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FIGO INITIATIVE

Contribution of obstetrics and gynecology societies in East, Central, and Southern Africa to the prevention of unsafe abortion in the region

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ABSTRACT

Maternal mortality and morbidity rates are very high in Africa. A large proportion of these deaths is attributed to unsafe abortion. The International Federation of Gynecology and Obstetrics, in collaboration with its member societies in each participating country, their respective Ministries of Health, and various non-governmental agencies, has developed an initiative to prevent unsafe abortion and the morbidity and mortality attributed to it. Over the past 5 years, these teams undertook situational analyses, and developed and implemented plans of action. The progress achieved in this region is described in this article.

1. Introduction

Although pregnancy termination is restricted by law in many countries in Eastern Africa, it is widely practiced and is almost always unsafe, according to the World Health Organization, which defines unsafe abortion as "a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both" [1]. Worldwide, nearly 1 in 10 pregnancies ends in unsafe abortion. Almost all unsafe abortions take place in low-resource countries, and this is where 99% of abortion-related deaths occur, contributing to high maternal morbidity and mortality rates in these countries. Complications resulting from unsafe abortion contribute to 47 000 maternal deaths annually worldwide, comprising 13% of maternal mortality [1]. Yet, the majority of abortion-related deaths are preventable, as are the unintended pregnancies that result in abortion.

Better access to contraceptives, more comprehensive postabortion care, and increased availability of safe abortion services within the current legal framework represent critical steps toward achieving Millennium Development Goal 5—reducing maternal mortality by three-quarters by 2015. The appropriate treatment of incomplete abortion and of the other life-threatening complications of unsafe abortion is a reproductive right granted to all women [2]. In addition, postabortion care represents an opportunity to counsel and provide women with family planning methods to prevent future unwanted or mistimed pregnancies [3]. These 4 approaches—the prevention of unintended pregnancies; making abortion safer when unavoidable; providing good quality postabortion care; and providing postabortion contraception to reduce repeat abortion rates—have been defined as the 4 levels of prevention in the FIGO Working Group strategy for the prevention of unsafe abortion [4].

2. Commitments of the obstetrics and gynecology societies

The FIGO Initiative for the Prevention of Unsafe Abortion and its Consequences was launched in January 2007. The goal of the initiative was to reduce the number of unsafe abortions and their severity. Of the 44 countries involved in the FIGO initiative, the East, Central, and Southern Africa region is participating with 7 member societies: Ethiopia, Kenya, Mozambique, Tanzania, South Africa, Uganda, and Zambia. The intention of the FIGO initiative was to involve the national societies of obstetrics and gynecology in less developed countries in which rates of unsafe abortion or induced abortion are high in actions aimed at reducing this problem. FIGO obtained the societies' commitment to perform a situational analysis of unsafe abortion in their individual countries and to develop plans of actions based on their respective findings.

An analysis of some key indicators of reproductive health in these countries [5–9] reveals a large number of weaknesses that require immediate action (Table 1). These include a high maternal mortality ratio, with one-fifth to one-third of that mortality being associated with unsafe abortion.

The goal of this initiative is to contribute toward reducing the maternal mortality and morbidity associated with unsafe abortion and to decrease the burden of induced abortion for women. The national societies play the role of advocates and service providers. FIGO understands that these goals are shared by a number of other stakeholders and that a program aimed at reducing the number of induced abortions will only be successful if it is a nationwide program, not limited to the societies of obstetrics and gynecology. To achieve this objective, the societies

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Table 1
Some key reproductive health indicators in the seven priority countries of the East, Central, and Southern Africa region.

Indicators	Ethiopia [4,5]	Kenya [4,7]	Mozambique [4,8]	Tanzania [4,9]	Uganda [4,5]	Zambia [4,5]
Total fertility rate	5.4	4.6	5.9	5.4	6.7	6.2
Contraceptive prevalence rate, %	29	39 modern	16	34	30	34
Maternal mortality ratio (MMR)	680	488	550	454	600	591
Unmet family planning needs among married women, %	34	25	53	25	34	26
Proportion of MMR attributed to unsafe abortion, %	26.8	35	Unknown	16–19	20–30	30
Proportion of deliveries under skilled care, %	10	43	54.3	49	57	47

work in close collaboration with the Ministries of Health in developing national plans of action to be implemented in partnership with national and international organizations working in the field of reproductive health, thus strengthening the partnership between agencies, the Ministries of Health, and the national societies. Members of these societies have been playing a leadership role, contributing toward including some or all of the 4 levels of prevention of unsafe abortion in the plans of action in their respective countries.

When the initiative began, the legal framework for providing safe abortion services was restrictive in Kenya, Mozambique, Tanzania, and Uganda and more liberal in Ethiopia, South Africa, and Zambia. Since that time, several societies in the region have made significant progress in the prevention of unsafe abortion at all 4 levels, with the objective of improving the poor reproductive health indicators shown in Table 1.

A summary of the main objectives laid out in their respective plans of action is listed in Table 2.

3. Progress achieved over the past 5 years

The progress made in implementing the plans of action in each of the countries in the region is described according to the 4 levels of prevention proposed by FIGO [4].

3.1. Primary prevention

All of the countries in the region were involved at this level of prevention, which refers to the prevention of unintended pregnancy.

The Ethiopian Society of Obstetrics and Gynecology (ESOG) decided to concentrate its efforts in hard-to-reach regions: Affar, Benishangul-Gumuz, Gambela, and part of the Oromia region. Focusing on improving access to quality family planning, a facility needs assessment was performed in these emerging and hard-to-reach areas, with a fixed target of reaching 25% of the healthcare units providing contraception annually. This involved the adoption of information, education, and communication (IEC) materials from the national programs. Other interventions implemented in this area included training 244 healthcare providers in the use of manual vacuum aspiration (MVA) and the care of the equipment, and in the use of misoprostol, followed by supportive supervision and logistic assistance. At the latest evaluation, 20%–30% of healthcare facilities were providing medical abortion, with up to 41% of legal terminations of pregnancy being performed by medical abortion in these regions. ESOG also raised awareness in communities regarding emergency contraception through the use of electronic and print media by publishing 6 newspaper messages in 6 months and placing 2 posters in 200 administrative units, thus increasing awareness of emergency contraception in the population.

The Obstetrics and Gynecology Association of Mozambique (AMOG) advocated with the Minister of Social Affairs and Gender for abortion prevention and the strengthening of postabortion family planning, with a greater focus on the continued availability of long-term methods and emergency contraception. They also included sex education for youths, primarily girls, both in and out of schools, in their plan of action.

These efforts had the fundamental support of the UNFPA, which supplied contraceptive commodities to all major healthcare facilities in Mozambique. In addition, 16 healthcare providers from Maputo, Sofala, Nampula, C. Delgado, Tete, and Gaza were trained in conditions associated with a high risk of maternal mortality and severe morbidity, cases in which long-term or permanent contraceptive methods were mandatory. Following these training courses, in 2012 alone 242 intrauterine devices (IUDs) were inserted post partum and 94 were inserted post abortion in Nampula, Pemba, Tete, and Gaza, according to the society's report [10].

The Zambian Association of Obstetrics and Gynecology (ZAGO) is involved in providing postpartum contraception services with permanent or long-acting methods to up to 50% of women at a high risk of maternal mortality or severe morbidity delivering in 4 selected maternity hospitals in 4 different provinces. Job aids on high-risk conditions were developed and distributed. In addition, 40 physicians received training in bilateral tubal ligation and another 40 providers in the insertion of intrauterine contraceptive devices and subdermal implants (Jadelle; Bayer Healthcare, Berlin, Germany). The percentage of women accepting long-acting reversible contraceptives (LARCs) increased from 2% in 2011 to 8.8% in 2012 [11] according to data presented at the regional workshop in 2013 [11].

The focus of the Obstetrics and Gynecology Society of Uganda (AOGU) was on reducing unwanted pregnancies by increasing contraceptive use. To achieve this, the society established a goal of providing 500 000 women with contraceptives by training 50 village health technicians at district level and enabling these technicians to mobilize communities and increase reproductive health service uptake by conducting contraceptive outreach camps in various villages. This activity is ongoing and by the end of 2012 they had achieved 30% of their target and, in general, progress is being made toward achieving this ambitious goal by 2014 [12].

Table 2
Objectives included in the countries' plans of action.

Objectives	South Africa	Ethiopia	Kenya	Mozambique	Tanzania	Uganda	Zambia
Sex education	(-)	(-)	x	x	x	(-)	(-)
Family planning	x	x	x	x	x	x	x
Facilitate adoption	(-)	(-)	(-)	(-)	(-)	(-)	(-)
Access to safe legal abortion	x	x	x	x	(-)	x	x
Advocacy for legal reform	x	x	x	x	(-)	x	x
MVA for incomplete abortion	x	x	x	x	x	x	x
Misoprostol for incomplete abortion	x	x	x	x	x	x	x
Postabortion contraception	x	x	x	x	x	x	x
Sensitize politicians	x	x	x	x	x	(-)	x
Improve data on abortion	(-)	x	(-)	(-)	(-)	(-)	(-)

Abbreviation: MVA, manual vacuum aspiration.