

PAC Connection Meeting Highlights December 9, 2013

Attendees: Carolyn Curtis, Erin Mielke, Anya Olsen, Mary Ellen Stanton, Patricia MacDonald, Ados Velez May, Ellen Israel, Fariyal Fikree, Heather Forrester, Stembile Mugore, Lisa Nichols, Willibrod Sasha, Anne Pfitzer, Boniface Sebikali, Douglas Huber, Maureen Clyde, Nichelle Walton, Anna Mackay, Charlotte Warren, Suzanne Reier, Margaret Eichleay, Sara Pappa, Laili irani, Lisa Bowen, Defa Wane

Welcome and Opening Remarks (Carolyn Curtis, *PAC Champion/U.S. Agency for International Development [USAID]*)

Upon opening the meeting, Carolyn Curtis commented on USAID's strong history of supporting postabortion care (PAC). She also mentioned the types of initiatives that USAID supports, which include PAC as a high-impact intervention to reduce unintended pregnancy and preventable maternal deaths. These include the Global Health Initiative; Family Planning 2020; Alliance for Reproductive, Maternal and Newborn Health; and USAID's partnership with the United Nations Children's Fund (UNICEF) and host country governments called A Promise Renewed (also known as Ending Preventable Child and Maternal Deaths).

Debrief: PAC/Family Planning (FP) Francophone West Africa Meeting, October 6–11, 2013, Saly, Senegal (Stembile Mugore, *Senior Advisor for Health Sector Performance and Sustainability, E2A Project*, and Fariyal Fikree, *Senior Research Advisor, E2A Project*)

Fariyal Fikree and Stembile Mugore reported the findings of an assessment of progress to date in strengthening postabortion family planning (FP) in Burkina Faso, Guinea, Senegal, and Togo. In 2008, USAID's PAC Working Group, the World Health Organization (WHO) Implementing Best Practices initiative, the Centre de Formation et de Recherche en Santé de la Reproduction (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 FP in their countries. E2A's assessment concerned progress since 2008 in four of these countries. In October, the member organizations of the Regional Francophone Initiative for Post-Abortion Care (including WHO, USAID, and CEFORP) and the PAC Connection organized a second meeting at Saly Portudal, Senegal. The findings of the assessment were presented at this meeting.

The presentation of the findings in the October meeting resulted in further discussion of the main challenges. In Burkina Faso and Guinea, FP providers are not necessarily trained in PAC and PAC providers are not necessarily trained in FP, although there has been some improvement since 2008. In Senegal, acquiring FP often means going to pharmacies, leading to difficulties in tracking FP uptake. Stock-outs were also reported as a major issue, especially in Senegal and Togo.

After the presentation of the findings in the PAC Connection meeting, conversation ensued regarding the need to improve data collection (particularly in Togo, where there was a 100% FP acceptance rate reported), the need for medical management and training on the use of misoprostol, and the need to continue managing providers' attitudes toward PAC clients.



[Muskoka Plans and PAC](#) (Suzanne Reier, *Senior Technical Advisor, Implementing Best Practices Consortium, WHO*)

Suzanne Reier presented the Muskoka Project and its impact and potential for strengthening PAC. By way of background, at the 2010 G8 Summit, the French government (MAEE) committed 500 million Euros over five years. There are three agreements between organizations for moving forward on the Millennium Development Goal (MDG) 4 and 5 agenda—WHO and the Global Health Workforce Alliance (GHWA); United Nations Population Fund (UNFPA) and UN Women; and UNICEF, which in addition to providing technical assistance and support to countries also is responsible for monitoring and evaluation and overall coordination of all grants. Although the MAEE's grants focus on 14 countries, four (Côte d'Ivoire, Guinea, Mali, and Togo) have been considered focus countries, and all organizations work in those. As of 2014, Benin and Niger have been added to that list. To provide support for PAC, the countries would have to put PAC activities into their workplans, which is clearly a possibility. Both UNFPA and WHO funds could be used for PAC in-country and to support some level of regional exchange.

In general, West African nations have experienced many challenges in implementing PAC programs, mainly due to stigma related to abortion and to the generally poor level of obstetric care in some West African countries. In addition, country-specific funds give countries the freedom to prioritize spending, but this means that there is no way to ensure that PAC is cited as high-priority for fund allocation.

[Update on the PAC Research Compendium Review](#) (Laili Irani, *Population Reference Bureau [PRB]/Health Policy Project*, and Sara Pappa, *Futures Group/Health Policy Project*)

Laili Irani, PRB/Health Policy Project, and Sara Pappa, Futures Group/Health Policy Project, presented an update on revisions to the PAC research compendium. The presentation highlighted the background and purpose of the compendium, the methodology, some highlights of the current evidence, and how gaps in the literature are being addressed. The compendium compiles evidence under the four main components of PAC: 1) emergency treatment; 2) delivery of FP, sexually transmitted infection (STI), and HIV services; 3) community mobilization; and 4) program and policy issues. New evidence from 2000–2013 is being included, while relevant evidence from the original compendium is retained. To date, 400 new articles have been identified through systematic searches in the peer-reviewed and gray literature, resulting in more than 150 articles being included and summarized. Much of the new evidence has been added to the first and second components, where much of the focus is on administering misoprostol for treatment of complications of incomplete/spontaneous abortion and providing FP counseling and methods immediately following emergency treatment at the same location. Under components 3 and 4 of the compendium, much of the new literature focuses on gaps in programming and research, without offering any new evidence on actual interventions (e.g., a lack of guidance on how to counsel women with known risks for spontaneous abortions such as high body mass index, exposure to tobacco smoke, heavy lifting and long work hours, etc.). On the other hand, much of the new evidence in components 3 and 4 focuses on community efforts to educate women on danger signs that may warrant emergency treatment and provider training for PAC, especially at lower levels and among lower-level service providers. The compendium is slated to be sent out for internal review in early 2014, followed by an external review thereafter.

USAID Priorities/Thoughts about PAC Strategy (Carolyn Curtis, *PAC Champion/USAID*)

Carolyn Curtis presented on “Global Initiatives: How Postabortion Care Assists Countries in Meeting Global Initiative Goals,” including how PAC fits into USAID’s priorities. She described how PAC fits into all Global Health Initiative Principles and plays an important role in supporting strategic shifts of A Promise Renewed. In addition, PAC clients have a higher risk of STIs/HIV, so FP counseling is necessary if providing quality care. FP counseling should also fall under quality of care for malaria patients in areas with high rates of the disease, as malaria is a driver for maternal mortality and miscarriages often fall under PAC. Community mobilization is key, as gender-based violence is a major factor in PAC; additionally, there is a clear need for integration of HIV and PAC services.

Ultrasounds, Follow-Ups, and Cancer, Oh My! Barriers to Postabortion Modern Method Use in Albania and Azerbaijan (Margaret Eichleay, *Research Associate II, FHI 360*)

Margaret Eichleay presented results from The RESPOND Project studies in Azerbaijan and Albania. Eichleay’s presentation offered the working group an idea of the challenges to PAC in areas where abortion is legal but contraceptive use remains low. Although the studies were not comparable, some similar themes arose, including the issue of informal payments occurring despite the fact that health care is meant to be free, which can make FP services expensive if the method requires several follow-up appointments. In addition, there was very little knowledge of contraceptive options and of the health effects among women, and there was a lack of discussion of FP options with doctors. Meeting participants were most interested in the potential overuse of ultrasound examinations and follow-up visits for contraceptive users in these countries.

PAC Consortium Update ([Ellen Israel](#), *Senior Technical Advisor for Women’s Health and Rights, Pathfinder International*, and [Defa Wane](#), *Director, Strategy and Program Innovation, EngenderHealth*)

Ellen Israel and Defa Wane reported on the PAC Consortium’s (www.pac-consortium.org) recent activities and upcoming plans. The mission of the PAC Consortium is to bring attention to PAC to address unsafe abortion, particularly through practical solutions. The PAC Consortium secretariat is shifting from Pathfinder to EngenderHealth for the next two-year period. In general, the priority areas for the consortium have been scaling up PAC services and quality within countries, strengthening current task forces and forming new ones to address gaps in tools and strategies (currently youth-friendly services, essential supplies, service delivery, and misoprostol), strengthening the web site with new information and tools for implementers, and translating the Youth-Friendly PAC Curriculum into French. Plans and priorities for 2014–2015 include expanding the PAC Consortium membership, improving PAC tools and resources, strengthening country teams for advocacy and scale-up, collaborating with other relevant global organizations, increasing global visibility and awareness of PAC issues (through social media), fostering collaboration and information sharing, creating new task forces (e.g., community approaches for stigma reduction), and a PAC e-learning agenda.

Partner Updates

Those partners who had not already presented gave brief updates of their PAC-related work.

- MCHIP is conducting a study integrating long-acting reversible contraceptives (LARCs) within PAC services in Guinea, to try to understand how well this integration is taking place, how well it has been institutionalized, what barriers were overcome, what factors have contributed to success, and what challenges remain. As others said during the meeting, Guinea has been somewhat successful in integrating LARCs with PAC, and we are hoping that learning from their experience will inform how to do this in other countries. They intend to visit every PAC facility offering services to get as full a picture as possible.
- Intrahealth International is continuing PAC work in Senegal – 48 trained providers in 2013, 45 planned in 2014, and manual vacuum aspiration equipment procurement (requires Ministry of Health approval).

[Updated Consensus Statement—Post Abortion Family Planning: A Key Component of Post Abortion Care](#)

(Douglas Huber, *Consultant, EngenderHealth/RESPOND Project*)

Douglas Huber presented the new joint consensus statement, which was released in November (an update of the 2009 version of the statement); several organizations have signed on in addition to FIGO and ICM. FIGO wanted an advocacy statement because they are very committed to action at a societal level. The statement discusses standards for providers and donors, including what should be built into requests for funds. The joint consensus statement functions as an important document for overcoming political barriers (a good way to answer the question, “what do *doctors* think of this?”). It has already been included in the global guidelines for midwifery and is currently being translated into French and Spanish. The statement will be disseminated in the forthcoming semiannual PAC Connection e-newsletter, but all PAC Connection partners are requested to post it to their website and disseminate it.

Presentation and Discussion of Country Roadmaps and Workplan Activities (Carolyn Curtis, *PAC Champion/USAID*)

Carolyn Curtis presented and led a brief discussion of the country roadmaps and workplan activities for those countries that participated in the Second Regional Francophone West Africa PAC meeting in October in Senegal. Although PAC services have been strengthened since 2008, they need to be continued and expanded. PAC clients are key recipients for long-acting and permanent FP methods, so these need to be included in PAC services—thus making it important for these (especially the intrauterine device [IUD]/implants) to be part of training. Three challenges that were highlighted during the meeting were the availability of and access to emergency contraception, providers’ resistance to postabortion IUD insertion, and a need for better monitoring of PAC services. Copies of each of the road maps drafted by countries were provided to meeting participants. These road maps, which were drafted and presented during the meeting by country teams, are in the process of being adopted and refined at the country level.

E-Newsletter (Nichelle Walton, *Project Assistant, ME&R, EngenderHealth*)

The next semiannual PAC Connection e-newsletter will be published and disseminated in early January. It will cover the Saly meeting and country roadmaps, as well as the E2A assessment and the new joint statement, and it will highlight the M&E indicators and tools available from the Global PAC Resource Package. PAC Connection members are encouraged to assist in disseminating the newsletter, which will be mailed to all on the PAC Connection mailing list and posted on the RESPOND Project website as well as USAID's PAC website: www.postabortioncare.org.

Next Steps: The next PAC Connection Meeting will be held in June 2014 with dates, time and location to be determined.



AGENDA

PAC Connection Meeting
December 9, 2013: 9:30 am–4:00 pm

MCHIP Office, Jhpiego
1776 Massachusetts Avenue, NW
Washington, DC 20004

9:30–9:45 am	Welcome, Opening Remarks, Introductions, and Agenda Review —Carolyn Curtis, <i>PAC Champion/USAID</i>
9:45–10:30 am	Debrief: Postabortion Care/Family Planning (PAC/FP) Francophone West Africa Meeting, October 6-11, 2013, Saly, Senegal —Stembile Mugore, <i>Senior Advisor for Health Sector Performance and Sustainability, E2A Project</i> , and Fariyal Fikree, <i>Senior Research Advisor, E2A Project</i>
10:30–10:45 am	Muskoka Plans and PAC —Suzanne Reier, <i>Senior Technical Advisor, Implementing Best Practices Consortium, WHO</i>
10:45–11:00 am	Break
11:00–11:30 am	Presentation: Update on the PAC Research Compendium Review —Laili Irani, <i>Population Reference Bureau/Health Policy Project</i> , and Sara Pappa, <i>Futures Group/Health Policy Project</i>
11:30–12:00 pm	USAID Priorities/Thoughts about PAC Strategy , Carolyn Curtis, <i>PAC Champion/USAID</i>
12:00–1:00 pm	Lunch (provided) and Screening of the Community PAC and Youth-Friendly Services video (10 minutes)
1:00–1:45 pm	Presentation: Ultrasounds, Follow-Ups, and Cancer, Oh My! Barriers to Postabortion Modern Method Use in Albania and Azerbaijan —Margaret Eicheley, <i>Research Associate II, FHI 360</i>
1:45–2:05 pm	PAC Consortium Update —Ellen Israel, <i>Senior Technical Advisor for Women’s Health and Rights, Pathfinder International</i> , and Defa Wane, <i>Director, Strategy and Program Innovation, EngenderHealth</i>
2:05–2:30 pm	Partner Updates
2:30–2:40 pm	Break
2:40–2:55 pm	Updated Consensus Statement—Post Abortion Family Planning: A Key Component of Post Abortion Care —Douglas Huber, <i>Consultant, EngenderHealth/RESPOND Project</i>
2:55–3:10 pm	Discussion of Content for E-Newsletter —Nichelle Walton, <i>Project Assistant, ME&R, EngenderHealth</i>
3:10–3:50 pm	Presentation and Discussion of Country Roadmaps and Workplan Activities —Carolyn Curtis, <i>PAC Champion/USAID</i>
3:50–4:00 pm	Wrap-Up and Closing Remarks

