

10 years of legal abortion in Ethiopia

**A record of progress in advancing
women's health and rights**

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Presenter Disclosures

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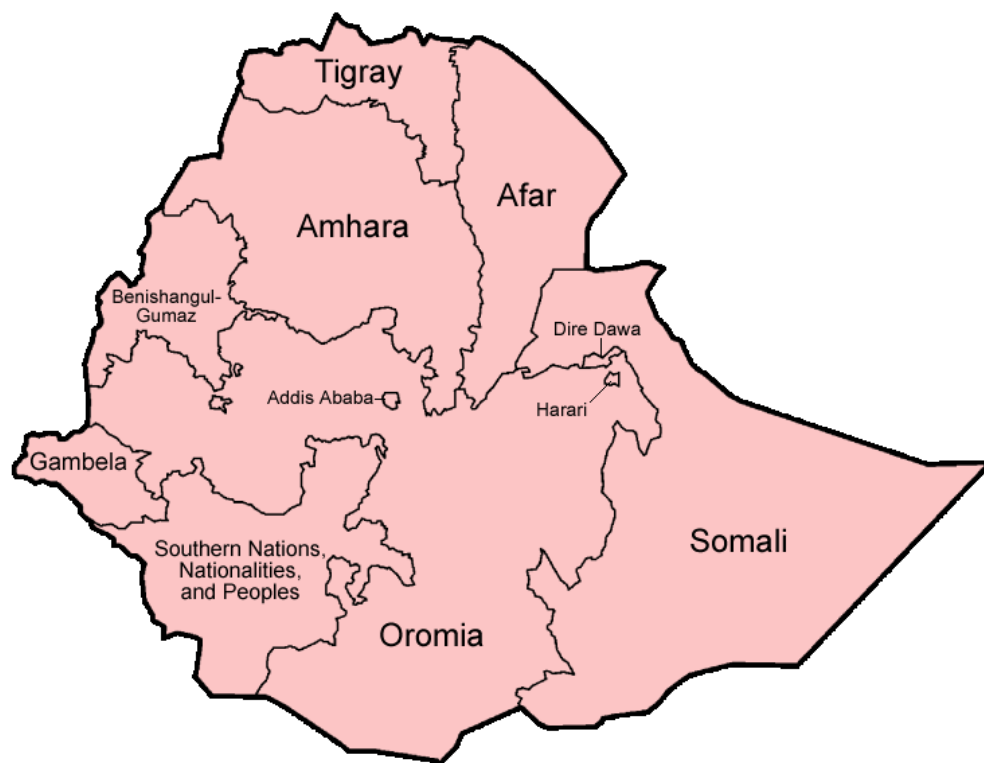
No relationships to disclose

Presentation overview

- Background
- Steps in introducing and scaling up legal abortion
- Impact
- Challenges
- Lessons learned

Background

- 2nd most populous country in Africa, mainly rural population
- RH challenges include high contribution of unsafe abortion to maternal mortality
- 2005 abortion law reform



2005 revised law

Abortion still in penal code but permitted in cases of:

- Rape, incest
- Pregnancy endangering woman's life and/or health
- Indications of fetal abnormalities
- Woman physically and mentally disabled
- Minor physically or psychologically unprepared to raise a child

Legal abortion services began in 2006, after MOH issued technical guidelines

Steps in introducing and scaling up legal abortion

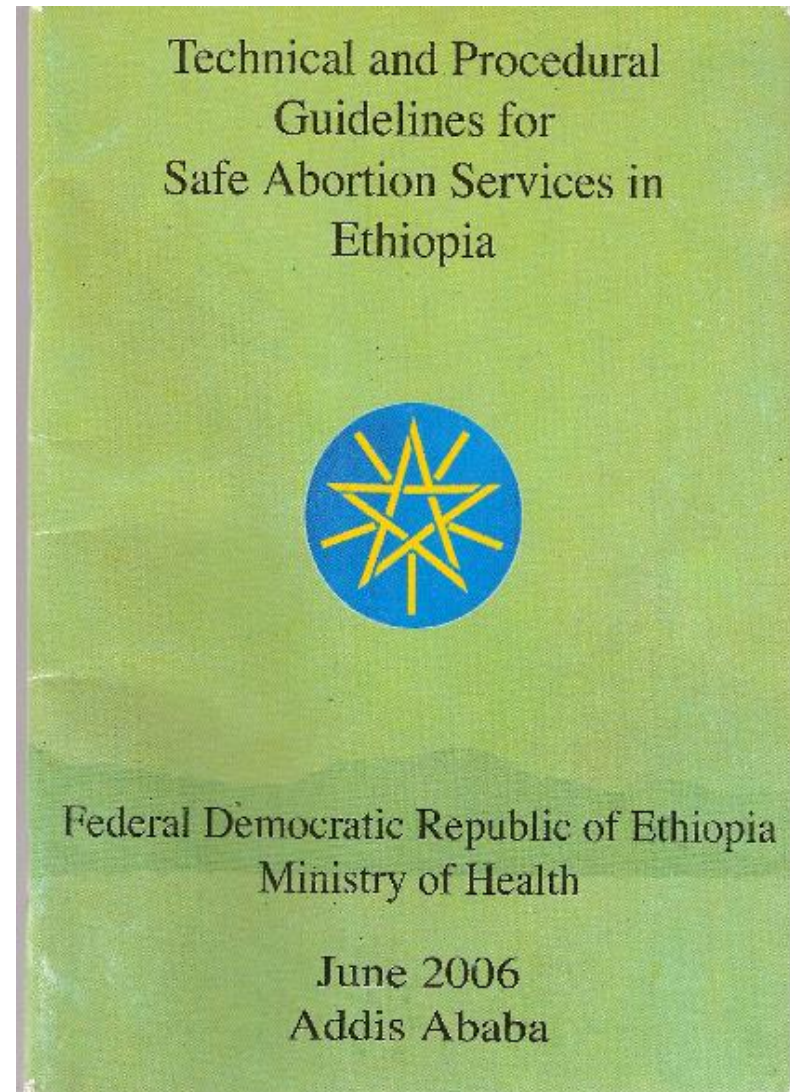
- Policy framework
- Stakeholder engagement
- Building health-system capacity
- Community outreach
- Focus on youth

Policy framework

Evidence-based, forward-looking technical guidance developed within 6 months after law change, with multi-stakeholder involvement

- Clinical procedures – **including medical abortion**
- Roles of different cadres, **including nurses and midwives**
- Care taken to **avoid barriers**
- Adaptation of 2003 WHO safe-abortion guidance

Updated in 2014



Engaging and coordinating stakeholders

Professional associations provide technical support, disseminate guidelines: **Ethiopian Society of Obstetricians and Gynecologists, Ethiopian Nurse Midwives Association**

Development partners provide broad support to service provision:

- **EngenderHealth, Ipas** (public sector)
- **Family Guidance Association of Ethiopia, Marie Stopes International Ethiopia** (private sector)

Ipas focus on 5 regions: **Amhara, Tigray, Oromia, SNNPR, Addis Ababa**

Building health-system capacity

- Training in Comprehensive Abortion Care (CAC) began as soon as the guidelines were available, emphasis on **midlevel providers**
- Initial **clinical focus** on manual vacuum aspiration (**MVA**) for **first-trimester abortion** and **postabortion contraception**
- Later expanded to include **medical abortion (MA)** and **2nd-trimester** procedures



Building health-system capacity

Woman-centered, rights-based public-sector training includes:

- Provisions of the **law**
- **Values Clarification and Attitude Transformation (VCAT)**
- Special needs of **youth**
- **Management:** supportive supervision, logistics forecasting, M&E, COPE® for CAC
- 15 national training centers



Community outreach

A group of women in a community setting, some standing and some sitting, engaged in an activity. The women are wearing traditional head coverings and colorful clothing. The background shows a simple building with a corrugated metal roof.

- Collaboration with **CBOs** to inform women about legal rights and service availability:
 - Community dialogues
 - Home visits
 - Coffee ceremonies
 - Street drama
- **Health extension workers**
- **Media**

Focus on youth

Policy:

- Minor status an indication for legal abortion - no proof of age or parental consent required

Services:

- Emphasis on youth-friendly services
- Second-trimester abortion

Outreach:

- Work with schools and youth groups
- Community RH Corners
- University RH Help Points
- Peer educators



Impact

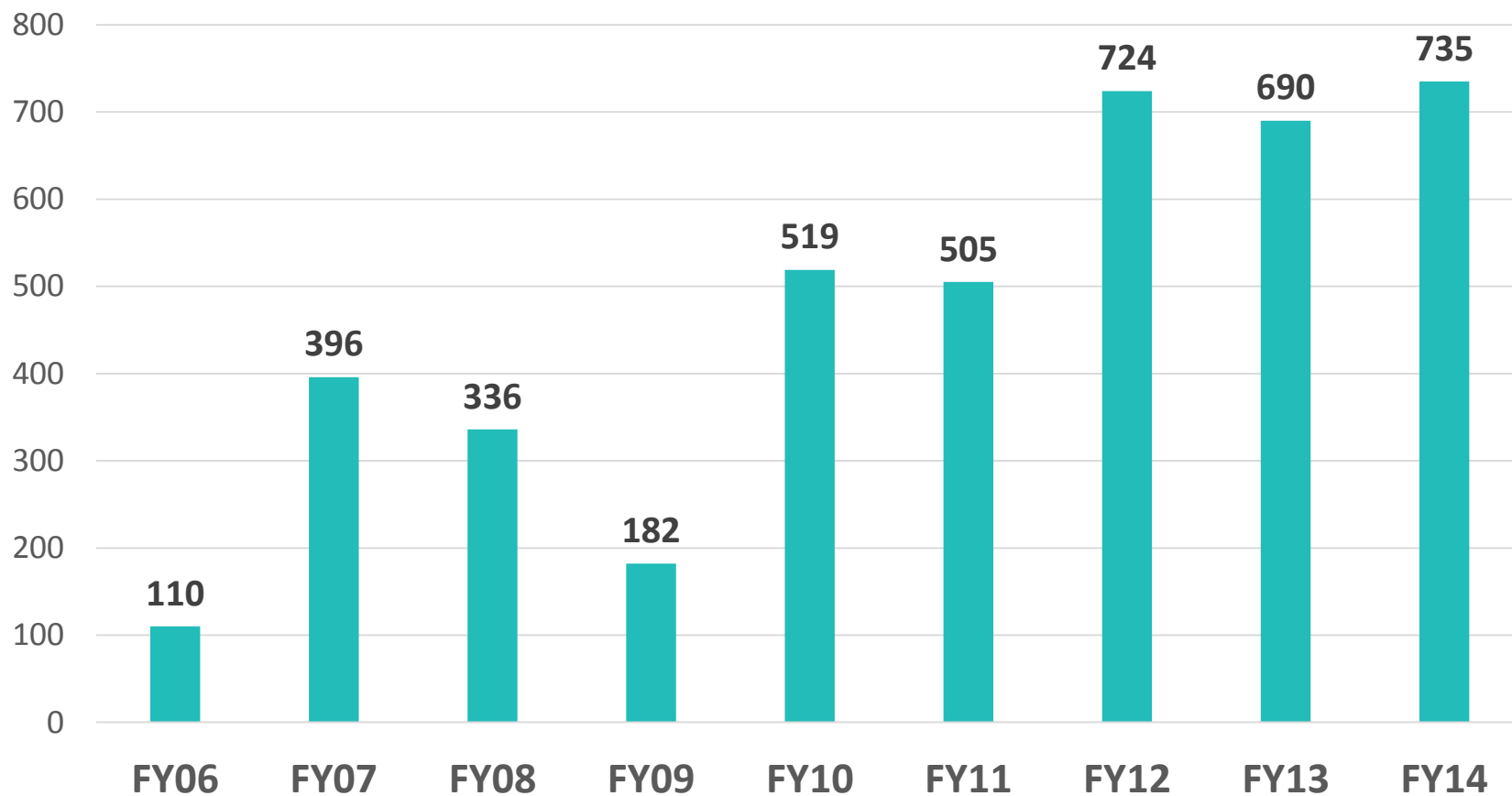


Baseline: 2008 national abortion incidence study

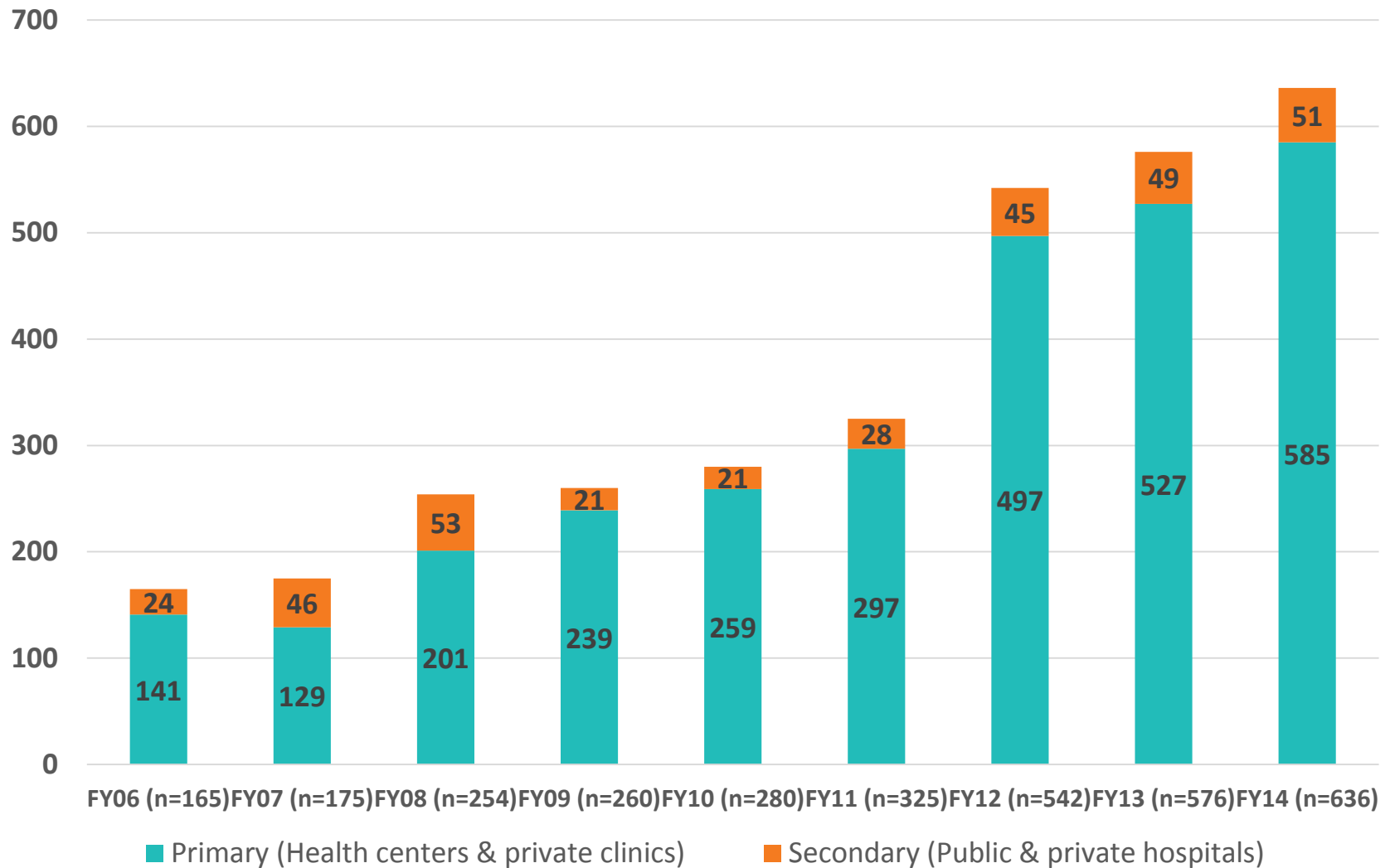
FMOH, Ethiopian Society of Obstetricians and Gynecologists, Ethiopian Public Health Association, Guttmacher Institute, Ipas

- Estimated **382,500 induced abortions** in 2008 (moderate abortion rate of 23/1,000 WRA)
- **73% outside health facilities**
- **~1/2 all health facilities** provided induced abortion; 82% provided PAC
- **52,600 women treated for complications** of unsafe abortion - 23% severe enough to require hospitalization
- **100 women died** in health facilities from abortion-related complications

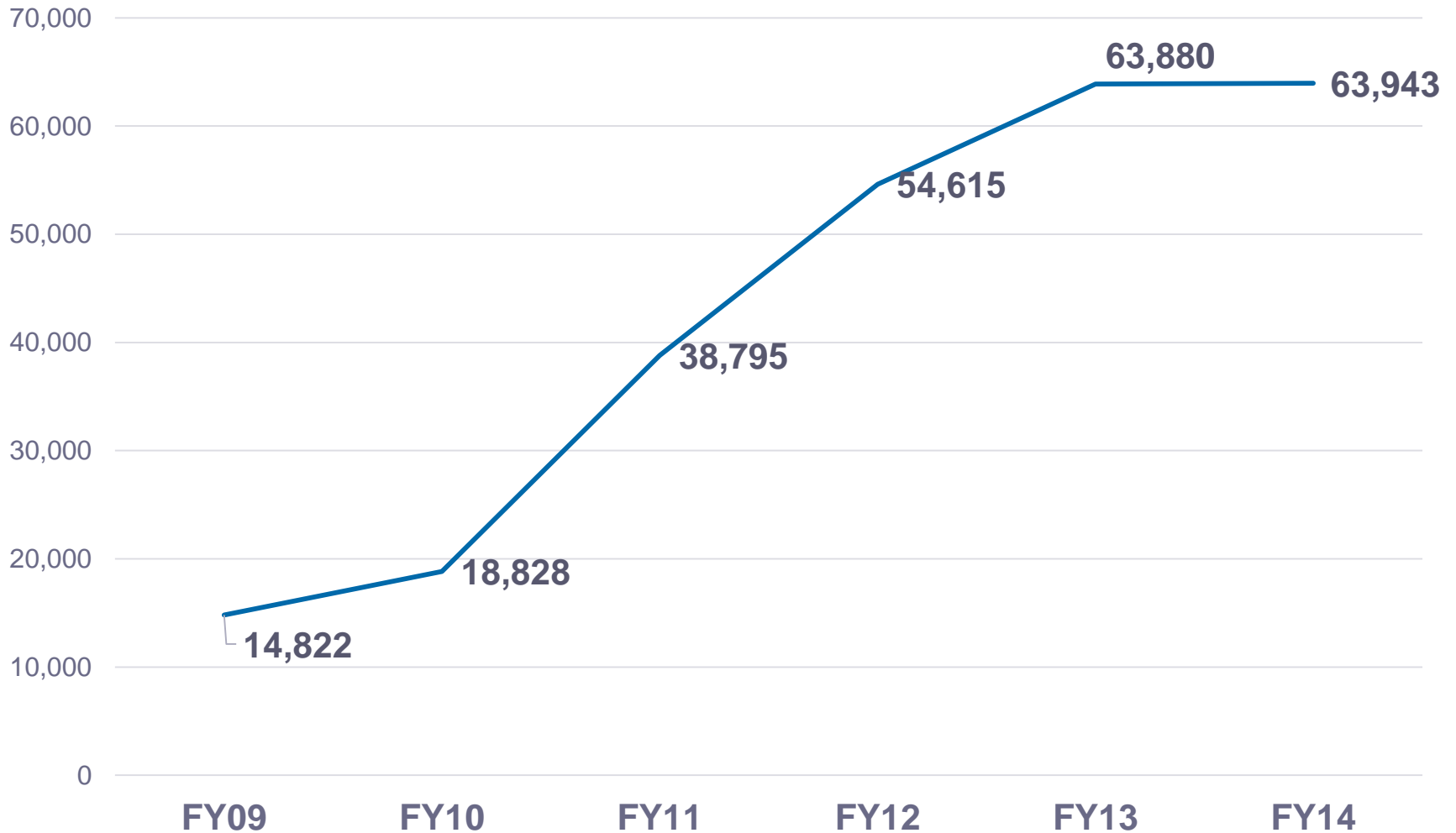
Number of providers trained on CAC with Ipas support FY06-FY14



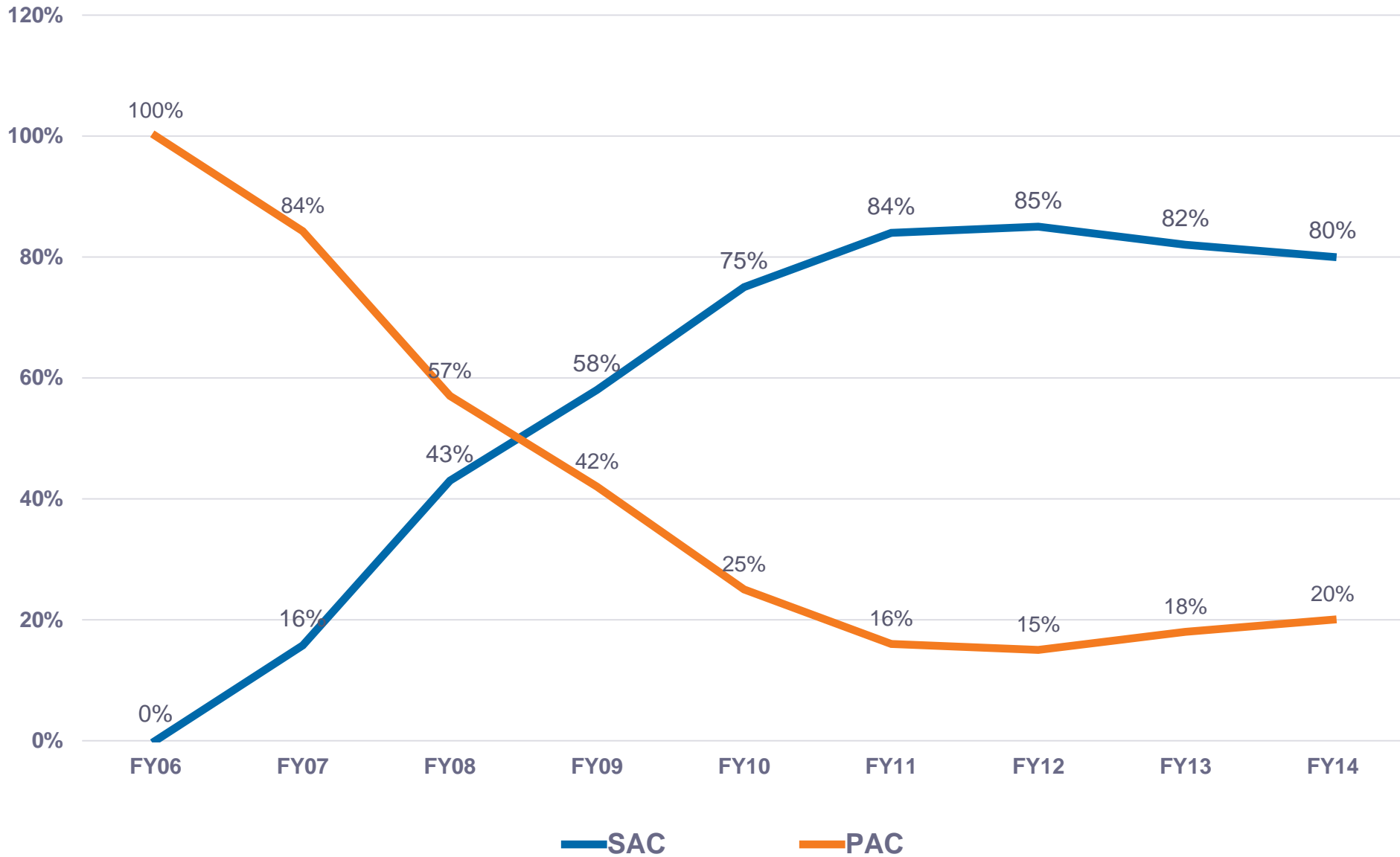
Number of Ipas intervention sites by level FY06-FY14



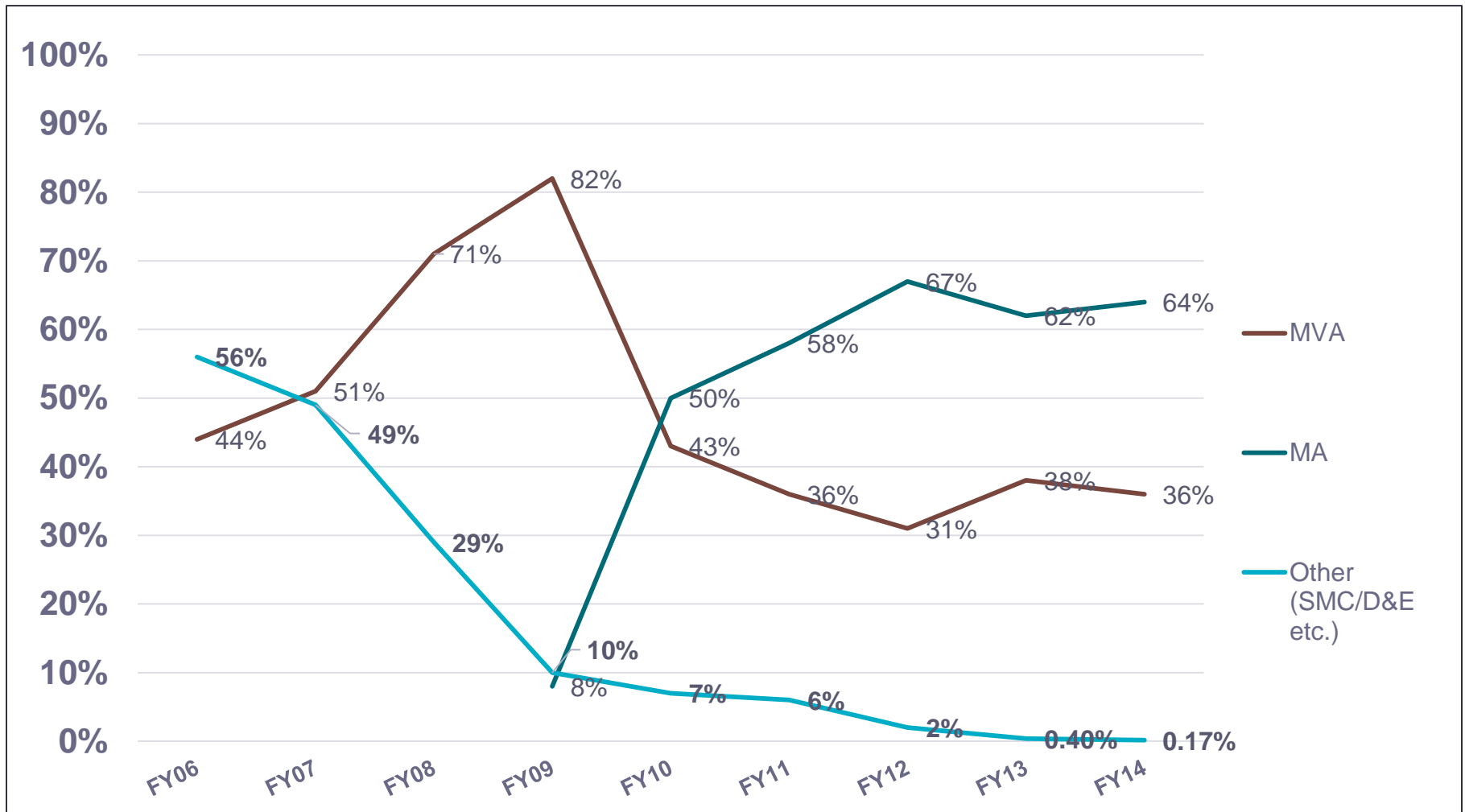
Number of induced abortions at Ipas-supported facilities, FY09 - FY14



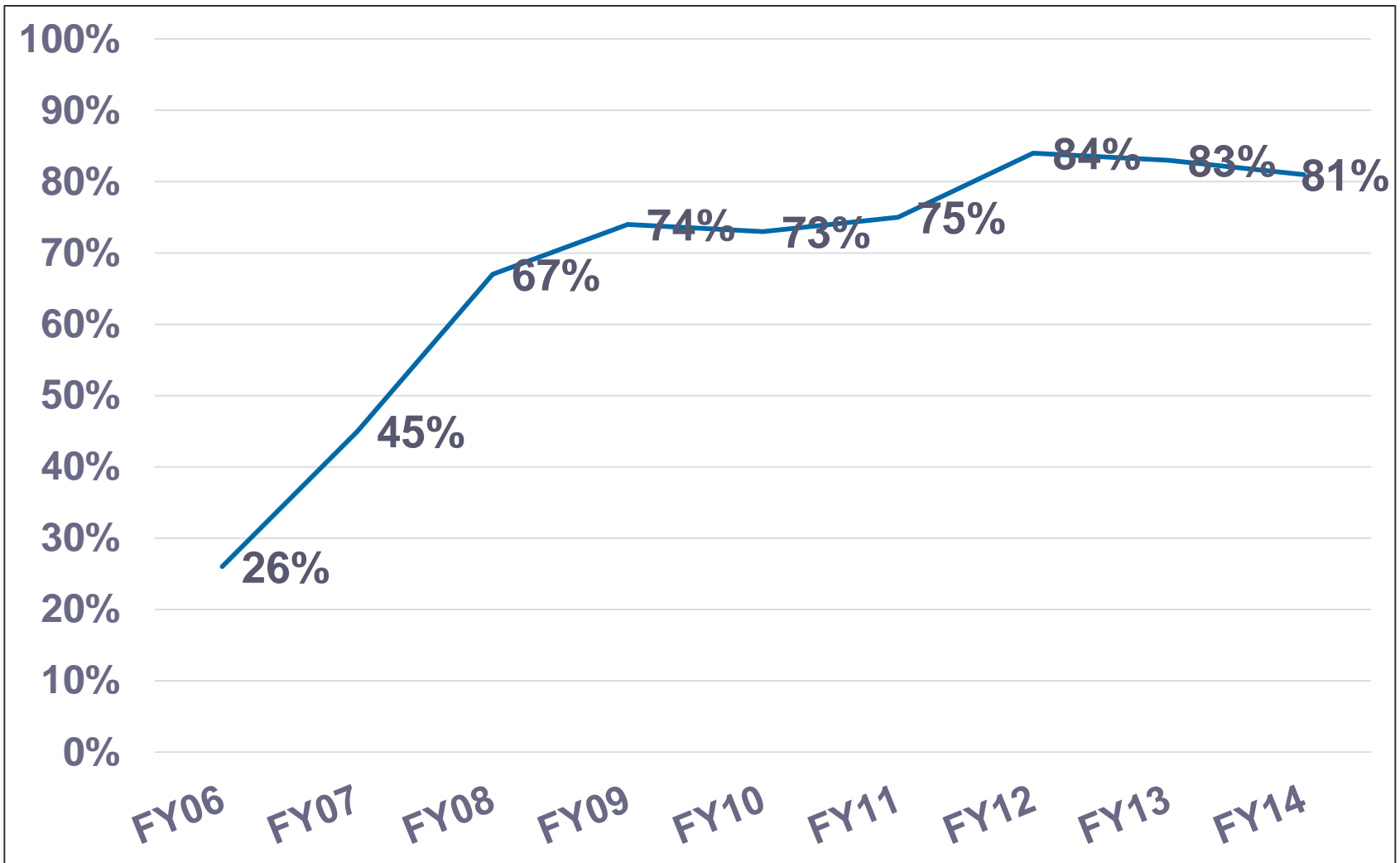
Shifting from unsafe to safe abortion



Trend of abortion care services at Ipas intervention sites by technology (FY 06-FY 14)



Trend of postabortion contraception coverage at Ipas intervention sites (FY 06-FY 14)



National perspective

Preliminary analysis of data from **2014 repeat incidence and morbidity study** suggests:

- **Positive attitudes** among health-care providers
- **Significant expansion** of PAC and SAC availability in public, private and NGO sectors
- **Public sector** providing most PAC; **private sector** most induced abortion
- High proportion of abortion clients receiving **postabortion contraception**
- Expect **increased abortion incidence**
- Expect **lower abortion-related morbidity and mortality**

Challenges

- **Sheer size** of country and population, high demand
 - Government commitment to free services in public facilities
- **Inadequate knowledge** of the law among women and untrained providers
- Persistent **abortion stigma** at the community level
- **Turnover and rotation** of health-care workforce
- **Sustainable technology supply**

Lessons learned

- **Government leadership** critical to success
- **Prepare** for implementation, including widely disseminating **evidence-based standards and guidelines**
- **Integrate** abortion care into existing RH services
- Focus on **midlevel providers** to ensure reach
- Important role of **medical abortion**
- Create **sustainable supply** system
- Invest in **awareness-raising**, including media and stakeholder advocacy
- Ensure **links between communities and facilities**

Closing thoughts

- Introducing safe legal abortion is **politically and logistically feasible in low-resource environments**. Significant progress is achievable in a short time.
- Ethiopia is part of a **global trend toward liberalization of laws and expanded access to safe legal abortion ...**
- ... which reflects growing recognition that **reducing deaths and injuries of women from unsafe abortion is essential in reducing maternal mortality and morbidity** – and in **ensuring that women can exercise their full reproductive rights**.

“We used to have septic wards only for unsafe-abortion clients. That was a terrible place.

But now that has gone. There are no more young, vibrant women with complications of unsafe abortion at the terminal stage. We don't see that in our facilities anymore.”

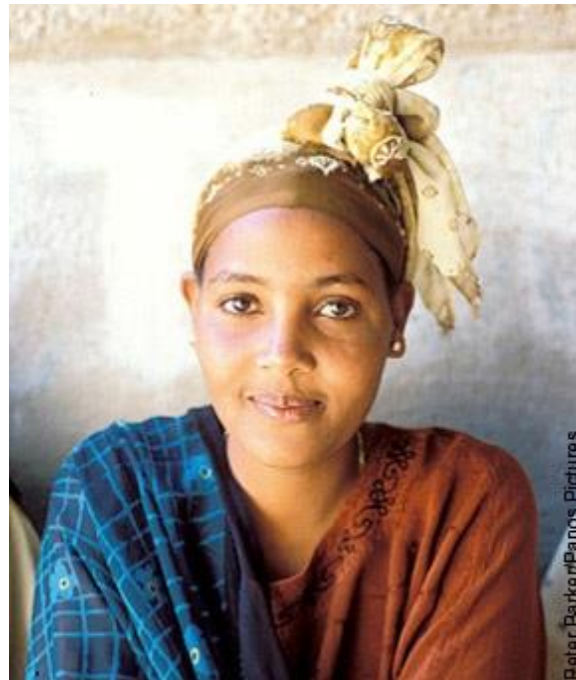
- Senior ob/gyn at a large district-level hospital



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Thanks to our colleagues:

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