Misoprostol and medical abortion in Africa


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More than 500,000 women in the world die every year from pregnancy (WHO 2007a). The fact that more than half of these deaths occur in Africa (WHO 2007a) underscores the need to find and implement effective solutions to address the problem of maternal mortality in the region. Postpartum hemorrhage and incomplete abortion, two major causes of maternal death, are preventable and treatable. The medicine misoprostol, a proven yet underutilized technology, can prevent and treat a number of pregnancy-related conditions, including postpartum hemorrhage and incomplete abortion.

The lifesaving potential of misoprostol is evident, particularly in sub-Saharan Africa, where estimates for maternal mortality reach 920 deaths — mostly caused by postpartum hemorrhage — per 100,000 live births. (WHO 2007a, UNICEF 2008).* In addition, almost half (44 percent) of all deaths from unsafe abortion worldwide occur in sub-Saharan Africa (WHO 2007b), which is home to some of the most restrictive abortion laws in the world. These deaths are almost entirely preventable with the use of existing technology and medical knowledge. Misoprostol does not only treat incomplete abortion and postpartum hemorrhage, it is also used by itself or in combination with another medicine, mifepristone, to end an unwanted pregnancy safely, easily and in a variety of settings. These medicines, used for what is called "medical abortion," can save women's lives.

Medical abortion can be used without significant facility space, medical equipment or highly trained providers, which makes it suitable for even the lowest resource settings and the most local levels of care. Some women may require additional care; these services can be provided at health settings equipped to provide postabortion care.

In most African countries, legal restrictions and lack of services severely constrain abortion availability but do not necessarily reduce the number of abortions that occur. The evidence is clear that deaths and disabilities from abortion are greatly reduced when abortion is legal and safe services are available (Sedgh et al. 2007). In legally restrictive settings, medical abortion can provide a safe alternative to dangerous abortion methods.

African women are dying from conditions that misoprostol can prevent or treat. However, misoprostol has not yet been widely approved for reproductive

Common terms

Mifepristone: A medication that stops a pregnancy from developing and softens the cervix (the opening to the womb). Used with misoprostol for medical abortion.

Misoprostol: A medication that causes the cervix to soften and the uterus to contract. Can be used to prevent and treat postpartum hemorrhage, treat incomplete abortion or miscarriage, induce abortion (by itself or with mifepristone), and induce labor.

* Note: Causes of maternal death in all of Africa include hemorrhage (34 percent), other causes (30 percent), sepsis/infections (10 percent), hypertensive disorders (9 percent), HIV/AIDS (6 percent), anemia (4 percent), obstructed labor (4 percent), and complications of abortion (4 percent) (UNICEF 2008).

Misoprostol and postabortion care in Africa

Incomplete abortion can occur in a variety of circumstances, including after spontaneous or induced abortion. In situations where postabortion care (PAC) is necessary, misoprostol holds great promise as an alternative to surgical methods of uterine evacuation. Research in Tanzania, Mozambique and Burkina Faso has shown that misoprostol is a safe, effective and acceptable option for treating incomplete abortion (Bique et al. 2007, Dao et al. 2007, Schwekerela et al. 2007). Moreover, misoprostol may be more accessible than other forms of care to women in remote areas (Raghavan et al. 2006).

health purposes in the region, notwithstanding its growing use for prevention of postpartum hemorrhage. The infrastructure to supply misoprostol exists in many African countries, as it is available in pharmacies at relatively low cost as an ulcer-treatment drug.

Statistics

More than 19 million unsafe abortions occur worldwide each year; almost all of these occur in the developing world.

Women in sub-Saharan Africa have the world's highest rate of unsafe abortion-related deaths.

Almost 60 percent of the unsafe abortions that occur in Africa occur among women under 25 years of age.

(WHO 2007b)

Current access to mifepristone and misoprostol in Africa

Unfortunately, legal, economic and knowledge barriers prevent African women from being able to widely access medical abortion with mifepristone and/or misoprostol.

Access Barriers

As of July 2009, *mifepristone* was available in only five African countries: Ethiopia, Ghana, South Africa, Tunisia and Zambia. *Misoprostol* was registered for gynecologic uses (primarily for preventing and treating postpartum hemorrhage) in three of those countries (Ethiopia, Ghana and Zambia) as well as in an additional five countries: Nigeria, Sudan, Tanzania, Kenya and Uganda. Because misoprostol is also registered in other African countries for the treatment of stomach ulcers, it is more common than mifepristone, but still not broadly available. In other countries, drug formulation and packaging remain a barrier. For example, misoprostol is sometimes sold by the individual pill, so the purchaser must know how many she needs, or is sold in bottles with more pills than needed for a medical abortion, dramatically raising the cost.

Even in countries where misoprostol is available and where the law permits abortion for a range of indications, policy barriers in Africa make it harder for women to use medical abortion. In Tunisia, where abortion services are largely hospital-based, women must take misoprostol at the hospital rather than at home. This policy greatly increases the procedure's cost and the resources needed to provide medical abortion, and makes access more difficult for women in rural areas. Cost and access barriers also come into play in South Africa, where mifepristone is expensive and only available through private and nongovernmental organization (NGO) sectors. The majority of South African women who depend on the public sector are currently unable to access the lifesaving abortion medications.

In other countries, medical abortion is still in the early stages of implementation. Services have not yet been implemented throughout all of Ethiopia, where abortion is permitted on broad legal grounds. However, medical abortion has been introduced there in nongovernmental clinics and through some public sector sites. And in Zambia, medical abortion has been added to national standards and guidelines and will be introduced in the public sector in 2009.

Misoprostol cost

In the African countries for which sales data are available (Francophone West Africa, South Africa, Tunisia and Morocco), misoprostol is generally more expensive than it is in Western Europe and many parts of Asia. Moreover, analysis of pharmaceutical sales data found that the price of misoprostol is increasing, although product sales trends are mixed:

- From 2002 to 2007, prices for misoprostol increased 75 percent in South Africa, even as product sales stagnated (Fernandez 2008).
- During the same period, prices in Francophone West

Africa rose by 43 percent, alongside an 18 percent increase in sales (Fernandez 2008).

- Providers and drug outlets can also influence the cost of the medications women need for medical abortion. In some countries, including Nigeria, there is concern that drug sellers are increasing the price of misoprostol as women's demand for the drug increases, thus hindering access to those who cannot afford the new, higher price.

Community-level availability

Although the extent to which abortion medications are available at the community level in Africa is generally unknown, studies in Nigeria and Kenya have examined available stocks of misoprostol in pharmacies:

- In 2006, a Nigerian study indicated that only 2 percent and 5 percent of pharmacies in the cities of Lagos and Abuja, respectively, had misoprostol in stock (Akiode et al. 2007). As of 2008, results from a mystery client survey conducted in Lagos suggest that around 20 percent of pharmacies have misoprostol in stock (Akiode 2008).
- A 2008 mystery client study of pharmacies in Nairobi, Kenya found that although 42 percent of pharmacies had misoprostol available for sale, only 12 percent of pharmacists agreed to dispense misoprostol to mystery clients for abortion induction (Ong'ech et al. 2008).

Strategies for expanding access to medical abortion in Africa

Medical abortion with mifepristone and/or misoprostol has the potential to vastly reduce the number of unsafe abortions performed in Africa. However, realizing the lifesaving potential of these medicines will require efforts on multiple fronts.

At the program and policy levels, it is vital that medical abortion be included in safe abortion programs and postabortion care. At the clinic and community levels, education about medical abortion and misoprostol is needed for health-care providers, pharmacy workers, and women themselves.

Strategy #1: Incorporate medical abortion into safe abortion programs and postabortion care. Countries that have existing or emerging safe abortion programs should fully integrate medical abortion into training, service delivery and related operations research and community interventions. Generating support at the national level is essential to create sustainable access to the medicines and services. In Ghana, for example, the ministry of health approved national standards and guidelines for safe abortion that included medical abortion, even before the abortion medicines were registered in the country. This approval opened the door for the drugs' registration and set the stage for their inclusion in training and supply efforts.

Provider knowledge on the uses of misoprostol

Results from a study in Nigeria indicated that 88 percent of obstetrician/gynecologists had used misoprostol for labor induction and/or cervical ripening. Only 25 percent, however, had ever used misoprostol for postpartum hemorrhage and only 15 percent had used it for incomplete and first-trimester abortion (Akiode et al. 2008).

Pharmacists also lack adequate information on misoprostol. A study from Nigeria showed that none of the 591 pharmacists and drug sellers surveyed knew that misoprostol could be used for the treatment of postpartum hemorrhage (Akiode et al. 2007).

Strategy #2: Educate a full range of providers. Many types of health-care providers can assess pregnancy and educate women about how to use abortion medications successfully, if they receive appropriate training on the use of misoprostol for ob-gyn indications. Training should be offered to all relevant providers, including nurses, midwives and other midlevel providers. Educating providers about medical abortion offers numerous advantages, including:

- Increased provider knowledge and acceptance of misoprostol
- More accurate, appropriate and high-quality provider use of misoprostol for its full range of ob-gyn indications and, therefore, increased access for women
- Greater ease among providers and policymakers in discussing maternal mortality prevention
- Destigmatization of misoprostol as an "abortion only" drug, and greater willingness of health professionals, health systems and commercial producers to promote, use or supply the drug for a variety of lifesaving purposes

Strategy #3: Mobilize pharmacists. Pharmacies and pharmacy workers play an important role in

the African health-care system, and often serve as both a formal and informal source of medical information. Yet, as the Kenyan study mentioned previously indicates, many pharmacy workers lack basic knowledge about medical abortion use and dosing (Ong'ech et al. 2008). To the extent that pharmacy workers can be mobilized and educated about the lifesaving potential of abortion medications, the drugs are likely to become more available at the community level. Through collaboration with pharmacy associations and informing and supporting the efforts of key decisionmakers and champions among the pharmacy community, this cadre of providers can be central in providing medical abortion information and referrals to the health-care system.

Strategy #4: Inform women and communities. Around the world, women are increasingly using misoprostol to safely end their pregnancies. Guided by information from friends, family, pharmacy workers and the Internet, women are learning that they do not need to turn to clandestine providers for dangerous and unreliable services but can use misoprostol, even outside of health-care settings. Broadening African women's access to information about the safe use of misoprostol can reduce the devastating consequences of unsafe abortion. Building knowledge and capacity among women and men can be achieved through a variety of avenues, including partnering with community groups to increase awareness and empower women. Through community partnerships, women's groups, youth groups, and other local outreach organizations can develop and disseminate the key messages about safe abortion care.

Conclusion

Medical abortion and misoprostol hold the promise of dramatically improving African women's access to a safe and affordable means of ending unwanted pregnancies and treating complications of pregnancy and delivery. As these medications become more broadly available in Africa, their use will represent a step forward in reducing the thousands of deaths and countless injuries that result every year from unsafe abortion and pregnancy-related complications.

For more information: www.ipas.org/medicalabortion

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