

Overcoming barriers to provision of safe abortion care in MSF projects: Task Force approach

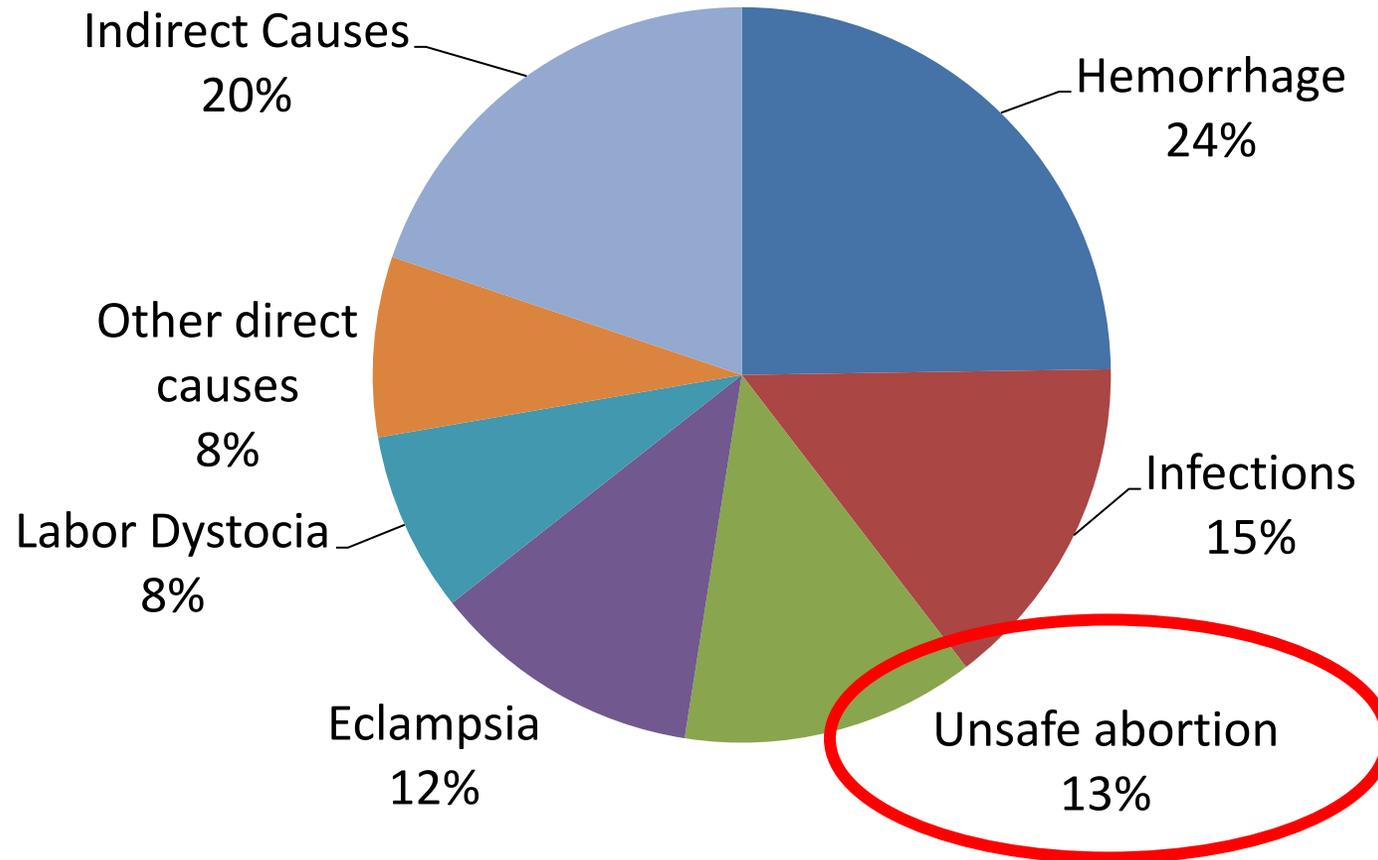


Manisha Kumar, Catrin Schulte-Hillen, Eva De Plecker,
Christine Jamet, Brice de Vigne, Jean-Francois Saint-Sauveur



Introduction

Unsafe abortion is one of the main causes of maternal death worldwide

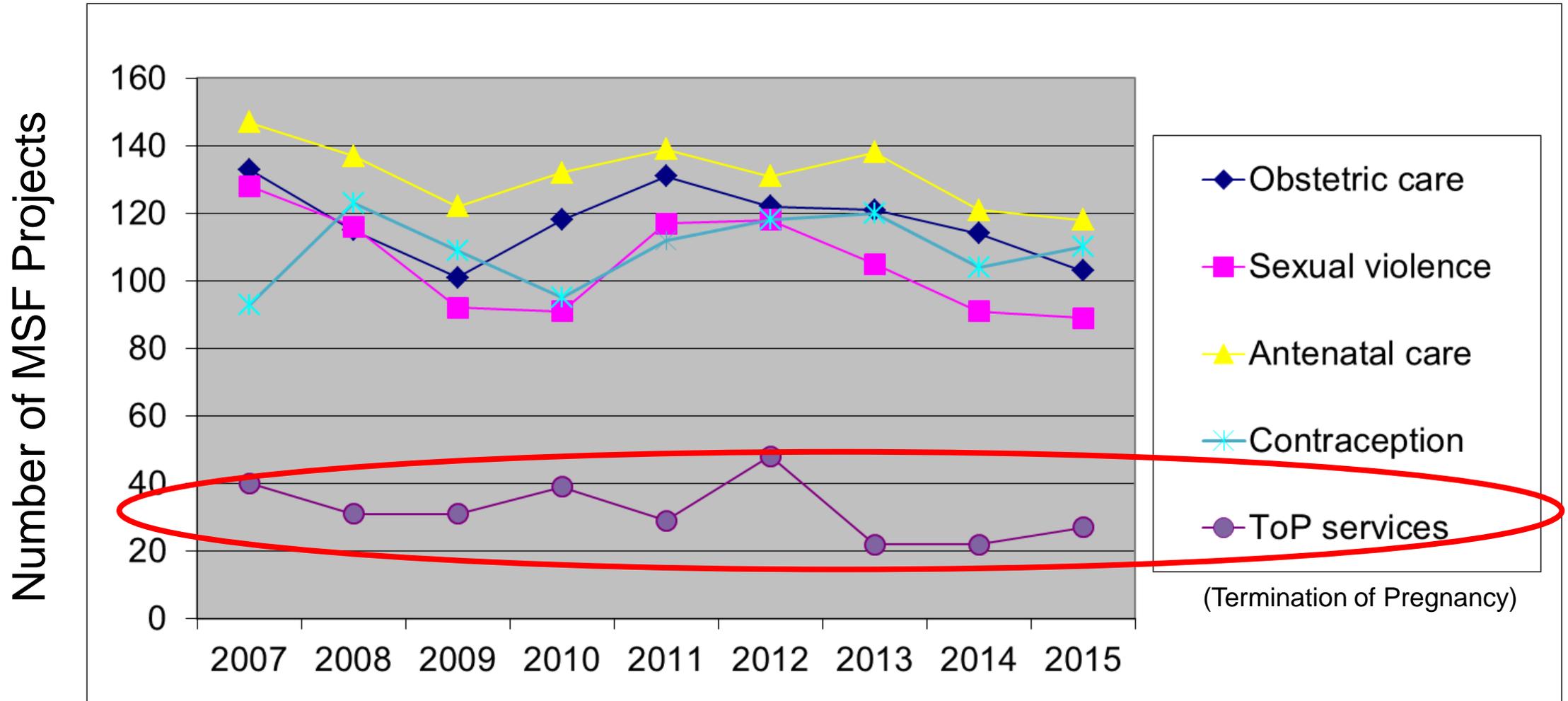


2004: MSF resolution

“The availability of safe abortion should be integrated as a part of reproductive health care in all contexts where it is relevant.”



But very little action followed



Why? Internal barriers

Stigma

**Fears about security
and acceptance**

**Social norms and
personal values**

Lack of knowledge

**Perceived legal
barriers**

**Myths and
misconceptions**

Policy to Action: *A new approach*

2015: Reproductive Health and Sexual Violence Working Group proposed the
“Task Force for Support to the Implementation of Safe Abortion Care”

- ✓ *Overseen by Medical and Operational Directors*
- ✓ *Intersectional*
- ✓ *Multi-departmental*
- ✓ *Direct field support facilitated by an in-country coordinator*
- ✓ *Measurable objective based on concrete medical action:
increase ToP provision in MSF projects*

Methods

Between **March 2017 and May 2018**, the Task Force conducted **10 field support visits**.

Key components of Task Force field support visits and related tools:

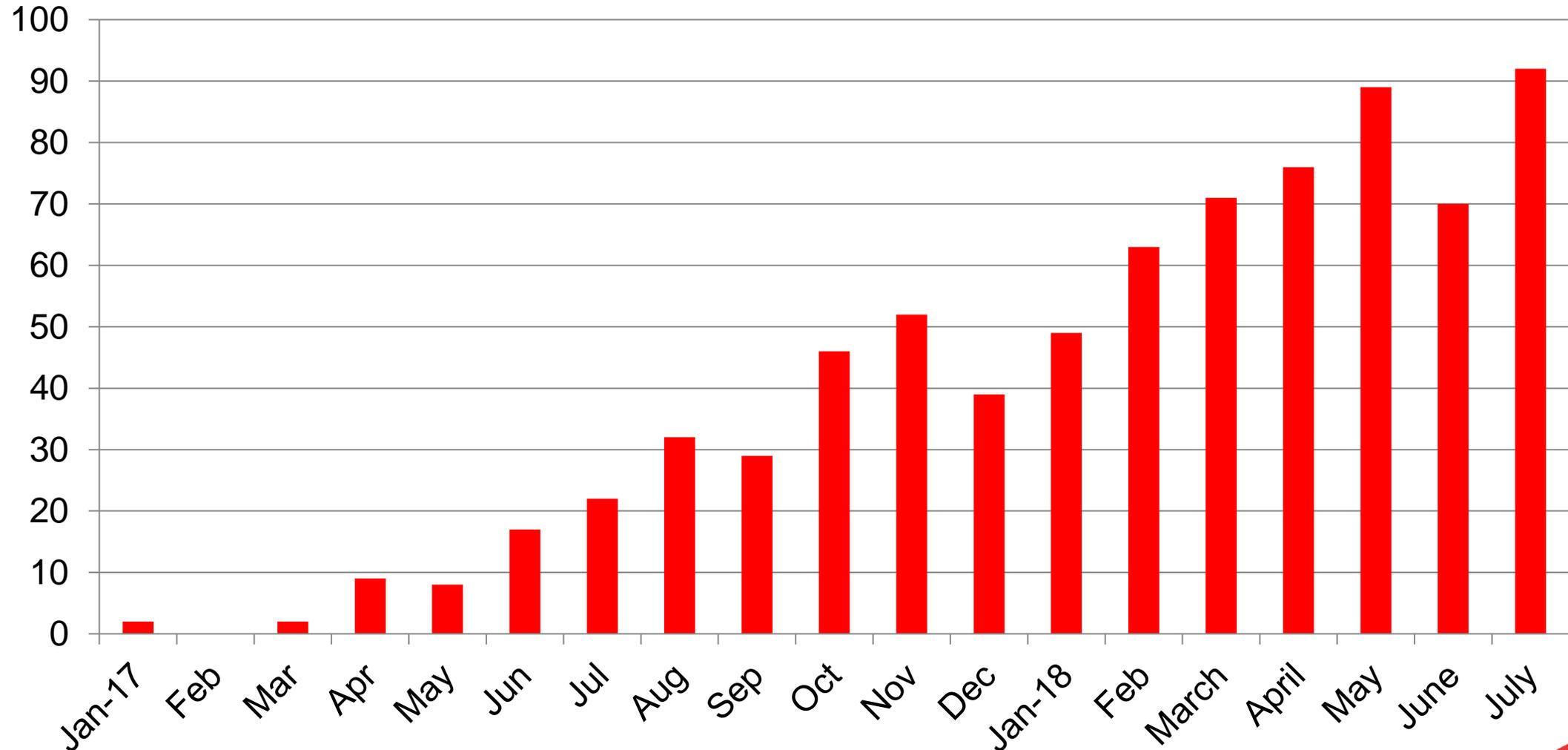
- ✓ Exploring Values and Attitudes (EVA) Workshop
- ✓ Clinical trainings
- ✓ Discussions with local interlocutors
- ✓ Threat and risk assessment
- ✓ Implementation strategy
- ✓ Data collection and monitoring



A Note on Ethics: This innovation project did not involve human participants or their data; the MSF Ethics Framework for Innovation was used to help identify and mitigate potential harms.

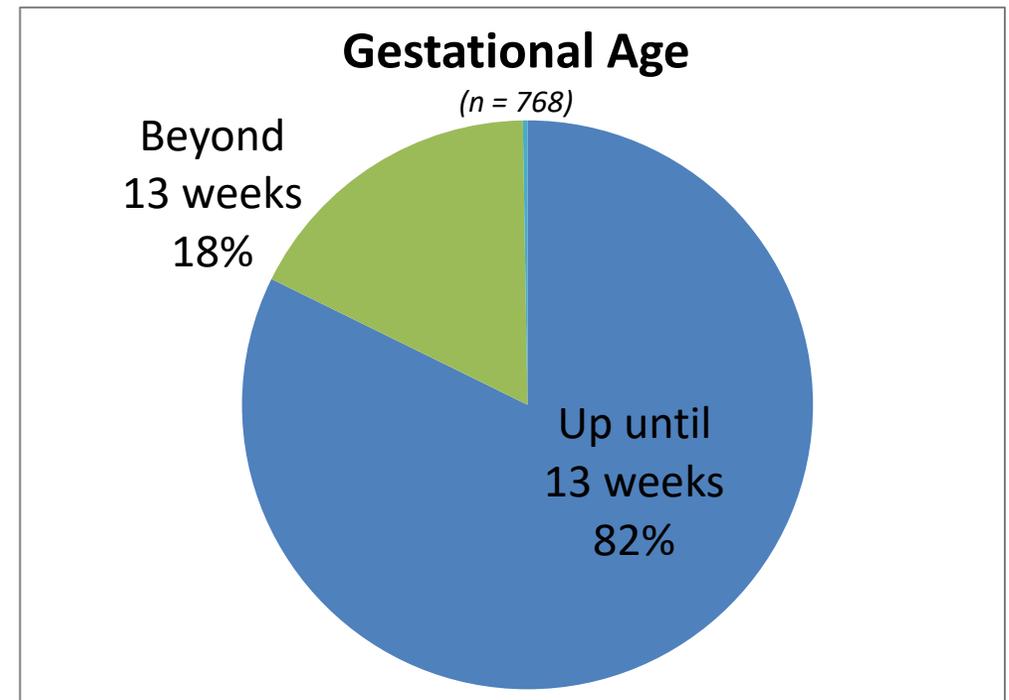
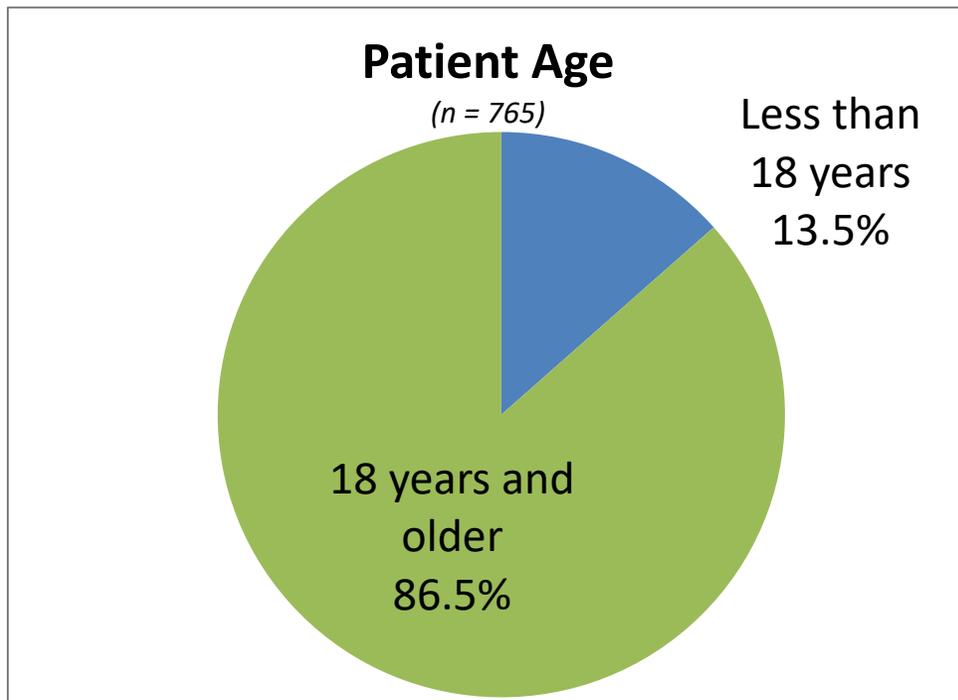
Results

Abortions Provided by 10 MSF Pilot Projects



768 ToP Provided

- 762 (99.2%) were via the **medication method** (abortion pills)
- Severe medical complications: 0
- Security incidents:
 - Major security incidents: 0
 - Minor security incidents associated with 9 ToP (1.2%)

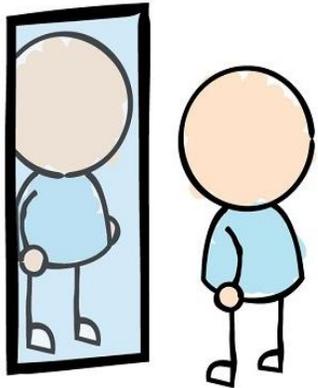


40 EVA Workshops with 746 MSF staff

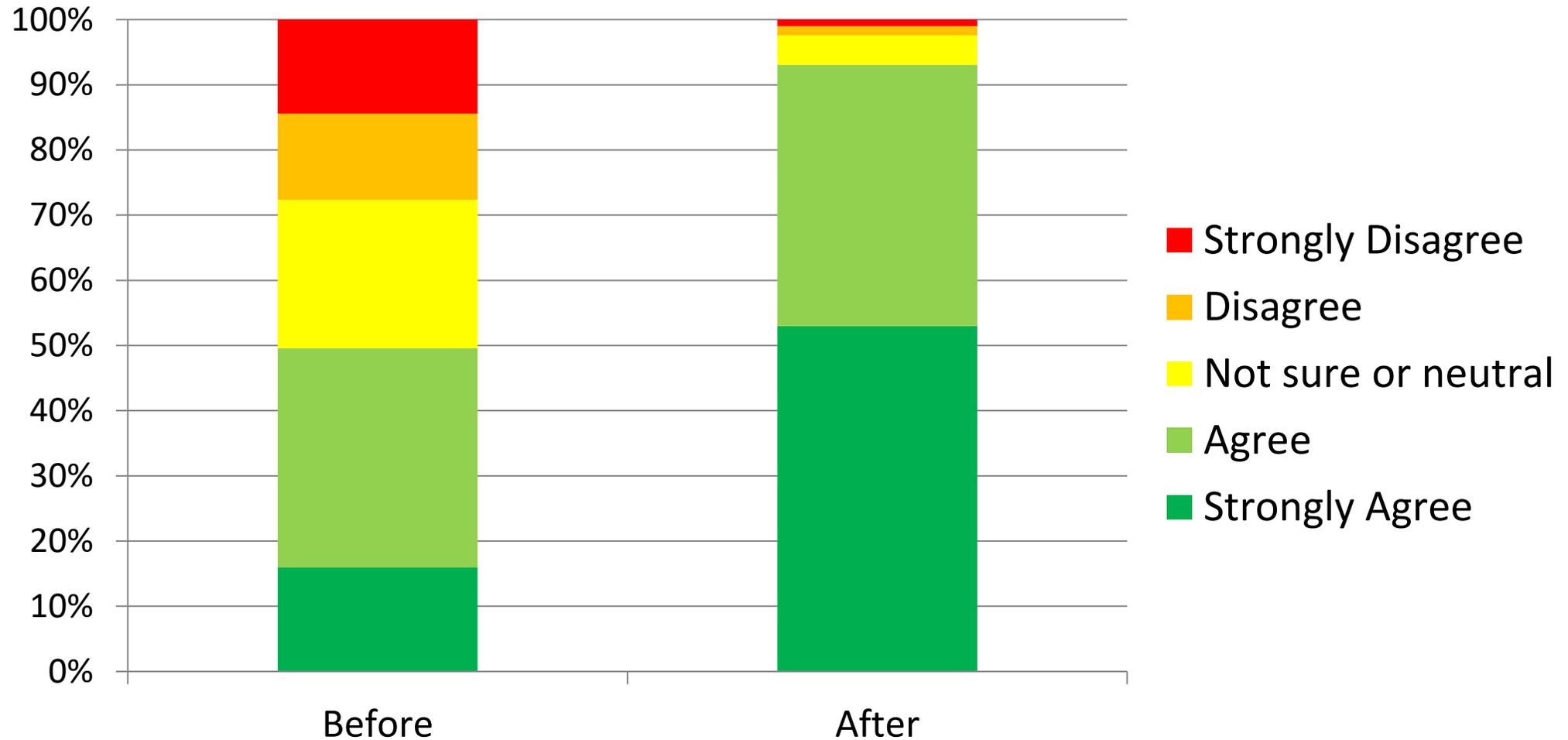
Goal: For participants to explore, question and affirm their values and beliefs about abortion, such that support for the provision of safe abortion care is increased.

New way of talking about abortion in MSF

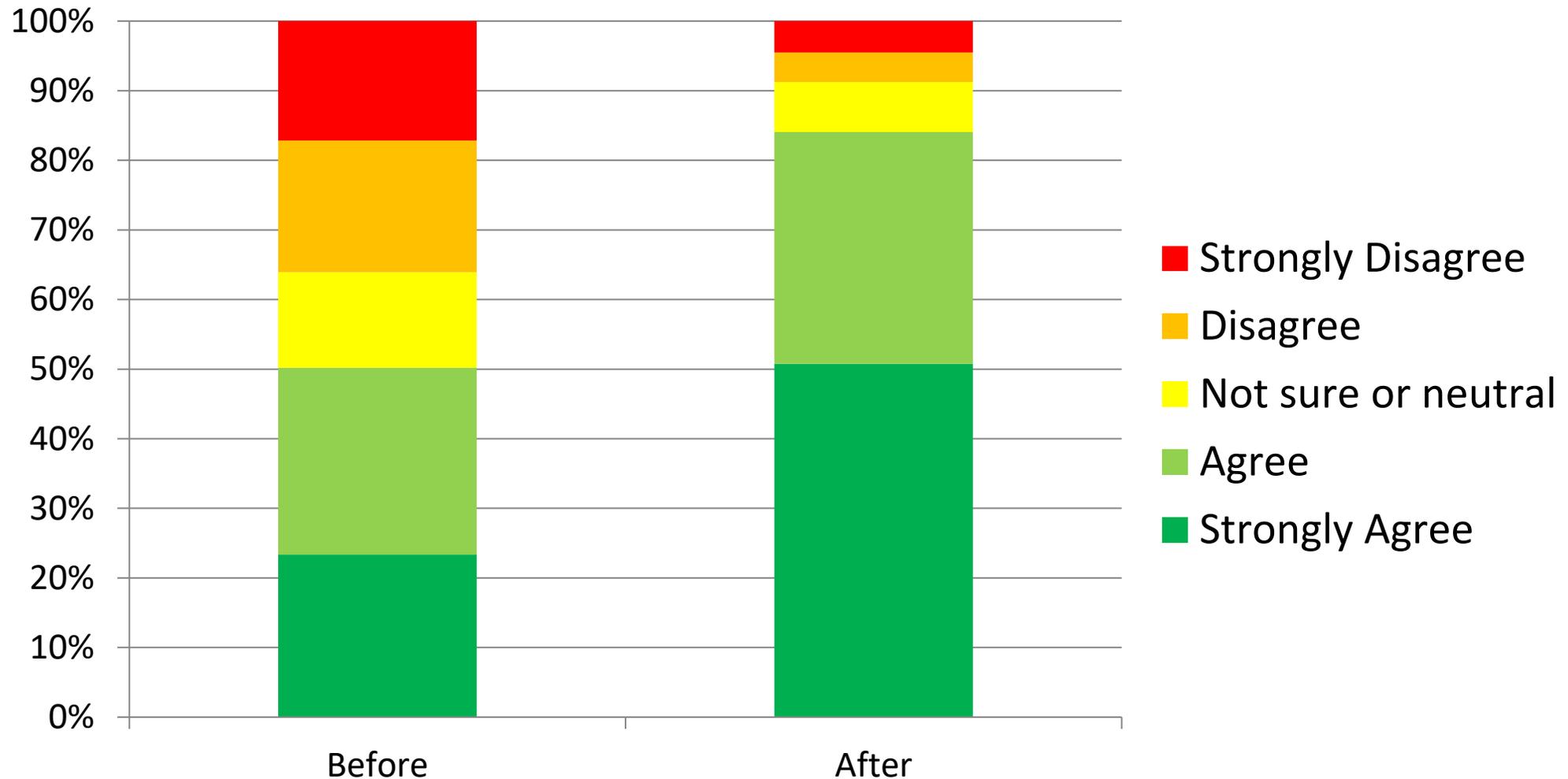
- Open, honest dialogue
- Critical self-reflection and evaluation
- Based on values and attitudes and how they influence our decision making and behavior
- Interactive, accessible, and relevant activities
- **Not a debate**



I understand MSF's policies and practices related to the provision of safe abortion care.



I support MSF's provision of safe abortion care to all women and young girls who request it.



Conclusion

- ✓ The **multi-level, field-based** Task Force approach has contributed to the successful provision of safe abortion care in targeted MSF projects, thus creating movement on an issue where there had been roadblocks for many years.
- ✓ An “**implementation toolkit**” was developed to address internal barriers. EVA workshops in particular were key to changing the way MSF approaches the topic and overcoming organizational inertia.
- ✓ Impact beyond the pilot projects: over **80 EVA workshops** in **25 countries**
→ **over 1400 MSF staff**

	2016	2017
Number of countries reported providing ToP	5	25
Number of ToP provided	781	3993

Conclusion

- ✓ Implication for the field: *You can do it!*
- ✓ Looking forward: **Task Force Transition**
 - Take the lessons learned and the tools developed from the pilot projects and incorporate them into the whole MSF movement
 - Integration of safe abortion care provision as part of normal MSF medical action around the world
- ✓ Potential model for how to move from policy to action on other challenging, sensitive issues

Where MSF Works 2017



Acknowledgments

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