WEBINAR SERIES

Promoting health throughout the life-course during the COVID-19 pandemic

WEBINAR-9:
SITUATION OF ABORTION AND AVAILABILITY OF MEDICAL ABORTION IN THE REGION

Access to medical abortion medicines in WHO South-East Asia Region

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Access to Medicine Framework

1. Rational Drug Use
2. Affordable Prices
3. Sustainable Financing
4. Reliable Health Systems

ACCES
The four ‘A’s of Access to Medicines

- Availability
- Accessibility
- Acceptability
- Affordability
There are five pillars of availability of a medical product

- This presentation will focus more on the first three pillars.
Methods

- We gathered information by desktop review of existing documents and databases (SRHR Global Abortion Policies Database, MEDAB Medical Abortion Commodities Database) to draw a broad overview of the current situation.

- In addition, a written country questionnaire was sent to different stakeholders via the WHO Country offices.

- Key Source of Information: Published documents/ databases in the public space, published/unpublished reports collated by WHO SEARO, WHO Country Contacts, MoH Officials, National Regulatory Authority Officials, Central Medical Store.
Important Note!

• Due to time limitations and remote nature of the survey, we were not able to gather primary information from DPR Korea, India and Thailand.

• For these countries, the study relied on authoritative secondary sources.

• WHO office staff in DPR Korea have had a chance to look at the findings and provided feedback.
MA medicines definition.

- Mifepristone and misoprostol in combination or misoprostol alone are the medications generally used to induce abortion and to manage incomplete abortion or intrauterine fetal demise (IUFD).
Market Authorization Status of Mifepristone and Misoprostol alone or in combination

This graph shows the number of products legally available in the market.
# NEML status of Mifepristone and Misoprostol in SEAR

<table>
<thead>
<tr>
<th>Country</th>
<th>Mifepristone 200mg</th>
<th>Misoprostol 200mcg/100mcg</th>
<th>Combi-pack (Mifepristone 200mg+Misoprostol 200mcg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh (2016)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Bhutan (2018)</td>
<td>×</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>DPR Korea (2019)</td>
<td>×</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>India (2015)</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>Indonesia (2019)</td>
<td>×</td>
<td>Application under review</td>
<td>×</td>
</tr>
<tr>
<td>Maldives (2018)</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>Myanmar (2016)</td>
<td>×</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>Nepal (2016)</td>
<td>×</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Sri Lanka (2014)</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Thailand (2019)</td>
<td>×</td>
<td>×</td>
<td>✔</td>
</tr>
<tr>
<td>Timor Leste (2015)</td>
<td>×</td>
<td>✔</td>
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## Overview of MA Medicines Financing and Supply Chain Management

<table>
<thead>
<tr>
<th>FINANCING</th>
<th>PROCUREMENT</th>
<th>DISTRIBUTION</th>
</tr>
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<tbody>
<tr>
<td>• India and Timor-Leste have specific public health budget for MA medicines.</td>
<td>• Bangladesh, Bhutan, DPR Korea and Timor-Leste have centralised tendering of Misoprostol, though it may be for other uses.</td>
<td>• A robust commercial distribution systems in the private sector is available in Thailand.</td>
</tr>
<tr>
<td>• In Nepal, public health system activities are often financed from a broader budget which does not specify MA medicines</td>
<td>• Nepal and Thailand have decentralized procurement to local level.</td>
<td></td>
</tr>
<tr>
<td>• There could be high out-of-pocket financing as clients prefer to use the private sector legally or illegally.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The cost could be higher in cases where private sector involvement is restricted.</td>
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</table>
Overview of Access Model Used in Selected Countries

• In most countries, registered medical practitioners and/or specialists such as Obstetrician/Gynecologist with a minimum experience are allowed to provide Medical Abortion.

• Some countries allow for allied health workers-Skilled Birth Attendants (SBA), community worker, nurses and accredited midwives to administer MA.

• Nepal allows Skilled Birth Attendants, while Thailand allows nurses, and Bhutan allows for community workers, ANMs, midwives and nurses who are trained in abortion complications.

• In countries where legal provision permits, private sector and NGOs also support access to medical abortion information and drugs e.g. India, Nepal and Thailand.

• Availability of MA medicines in private pharmacies is very low across the region, except a few countries such as India and Nepal.
• Bangladesh- Menstrual Regulation (MR) being used as an alternative to Medical abortion because of legal and cultural barriers present and this is an innovative practice. MR method provided as a family planning service provides much needed access in a controlled manner while overcoming cultural barriers.

• Bhutan - Task sharing is an effective practice to increase access to post abortion care. Staff at all levels, including community workers, ANMs, midwives and nurses are trained in management of abortion complications.

• DRP Korea- Ease of access to abortion services and comprehensiveness of policy, guidelines and standards for abortion care allow for extensive coverage and effective service delivery.

• India- The central government provides specific budgets to states for procurement of MA medicines. Expansion to private sector for services helps better coverage.

• Indonesia- Consistent and creative advocacy efforts have led to the review process for inclusion of Misoprostol into NEML.
Summary of Successful Initiatives
Good Supply Chain Practices in the Region

• Maldives- Inclusion of MA medicines in NEML is an innovative solution where use is restricted.

• Myanmar- Use of Misoprostol is allowed in cases where termination of pregnancy is approved by the authorized board for the sake of saving life of mother.

• Nepal- Comprehensive and extensive laws, policies and guidelines exist and are well documented. The product registration, inclusion in NEML, and public procurement of combi-packs is a good practice as it aids rational dispensing, and use. MA services are provided free of cost and are spread to district level hospitals thus removing a major barrier to access.

• Sri Lanka- PAC includes contraceptive counselling on family planning, who are informed that all methods are available free of cost at most of the health institutions providing post-abortion care.

• Thailand- Access is widespread and is provided by public facilities, general practitioners, private providers, and NGO’s. Training facilities are available for the health workforce for service delivery programs.

• Timor Leste- There is budget allocation, centralised procurement and distribution of Misoprostol 200mcg which indicates good supply chain support.
### How Access can be improved

<table>
<thead>
<tr>
<th>Area</th>
<th>Status</th>
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<tr>
<td><strong>Laws, policy &amp; regulation</strong></td>
<td>- MA can be promoted as a safe, non-invasive and inexpensive procedure. WHO guidance recommends MA as a desirable method of abortion for pregnancies up to 14 weeks gestation age as long as backup care is available for post abortion complications, if required.</td>
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</tbody>
</table>
| **NEML Inclusion & Market Authorisation** | - Misoprostol 200mcg, Mifepristone 200 mg and their combi-pack should be included in NEML  
- The policy makers should encourage registration of multiple sources of products for each MA medicine so as to ensure sustainable access and encourage market competition for better pricing  
- MA medicines can be classified as Vital within the Vital-Essential-Necessary (VEN) system of essential medicines classification and considered for priority procurement |
| **Financing & Supply Chain**   | - Forecasting of national requirements and specific budget provision within Health Budgeting.  
- For decentralized medicine supply systems, consideration should be given to the use of national framework contract mechanisms to facilitate access by states and Provinces  
- Private sector, where allowed, can be encouraged to expand distribution                                                                                                    |
| **Access Model**              | - Task sharing, and the potential use of telemedicine, to expand the provider base will be required to strengthen and expand the capacity of the supply chain to increase access.  
- Medicine provision access through non-physician providers such as nurses and midwives, and for the private sector access through certified pharmacists, can be considered.                                                                                                                   |
• THANK YOU