

## PAC Connection Meeting Highlights

September 15, 2015

**Attendees:** Carolyn Curtis (USAID), Erin Mielke (USAID), Jane Ebot (USAID), Alanna White (USAID), Trish MacDonald (USAID), Kimberly Cole (USAID), Aly Cameron (USAID), Gajendra Rai (USAID), Emily Hillman (USAID), Jim Sitrick (USAID), Anne Pfitzer (Jhpiego), Ricky Lu (Jhpiego), Bethany Arnold (Jhpiego), Mark Hathaway (Jhpiego), Grace Lusiola (EngenderHealth), Colin Baynes (EngenderHealth), Japeth Ominde (EngenderHealth), Thierno Dieng (CEFOREP), Douglas Huber (CCIH/USAID Consultant), Elizabeth Tully (Johns Hopkins CCP), Laura O'Donnell (Johns Hopkins CCP), Heidi Quinn (IPPF), Jennifer Davies (IPPF), Meeta Mahar (IPPF), Ekpenyong Ekanem (Abt Associates), May Post (Abt Associates), Julie Taft (Marie Stopes), Leigh Wynne (FHI 360), Ados May (IBP), Amanda Huber (PSI), Boniface Sebikali (IntraHealth), Regina Benevides (Pathfinder International), Tembi Mugore (Pathfinder International), Kathryn Mimno (Pathfinder International)

**Welcome and Opening Remarks** – Alisa (Aly) Cameron, *Deputy Director, Office of Population and Reproductive Health, U.S. Agency for International Development (USAID)*

*“USAID has been supporting PAC programs since 1994, and we are very pleased to see that interest in postabortion care continues to grow. It’s great to see so many of our implementing partners and other stakeholders focused on this issue, and we all benefit by learning from the experience and lessons learned in programs around the world. We’re fortunate today to have a combination of presentations and discussions led by our partners, including virtual participation from West Africa, with a presentation by Thierno Dieng at CEFORP in Senegal.*

*This year marks an important time to reflect on global progress toward ending preventable maternal deaths and achieving universal access to reproductive health. In August, USAID celebrated progress with our partners towards Ending Preventable Maternal and Child Deaths in a global meeting in India, where it was noted that in our 24 priority countries in 2013 alone, compared to 2008, 770,000 more children survived and 35,000 more maternal deaths were averted. We marked similar success in family planning, with thirteen of our priority countries achieving an annual increase in modern contraceptive prevalence greater than one percentage point. Of these, Rwanda, Kenya, Madagascar, Ethiopia, Zambia and Senegal have all recorded an annual rate of increase greater than two percentage points.*

*And now, as we speak, the UN General Assembly is convening in New York to adopt the Post-2015 Development Agenda. If we look back at the Millennium Development Goals, MDG5 was to improve maternal health, and it had two targets: to reduce the maternal mortality ratio by three quarters, between 1990 and 2015; and to achieve universal access to reproductive health by 2015. While the trends have been positive, we still have a long way to go! Globally from 1990 to 2010, the percent of maternal mortality due to abortion has decreased from 13% to 9% and in the same period, the number of maternal deaths declined by 45%. And importantly, over 10% of all women do not have access to or are not using an effective method of contraception. It is estimated that satisfying the unmet need for family planning alone could cut the number of maternal deaths by almost a third. We still see great disparity between regions, countries and populations within countries that still lack access to these essential maternal and reproductive health services.*

*We know we have an opportunity and a responsibility to improve care for women and girls worldwide, and one important place we can do this is through strengthening postabortion care, including postabortion family planning. We look forward to a rich discussion today to move our agenda forward towards meeting the unmet need for family planning, and contributing to maternal survival. “*

**Regional Engagement: WAHO Good Practices Forum** – Ados May, *WHO/IBP*

This presentation reported on the recent WAHO Good Practices Forum in Burkina Faso, which aimed to accelerate effective and efficient implementation of the priority programs in the Economic Community of West African States (ECOWAS). WAHO was selected to conduct this forum because of their ability to facilitate inter-country exchange of information, health personnel, resources, and policy alignment. WAHO was also able to establish partnerships with health-related entities inside and outside of the ECOWAS region. The objectives of the forum included: promote the culture of sharing, mobilize and align key stakeholders, catalyze change through use of best practices, and monitor and evaluate progress made by ECOWAS. It specifically focused on ending preventable maternal and child deaths through family planning and reproductive health in West Africa. The forum was attended by 300+ participants from 15 member countries and there were 94 presentations – eight of them focused on postabortion care. Postabortion care/family planning was one of the selected practices to be documented in the ECOWAS region as a next step following this forum. All presentations are available on [IBP Gateway](#).

**Improving Access to Quality Family Planning Counseling and Contraceptive Choice in Togo**– Stembile (Tembi) Mugore, *Evidence to Action Project, Pathfinder International*

Tembi started her presentation by providing background on how the Evidence to Action (E2A) Project came to focus on Togo for this study. After a regional meeting in West Africa in 2008, a lot of attention was brought to postabortion care and each country drafted an action plan. E2A worked with Togo to implement their action plan and assisted in several activities focused on strengthening PAC-FP including: establishment of a National Quality Improvement (QI) Team and a Facility QI Team, integrated PAC -FP training for facilities, development of action plans at the facility level, onsite visits, and virtual support as needed. Tembi shared the situation of PAC-FP at baseline and goal of the intervention – to improve access to quality PAC-FP, ultimately to increase contraceptive use and break the cycle of repeat abortions. She shared the results of the intervention – many successes and some challenges and lessons learned. Some successes include: FP methods available at PAC treatment area or a better referral system between the units, four of the facilities now offer free contraceptives, an improved and standardized information system for PAC services, more awareness and competence with providers, improved method choice including LARCs, and new equipment provided through Ipas. Some outstanding challenges include: lingering provider attitudes, data use is limited, cost of services, infrastructure, and limited supervision capacity. See the presentation to learn more about the lessons learned and next steps. Lastly, Togo was proud to showcase 2 presentations at the WAHO Good Practices Forum.

**Successes and Challenges in the Introduction and Development in Francophone Africa, Supply of Contraceptive Methods in the Context of Abortion Care** – Thierno Dieng, *CEFOREP*

This presentation, originally given at the WAHO Good Practices Forum, discusses the successes and challenges of introducing postabortion care (PAC) in Francophone Africa. Thierno shared the history of PAC in this region and

brought to attention the drop in family planning counseling and acceptance from the late 90's to the present. For example, there was a 76% FP acceptance rate in Senegal in 1998 compared to 47% in 2013. He spoke about some of the reasons why postabortion care family planning does not work as expected in Francophone Africa (lack of human resources, deficiencies in counseling and provision of contraceptives, policies, socio-cultural considerations, etc.) and introduced conditions of successful integration of postabortion family planning. He shared various difficulties in scaling up PAC-FP services but highlighted that some of these obstacles should be seen as challenges to overcome.

### [What is the Scale of USAID's Postabortion Family Planning Program?](#) – Erin Mielke, *USAID*

The focus of Erin's presentation was to understand the scale of USAID's postabortion family planning programming. She explained USAID's use of two reporting mechanisms with Missions:

**EPCMD Dashboard** – retrospective, reflects all activities and funds for one year, highlights all High Impact Practices implemented in a country program

**Health Implementation Plans** – forward-looking, reflects activities planned with only new funds for a given year, highlights only the top three most important High Impact Practices in a country program

Erin shared that between the EPCMD Dashboard for FY15 and the Health Implementation Plans for FY16, there was quite a difference in the amount of countries reporting postabortion family planning (PAC-FP) programs. In the EPCMD Dashboard, 16 of 24 countries reported PAC-FP programs while the Health Implementation Plans for FY16 only had five countries report PAFP as one of their most important High Impact Practices. The discussion in the room seemed to agree that although the number was much lower, it was encouraging that five had listed PAC-FP as a top priority and that many of the other countries are implementing this type of program but it isn't getting to the top of their list.

### [Accelerating Access to Postpartum Family Planning, Anne Pfitzer, \*MCSP, Jhpiego\*](#)

This presentation focused on the recent Postpartum Family Planning Meeting that took place in Thailand from June 8-11. Anne highlighted one presentation on postabortion care and postabortion contraception given by Joan Healy from Ipas. During this session at the PFP Meeting, Joan discussed several things including: medical eligibility post abortion (including age), special needs of adolescents in terms of PAC-FP counseling, and PAC-FP data from IPAS-supported facilities. Another portion of the meeting allowed for country teams to work on action plans and many of those plans included postabortion care. Anne then introduced group work where four groups discussed the following questions. A report was given by each group at the end of the session.

- 1. What do we know about what is happening when it comes to PAC-FP and PFP integration? Do we have country examples of trying to address both at the same time?**
  - **Example: Togo: USAID, UNFPA, other donors around.**
  - We also spoke about how in a larger country context, where there are more donors (than tiny Togo), that can present more diversified opportunities
  - In Togo, E2A project was able to get providers to specify if clients were PFP or PAC

- It's now happening in the facilities where a specific project worked (E2A) but now trying to get them to do it nationally
- Jhpiego's UNFPA-funded PPIUD project overlaps one of the E2A PAC sites
- Discussion on importance of the role of sequencing: making a choice, evacuation, FP provision.
  - E.g. If counseling is happening too late, providers might not have the FP set-up ready (such as having the prepared space ready for PPIUD insertion so it can be done as soon as evacuation is complete, rather than evacuating and then setting up for the PPIUD insertion).
- Opportunity for Technical Working Groups (TWGs) to bring diverse players and partners together, diversified donors
  - Discussed UNFPA starting to support more PAC work
- 8-13% Maternal Mortality due to abortion complications (*where? I can't remember, maybe Togo*)
  - Understanding the needs of bleeding vs. septic patients
- Decentralization of PAC in Tanzania to get past referral system problems for PAC clients
  - Community component is crucial to getting PAC clients to facilities—awareness, inclusion
  - Referenced the referral systems in Haiti, which aren't functioning but MCSP and many others are working with the MOH to set up
- Post-partum/return to fertility counseling
  - Packaging messaging for providers
  - CHWs and ensuring they have incorrect information
    - Need messages and balanced counseling
  - Question to ask women: how effective do you want your method to be?
- High-priority groups: youth, as well as high-parity/peri-menopausal women (younger and older clients get missed from traditional programming)

## 2. What opportunities exist for integrating in both directions PAC-FP and PFP?

- Try to include both in pre-service training of doctors, midwives, etc.
- More knowledge at policy-level so they know what is appropriate at that level
- A top-down level intervention might work better in this setting
- Champions at the facility-level – more institutionalized and party of their job duties
- FP counseling at the early stages of PAC rather than after the fact
- Misoprostol is a good method but it could promote opportunity to do FP counseling as part of the protocol and the information that goes out about it
- Return to fertility needs to be made more explicit

## 3. What more could be done to scale up PAC-FP and PFP?

- Messaging needs to be at several levels
- Government needs to take more of a role in FP promotion and PFP
- Perhaps do some rephrasing as post-obstetrics event – could be more easily integrated
- Incentive/voucher schemes – creating kits so that it includes everything from the expensive towels to a personally-selected contraceptive method (empowerment of women)

- M&E of registrars to see what are the common postabortion method choices
- Make sure youth is considered and services are friendly

#### **4. What are the barriers/challenges to achieving integration at scale?**

- Training – integrated service delivery model and respectful care
- National policies
- PAC is housed in different ministries
- Need to look at affordability and access
- Many cadres of health workers and task shifting
- Donor funding and structures
- Engaging private sector in training
- Indicators for tracking clients
- Continuation of FP use after visit
- Mapping referral system and providing care at all levels

#### **[Updates from the PAC Consortium](#)**, Japheth Achola Ominde, *EngenderHealth*

This presentation introduced the PAC Consortium and shared their recent activities. The Consortium has been expanding their membership and improving the availability of PAC tools and resources through their five task forces and website. The Consortium has also worked on strengthening the capacity to advocate for increased availability and accessibility of PAC services as well as member organizations to address priority PAC-related issues. Announcements were shared regarding recent and upcoming events including the PAC Consortium event at ICFP on the evening of November 10<sup>th</sup>. Lastly, Japheth encouraged attendees to follow the PAC Consortium on social media and join their mailing list.

#### **[Emergency Contraception and PAC: An Opportunity to Collaborate](#)**, Leigh Wynne, *Advancing Partners & Communities, FHI 360*

Leigh's presentation centered on how emergency contraception (EC) and PAC have an opportunity to collaborate, given their target group is quite similar. Leigh provided an overview of EC and the current situation of EC within USAID's portfolio. She discussed how PAC and EC share similar problems in barriers and infrastructure and the large challenge achieving post-care family planning acceptance.

#### **[Lessons for Improving PAC Services from the Private Sector](#)**, Julie Taft, *Marie Stopes International*

This presentation focused on Marie Stopes International's service delivery channels for PAC and the lessons learned for improving PAC in the private sector. Julie specifically shared a mobile phone-based intervention called Mobile Technology for Improved Family Planning (MOTIF) that supported postabortion family planning (PAC-FP) in Cambodia. The study outcomes included self-reported use of effective PAC-FP at four months and long-acting contraception use at four months. This intervention featured several points of contact through voicemails to postabortion clients. The messages included education on contraceptive methods and information on how to get in contact if you are ready to use contraceptives. The results of the intervention showed that 64% of the intervention group self-reported use of effective PAC-FP at four months, compared to 46% in the control

group and 29% of the intervention group was using long-acting contraception at four months, compared to 9% in the control group.

**Models for Delivering Postabortion Care Services**, Carolyn Curtis, *USAID*

Carolyn's presentation shared several successful postabortion care studies done in Russia, Turkey, Kenya and Zimbabwe in the 1990's. These contexts had examples of both legal and illegal abortion, with results being positive in family planning uptake. Carolyn made a call to refresh the evidence in postabortion care and move from project reports into peer-reviewed journal articles, and specifying those activities in workplans. Carolyn added that we know what works in treatment but there are other areas that need more evidence. Carolyn informed the group that she will be sharing a report that highlights the particular areas that require more evidence – for example, family planning and misoprostol, youth, and demographics of clients using PAC services.

**PSI's work in Postabortion Care**, Amanda Huber, *PSI*

Amanda provided an overview of the work PSI does in postabortion care. The organization is currently working in 14 countries and focuses on PAC with misoprostol. They work on many fronts including: advocacy for inclusion of misoprostol in guidelines, registration of the product where it isn't yet available, inform providers and pharmacists on use of misoprostol, and medical detailing.

## **Other Notes and Next Steps**

Carolyn challenged the group to change the use of the terminology of “integrating FP into PAC services.” We need to correct our language and educate policymakers that family planning is already a part of postabortion care. All PAC models since 1994 include FP counseling and services, therefore we FP is not being integrated into PAC, rather the FP component is being strengthened and that PAC is one of the few integrated service delivery models in global public health.

If you are implementing postabortion care programs, please add them to the [HIPs map](#).

Please stay tuned for details regarding the next PAC Connection Meeting. A Save the Date will be sent in the coming months. If you will be attending the International Conference on Family Planning, please join us at our auxiliary meeting on Sunday, November 8<sup>th</sup> – registration information can be found here:

<https://www.eventbrite.com/e/the-postabortion-care-pac-connection-auxiliary-meeting-tickets-18245509811>