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Using evidence to improve quality of pharmacy-delivered medical abortion

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CASE STUDY

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Using evidence to improve quality of pharmacy-delivered medical abortion

FROM EVIDENCE TO IMPACT: A look at how STEP UP research was used to impact policies and programmes

The goal of family planning and reproductive health operations research is to generate evidence that helps policies and programmes maximize access to and quality of services for women and their families. Yet the crucial step of ensuring the utilization of that evidence often receives inconsistent or inadequate attention. There is relatively little monitoring and reporting on whether and to what effect research findings are utilized, or on the nature, process, and efficacy of the strategies employed to achieve this.

The goal of this case study is to document an activity of the STEP UP research programme consortium which resulted in successful evidence utilization. This is to both demonstrate the positive impact STEP UP is having on family planning and reproductive health policies, as well as to document the process by which this was achieved so as to inform future research projects on successful strategies and lessons learned.

STEP UP generates policy-relevant research to promote an evidence-based approach for improving access to family planning and safe abortion.

We work in Bangladesh, northern India, Ghana, Kenya, and Senegal.

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SUMMARY

As a partner in the STEP UP research programme consortium, Marie Stopes International has conducted high-quality research and enabled significant impact on health policies and programming. STEP UP research on quality of care for medical abortion (MA) has provided the evidence base for strengthening of MSI's provision of safe abortion, specifically MA, across the globe, enabling such impact as:

- Development of MSI's safe abortion and post-abortion care strategy and best practice guidance for implementation
- Development and implementation of mechanisms to ensure women obtaining MA from pharmacies have access to information (including telephone advice line services and improved product packaging information)
- Implementation of ongoing pharmacy education and provision of informational materials to expand awareness of MA

INTRODUCTION

The availability of misoprostol and mifepristone in pharmacies and drug shops has increased women's access to safe, non-surgical methods of abortion in many countries, resulting in declines in mortality and morbidity from unsafe abortion.¹ Yet women's access to accurate information about these medications remains limited, especially when the drug sellers themselves lack adequate information and training. Without access to accurate information as well as high quality products, incorrect use of medical abortion drugs may limit their effectiveness.

Marie Stopes International (MSI), a research partner in STEP UP, has been uniquely positioned to produce, implement and scale up STEP UP evidence, resulting in research uptake at both a regional and global level by informing MSI programming, internal guidance, and strategy.

THE PROJECTS

Two primary STEP UP activities informed MSI's safe abortion and post-abortion care strategy and ongoing programme improvements:

- A systematic review examining published studies assessing the level and quality of pharmacy and drug shop provision of medical abortion in low- and middle-income countries, as well as interventions to improve quality of provision.²
- A study assessing the availability, use, and quality of care for MA provision in private pharmacies in Kenya.³

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KEY STUDY RESULTS

In Kenya,

- Pharmacy workers are providing women with MA drugs and information: 62% of pharmacy workers provided information on abortion methods to mystery shoppers, and 28% offered MA drugs.
- Demand for abortion services is high: pharmacies that provide MA information and drugs reported an average of 12 women seeking abortion services per month. Among pharmacies that do not provide MA information and drugs, most (74%) said that their clients ask for these services.
- However, pharmacy workers do not know correct MA regimens, side effects, or the legal status of MA. Only 9% of pharmacy workers could state the correct WHO approved mifepristone-misoprostol MA regimen. Knowledge of the misoprostol-only regimen was higher (19%).
- Among those who did know the correct regimen, many were unable to name side effects or potential complications.
- Pharmacy workers need and want more training on MA methods, recognition and management of complications, referrals, and abortion law.

Globally:

- Despite widespread awareness and provision of MA drugs, most studies found that pharmacy workers and drug sellers had poor knowledge of effective regimens
- Evidence on interventions to improve pharmacy provision of MA indicated that training, call centre support, and medical detailing could be effective in improving drug seller knowledge, but evidence was limited and generally of poor quality.
- Programmatic attention should focus on the development and rigorous evaluation of innovative interventions to improve women's access to information about MA self-management in low- and middle-income countries.

MAKING AN IMPACT

Marie Stopes International has over 600 fixed clinics, 3,600 social franchises, 520 outreach teams, and 550 community midwives in 37 countries. To inform MSI clinical guidelines and practices is to contribute to improving the care of millions of women. STEP UP evidence on pharmacy provision of MA has been utilized by MSI in several ways:

Supporting high quality MA information provision by pharmacy workers in Kenya

Training sessions on MA were conducted with pharmacy staff, doctors, nurses and clinical officers by Marie Stopes Kenya (MSK), including MSK staff and non-MSK staff. STEP UP research data informed the training content and improved educational materials, as the research had identified the greatest knowledge gaps for these providers. To improve access to information for MA users, MSK also actively promoted their call centre phone number to pharmacies and their clients by printing the call centre phone number on promotional materials and packaging. The survey had shown that many pharmacists provided MA drugs without any packaging, information, or support, so this intervention aimed to ensure that women would have access to the required information and support after leaving the pharmacy.

Building a global strategy for safe abortion and post-abortion care

The research has also influenced MSI's global safe abortion and post-abortion care strategy, which was developed in 2016-17. As a result of this evidence on pharmacy provision of MA, the strategy highlights the importance of improving access to information about MA for women who may be using these products (within the local legal framework), as well as improving access to information among health professionals such as pharmacists. The strategy offers programmes guidance and advice on how to achieve this through evidence-based case studies, such as that of Marie Stopes Kenya.

Strengthening MSI call centres as key drivers for improving sexual and reproductive health awareness

The STEP UP systematic review revealed the need for improved knowledge and awareness of MA, and the important role that hotlines and call centres can play in ensuring women have access to information. MSI's safe abortion and post-abortion care strategy recognises the key role of the call centre for providing information and referrals.

A call centre toolkit for MSI programmes has been developed, and programmes are supported to strengthen their call centres through continuing investment in technical expertise and resources. The impact of call centres on women's access to accurate information about MA is now being evaluated in Zambia.

KEY LESSONS LEARNED

The vertically integrated structure of MSI allowed for efficient and widespread uptake of STEP UP evidence. Research is able to inform not only operations (enhancing service delivery) but also strategy development (ensuring relevance, innovation, and sustained benefits of services to communities).

A feedback system of operations research and operational guidance

Several aspects of MSI internal structure enabled successful research uptake of STEP UP evidence.

Informing best practice

MSI uses 'Success Models' to capture all best practice guidance for operations, including evidenced examples of how guidance has been successfully implemented in particular country programmes. The 'Success Models' are documents which identify key rules or recommendations for successful implementation of each of MSI's service delivery channels (fixed clinics, mobile outreach teams, social franchise, community midwives, public sector support), and for specific technical areas such as safe abortion and post-abortion care, and reaching adolescents.

Each rule or recommendation includes guidance on its rationale, how to implement, and evidenced examples of where it has been successfully implemented. Through this continuing feedback loop, new evidence informs best practice guidance and programmatic decision-making.

Investing in evidence

The feedback loop of 'Success Models' also helps to identify where more evidence is needed in order to improve operations, expand access, or strengthen quality. For example, if there is a lack of evidence for a specific intervention, or it is unclear how to address an operational challenge, this will be prioritised as an area where more research is needed.

Investment in evidence at MSI is based on twelve strategic research priorities⁴ that were defined in 2016 during a cross-MSI research scoping and prioritisation effort. Alongside the Success Models, the MSI research strategy aligns the organisation in terms of priorities for investment in evidence generation. To ensure sustainable impact, to the maximum extent possible, strategic and operational research questions are answered using routine data as MSI has a wide range of high quality data sources such as its electronic health information system.

Communicating results

To ensure maximum use of new evidence, research is integrated into Success Model guidance, and it is widely disseminated through global and country leadership. This ensures that there is shared understanding across the organisation of “what works”. Evidence is shared through targeted evidence briefs, with clear implications for operations highlighted, and wherever possible, wider bodies of evidence are collated to show research findings in context.

CONCLUSION

Pharmacy workers are key in expanding access to safe methods of abortion worldwide and reducing harm from unsafe abortion. Pharmacy staff require improved support to ensure women receive accurate information, and mechanisms are needed to expand women's direct access to information about medical abortion. To this end, STEP UP research on pharmacy provision of MA has been successfully utilized at wide scale throughout the MSI network. The embedded partnership of research activities and service delivery was the crucial link that offered an effective conduit for research utilization.

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