

## TECHNICAL ASSISTANCE

Gynuity Health Projects works to strengthen reproductive and maternal health care services by supporting the introduction of low-cost, evidence-based technologies to treat a range of women's health conditions. In addition to clinical research producing data in support of new technologies, Gynuity provides technical assistance to health care systems, policymakers, and advocates in incorporation of new reproductive health technologies into existing services and/or to evaluate and monitor service delivery options. The following summary highlights some of our work in this area.

### *Assisting Service Delivery Organizations with Research and Evaluation Data*

- Recently in the United States, some clinic systems abandoned use of vaginal misoprostol because of fears (never substantiated) that vaginal misoprostol might be related to rare fatal infections caused by the *Clostridium sordellii* bacteria. This policy decision meant that many clinics no longer offered medical abortion services for women with gestations of 57 to 63 days' LMP, since there was no proven alternative misoprostol route for that gestational age period. In response, Gynuity conducted a study to evaluate the safety and efficacy of non-vaginal routes of misoprostol administration through 63 days' LMP. The excellent results of the buccal route demonstrated by this study have led service providers in the U.S. to recommend buccal misoprostol through 63 days' LMP and have thus renewed provision of medical abortion services for pregnancies over 57 days' LMP.
- In an effort to help determine optimal medical abortion regimens for services provided by an anonymous clinic in Latin America, Gynuity was asked to undertake an evaluation of more than 10,000 clinical records of women who had had a medical abortion using one of four regimens. The study compared the efficacy rates of these regimens and determined that the three variations of methotrexate+misoprostol regimens resulted in better outcomes (between 81.8 and 83.5%) than a misoprostol alone regimen (76.6%). These findings were published in the *British Journal of Obstetrics and Gynecology* (Aldrich & Winikoff, 2007). The results of this analysis provide new information to inform the discussion about whether methotrexate regimens are desirable where there is no mifepristone.
- In Mexico City, where abortion was legalized in April 2007, we are working closely with the Secretariat of Health of Mexico City (SS-GDF) to quickly equip affiliated clinical providers with the evidence base they need to provide safe and effective abortion services. Gynuity supported and guided the heads of the legal pregnancy termination program in SS-GDF hospitals throughout Mexico City in their definition and adoption of an evidence-based medical abortion protocol that is now being incorporated in the program procedures manual. Gynuity is also helping to introduce mifepristone-misoprostol services, the gold standard for medical abortion. We will remain involved in capacity-building activities as the SS-GDF implements a planned program expansion to the primary care level.
- Under current law, home administration of misoprostol is not possible in the United Kingdom. Women are required to return to the clinic for a second visit. A regimen that allows women to take the tablets at home or to take all of the pills at the same time would eliminate an additional clinic visit and make the method more acceptable for women and providers. A study, conducted in collaboration with bpas, will examine the acceptability and feasibility of home administration of misoprostol in clinics in the United Kingdom. A second project, conducted in collaboration with Marie Stopes International, is an open-label, randomized study comparing the efficacy, safety, and acceptability of 200 mg mifepristone followed simultaneously or 24 to 48 hours later by 800 µg buccal misoprostol in women undergoing medical termination of pregnancy.

Together, both projects promise to provide valuable evidence on new service delivery options for women and providers in the United Kingdom.

### *Technical Guidance on the Use of Misoprostol in Reproductive Health*

- The World Health Organization, Gynuity Health Projects, and Ipas collaborated on a meeting of research and clinical experts on the use of misoprostol for a range of obstetric and gynecological indications. The team, with representatives from thirteen countries, drafted a document outlining the latest clinical research and evidence-based protocols for the use of misoprostol in reproductive health. The results were published in a Supplement of the *International Journal of Gynecology and Obstetrics* in December 2007.

### International and regional meetings

Gynuity organizes conferences and meetings and provides technical assistance at international forums. Below are some examples of recent events.

*Regional Meeting on Medical Abortion: Eastern Europe/Central Asia* - This meeting was geared towards countries of the former Soviet Union and their neighbors. The two-day symposium brought together 25 providers and policymakers from 9 countries to discuss various aspects of medical abortion. Participants had the opportunity to learn about the method, establish a network with other providers, and discuss strategies to introduce and/or expand access to medical abortion in the region.

*Regional Meeting on the Prevention of Unsafe Abortion and the Potential Role of Medical Abortion Methods in the Francophone Arab World* – Gynuity, in collaboration with the Tunisian Office Nationale de la Famille et de la Population (ONFP), Ibis Reproductive Health, The Center for Training in Reproductive Health Technologies, and IPPF, hosted a symposium for medical providers and researchers from the Francophone Arab world. This second regional meeting highlighted the impact of unsafe abortion on the region, and allowed the opportunity to discuss strategies for collaboration to address the unmet need for research, training and information.

*Strategic Introduction of Medical Abortion in Latin America* - At the request of the IPPF/Western Hemisphere Region, Gynuity co-hosted a meeting of IPPF member association leadership from Brazil, Colombia, Mexico and Peru to discuss strategies on medical abortion introduction. Gynuity developed a background paper to provide key information about medical abortion regimens, describe the availability of medical abortion drugs in each country, and to lay out the range of options and considerations

### PUBLICATIONS

- Choices for Medical Abortion Introduction in Brazil, Colombia, Mexico and Peru. Working Paper. Gynuity Health Projects, 2007.
- Hormonal Contraception and HIV: New Findings, but Policies Remain Unchanged. Outlook Newsletter, vol. 22, no. 1. Path & Gynuity Health Projects, March 2006.
- PAC in Action Newsletter Special Issue on Misoprostol in the PAC Context. Postabortion Care Consortium with Dr. Beverly Winikoff as Guest Editor, Issue 9, May 2006.

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