Abortion care guideline

Web Annex B.

Technical meetings during guideline development
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1. Implementation considerations for abortion care in humanitarian settings

Over the last 30 years, significant progress has been made in recognizing the need for implementation of essential sexual and reproductive health (SRH) services from the onset of an emergency. The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) is a coalition comprising representatives from United Nations agencies, national and international nongovernmental agencies, donor agencies and academic institutions which was founded in 1995. A key achievement of this collaboration was the development of the Inter-Agency field manual on reproductive health in humanitarian settings (IAFM), with the most up-to-date version published in 2018 (1). This document provides guidance, based on international norms and standards, for how to deliver SRH services in diverse humanitarian settings and has a specific chapter dedicated to safe abortion care (1). Despite these advances, there are still major gaps in provision of comprehensive abortion services in humanitarian settings. Reasons for gaps in SRH care generally, and implementation of comprehensive abortion care specifically, are numerous and complicated. Obstacles include cultural and ideological barriers, data challenges, financial and resource constraints, and systemic and sectoral challenges (2).

The World Health Organization (WHO) serves a critical role in shaping health policy through the coordination and development of normative technical guidance, and WHO guidelines on abortion care represent the global standard of care for comprehensive abortion services. Recognizing the important role that unsafe abortion plays in maternal morbidity and mortality in humanitarian settings, the WHO Department of Sexual and Reproductive Health and the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), along with experts in the humanitarian field, have highlighted the critical importance of taking into account the unique implementation considerations in humanitarian contexts in the forthcoming update of WHO’s abortion care guidance.

Meeting

A two-day technical meeting was held in Geneva in June 2019. This meeting convened approximately 20 experts in the field of humanitarian aid, conflict settings, abortion care and human rights (including three youth representatives) together with 20 representatives from the WHO Secretariat. The expert participants came from nine countries in the regions of Africa, the Eastern Mediterranean, Europe and North America.

The meeting had the following objectives:

- to identify and highlight priority implementation considerations/strategies unique to humanitarian settings relevant to the three domains of this updated safe abortion guidance;
- to identify new thematic areas and key challenges to safe abortion provision in humanitarian settings not identified by previous scoping meetings;
• to identify strategic ways to engage communities affected by humanitarian contexts and how best to integrate their perspectives into the updated guidance;
• to determine important gaps for consideration for the updating of WHO’s safe abortion guidance.

During the discussions, key stakeholders identified the priority implementation strategies and key challenges and gaps in provision of safe abortion which must be addressed in order to fully realize safe abortion provision as part of humanitarian/emergency response. Participants identified specific barriers and facilitating factors for implementation of safe abortion in humanitarian/emergency settings.

• Common barriers identified included: stigma, particular social norms and values/beliefs, lack of clinical skills and knowledge, and perceived legal barriers.
• Practices that facilitate implementation of quality abortion care in these settings are: engagement with key stakeholders (in particular with community and religious leaders), developing a concrete implementation strategy with identification of potential entry points, and ensuring data collection and monitoring.

Case studies will be developed as a potential derivative product to the guidance, including examples of countries and humanitarian organizations that have included safe abortion provision in their humanitarian/emergency response. Specifically, these case studies will highlight how (a) organizations have integrated safe abortion provision into their humanitarian/emergency response and (b) countries that have identified safe abortion provision as a priority at some point during a humanitarian/emergency crisis.

References

2. Global Values and preferences relating to abortion care

Literature review: summary

A literature review on values and preferences relating to abortion care was conducted in July and August 2019, by Roopan Gill and Amanda Cleeve of the WHO Secretariat, the findings of which are reported here in brief.

Acceptability and satisfaction are often used as proxies for the values and preferences of individuals who undergo particular health-care interventions (procedures or treatments). Studies that measure acceptability and satisfaction relating to abortion, however, suffer from a lack of variation (acceptability and satisfaction are consistently high in abortion care settings) and may be influenced by people’s low expectations of abortion care services prior to having had an abortion. Several studies have been published which mainly quantify acceptability, often through measuring satisfaction, of specific aspects of abortion care, such as abortion method (1, 2), route of administration of misoprostol (3), location of the abortion (4, 5), location of abortion services (6) or follow-up care (7), provider type (8, 9), and post-abortion contraception (10, 11). Others investigate factors that influence acceptability (12, 13). More importantly, measures such as satisfaction and acceptability do not enable a deeper exploration of the components of abortion care that people value, prefer or view as high quality.

Some information on women’s values and preferences in abortion care may be captured by existing quantitative and qualitative studies of women’s experiences with abortion, even if “values and preferences” were not being specifically studied. For example, studies that focus on specific populations, or those seeking abortion under unique circumstances, such as Carlsson et al. (2016) (14), which centres its focus on pregnant immigrants who receive a prenatal diagnosis of congenital heart defect of the fetus. These studies either do not provide a broad definition of values and preferences (14-16) or do not mention values and preferences at all (17, 18-20).

Few studies specifically set out to look at women’s values and preferences related to abortion care (21). Despite attempting to utilize proxy measures, they are not able to fully capture the experiences of women who do not match study characteristics, who may have different experiences, values and preferences. Additionally, they cannot account for the full range of abortion care or encompass the full diversity of respondents in terms of social and legal contexts or geographic distribution.

A recent systematic review established that no valid or reliable standardized instruments exist to evaluate patient values and preferences for any kind of health care (22). Furthermore, in an examination of reasons for and experiences with seeking abortion care online, findings from Aiken et al. (2018) (20) demonstrate that no one model of abortion care will suit all women.

To improve the quality of abortion care worldwide, Altshuler et al. (2018) (23) state that it is of paramount importance to study women’s values, preferences and needs in relation to abortion care. Indeed, many gaps exist in our understanding of the diversity of people’s experiences with abortion, where and how they obtain them, their preferences for the model of care provision, the elements of care that they value, and what constitutes high- and low-quality care. More evidence is needed specifically on women’s experiences with self-managed abortion and demedicalized models of care (24) and on positive abortion experiences (17). Special attention must be paid to patient centredness in abortion care (dignity,
autonomy, confidentiality, communication, social support, supportive care, trust and the health-care facility environment) as this is frequently violated and overlooked (16, 23).

Online survey
An online survey was prepared and disseminated in October and November 2018 through WHO networks, including the Implementing Best Practices (IBP) network, asking the following questions:

1. What comes to mind when you think about what women value when considering their abortion experience?
2. What comes to mind when you think about how women’s preferences play a role in decision-making for their abortion?
3. If you wanted to assess women’s values and/or preferences in relation to abortion care – how would you go about it?

Respondents included hotline workers, pharmacists and others involved in direct service delivery or client support.

Meeting
A two-day in-person meeting was held in Geneva in September 2019. The meeting was attended by 19 participants from 15 different organizations/countries (including three youth representatives)1 in addition to 8 members of the WHO Secretariat (SRH Department).

The meeting had the following objectives:

- to better understand what is meant by “values and preferences” in relation to abortion care;
- to collect, understand and promote the priorities of individuals globally in need of abortion care to help inform WHO guidance and recommendations;
- to determine what geographies, populations and perspectives are missing from current data on value and preferences;
- to explore the dynamism of values and/or preferences in relation to abortion care through the life course of an individual;
- to develop a possible strategy to assess values and/or preferences in relation to abortion care globally;
- to determine how best to utilize the information gathered from this process to ensure these values and preferences, and the realities of individuals seeking abortion care, are reflected in the WHO global guidelines, recognizing the limits in generalizability.

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1 Three youth members of IYAFP (from India, Trinidad and Tobago, and USA; see section 3 below: Youth and abortion care) and others representing the AProject/Lebanon, ASAP/India, CEDES/Argentina, Feminism in India, the Peace Foundation/Pakistan, Generation Initiative for Women and Youth Network (GIWYN)/Nigeria, Ibis Reproductive Health, Independent Pharmacist/Nepal, Independent Researcher/Sweden, La Revuelta y de Socorristas en Red/Argentina, Likhaan Center for Women’s Health/Philippines, Pan-Armenian Family Health Union, Peace Foundation/Pakistan, Samsara Hotline/Indonesia, So I Had An Abortion/Canada, Syria Relief and Development, University of Cape Coast/Ghana.
By the end of the meeting, the information generated from the rich discussions formed a basis for the guideline development discussions on the values and preferences of women, which was one of the key criteria considered in the recommendation formulation process.

References


3. Youth and abortion care

Youth concerns relating to abortion care
Young women aged 15–24 represent 41% of the total number of unsafe abortions worldwide annually.\(^2\) We know that young people throughout the world are seeking and obtaining abortion services more frequently than any other demographic.\(^3\) Unsafe abortion is clearly an issue that disproportionately affects young women and adolescents, yet frequently their voices are silenced and their experiences and views are not taken into account in policy-making processes. Clinical practice literature often fails to provide insight into what youth attitudes, behaviours and experiences are when it comes to abortion. Data collection surrounding young women’s access to quality abortion care is difficult, which further prevents the issue from being addressed in a meaningful and holistic way. Therefore, we have limited knowledge of their values and preferences on what works and what does not work in meeting the needs of this cohort of service users. At the same time, there have been substantial recent developments in digital health and self-care interventions. The time has come for transformative action at the intersection of youth and abortion which are firmly grounded in the perspectives, experiences and practices of young people.

Youth involvement in guideline development
Ensuring meaningful youth engagement in the development of recommendations and best practices in global guidance relating to safe abortion and related sexual and reproductive health services can be expected to have an important impact on the overall understanding and implementation of culturally and demographically sensitive guidelines and related policies. Engaging young people in the development of meaningful, user-friendly and youth-centred guidelines will substantially improve the experiences of young women seeking safe abortion services. Therefore, collaboration with the International Youth Alliance for Family Planning (IYAFP) was established to facilitate youth engagement in WHO’s guideline development process. The IYAFP is a collective of young individuals, youth associations, organizations and communities with a common mission to support provision of and access to comprehensive reproductive health care services, with a focus on family planning for youth. At the start of the collaboration, a special task force, Youth for Abortion, was assembled within IYAFP, which dedicated their time and efforts to contributing to the guideline update process.

In order to address the youth-related emerging issues, a youth-led meeting was proposed as an unparalleled opportunity to advance commitment to adolescent health and to promote an innovative collaboration with young people. In 2020, a meeting was planned in collaboration with the IYAFP. IYAFP’s activities fall under five pillars: capacity-building, advocacy, research, creation of opportunities, and community development. All IYAFP members are between the ages of 15 and 30, representing about 80 countries; they contribute diverse perspectives and skills to IYAFP’s advocacy work. Collaboration with IYAFP brings the expertise, voices, experiences and cultural perspectives of global youth directly to the

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Meeting

After a year’s delay due to the COVID-19 pandemic, a youth-led virtual meeting was held in April 2021, towards the end of the guideline development process. The meeting brought together 16 members of the Youth for Abortion Taskforce, and 4 WHO staff members from the Preventing Unsafe Abortion (PUA) Unit of WHO’s SRH Department. Meeting participants from the Taskforce were youths with various backgrounds ranging from the health field to policy and advocacy. They represented 13 countries across the WHO regions and each member had demonstrated strong leadership in the field of adolescent sexual and reproductive health and rights. For the purposes of the conceptual framework for development of a position paper, the Task Force divided themselves into three technical working groups based on the three themes: (1) Youth values and preferences towards safe abortion services; (2) Targeting barriers and abortion stigma; and (3) Scaling up promising practices and interventions.

The meeting had the following objectives:

- to discuss the most emerging issues related to youth and adolescents and safe abortion;
- to gather variety of youth voices in inform WHO normative guidance development process;
- to demonstrate the findings from literature reviews and open consultations conducted by the IYAFP technical working group on youth values and preferences towards safe abortion services;  

  4 One of three technical working groups within the IYAFP Youth for Abortion Taskforce.

- to conceptualize a draft position paper with key strategic considerations to inform the dissemination efforts for the new edition of the WHO safe abortion guidance.

The meeting discussions centred around three key themes: youth’s values and preferences related to abortion services, addressing barriers and abortion stigma, and scaling up promising practices and interventions to address the lack of abortion services. Key issues discussed included the elements of an enabling environment and meaningful youth engagement. The discussion points raised during the proceedings of the meeting will inform a position paper that IYAFP will develop as the main output of the meeting, which will be published in due course.