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

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**Introduction**  
Unsafe abortion is one of the main causes of maternal death and suffering worldwide. Since 2004, MSF policy has stated that safe abortion care (SAC) be provided as part of reproductive health care. Over the following decade, field teams have struggled to provide termination of pregnancy (TOP). MSF’s Working Group (WG) for reproductive health and sexual violence considered that internal barriers constituted a major obstacle to SAC provision. In 2015, to address the gap between ambition and action, the WG proposed an intersectional, multi-departmental, field-based initiative overseen by medical and operational directors, termed the “Task Force for Support to the Implementation of SAC”.

**Methods**Between Mar 2017 and May 2018, the Task Force conducted field support visits to 10 MSF projects in sub-Saharan Africa. The Task Force utilized a systematic and comprehensive approach, including: 1) Exploring Values and Attitudes (EVA) workshops; 2) clinical training; 3) discussions with local interlocutors; 4) threat and risk assessment; 5) implementation strategy; 6) data collection and monitoring.

**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**In Feb 2018, before the Task Force started, no projects reported providing TOP. Following the Task Force visits, all 10 projects reported a steady increase in TOP provision, with a total of 768 TOP provided by Jul 2018. 662 (86.5%) patients were 18 years or older, and 103 (13.5%) were less than 18 years. 632 (83%) had pregnancies at or under 13 weeks gestation, and 134 (17%) were beyond 13 weeks. 762 (99.2%) TOP were provided via the medication method (“abortion pills”). There were no severe medical complications and no major security incidents reported. The Task Force facilitated 40 EVA workshops for 746 MSF field staff. Pre- and post-survey results demonstrate increased understanding and support for MSF action regarding SAC after EVA workshops.

**Conclusion**

Today, more women in MSF projects have access to safe abortion care than ever before – including women of all ages and in the first and second trimester. The Task Force developed specific tools and integrated them into a comprehensive implementation strategy for field teams. The multi-level, field-based approach of the Task Force 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. EVA workshops in particular are thought to be one of the keys in overcoming organizational inertia by opening up space for dialogue and understanding on a sensitive issue.

**Conflicts of interest**  
None declared.

**Manisha Kumar**

Manisha Kumar, MD, MPH is a family medicine doctor with fellowship training in obstetrics. She has extensive experience in global maternal and child health in a variety of different contexts, including South Sudan, Democratic Republic of Congo, Lesotho, Peru, Guatemala, Bangladesh and India. Manisha has been working with MSF since 2014 and is currently based in Amsterdam as the Coordinator of MSF’s Task Force for Safe Abortion Care.