

FIGO Kigali 2020 Abstract Submission

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Title: Assessment of the Availability of Medical Abortion Commodities in Rwanda

Objective:

There is a global need to increase availability of affordable, quality-assured mifepristone and misoprostol to improve access to safe medical abortion services. This landscape assessment was conducted to develop recommendations to increase availability of affordable, quality-assured co-packaged mifepristone-misoprostol products in Rwanda. The assessment included four objectives:

1. Document availability and use of the medical abortion commodities;
2. Assess the market and regulatory landscape for introducing and/or scaling-up availability of co-packed MA products;
3. Document specific needs, challenges and opportunities for expanding access to and availability of MA commodities and services;
4. Develop plans for increasing access to and availability of medication abortion.

Method:

The assessment followed an “availability framework” informed by two analytical and conceptual frameworks for access to health commodities (Frost and Reich, 2008; Conteh and Hanson, 2003). The framework consists of five “pillars” that span all aspects of availability and use of a commodity: 1) Registration and Quality Assurance; 2) Policy and Financing; 3) Procurement and Distribution; 4) Provider Knowledge; 5) End-user Knowledge. Each of these pillars has a set of conditions that need to be met to ensure that availability is achieved.

Results:

There is a favorable policy and registration environment to support the availability of medication abortion. A change in the Penal Code and Ministerial Order removed the court order required for TOP in cases of rape and incest. The Rwanda FDA is open to review applications to register MA commodities. Until those commodities are registered and can be procured regularly, however, there is a continued risk of stockouts. Key barriers exist for distribution and provider and end-user knowledge. Providers who have been previously trained to do TOP often do not know about the change in Penal Code. Additionally, there is an insufficient number of trained providers to

meet Rwanda's needs. RSOG is training providers through 2021 but only a small cadre will have been trained. TOP is not permitted at specialty clinics and health centers.

Conclusions:

Rwanda's Ministry of Health must disseminate the revised Ministerial Order using all available channels. Additionally, key areas lack funding. For example, funding for the position of the Safe Abortion Focal Person would ensure continued effective coordination of safe abortion activities, including a safe abortion technical working group. Medium- and long-term recommendations for improved availability include updating pre-service training curricula to include medication abortion and to establish a task-shifting program to enable safe abortion services to be provided at specialty clinics and health centers.