

PAC Connection Meeting Highlights
International Conference on Family Planning
Nusa Dua, Bali, Indonesia
January 24, 2016

Attendees: Fauzia Assad (Jhpiego), Yolande Hyjazi (Jhpiego), Ron Magarick (Jhpiego), Tsigue Pleah (Jhpiego), Juliana Bantambya (EngenderHealth), Colin Baynes (EngenderHealth), Abu Jamil Faisal (EngenderHealth), Andre Koalaga (EngenderHealth), Christopher Lindahl (EngenderHealth), Japheth Ominde (EngenderHealth), Diane Bushley (Planned Parenthood), Sara Casey (Columbia University), Pedro Conde Garcia, Carolyn Curtis (USAID), Brenda Doe (USAID), Kayode Morenikeji (USAID), Ellen Starbird (USAID), Frances Day-Stirk (ICM), Mohamed Diadiou (CEFOREP), Thierno Dieng(CEFOREP), Heather Finn (Johns Hopkins CCP), Sara Mazursky (Johns Hopkins CCP), Catherine Gibsin, Nancy Harris (JSI), Judith Helzner (RMNH Alliance), Douglas Huber (PAC-FP Project), Ados May (IBP), Stembile Mugore (E2A Project), Reshma Naik (PRB), Bannet Ndyanabangi (UNFPA), Leopold Ouedraogo (WHO), Suzanne Reier (WHO), Elise Petitpas (Medecins du Monde), Leo Prawirodihardjo, Boniface Sebikali (IntraHealth), Chris Smith (London School of Hygiene and Tropical Medicine), Ravinder Soni, Anna Maria Speciale (ACNM), Carina Stover (Pathfinder)

Opening Remarks:

Ellen Starbird, *USAID Office of Population and Reproductive Health*

Judith Helzner, *Alliance for Reproductive, Maternal and Neonatal Health*

Leopold Ouedraogo, *WHO Regional Office for Africa*

Dr. Japheth Achola Ominde, *PAC Consortium*

PAC – Global Initiatives

[Postabortion Care – A Good Investment for Meeting Global Initiatives](#) – Carolyn Curtis, *USAID – Champion, Postabortion Care*

Carolyn’s presentation focused on the impact of postabortion care (PAC) on other global initiatives, mainly focusing on Family Planning 2020 and the Sustainable Development Goals to address maternal mortality and newborn deaths. Both global initiatives aim to improve the lives of women through health and gender equality by increasing access to family planning methods which in turn prevent death in both mothers and children. Carolyn detailed the typical demographics of PAC clients and explained that the common thread of this client is unmet need for family planning. Lastly, she shared the strong support and evidence behind postabortion family planning through the development of the [Joint Consensus Statement](#), endorsed by leading donors and organizations, and the [High Impact Practice brief](#).

[Postabortion Care \(PAC\): New Treatments, Better Family Planning and Real Progress](#) – Douglas Huber, *Independent Consultant, Postabortion Care Family Planning Project*

The results of an extensive research initiative are showcased here following the review of 550 articles about postabortion care (PAC). Douglas discussed emergency treatment, both surgical and medical. Surgically, vacuum aspiration is shown to reduce procedure time, blood loss, and pain and can be relatively low cost. Medically, misoprostol is widely accepted as being safe and effective with simple pain management, but can still result in a need for a surgical intervention if there are complications. Misoprostol is a proven, effective treatment and can be available at lower level facilities but there is a need for more programming to support more family planning uptake. The research indicated an increase in FP uptake when provided at the time of treatment and the use of postabortion family planning reduces unintended pregnancies and repeat abortion, specifically when using long-acting methods. Douglas emphasized the importance of programs focusing on counseling all women before discharge, including information on returning to fertility, complications, and information on their chosen contraceptive method. Materials are widely available to aid in counseling women on these options. At the conclusion, Douglas shared the factors for successful postabortion family planning, which include: free contraceptives, universal counseling on a wide range of methods, using nurses and midwives for FP services, and inclusion of men.

[The Postabortion Care Global Resource Package Website](#) – Sara Mazursky, *Knowledge for Health (K4Health Project)*

Sara shared a short animated video that provided an overview of the [Postabortion Care Global Resource Package website](#), which serves as a repository of basic, evidence-based instruments intended for policymakers and program planners who are designing or revising their current PAC program. The resources on the website cover a variety of programmatic topics including: research, strategies, policies & standards, training, service delivery, communication, and community mobilization. The video highlighted several key resources that can be found on the site and explained the type of information that is available related to USAID's Interagency Working Group, the PAC Connection.

[Postabortion Family Planning: Strengthening the Family Planning Component of Postabortion Care](#) – Ados May, *Implementing Best Practices (IBP)*

Starting with an overview of what HIPs are and how they are developed and organized, Ados' presentation focused on how these high impact practices can impact postabortion care (PAC). Used for strategy development, program design, and informing policy, the Postabortion Family Planning HIP aims to strengthen the family planning component of PAC by providing counseling to women at the time of service. The use of these HIPs can help in satisfying the unmet need of postabortion care clients while helping to guide women in healthy timing and spacing of pregnancies and reducing overall need for repeat abortions. Ados shared several lessons from previous implementation including:

- Offer a wide range of contraceptive methods
- Provide a service environment that protects the dignity of women
- Provide FP services at the same time and location where a woman receives postabortion services
- Connect clients to a continuous contraceptive supply and to ongoing support

- Address cultural and organizational barriers to family planning use
- Promote provision of PAC services by mid-level providers
- Consider client costs and motivation
- Ensure equitable access to family planning services, regardless of the uterine evacuation method used

Ados highlighted the use of this particular in nine countries including Ethiopia, India, Kenya, Mali, Mozambique, Pakistan, Rwanda, and Tanzania.

Scaling Up Postabortion Care – Suzanne Reier, *World Health Organization/Implementing Best Practices (IBP)*

Suzanne’s presentation focused on scale up and she began by describing what is meant by the term scale-up – deliberate efforts to increase the impact of health service innovations to benefit more people on a lasting basis. She then emphasized the importance of change and how it applies to sustainable scale-up. Suzanne concluded her presentation by explaining what needs to be considered when scaling up postabortion care – for example, what specific service is being scaled up, what is the end goal, what aspects of the health system will be affected, what organizations are involved, what obstacles may be encountered, and how is success measured.

Update on the PAC Consortium – Dr. Japheth Achola Ominde, *PAC Consortium*

Dr. Ominde provided an update on the PAC Consortium, a group that promotes postabortion care (PAC) as an effective strategy to address complications from miscarriage and incomplete abortion. The group’s most recent activities have been focused on expanding membership, improving availability of tools, increasing the availability of services, addressing priority issues, and using communication and social media tools to spread awareness. The redesigned website was presented to the audience as part of the recent tasks that the consortium has focused their energy on. Looking ahead, they highlighted issues on the horizon regarding reducing stigma and complications. Increasing access and quality of care were also ongoing challenges.

Roundtable Discussion – The Importance and Use of the Joint Consensus Statement

Moderator: Christopher Lindahl, *EngenderHealth*

Participants:

Dr. C.N. Purandare – President, *The International Federation of Gynecologists and Obstetricians (FIGO)*

Ms. Frances Day-Stirk – President, *The International Confederation of Midwives (ICM)*

Dr. C.N. Purandare and Ms. Frances Day-Stirk were involved in a panel discussion led by Christopher Lindahl. The importance of the Joint Consensus Statement was discussed as a key aspect in bringing the global community together around the importance of post abortion family planning. Interventions that are part of the consensus statement were discussed, including task sharing which is an approach that ICM and FIGO support and recommend. Pre-service education around PAC services was highlighted as a key component to ensuring physicians and midwives provide contraceptive counseling as part of their services. Lastly, both ICM and FIGO play a large role in advocating for PAC services at the global, regional and country levels and while there are challenges based on the local contexts, the joint consensus statement and support of all local organizations has helped them continue to advocate for PAC services.

PAC – Country Programs

Panel Presentation – East and West Africa

[Provision of Contraceptive Methods in the Context of Post Abortion Care: Successes and Challenges in the Introduction and Development in Francophone Africa](#) – Thierno Dieng, *Postabortion Care Family Planning Project*

Thierno's presentation started with an introduction into the landscape of pregnancy worldwide and how postabortion family planning is essential in improving the health of millions of women. Thierno shared the history of postabortion care (PAC) in Francophone Africa from its introduction in the mid 1990's in Burkina Faso, Senegal, and Guinea. The challenges faced in this region include policy, financial support, human resources, and geographic barriers. Unfortunately during the time since introduction, the rate of postabortion family planning has decreased in Senegal. While all countries followed the same approach in introducing PAC services, the difference came when they were scaling-up, mainly in the areas of national leadership, localized skills, comprehensive guidelines, and the rate of scale-up. Thierno concluded by highlighting the major successes, difficulties, and challenges that were faced during the scale-up and provided insights into new trends and opportunities in Francophone Africa.

[Improving Access to Quality PAC Family Planning Services in Togo](#) – Stembile Mugore, *Evidence to Action Project*

This presentation shared the experience of introducing postabortion care (PAC) at five pilot facilities in Togo. Stembile highlighted the program's elements of success in postabortion care - family planning (PAC-FP) service delivery including: the health workforce, supportive health systems, organized services, proven service delivery practices, demand generation, and solid leadership and management. She then mapped out the implementation process for strengthening PAC-FP in the Togo through country ownership, establishment of quality improvement teams, development of action plans, and more emphasis on performance gaps. Stembile shared the baseline information and then the objectives of the intervention. Results of the study included – an increased number of competent providers, improved method choice including long-acting and reversible contraceptives (LARCs), more linkages between postpartum and PAC clients, and improved training for PAC. Stembile closed her presentation by discussing challenges, lessons learned, and next steps.

[Adding LARC in the Method Mix: Expanding Options for PAFP in Guinea](#) – Tsigue Pleah, *Jhpiego*

To address maternal mortality and increase the presence of FP services, Guinea implemented a postabortion care (PAC) strategy. Tsigue provided a history of the scale-up of PAC services in Guinea starting in the late 1990's – which included a jump from 2 to 38 facilities and an expansion of the method mix to include long-acting and reversible contraceptives (LARCs). She shared the key intervention areas – advocacy, development of policy and standards, training, and procurement of supplies and equipment. The results of the intervention showed great strides in: family planning counseling (99% of clients), uptake of a modern contraceptive method (80% of clients), and selection of a LARC (29% of clients). Tsigue concluded with several takeaways from this study showing a desirable uptake in LARC use when PAC providers are trained to offer that type of contraception.

[Reaching More Clients with Decentralized PAC Services in Tanzania](#) – Juliana Bantambya, *EngenderHealth*

Juliana's presentation started with an explanation of postabortion care (PAC) in Tanzania and how the Ministry and EngenderHealth Tanzania decentralized PAC services to lower-level health facilities to increase the availability throughout the country, starting in 2005. She explained the interventions that were used to decentralize at the community level, the facility level, and the district health management teams. Juliana shared the achievements from the decentralization in terms of policy and the development of national guidelines and curriculum. Overall, PAC services were introduced in 239 sites (15 hospitals, 67 health centers, 157 dispensaries) and there was increased access for PAC services at lower level facilities. Juliana concluded by sharing statistics on PAC clients served and discussed challenges and lessons learned.

Panel Presentation – Asia

[Introducing Integrated Postabortion Family Planning Services in Punjab-Pakistan](#) – Dr. Fauzia Assad, *Jhpiego*

Dr. Assad introduced his presentation by providing an overview of Pakistan, focusing on the total fertility rate, treatment of complications resulting from induced abortion, and family planning (FP) access issues. He made the case for postabortion family planning and emphasized three key elements – healthy timing and spacing of pregnancies, providing access to FP counseling and services across the continuum of care in MNCH services, and expanding the choice for highly effective modern contraceptives. Dr. Assad then discussed how postabortion family planning was strengthened in Pakistan through scale-up across Punjab and expanding access to long-acting reversible contraceptives through community health workers. He shared many aspects of the program and how the phased expansion of PAC services worked in the country. He concluded by sharing the results of the program which showed full ownership and commitment by the Government to scale-up postabortion family planning trainings across the whole province.

[Use of LARCs/PMs after Menstrual Regulation and in Postabortion Care \(PAC\) in Bangladesh: Snapshot of a Public-Sector Facility](#) – Dr. Abu Jamil Faisal, *Mayer Hasi II, EngenderHealth*

Dr. Faisal began his presentation with a background on menstrual regulation (MR) in Bangladesh and the accessibility of family planning (FP) services in public and NGO facilities that are providing MR and postabortion care (PAC) services. He describes the collaboration between Mohammedpur Fertility Services and Training Centre (MFSTC) and Engender Health Bangladesh to build capacity for reproductive health and maternal and child health services at the center and improve quality of services. The overall objective of the study was to review the uptake of long-acting reversible contraceptives (LARCS) and permanent methods (PMs) after MR and during PAC services. He explained the methodology and the characteristics of the clients and found that there was a high uptake of long-acting and reversible contraceptives (LARCs) and permanent methods. The explanations for this finding were shared through provider interviews and can be attributed to MFSTC providing comprehensive services by well-trained providers and counselors. Although there were many successes, Dr. Faisal shared the challenges which included lack of male involvement and lack of attention at the policy level, among others.

[Effect of a Mobile Phone-based Intervention on Postabortion Contraception in Cambodia](#) – Chris Smith, *Marie Stopes International*

Chris began his presentation by sharing the background information of postabortion contraception uptake at one month which found that clients had difficulty making decisions at the time of service because they wanted to discuss the decision with family. In turn, they often didn't return to the clinic but when they did, there were concerns about side effects and discontinuation was common. However, they found that mobile phone ownership in Cambodia was high. Marie Stopes International Cambodia (MSIC) hypothesized that additional mobile phone support could help increase postabortion family planning through additional counseling and information, reminders, and overall support. Chris explained how this intervention was carried out through voice messages from the provider to the client with simple and friendly messages that reminded the clients about the effectiveness of contraceptives. He described the randomized controlled trial in detail – outlining the study design, the participants, and the results. In closing, Chris shared that the study found that additional mobile phone follow-up can increase contraception uptake/continuation and that this type of intervention could be adapted for different settings/populations. However, he discussed that more research is needed on mechanism of action and the cost-effectiveness.