

PAC Connection Meeting Highlights

April 26, 2018

Attendees: Erin Mielke (USAID), Denise Harrison (USAID), Carolyn Curtis (USAID), Mark Hathaway (Jhpiego), Willibrod Shasha (Jhpiego), Neeta Bhatnagar (Jhpiego), Blami Dao (Jhpiego), Grace Lusiola (EngenderHealth), Colin Baynes (EngenderHealth), Carmela Cordero (EngenderHealth), Elizabeth Tully (Johns Hopkins CCP), Alison Bodenheimer Gatto (FP2020), Isha Datta (FP2020), Eva Ros (FP2020), Laura Raney (FP2020), Nancy Harris (JSI), Kristen Devlin (JSI/APC), Sohinee Bhattacharya (University of Aberdeen), Andrea Fearneyhough (PSI), Japheth Achola (CEFOREP)

USAID Updates – Erin Mielke, *Office of Population and Reproductive Health, USAID*

The Postabortion Care eLearning course on the Global Health eLearning Center is nearly finished and is in the copy-edit stage. Stay tuned on the announcement of that course's availability.

USAID is working with FP2020 on the country action plans of the commitment-making countries to draw connections between postpartum family planning and postabortion family planning programming.

During a recent trip to Tanzania, Erin took part in compliance training for Mission and implementing partner staff. She was reminded how important it is that everyone is aware that postabortion care and postabortion family planning is supported and allowable within USAID funding.

What is the Optimum Inter-Pregnancy Interval following Miscarriage? [Request presentation](#) – Sohinee Bhattacharya, *University of Aberdeen*

Sohinee discussed a study related to the effects of increasing inter-pregnancy interval (IPI) on pregnancy outcomes following a miscarriage. Sohinee and colleagues looked at Scotland data from a 20-year span to gather insight on what outcomes occurred with a pregnancy following a miscarriage by increasing the IPI. In their findings, the incidence of another miscarriage, ectopic pregnancy, termination, or stillbirth was lowest in the category of an IPI of less than six months. However, WHO guidelines recommend that couples wait a minimum of six months after miscarriage to attempt another pregnancy. In order to make their findings more generalizable, Sohinee and colleagues did a systematic review and meta-analysis of other studies taking place in other settings. In these findings, Sohinee and colleagues found a reduced risk of further miscarriage, no difference in risk of subsequent stillbirth, and no difference or reduced risk (with one study excluded) of a subsequent preterm birth, with an IPI of less than six months.

Post-abortion Family Planning at FP2020 [Request presentation](#) – Alison Gatto, *FP2020*

Alison provided an update on FP2020's work on PAFP & PFPF. At recent FP2020 Focal Point Workshops, PAFP has been incorporated into the agenda with technical presentations, discussions on the HIP brief, a continuum exercise, and through incorporation of PAFP priorities into FP2020 Country Action Plans. In drafted or finalized country action plans ([found on FP2020's website](#)), 10 commitment-making countries have outlined PAFP

activities within those plans, [summarized here](#). Alison also led the group in a discussion on how to continue building and improving PAFP in the action plans related to:

- When it benefits PFP and PAFP programming to be combined
- When PAFP might be neglected, if combined with PFP
- Where are the gaps in PAFP priorities
- How to navigate PAFP in countries where abortion is illegal

Lastly, FP2020's website is [adding more information on PAFP](#) as their programming grows.

HIPs Analysis – Laura Raney, FP2020

Laura outlined an analysis she is conducting looking at the country action plans, other country strategic documents, and costed implementation plans and mapping the relevant integration HIPs to those country priorities. She is specifically looking at the Immediate Postpartum Family Planning, Postabortion Family Planning, and Family Planning and Immunization Integration HIPs and analyzing them against the 42 commitment-making countries. Laura also informed the group that the Postabortion Family Planning HIP brief is going through an update and she requested that countries with implementation evidence should share that information with her so it can be included in the updated HIP brief.

The Health System Cost of PAC in Tanzania [Request presentation](#)– Colin Baynes, EngenderHealth

Colin discussed a PAC costing study that was completed in Tanzania in 2017. Data was collected from June to September in 31 facilities in three regions from regional and district hospitals to health centers and dispensaries. The study sought to provide detailed cost estimates, based on primary data, of the average cost per client, taking into account complication type, treatment methods and family planning, at different levels of care. The data was collected using an ingredients approach, expert key informant estimation, exit interviews with clients, and verification of 'ingredients' costs. The study found the actual national cost (assuming 405,000 abortions and 1:6.08 ratio of PAC client to induced abortion) at an estimate \$4.1 million and an estimated \$10.4 million hypothetical national cost if the 60% of abortion complications that go untreated receive treatment.

Colin also provided an update on the PAC journal supplement. The Global Health Sciences and Practice journals has approved the concept note and agreed to publish. A total of nine articles are being worked on from a variety of organizations and countries. The first submission to GHSP will be mid-August 2018.

Other Partner Updates

Jhpiego

- They've submitted a proposal on PAFP to the Mini-U.
- With Gates funding, there are conducting a provider training at eight sites in DRC for postabortion care and postabortion FP.

FP2020

- Their small grants program has earmarked grant money for PAFP programs in the categories of advocacy, training, and technical assistance – they are actively looking for programs to apply. [Email for criteria and further information.](#)