

## PAC Connection Meeting Highlights

June 10, 2013

Attendees: Anne Pfitzer (*Jhpiego*), Blami Dao (*Jhpiego*), Callie Simon (*Pathfinder International*), Carolyn Curtis (*USAID*), Catherine Panther (*USAID*), Charlotte Warren (*Population Council*), Denise Harrison (*USAID*), Douglas Huber (*Consultant*), Erin Mielke (*USAID*), Fariyal Fikree (*E2A*), Giuliana Morales (*USAID*), Jane Wickstrom (*EngenderHealth*), Jennifer Bergeson-Lockwood (*USAID*), Kimberly Cole (*USAID*), Laili Irani (*Population Reference Bureau [PRB]*), Lynn Van Lith (*JHU-CCP/RESPOND Project*), Mary Vandenbroucke (*USAID*), Maureen Clyde (*EngenderHealth/RESPOND Project*), Maureen Norton (*USAID*), Nancy Ali (*Jhpiego*), Nana Apenem Dagadu (*Georgetown University*), Rebecca Roth (*USAID*), Rushna Ravji (*USAID*), Sara Pappa (*Futures Group*), Stembile Mugore (*E2A*), Suzanne Reier (*WHO*), Nuriye Ortayli (*UNFPA*)

### **Opening Remarks** (Ellen Starbird, Director, USAID Office of Population and Reproductive Health)

In greeting meeting participants, Ms. Starbird commented on USAID's strong history of supporting postabortion care (PAC) since 1994 and noted with pleasure that the interest in strengthening PAC continues to grow. She further cited that abortion is the cause of 9% of maternal deaths worldwide and that both PAC and family planning are key interventions to prevent these maternal deaths. USAID supports several broad initiatives that incorporate PAC as a high-impact intervention to reduce unintended pregnancy and preventable maternal deaths. These include the Global Health Initiative, FP2020, the Alliance for Reproductive, Maternal and Newborn Health, and USAID's partnership with UNICEF and host-country governments called A Promise Renewed (also known as Ending Preventable Child and Maternal Deaths). Within the Office of Population and Reproductive Health, USAID is promoting High Impact Practices (HIP) for Family Planning. The HIP brief on postabortion family planning was one of the first to be developed, in part because the evidence base to support this practice is so well documented. Ms. Starbird concluded by saying, "We see postabortion care as a great opportunity to strengthen health programs to meet the unmet need for family planning, make services more accessible to youth and other vulnerable populations, and contribute to maternal survival."

### **Presentation and Discussion: West Africa PAC Assessment** (Stembile Mugore, *Senior Advisor for Health Sector Performance and Sustainability, E2A*)

By way of background, in 2008, USAID's PAC Working Group, WHO's Implementing Best Practices, CEFOREP, and others cosponsored a meeting to review research findings on PAC in Burkina Faso, Guinea, Mali, Niger, Senegal, and Togo and to develop plans for strengthening postabortion family planning in their countries. Recently, E2A conducted an assessment of the progress to date in strengthening postabortion family planning in Burkina Faso, Guinea, Togo, and Senegal. Stembile Mugore provided a short presentation on preliminary findings. The final results will be presented at the next PAC Connection semiannual meeting.

### **Update: West Africa PAC/FP Meeting, Saly, Senegal** (Maureen Clyde, *Team Leader for Global Knowledge, EngenderHealth/RESPOND Project*)

Maureen Clyde reported on plans that are underway by USAID, E2A, RESPOND, CEFOREP, and other partners to cohost the Postabortion Care/Family Planning (PAC/FP) Francophone West Africa Meeting



from October 6 to 11, 2013, in Saly, Senegal. This is a follow-up to a meeting that was held in 2008. The purpose of the meeting in Saly is to share findings of recent assessment of PAC/FP progress and challenges since 2008, exchange country experiences, provide global updates, describe tools/effective practices to further strengthen PAC/FP programs, and map a way forward. The specific objectives are to:

- 1) Provide global updates
  - a. Offer a rationale for PAC/FP
  - b. Introduce long-acting reversible contraceptives and permanent methods
  - c. Describe scale-up methodologies
  - d. Introduce holistic programming
- 2) Promote country sharing
  - a. Report results of four country assessment
  - b. Provide updates from country teams, with examples of policies, service delivery guidelines, service integrations, training curricula, and evidence of what has worked and what has not.
- 3) Develop forward actions
  - a. Identify existing road maps/national plans/strategies, etc., into which PAC/FP can be included for scale-up
  - b. Engage donor and organization stakeholders and commitments
  - c. Define preliminary actions/steps for strengthening PAC/FP, including elements of holistic programming, how long-acting reversible contraception and permanent methods will be included, and the approach for scale-up.

Conversation ensued regarding the involvement of UNFPA as a potential cohost, and it was agreed that a follow-on discussion was required that would include UNFPA and WHO IBP representatives.

**Presentation: Update on the PAC Research Compendium Review** (Laili Irani, *PRB/Health Policy Project (HPP)*, and Sara Pappa, *Futures Group/HPP*)

Laili Irani, PRB/HPP, and Sara Pappa, Futures Group/HPP, gave a presentation titled “Updating the Postabortion Care Compendium: Progress to Date.” This presentation shared the progress made to date on updating the research compendium on best practices in PAC, which will henceforth be referred to as, *What Works: A Program and Policy Guide to the Evidence on Postabortion Care*. The style, structure, and methodology have been adapted from another compendium, *What Works for Women and Girls: Evidence for HIV/AIDS Interventions*.

The revised compendium will compile evidence from 2000 to 2013 and is intended to inform policymakers and program managers at the country level on best practices in the four components of PAC: emergency treatment; delivery of FP, sexually transmitted infection (STI), and HIV services; community mobilization; and policy and program issues.

The presentation detailed the methodology as well as progress to date in identifying, reviewing, and summarizing 400 new articles pulled from peer-reviewed journals, as well as grey literature from selected web sites and organizations. The presentation highlighted some of the new evidence—namely, that misoprostol for PAC is safe and effective, new techniques exist for pain management techniques, IUD insertion immediately following PAC is safe, and access to PAC services can be increased by training midwives to administer misoprostol. The presentation further highlighted the inclusion of gaps in programming into the compendium and mentioned a few, such as the need for counseling for men following miscarriage, the necessity for gender-based violence screening as a key component in PAC

service delivery, the need for PAC for vulnerable and marginalized groups such as migrant women and female sex workers, program gaps in provider training, the need to provide HIV counseling and testing, the lack of availability of comprehensive postabortion contraceptive counseling and provision of emergency contraception, clinic-based care for miscarriage, and the need to reduce the incidence of induced and spontaneous abortion.

The update is currently underway, and the goal is to have the first draft ready by the end of the summer. The compendium will undergo rigorous internal and external review by experts before it is finalized and published under the USAID HPP Project.

### **Partner Updates—Activities This Year**

#### **PAC Consortium Update (Callie Simon, *Pathfinder International*)**

The PAC Consortium ([www.pac-consortium.org](http://www.pac-consortium.org)), currently chaired by Pathfinder International, held its semiannual meeting the day before the May 2013 Women Deliver Conference in Kuala Lumpur. The half-day meeting was well-attended (approximately 50 attendees). The meeting included an expert technical panel with representatives from UNFPA, FIGO, IPPF, and WHO; country team meetings for Pakistan, Rwanda, Senegal, and Tanzania; technical updates on mHealth for PAC and misoprostol for PAC; and task force updates, breakout sessions, and discussion. The PAC Consortium's task forces include: misoprostol for PAC, essential supplies, service delivery, and youth-friendly PAC. They are each working on key priority deliverables and activities that will be made available through the PAC Consortium web site. At the end of the meeting, EngenderHealth was introduced as the next chair of the PAC Consortium, beginning in November 2013.

#### **RESPOND Update (Douglas Huber, Consultant to EngenderHealth)**

The Alliance for Reproductive, Maternal and Newborn Health, a new coalition of donor and nongovernmental partners, is pleased with the content of the existing consensus statement on post abortion family planning, and they want to endorse it. They have suggested updating the statement and including language that indicates "ownership" by the Alliance, as well as by professional organizations. The professional organizations are agreeable, and if the effort bears fruit, the result will be a document with a commitment from a large group of donors and implementing organizations that could substantially increase access to post abortion family planning. Carolyn Curtis, Erin Mielke, Douglas Huber, Maureen Clyde, Jill Keesbury, and Molly Canty have collaborated on the revisions. To date there have been edits and content adjustments to the document, which will soon go to the RMNH partners and the three professional organizations. Assuming this process progresses on schedule, the new statement with wide endorsement will be presented at the November 12-15, 2013 International Family Planning Conference in Addis Ababa.

### **Next Steps**

The next semi-annual PAC Connection meeting will be held on December 9, 2013 at the MCHIP office of Jhpiego located on the 3<sup>rd</sup> floor of 1776 Massachusetts Avenue, NW, Washington, DC 20036.

## AGENDA

PAC Connection Meeting—June 10, 2013: 10am-4:00pm

Global Health Fellows Program Offices, Suite 315  
1201 Pennsylvania Avenue, NW  
Washington, DC 20004

### Objectives of meeting:

- 1) Exchange partner updates on PAC programming
- 2) Review findings from the West Africa PAC Assessment
- 3) Share highlights from USAID PAC strategy and MCH strategy

10:00–10:15 am	<b>Welcome and Introductions</b> (Carolyn Curtis, <i>PAC Champion/USAID</i> )
10:15–10:25 am	<b>Opening Remarks</b> (Ellen Starbird, Director of USAID Office of Population and Reproductive Health)
10:25–11:05 am	<b>Presentation and Discussion: West Africa PAC Assessment</b> (Stembile Mugore, <i>Senior Advisor for Health Sector Performance and Sustainability, E2A Project</i> )
11:05–11:15 am	<b>Update: West Africa PAC Workshop, Saly, Senegal</b> (Maureen Clyde, <i>Team Leader for Global Knowledge, EngenderHealth/RESPOND Project</i> )
11:15–11:30 am	<b>Break</b>
11:30–12:00 pm	<b>Highlights: USAID PAC and MCH Strategy</b> (Carolyn Curtis <i>Public Health Specialist/Nurse Midwife &amp; PAC Champion</i> and Erin Mielke, <i>Senior Technical Advisor for Reproductive Health, USAID</i> )
12:00–12:30 pm	<b>Presentation: Update on the PAC Research Compendium Review</b> (Laili Irani, <i>Population Reference Bureau/Health Policy Project</i> , and Sara Pappa, <i>Futures Group/Health Policy Project</i> )
12:30–1:45 pm	<b>Lunch (on own)</b>
1:45–3:00 pm	<b>Partner Updates—Activities this Year</b> (10-15 minutes for each partner) PAC Consortium Update (Callie Simon, <i>Pathfinder International</i> ) All Organizations invited
3:00–3:45pm	<b>Updates from Women Deliver</b> (5-10 minutes for any who participated)
3:45–4:00 pm	<b>Wrap-Up and Closing Remarks</b>

