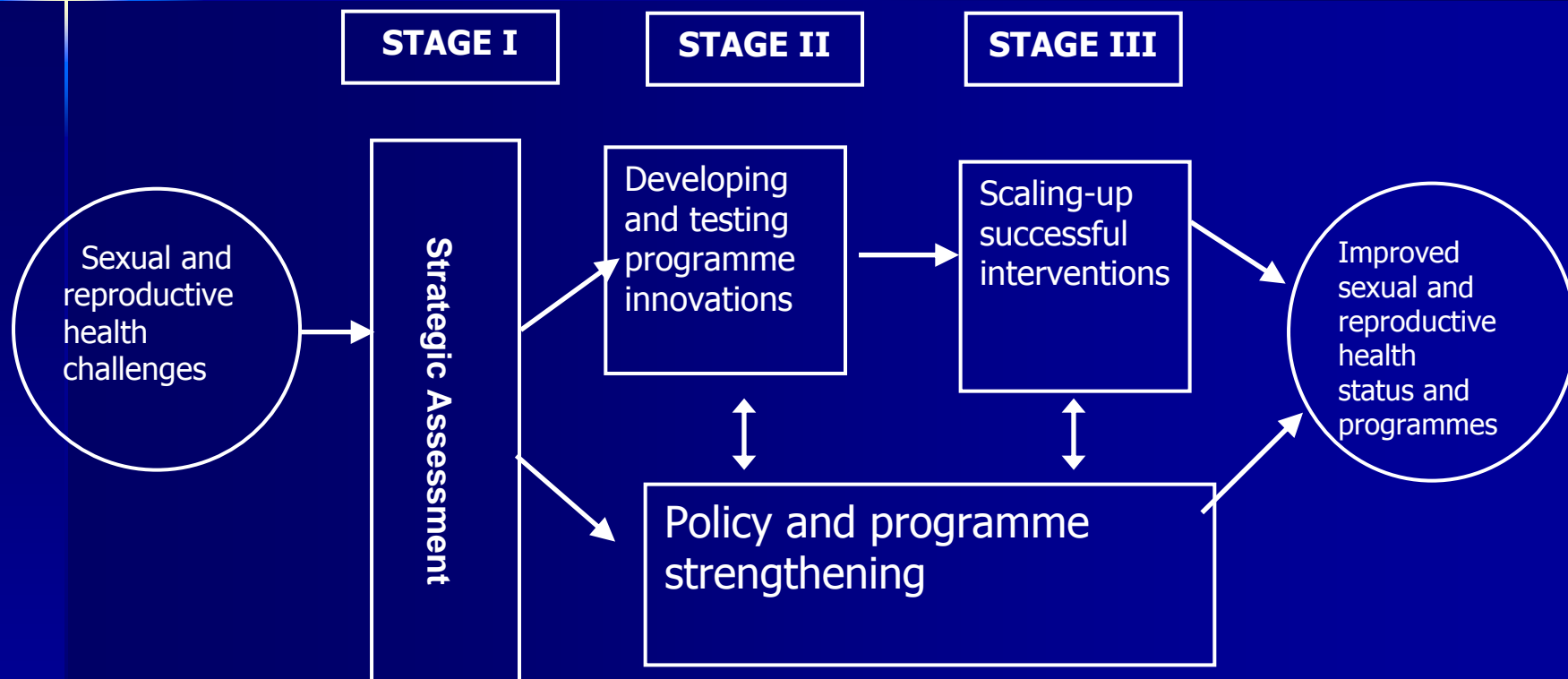
▲ 2nd step

Developing and testing
programme innovations

▲ 3rd step

Developing, distribution and
implementation of
successful innovations

The Strategic Approach implementation process



Tools for assessment

- For individual and group discussions
 - Manual for communication with clients
 - Manual for communication with health service providers
- For observation of abortion procedure
 - In a health facility
 - In the special place for abortion

The objective of the Strategic Approach:

- To evaluate the current medical care situation in regard to induced abortions.
- To evaluate the quality of the medical care being provided and the level of knowledge and practical skills of health care professionals providing this care.
- To evaluate the knowledge of, and the attitude to, the problem of abortions among decision-makers and public health authorities, as well as representatives of governmental and non-governmental public organizations.
- To evaluate the level of satisfaction with the existing system of medical care among health care professionals and patients.
- To develop and propose recommendations for changing the current medical care system at the national level.

First stage. Strategic assessment: Key elements

- It is a country-led process that facilitates a national team to identify and prioritize needs and potential follow-up actions
- A multidisciplinary, high-level team to participate in the strategic assessment.
- Building of a team. Members should come from a range of organizations and reflect a diversity of perspectives on issues related to abortion and RH
- All findings are the property of the country
- It's a qualitative research

Implementation steps of Strategic Assessment

- Preparation of background paper assembling available information and research findings
- Convene a planning workshop with key stakeholders
- Orient/sensitize/train the assessment team
- Develop interview and observation guides
- Field work
- Draft the report, editing
- Dissemination workshop

Qualitative research:

- It's the appropriate tool for understanding of not well known problems;
- It's the effective approach to add some new information to those that was known by this day;
- Is the best way to gather information not in the quantities basis only, but based on feelings of interviewee persons;
- Reflects the attitude, conceptions and feelings of people.

2nd step: Developing and testing programme innovations

The purpose of the second stage—applied service delivery research—is to design and obtain evidence of the effectiveness and feasibility of innovations that will attend to priorities identified by the assessment before investing resources in large-scale efforts.

Research often involves pilot testing innovations to enhance access, availability, and quality of care within existing institutional and resource constraints.

This research continues to involve a broad range of stakeholders in its implementation.

3-rd step: Developing, distribution and implementation of successful innovations

The third stage—the scaling up of successful innovations focuses on policy dialogue, planning, and action to facilitate program expansion.

Decisions are made about how and when to move from small-scale projects to a wider implementation.



Key publications, materials,
recommendations and manuals



Objectives and goals of health systems

Objectives of system

Goals / Outcomes

I
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Stewardship

Resource
generation

Service delivery

Finance

Quality

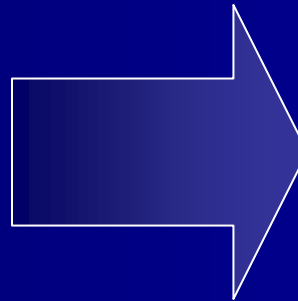
Coverage

Effectiveness

Meet expectations

Health status

Equal distribution of
funds



ICPD+5

1994 - 1999:

«... Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and counselling.

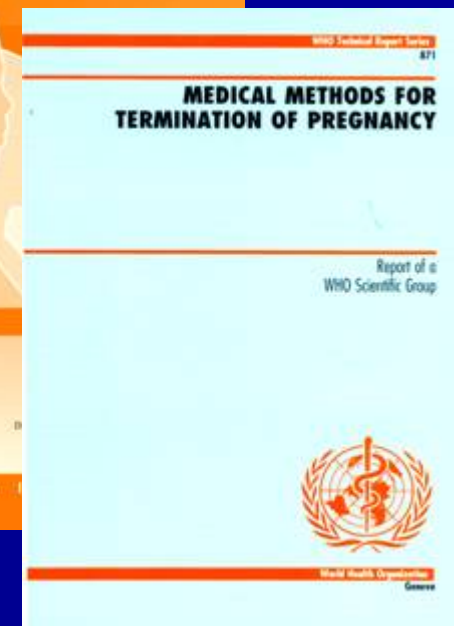
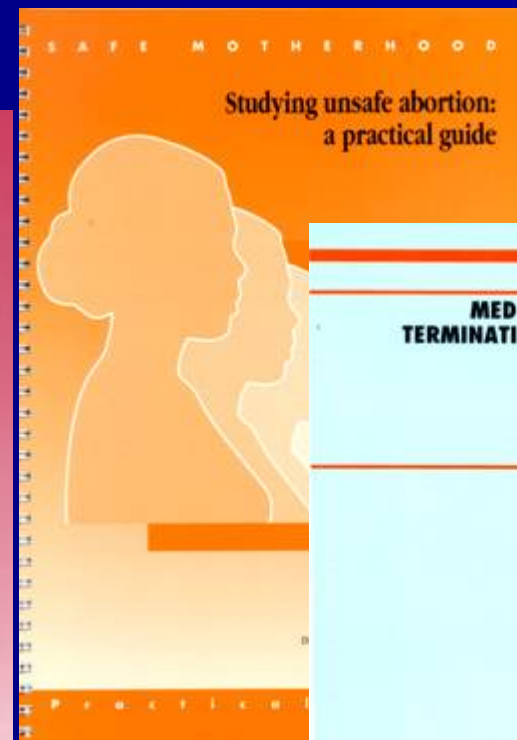
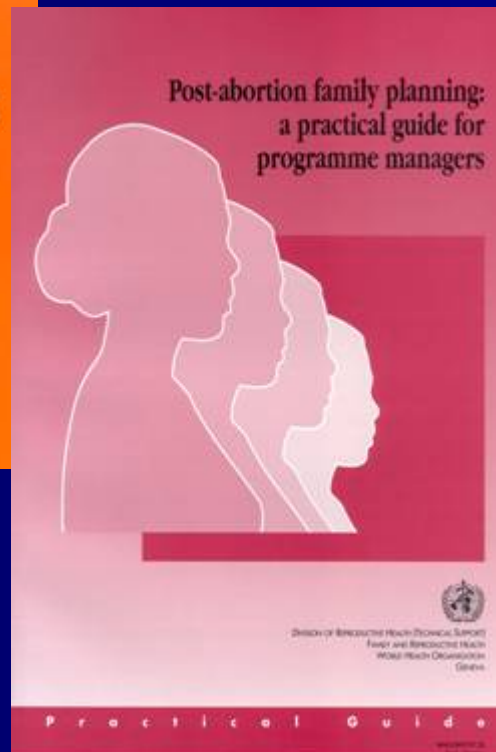
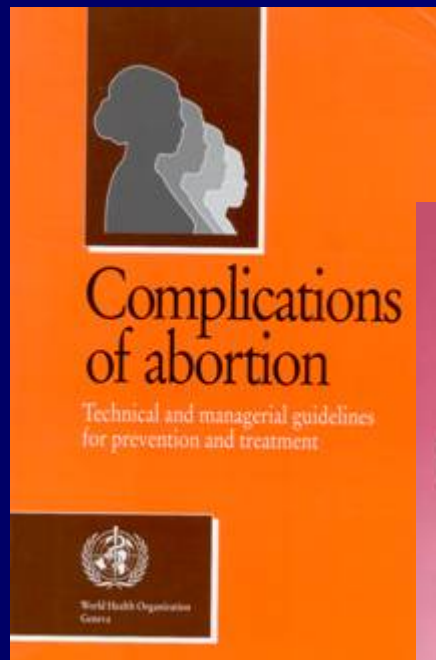
In circumstances in which abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services. Post-abortion counselling, education and FP services should be offered promptly, which will also help to avoid repeat abortions. .» (p.63.iii)

MDG

Goal № 5: Improve maternal health

Task: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Руководства 1990-х годов



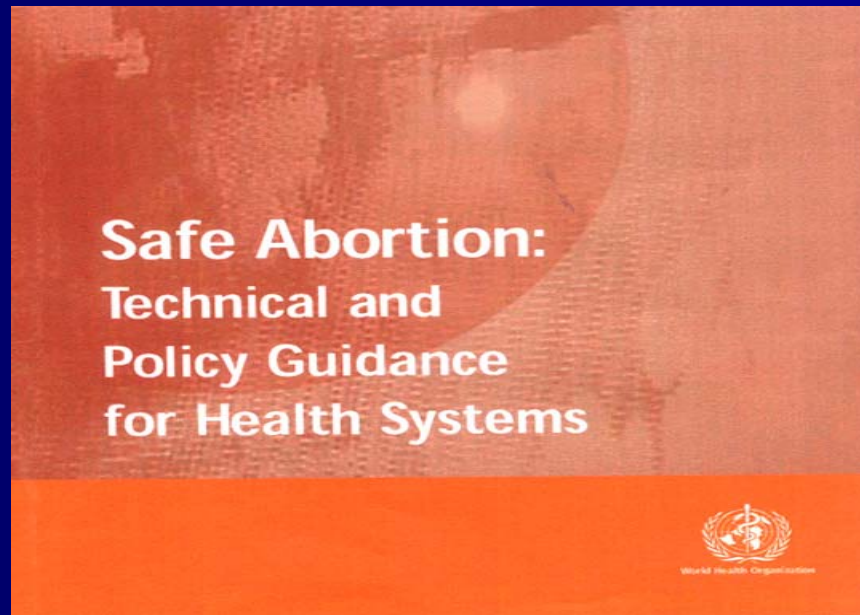
WHO

Reproductive Health and Research

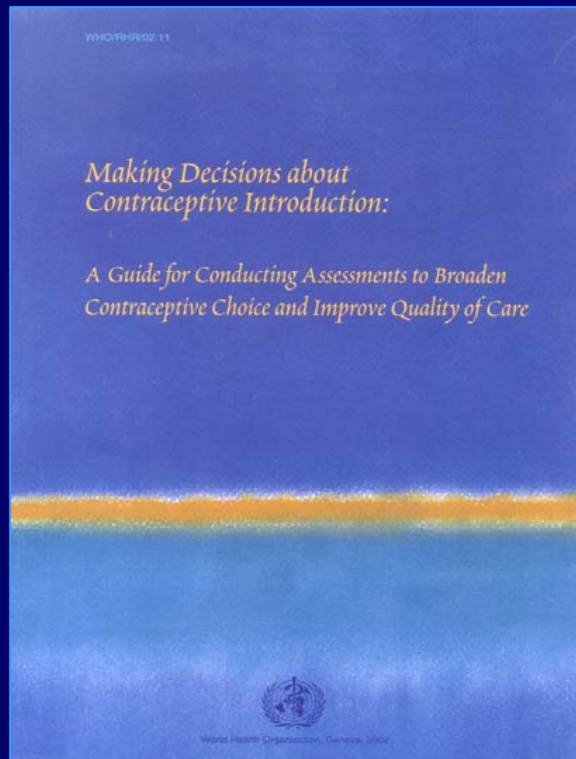
Safe abortion:
Technical and policy Guidance for
Health Systems

2004

Safe abortion manual

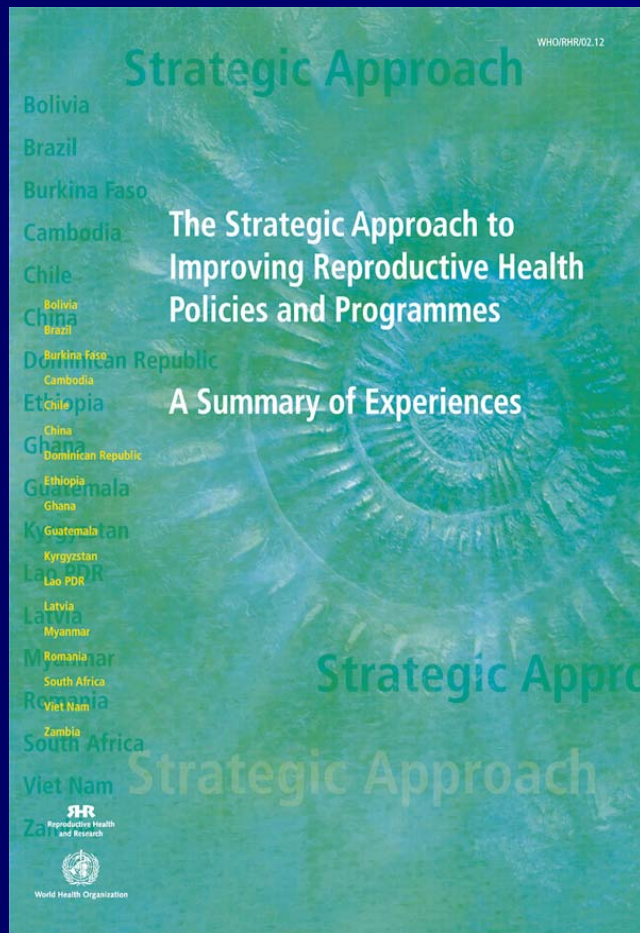


Available for downloading at
http://www.who.int/reproductive-health/publications/safe_abortion/index.html



*«Making decision about
contraceptive introduction».*

Manual on implementation of
Strategic Assessment



«The Strategic Approach to improving RH Policies and Programmes. A summary of experiences»

Examples from 18 countries.

Possible strategic questions on quality abortion care

- How to decrease number of unplanned pregnancies and needs in abortion?
- How to increase access to quality services for all target groups in a country?
- How to improve quality of services and decrease morbidity and mortality rate?

Summaries from the countries involved in to SA activity

- High risk target groups does not meet its expectations in the current FP programmes
- High quality abortion care accessible only for limited groups who are able to pay for the services
- Abortion is a way for informal payment to medical personnel that is the strong barrier for poor, young people and other unprotected groups of population to have access to qualitative services
- Lack of confidentiality in public health facilities push forward of poor and young people to seek and apply an unsafe and criminal abortion

Summaries from the countries involved in to SA activity (continuation)

- Unsafe abortion in the second trimester of pregnancy is a key background for morbidity and mortality after abortion
- Conception on comprehensive abortion care does not accepts by health managers and service providers
- In spite of being available in a health facilities, the current abortion services is very low quality
- Poor quality of IEC materials and counseling services

Summaries from the countries involved in to SA activity (continuation)

- There is a need for implementation of one or more modern abortion technologies such as vacuum aspiration or medical method of abortion, or needs to improve its existing quality
- Not flexible health system in the countries
- Unsafe approaches and methods still using in the region especially during the second trimester of pregnancy. Modern and safe technology should be implemented.

Follow up of strategic assessment recommendations (examples)

- Facilitate political will to improve access of population to modern contraception especially for high risk target groups (Romania)
- Developing national standards and protocols (Romania, Mongolia, Moldova, Russia)
- Developing, piloting and distribution of modules on comprehensive abortion care (planned in most countries).
- Implementation of technology of vacuum aspiration and method of medical abortion over the first trimester of pregnancy (Moldova, Ukraine, Russia)

Ukraine - Conclusions

- Abortion is more frequently used method for fertility regulation still. Availability of medical abortion method is still limited throughout the country
- Attitude of population to abortion is not the same in accordance with the place of residence, education, gender, incomes and religiousness
- Totally abortion accepts by population, nevertheless now and then it could be considered as amoral behavior and fault
- Abortion is country wide available and managed by Ob/Gyn only both at governmental and private health institutions
- There is a wide specter of contraceptives in the country. In rural areas access to contraceptives a little bit complicated due to short list of it.

Ukraine – Follow up

Improvement of mechanism for informing population on FP issues, first of all young people and rural citizen;

- Upgrading training programmes for students of medical university and post graduation studies to facilitate implementation of technologies recommended by WHO;
- Strengthening linkages between the governmental, public and religious institutions on prevention of unplanned pregnancies.

The Russian Federation

- MMR - (2007) – 22/100 000 (Rosstat), 24/100 000 – MOH (2007) и 32/100 000 (Human Development Report). Estimates for 2008 – 23/100 000
- Abortion rate – 92/100 (2008), including by method of vacuum aspiration - 23,4 % (2007), medical abortion method - 1,72 % (2008). Curettage is more frequently used method for fertility regulation. Impact of abortion in to MMR -18,8 % (2008) (13 % MMR in the world). Number of abortion is increasing among women who are first pregnant and adolescents
- CPR – 51,6% (2004) и 32/100 – MOH (2004)
- RH and FP issues are extremely politicized like the issue on low birth rate.
- The Russian Orthodox Church does not support FP programmes – "... abortion is heavy fault and considers it like assassination".
- Totally the FP ideology does not fully accepts by the Russian population at all, since mentally that activity closely linked with reduction of birth rate in the country.

Moldova – Key findings

- Abortion is more frequently used method for fertility regulation still
- There is a poor record keeping system for documentation of abortion statistics including in the private clinics in the country
- Low quality of post abortion counseling and contraception. High risk of recurring abortion
- Poor and young people have a restricted access to high quality abortion care and FP services. All target groups should pay for services, in spite of it covering by the insurance companies
- Criminal abortion is still a problem in the country
- MMR and number of abortion complications in the country is much higher in comparison with the same indicators in EU

Moldova – Key findings

- Most abortions are putting into practice by dilatation and curettage method
- Low quality of abortion service especially in terms of providing health care to clients, interrelation between health providers and clients, keeping confidentiality, pain management, prevention of infection, monitoring and evaluation and record keeping system

Moldova - Recommendations

- To develop standards and manuals on safe abortion
- To improve record keeping system and implement tool on monitoring of quality of services
- To improve trainings for health providers both in medical university and working place
- To implement safe methods of abortion recommended by WHO, including during second trimester of pregnancy
- To improve IEC and training materials

Thank you!

Questions?

Let us discuss.....