



Postabortion Care Policies

A policy environment is composed of many elements, including laws and policies, the will of leaders to address problems, the mobilization of materials and financial resources at the national and local levels, the impetus for action to implement solutions, institutional structures to ensure long-term and sustainable programs, and support among key stakeholders in the public and private sectors and civil society.¹

Function

- The government's official statement about standards for postabortion care services.
- A management tool for achieving standards.

Characteristics

- Be evidence-based.
- Reflect individual client demands, the community's perceived needs and the overall healthcare situation in the country.

Policy guidelines describe:

- which services are to be officially offered;
- who may receive these services (e.g., any income restrictions);
- who will deliver the services (i.e., categories of healthcare providers);
- where these services will be delivered (i.e., at what level of the healthcare system);
- how often certain services are to be delivered (e.g., how many antenatal care visits); and
- what the minimal acceptable level of performance is for each service offered.

National and local policies can be developed or refined to:

- Provide comprehensive postabortion care that includes counseling on, and provision of, contraceptive methods and referrals to other reproductive and health services;
- Eliminate economic, age, marital status, and consent barriers to PAC, contraceptive services, including back-up methods, HIV and STI prevention and risk assessment information and/or referral;
- Provide information on the risks of unsafe abortion;
- Eliminate the fear of prosecution for providing life-saving care to women presenting with signs of incomplete abortion; and
- Active dissemination of policies to facilitate change in practices.

¹ *Issues in Postabortion Care: Scaling-Up Services in Francophone Africa*, Conference Report, 2004; SARA/AED/USAID.

Policy guidelines do not contain the technical information needed to provide services; rather, they serve as a general outline for the provision of services. Periodic reviews should be done (every 2-3 years recommended) to ensure that practices are current and safe based on scientific evidence.

Note:

Many of the documents reviewed for this section were entitled “policy(ies) and standards” and others were entitled “PAC strategies.”

Criteria Used in the Review of Policy Documents

- Define abortion, postabortion care, and comprehensive postabortion care.
- Are rights-based addressing barriers to accessing services.
- Provide general guides for articulating the standards for assuring quality services.
- Ensure the greatest access for all women to services regardless of age.
- Articulate how, if at all, reproductive health strategies including PAC fit into Sector-Wide approaches (SWAP)/Health Sector reform.
- Facilitate budgetary allocations for services within the overall health budget, including commodities and equipment.
- Facilitate articulation for basic and continuing education, and re-credentialing of providers.
- Provide guidance for community participation.

HOW TO USE THE RESOURCE GUIDE FOR WRITING NATIONAL POLICIES

If policy items are needed:

1. Review the recommended sample policy document(s) and policy template in the Global Resources Guide for issues that may need to be addressed to craft the necessary policy statements.
2. Explore credentialing requirements for the expanded practices for nurses and midwives related to PAC service delivery and develop strategies for facilitating the process for expanded practice.
3. Draft policy statements and follow your setting's procedure for approval, dissemination, and implementation.

If policy items are incomplete or need to be updated:

1. Review findings of the Assessment Guide for PAC policy and recommended sample policy documents in the Global Resources Guide to identify additional issues that need to be addressed in the current policy.
2. Draft the missing policy statements and follow your setting's procedure for incorporating additions, dissemination, and implementation.

If you want to project costs for postabortion care programs:

1. Gather data to make population projections, family planning method and source mix. Collect information on postabortion care, maternal health, and other costing elements. This data will include:
 - Base year population
 - Fertility data
 - Mortality data
 - International migration data
 - Scores from recent Maternal and Neonatal Program Effort Index (MNPI)
 - Unit costs for various service-delivery interventions, based either on implementing the World Health Organization's Mother-Baby Costing Package (MBP) or from other data sources containing cost information
 - Other expenditures on maternal health-related activities such as policy efforts and general training
 - Other socioeconomic variables such as primary enrollment rates
 - Data describing the use of family planning in the country
 - Data about the use, effectiveness, and costs of the different contraceptive methods and services
 - Percent of abortions that are legal
 - Percent of abortions that need treatment
 - Percent of all maternal deaths due to abortions
 - Relative risk of mortality for untreated vs. treated abortions
 - Unit costs and total expenditures for post-abortion care, including FP costs

2. Complete the following three modules of Spectrum to utilize the Allocate summary screen:
 - DemProj
 - SMM (Safe Motherhood Model)
 - FamPlan

The Spectrum models can be obtained at: www.futuresgroup.com

3. Review the Allocate Version 1 manual to become acquainted with how to use this tool.
4. Request technical assistance from the Constella-Futures group as needed.

TEMPLATE FOR POLICY DOCUMENTS

A policy document should include the following information:

- Background and rationale
- Goal, objectives, and scope of services (actual components to be included in the service)
- General guidelines and procedures at each level of health care (outline)
- Responsibilities within each level of the health care system (national, regional, district/provincial, and beyond)
- Quality assurance
- Health financing/insurance
- How supplies and contraceptive commodities will be procured and paid for
- Identification of the Working or Advisory Group
- Effective date and subsequent periodic review time frames. The recommended review time frame is every 2-3 years.

PAC POLICY ASSESSMENT TOOL

Instructions:

- Persons working to develop or update policies should include representation from central level ministry of health administrators (particularly with medical, midwifery, and nursing backgrounds); regional, district, and local health administrators; senior-level health providers; clinical providers (physician, clinical officer, midwife, nurse); and service supervisors.
- Review current RH policies and answer the questions below. For each “no” answer, the members of the working group will need to discuss and draft policy statements to support PAC services based on evidence and on the country setting.

<i>Does the PAC Policy:</i>	YES	NO
1. Provide general guidelines for services?		
2. Articulate the standard for services?		
3. Articulate a commitment to ensure access for all women?		
4. Tell health managers and providers which services should be available?		
5. Specify how often and under what conditions services are provided?		
6. Articulate where the services are to be delivered?		
7. Articulate who is eligible for the services? Who are “priority groups”?		
8. Articulate which related health departments should interface with PAC services?		
9. Identify which cadre of health personnel delivers specific components of PAC services?		
10. Articulate expanded practices of clinical officers, midwives, and nurses for PAC service delivery?		
11. Require budgetary allocations for services within the overall health budget?		

STRONG EVIDENCE FOR PAC POLICY

- Health policy changes, the development and dissemination of protocols and service delivery guidelines for PAC, and the reorganization of services are needed to institutionalize PAC in hospital settings or provide PAC as an outpatient procedure.
- Allowing trained midwives to provide PAC (using MVA) will help increase access to PAC services.
- Women are at an increased risk for spontaneous miscarriage if they experience physical violence during pregnancy.

RECOMMENDED POLICIES

Document Name: Communiqué Law #2426

Source Ministry of Health, Bolivia

Date: July 2003

Summary: Memo for directors and administrators of public hospitals. States that facilities must procure and maintain the equipment necessary for PAC services consistent with the SUMI (universal maternal and infant insurance).



Document Name: Bolivia Supreme Decree #25265

Source Government of Bolivia

Date: December 1998

Summary: Describes Basic Health Care in 5 of 17 articles. Promotes preventive and curative services to reduce maternal and infant morbidity and mortality.



Document Name: Ministerial Resolution #0133

Source Ministry of Health, Bolivia

Date: March 1999

Summary: Sets the overall scope of the government's obligation to protect the health and well-being of the Bolivian population and introduces Law #1788, Article 11 of the Bolivia Health Code that refers to the norms, supervisions, and evaluation of the national health care system for improving the quality of health services consistent with the Strategic Health Plan.



Document Name: Administrative Order #45-B: Prevention and Management of Abortion and its Complications (PMAC) Policy

Source Department of Health, Philippines

Date: May 2000

Summary: Includes the scope of PAC services, general guidelines, PAC procedure, and responsibilities at each level of the health care system and a general statement on quality assurance.



Document Name: Reproductive Health Policy

Source Ministry of Health & Population, Malawi

Date: February 2002

Summary: Establishes a framework for the implementation of Malawi’s Reproductive Health Program. Policy statements embrace reproductive and sexual rights, promote male involvement, and protect clients from being denied access to services; acknowledge that RH strategies, guidelines, and practices will be evidence-based; ensure RH services will be provided in an integrated manner; RH services will be monitored and evaluated to the set National standards; promote behavior change communication for RH, including information for pre/post menopausal women; promote HIV counseling and testing, Family Life Education in families, primary schools and all levels of education; and, promote the sharing of these policy and guidelines documents with stakeholders and entities providing RH services.

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Document Name: National Adolescent Health Policy

Source Ministry of Health, Uganda

Date: 2000

Summary: A national policy on adolescent health that focuses on relevant interventions and activities geared towards concerns for adolescent health.

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