

POLICY AND ADVOCACY

In highly politicized contexts, health professionals and women alike face significant barriers to a full range of reproductive health technologies. In the United States, women's health and abortion advocates face great opposition from anti-abortion legislators and conservative political groups that attempt to prevent women's access to medical abortion. Similarly, the use of misoprostol for reproductive health indications has become strictly regulated in a few countries, thereby limiting access to alternatives to standard surgical treatments for conditions such as miscarriage and postpartum hemorrhage. It is our aim, through the activities described below, to realize the promise of medical abortion, and other reproductive health technologies, in the United States and abroad.

Incorporating New Technologies into Reproductive Health Service Guidelines

By participating in introductory clinical studies at different levels of care, local health providers and women have the opportunity to experience first-hand a new or improved treatment. Through our clinical studies and trainings, we introduce safe and effective technologies into healthcare facilities and systems, enhancing provider capacity to offer a broader range of services. As we complete each phase of research, we continue to work with in-country colleagues to expand use of new technologies to other healthcare facilities, with the ultimate goal of scaling up to a national level. Generating local evidence provides the ammunition for policymakers to include the new technology into reproductive health service delivery norms and guidelines. A few examples are described below.

- Gynuity collaborated with local partners in the Ukraine on a medical abortion clinical study that resulted in enough local evidence to support the inclusion of a simplified regimen into the service delivery guidelines. One important barrier to widespread access of medical abortion technology had been the high cost of the service, since many providers used 600 mg mifepristone as originally registered. Health authorities were very pleased to learn about – and experience through our project - the comparable efficacy of the lower cost, simplified regimen using 200 mg mifepristone. In August 2006, the national guidelines were modified and now recommend the use of 200 mg mifepristone.
- In Madagascar our efforts quickly translated into policy change as the Ministry of Health incorporated misoprostol as a treatment option for incomplete abortion into the Reproductive Health Norms and Protocols.
- Gynuity works with pharmaceutical entities to help support registration of new technologies such as mifepristone and misoprostol for different indications. Our primary goal is to help facilitate access to these medications, especially in low-resource settings. Providing high quality data from clinical trials in several countries is one way that we are able to help facilitate registration of an existing drug for new reproductive health indications such as treatment of incomplete abortion and postpartum hemorrhage.

Preserve, Protect, and Defend Medical Abortion in America

Thirty-five years ago the U.S. Supreme Court decided in *Roe v. Wade* that women have the right to choose when and whether to have a child. Nevertheless, women's access to abortion, including the availability of medical abortion, continues to be threatened. Politically driven efforts to alarm the public about the safety of mifepristone medical abortion have revolved around a rare but fatal infection that has occurred in five U.S. women since 2000, when the method was introduced. To date, the cause of these infections has not been determined, and there is no epidemiological evidence that links mifepristone or misoprostol with the deaths. Nevertheless, opposition groups have been actively campaigning to withdraw mifepristone from the market based on inaccurate information about both the approval process and the safety of the method.

Gynuity, in collaboration with other partners, has been working actively to defend access to medical abortion by compiling and disseminating information on medical abortion; providing technical assistance to legislators and NGOs; advocating for the continued availability of medical abortion through consensus-building among researchers, health professionals, policymakers, and the general population; and holding meetings on medical abortion for health providers and researchers that also work to preserve access to medical abortion in the US.

Gynuity staff served in a technical capacity for several policy- and media-related events on this issue including:

- Briefing to House of Representatives Pro-choice Caucus
- PPFA's National Medical Committee Meeting
- Technical assistance to RHTP and the Public Interest Media Group
- Targeted interaction with media

PUBLICATIONS

- Medical Abortion in the U.S.: Mifepristone Fact Sheet. Gynuity Health Projects and Reproductive Health Technologies Project, 2005.
- Frequently Asked Questions about Fatal Infection and Mifepristone Medical Abortion. Fact sheet, revised 11/28/06. Gynuity Health Projects. Available in English and Spanish.

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