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HERA's journey to introduce medical abortion in Macedonia

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FIAPAC Congress 2012, Edinburgh

Background



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- Medical abortion **is not officially available** in Macedonia
- Both Mifepristone and Misoprostol are **not registered**
- In 2010 HERA and Professional Association of Gynecologists and Obstetricians **partnered** around introducing MA
- As from 2011 there is a **favorable national policy** framework
 - **National SRH strategy 2010 – 2020** recommend introducing MA to improve the quality of safe abortion
 - **Amended protocol for safe abortion in 2011** also suggest introducing MA in the 1st trimester

Strategies taken



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A Member Association of
 **IPPF** International
Planned Parenthood
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- **Assessing perception** of service providers about introducing MA
- **Sensitizing gynaecologist** about benefits of MA
- **Providing technical support** to the MoH expert group
- **Liaise with Concept Foundation** for technical assistance and knowledge building
- **Joint advocacy** with the Association of Gynecologists and Obstetricians

Results



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Knowledge, attitudes and practices of medical abortion among gynaecologists in Macedonia

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ABSTRACT

Objective: to assess the knowledge, attitudes and practices regarding medical abortion among gynaecologists in Macedonia, in order to identify their needs and facilitate its introduction.
Methods: Forty four gynaecologists from 8 cities in Macedonia were purposively selected to participate in face-to-face interview using structured survey instrument.
Results: Despite the fact that the medical abortion is still not registered and available in Macedonia, 29,5% gynaecologists reported having experience in its use to terminate pregnancies, due to "its non-invasiveness" (46,1%) and "on women's demand" (23,0%). Doctors not providing medical abortion cited several reasons: "it is not registered yet" (67,7%), "feel not trained enough" (19,3%) and "fear of adverse effects" (9,7%). Almost two-third of doctors (65,9%) were very interested in receiving training on medical abortion methods; 93,2% of gynaecologists think that it should be registered because of the "right of women to choose" (63,3%) and "positive medical aspects" (43,2%).
Conclusions: Gynaecologists in Macedonia are interested in medical abortion as an alternative to surgical abortion. Efforts should focus on its registration, improved accessibility and on training doctors in this new method.

Key words: medical abortion, gynaecologists, Macedonia, KAP survey

- KAP survey among gynecologists conducted
- first evidence-based research done in the country used as an argument to facilitate introduction of MA
- 93.2% of interviewed gynaecologists think that it is necessary medical abortion to be registered; 29,5% reported having experience in its use
- Research was published in the most known medical magazine in the country "Vox medici"

Results



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- Organized orientation seminar “Possibilities and challenges of introducing MA” →
 - Facilitated by members of **Concept Foundation**
 - More than **80 gynecologists** attended the seminar
 - One of the **Conclusion**: to asses the possibilities of **piloting** MA in the University Clinic of Ob&Gyn with the support of Concept Foundation



Results



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- Translation and distribution of FAQ for medical abortion – WHO edition →
- Capacity-building training for specialist- gynecologists for MA regime
 - 12 gynecologists passed the training (4 hospitals) →
 - facilitated by d-r Annette Aronsson, Karolinska University Stockholm
- Pre-agreement reached with University Clinic for Ob&Gyn for piloting MA - letter of interest send to Concept Foundation for donation of Medabon
- Service protocol developed for pilot study



Achievements

- the **level of ignorance and misperception** among  gynaecologists **softened and reduced** to satisfied level
- The initiative managed to achieve **strong partnership** with the Professional Association of Gynaecologists to justify HERA's position
- Involving decision makers **as supporters** of MA (i.e. Director of University Clinic of Gy&Obs)

The perception of gynaecologist to MA

- "Let's finally try. If we do not start we will not see what the problems are. Let's give the women option to choose between vacuum aspiration and the medical abortion. The Professional Association of Gynaecologists should facilitate the registration of the drugs Misoprostol and Mifepristone"
- "The medical abortion is good alternative. There is no good or bad method but optimal ones. Very often the revolutionary ideas are neglected. We should optimize this method in accordance to our socio-cultural context. A setting up of expert group to work on updating the legislation (if needed) and facilitating registration of the drugs is much needed and people who are influential and decision makers"
- "The haemorrhage (extensive bleeding) as a complication is not really minimized. What will be the prize of these drugs and possible abuse from the patients if registered on the market is still a big concern. We should see how the extensive bleeding is managed at the field with a possibility to visit some of the country with long-term experience in dealing with medical abortion"
- "Will be very difficult to set up this method since many of our patients due to language barriers will not understand the procedure and instructions. Could be a choice for only those who are well educated"
- "The language and education of the patients are not barriers for introducing this method. They are all well-informed and know how to deal with it the same as with other medical interventions. But the real problem is that these drugs are not registered and those who are using Misoprostol in their practice cannot openly speak about numbers and clarify the safety of this method. Personally I think that the presented protocol for medical abortion at the meeting in December is good though I would insist to include an uterotonic (to reduce the bleeding time) and antibiotics (as a prevention for possible infections) for follow up care"

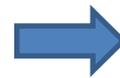
Challenges



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- New leadership in the University clinic of Gy&Obs – approval from the medico-ethical committee in the MoH required (new moment as from Sep 2012)
- economically-driven reforms in the tertiary health system could jeopardize possibility of introducing MA
- increase in anti-abortion sentiment amongst politicians (i.e. Government anti-abortion campaign “Choose life. You have a right to choose”)
- Registration of MA drugs – small market!!!



What's next



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- To consider conducting a clinical trial - recommended as first option from the National Bureau of Drugs –to get approval for Medabon drug import for the pilot study in University Clinic
- To Examine the interest of the pharmaceutical companies or local branches to register MA drugs
- Working together with Concept Foundation to access the opportunities for Registration of Medabon

