

# What Women Want: meeting the global demand for medical abortion



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## Summary

Globally, an estimated 19 to 20 million unsafe abortions take place every year.<sup>1</sup> Women around the world urgently need better access to safer methods for ending unplanned pregnancies. Medical abortion offers a simple and inexpensive way to meet this demand. Marie Stopes International (MSI) undertook a review of current access to and demand for medical abortion, to identify best practice and lessons learnt. The review highlighted promising models from around the world for rolling out medical abortion simply and effectively.

Nearly 200 women die every day from abortion-related complications either through haemorrhage, infection or poisoning from substances used to induce abortion. This represents an estimated 13% of all maternal deaths.<sup>2</sup> Yet, for the past 30 years, reliable medications have been available that can end unplanned pregnancies with high success rates and few side effects, and without the need for surgery.

'Medical abortion' represents a revolution in women's reproductive health and is critical to achieving the fifth Millennium Development Goal (MDG 5), which aims to reduce maternal death rates by three-quarters by 2015. Medical abortion saves women's lives and has enormous potential to increase access to safe abortion at minimal cost. It is also increasingly popular among women themselves.

Yet access to medical abortion is severely reduced in many parts of the world. Governments and healthcare providers are failing to meet the growing demand, which is in turn leading to a growing black market in the supply of medical abortion drugs.

This global unmet need demands new and creative ways for expanding access to medical abortion. Promising models do exist, proving that medical abortion can be rolled out simply and effectively. For example, drugs that induce termination of pregnancy can be administered by pharmacists or community health workers rather than by doctors. Internet-based services and telemedicine also offer the potential to provide qualified diagnosis, prescriptions and follow-up directly to women.

The review that MSI undertook highlighted innovative practices like these around the world that are reducing the burden on overstretched healthcare services and providing women with the services they want. The findings of the review are based on:

- 1) A review of key literature.
- 2) Experience of international organisations providing medical abortion.
- 3) Telephone and face-to-face interviews with more than 20 medical abortion providers in eight countries.<sup>1</sup>

## Meeting global demand

A growing number of governments are acknowledging the public health benefits of increasing access to safe abortion, and to medical abortion in particular. An increasing

number of countries are registering drugs that can be used for medical abortion such as Mifepristone and Misoprostol, which can also be prescribed for the management of post-partum haemorrhage (PPH) and gastric ulcers. In some countries, these drugs are already available over the counter.

A number of organisations (including MSI) have made increasing access to medical abortion an organisational priority and are in the process of registering Misoprostol for the management of PPH or for medical abortion in more than 15 countries. However, the registration process is complex and time-consuming. A recent change in WHO recommendations means that Misoprostol is now included as an essential drug for treatment of incomplete abortions. It is hoped that this will create a more conducive environment for countries wishing to register medical abortion drugs in future. However, there are still multiple challenges that make access to medical abortion drugs

### What is medical abortion?

In the 1980s, medical abortion became a safe and effective alternative for ending unplanned pregnancies. The combined use of the two drugs Mifepristone and Misoprostol is recommended by the World Health Organization (WHO) for early medical abortion in the first nine weeks; with the correct dose, complete abortions are successful in more than 96% of cases.<sup>3</sup>

When given the choice, many women prefer medical abortion to the surgical alternative. For example, in the UK the number of women preferring medical abortions has more than doubled over the past five years.<sup>4</sup> Even in countries where medical abortion is not yet widely available (e.g. Mexico), researchers found women overwhelmingly supported the idea of medical abortion. On the whole, service providers were also enthusiastic about medical abortions because they are less complicated and cheaper to deliver than surgical abortions.

*"... both public and private providers tend to prefer medical over surgical abortion because of the perceived lower risk of complications."*

Hang Nguyen Thi Bich, Country Director, Marie Stopes International, Viet Nam

» Some of our providers, who were initially quite sceptical about medical abortions, are now among the biggest advocates for offering this choice to women. They have been persuaded by witnessing firsthand how it helps the women we serve every day. «  
Grethe Petersen, Country Director, Marie Stopes International Ethiopia

<sup>1</sup> Ethiopia, Ghana, India, Mexico, Mongolia, Viet Nam, the United Kingdom and the United States of America.

particularly complex, not least the political resistance towards abortion in some countries.

### Promising innovations

MSI's review highlighted some effective and innovative practices in meeting the demand for medical abortion. For example, 'task-shifting' makes it possible for lower-level providers, such as trained pharmacists and community health workers, to provide medical abortion in rural and remote areas instead of doctors. Medical abortion can also be partly or fully administered by women themselves, thereby reducing the burden on health services.

Internet-based services and telemedicine offer the potential to provide qualified diagnosis, prescriptions and follow-up directly to women in their own homes. For example, telemedicine is being used by Women on Web<sup>ii</sup> to help women living in countries without safe abortion care to access medical abortion pills. Following an online consultation, women

with an unplanned pregnancy are referred to an online doctor. The medication is then sent by post for self-administration.

In countries where medical abortion is legal but not easily accessible, one strategy to increase access has been to mobilise the private sector by developing networks of trained and accredited providers of medical abortion. Social marketing techniques have also been used to increase the supply of medical abortion pills to certified healthcare providers such as pharmacists.

Training for healthcare providers also represents a key component of effective medical abortion programmes to ensure that they are able to prescribe the drugs correctly, to provide adequate information and counselling about the procedure, and to offer post-abortion family planning and referral systems.

As safe abortion remains such a politically sensitive issue, education and advocacy are also crucially important in increasing knowledge,

#### Fact box:

- › an estimated 220,000 children lose their mothers each year through abortion-related deaths<sup>5</sup>
- › more than 97% of unsafe abortions take place in the world's poorest countries<sup>6</sup>
- › up to 50% of hospital budgets for obstetrics and gynaecology are spent treating the complications of unsafe abortion in some low- and middle-income countries<sup>7</sup>

changing attitudes and facilitating the introduction of medical abortion in many countries.

### What women want

Without a significant and urgent shift in priorities, achieving MDG 5 by reducing maternal deaths remains unattainable. Expanding access to modern contraception and medical abortion represents one of the most cost-effective and easiest ways to accelerate efforts and is after all what women want.

<sup>ii</sup> <http://www.womenonwaves.org/article-445-en.html> (accessed 11 May 2009)

## References

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- 6 Grimes DA, Benson J, Singh S, Romero M, Ganatra B, Okonofua FE, et al. Unsafe abortion: the preventable pandemic. *Lancet* 2006;368(9550):1908-19.
- 7 Ibid. Also WHO. Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2000. 4th ed. Geneva, Switzerland, WHO, 2004.



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