Using research for advocacy:

Changing policy in Nigeria to support misoprostol for postabortion care

"Women should be given the power to make a decision about their postabortion care," says Ipas Nigeria Country Director Ejike Oji of the need to authorize use of misoprostol for postabortion care (PAC) in Nigeria.

The Nigerian context: Misoprostol for treatment of incomplete abortion

After decades of efforts worldwide to transition health-care providers from treating incomplete abortion with sharp curettage to providing comprehensive PAC using manual vacuum aspiration (MVA), a growing body of global evidence has demonstrated that the drug misoprostol is a safe and effective alternative treatment, giving women and health-care systems another option for PAC.[1] Despite this evidence, however, health-care providers in Nigeria had little knowledge about misoprostol prior to 2009.[2-3]

Introducing misoprostol as a treatment option for the estimated 142,000 Nigerian women who suffer complications from unsafe abortions every year was imperative.[4] But without supportive policies, misoprostol for PAC could not be effectively introduced into the country's health-care system, and policy change was improbable without local evidence proving misoprostol a feasible option in Nigeria.[5]

In this context, Ipas Nigeria, in partnership with the Society of Gynaecology and Obstetrics of Nigeria (SOGON), piloted the use of misoprostol for PAC in three tertiary hospitals in 2009. The intent of the study was to provide a clear evidence base to Nigeria's Federal Ministry of Health (FMOH) on the feasibility and acceptability of introducing misoprostol for PAC in the country.[6]

The results of this study led the FMOH and SOGON to issue a joint statement in June 2010 advocating for greater use of misoprostol for the treatment of incomplete abortion. Later that year, misoprostol for treatment of incomplete abortion was added to the National Essential Medicines List (NEML), and the FMOH and SOGON have since developed related standards and guidelines (S&Gs).

Defining the process: Moving from research to policy change

The research to policy change process is one that a number of esteemed organizations and programs tackle across a range of topics. This brief presents an example of policy change addressing the problem of unsafe abortion using a simple seven-step approach—which can serve as a guide for using information and data to advocate for policy change. The steps Ipas and partners in Nigeria followed using data and evidence deliberately to change policy are simple, practical and applicable in many policy change situations.

Step 1: Articulate the problem, including its causes and proposed solutions.

In Nigeria the problem was clear: Complications from incomplete abortion were widespread and more treatment options were necessary in order to reach all the women in need. Use of MVA in decentralized settings was particularly challenging because of cost and training needs, leaving many women unserved. Misoprostol had been proven a safe and effective treatment option in other parts of the globe and would be a valuable addition to treatment options in Nigeria, yet little was known about whether Nigerian women or providers would like it.

Step 2: Determine the policy change needed to solve the problem.

Though approved for other obstetric indications in Nigeria prior to 2009, misoprostol had not been formally introduced into the country's health-care system for treatment of incomplete abortion. Effectively introducing misoprostol for PAC required official endorsement, including misoprostol's addition to the NEML and development of S&Gs on the drug's use for this indication. These changes in policy would provide a foundation for implementing misoprostol for PAC within the country's existing PAC services and could enable expansion of services to more settings.

Step 3: Identify the decisionmaker with the authority to change the policy, and understand the decisionmaker's position on the issue.

The FMOH and its National Reproductive Health Working Group (NRHWG) were the key decisionmakers regarding the addition of a drug to the NEML. Both groups were clearly committed to improving the health and well-being of Nigeria's women, as demonstrated by their promotion of other evidence-based interventions to reduce maternal morbidity and mortality. The FMOH and the NRHWG were and continue to be leaders in Nigeria's effort to reduce maternal death and disability, making them amenable to considering new evidence supporting use of misoprostol.

Step 4: Identify and involve the key influencers of the decisionmaker and other relevant audiences that would be affected by the policy change—and understand their relationships to the decisionmaker.

Ipas Nigeria identified SOGON as the professional body with the credibility needed to convince the FMOH and NRHWG of the need for policy change and worked with SOGON leaders to collect and disseminate relevant data. Other key influencers included professional associations such as the Nursing and Midwifery Council of Nigeria and non-governmental organizations including Venture Strategies Innovations.[7] Ipas Nigeria and partners also engaged doctors, nurses, and pharmacists to increase their understanding of the role of misoprostol in reproductive health, and thus their support for misoprostol for PAC.

Step 5: Identify and collect information or data—whether from studies, experiences from other settings, or expert opinions—needed to compel the decisionmaker to change policy. If new research is needed, be sensitive to the timeline when designing; some windows of opportunity for policy change are short.

Ipas Nigeria and SOGON were familiar with global and regional data on misoprostol for PAC and had already conducted some exploratory studies in Nigeria, including studies of the availability of misoprostol in pharmacies and a knowledge, attitudes, and practice (KAP) study among SOGON members. They agreed that the missing piece of information was local data to demonstrate the feasibility of misoprostol for PAC, which they collected through a study in three tertiary hospitals. The data produced served as the main body of evidence needed to achieve the desired policy change.

Step 6: Develop a communications and advocacy plan for disseminating the information and data, ensuring the needs of the influencer and decisionmaker are met. Consider how data should be presented and by whom.

At the beginning of the research process, Ipas Nigeria strategically mobilized stakeholders to help FMOH staff

understand and appreciate the importance of adding misoprostol to the NEML and developing national guidelines for its use in PAC. Throughout the study period in 2009, significant information sharing took place among these stakeholders through trainings, conferences and meetings. Once the study was complete, SOGON took full ownership of disseminating the results to the FMOH and other key audiences.[8] SOGON—along with the FMOH and other key stakeholders—also led the development of S&Gs and clinical protocols and remains influential in the implementation process.

Step 7: Implement key strategies to address the problem once the policy change is achieved.

Since the change in policy authorizing misoprostol for PAC, Ipas Nigeria and partners have worked to integrate this new treatment option into PAC services. Significant progress has been made to increase providers' and women's knowledge of the use of misoprostol for PAC as well as other indications—and with the policies in place, health-care providers can have confidence that misoprostol is an appropriate and feasible standard of care to offer women. However, there are still gaps in provision and use of the method. Even with a supportive policy in place, much work is needed to take full advantage of the achieved policy changes and expand women's choice of treatment options for incomplete abortion.

"As Nigeria strives to reduce maternal mortality and meet MDG 5b by 2015, misoprostol is an important option for post abortion care. Integrating misoprostol into the health system, training of health care providers, increasing drug availability and providing and promoting guidelines for misoprostol's use for incomplete abortion are necessary steps in confronting the problem of maternal mortality and morbidity in Nigeria."

– *Joint Statement: Misoprostol for the treatment of incomplete and missed abortion,* issued by Nigeria's Federal Ministry of Health and the Society of Gynaecology and Obstetrics of Nigeria, 2010

Conclusion

Moving from research to policy to implementation is a complex and often lengthy process, and successfully using research to inform policy change does not automatically ensure that the policy will become practice. Ongoing attention must be paid to new barriers that arise once policies change, and sometimes the cycle begins again. But policy change can be accomplished with the right information targeted to the right decisionmakers. The simple steps identified here are one way to pinpoint the specific information and data needs that can convince policymakers to make beneficial changes in health service delivery.

Footnotes

1 MVA and misoprostol are both endorsed by the World Health Organization for use in postabortion care. See: World Health Organization. (2012). *Safe abortion: Technical and policy guidance for health systems* (2nd ed.). Geneva: World Health Organization.

2 Akiode, A., Fetters, T., Okoh, M., Dah, T., Akwuba, B., Oji, E., & Ibekwe, P. (2010). The availability of misoprostol in pharmacies and patent medicine stores in two Nigerian cities. *Ebonyi Medical Journal, 9*(2), 96-100.

3 Akiode, A., Manibo, M., Fetters, T., Sule, S., Dah, T., Akwuba, B., & Oji, E. Off-label use of misoprostol among Nigerian obstetrician-gynaecologists. (Unpublished study). Chapel Hill, NC: Ipas.

4 Sudhinaraest, M. (2008). *Reducing unsafe abortion in Nigeria* (In Brief, 2008 series, No. 3). New York: Guttmacher Institute.

5 For more information on misoprostol for PAC, see: Ipas and Venture Strategies Innovations. (2011). *Misoprostol use in postabortion care: A service delivery toolkit.* Chapel Hill, NC: Ipas.

6 For a summary of the feasibility study's findings, see: Ipas. (2010). *Offering misoprostol as an alternative to manual vacuum aspiration for treatment of incomplete abortion in Nigeria: Lessons from a multi-site introduction.* Chapel Hill, NC: Ipas.

7 For more on Venture Strategies Innovations' work in Nigeria, see: http://vsinnovations.org/nigeria

8 Dah, T., Akiode, A., Awah, P., Fetters, T., Okoh, M., Uja, I., & Oji, E. (2011). Introducing misoprostol for the treatment of incomplete abortion in Nigeria. *African Journal of Reproductive Health, 15*(4), 42-50.

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Ipas is a nonprofit organization that works around the world to increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion. We seek to eliminate unsafe abortion and the resulting deaths and injuries and to expand women's access to comprehensive abortion care, including contraception and related reproductive health information and care. We strive to foster a legal, policy and social environment supportive of women's rights to make their own sexual and reproductive health decisions freely and safely.

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