

Safe Medical Abortion & Post Abortion Care in Zimbabwe

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Background

Unsafe abortion is a hidden health crisis in Zimbabwe with over 30,000 hospital admissions annually, contributing almost 15% of maternal mortality. Concept Foundation funded a market survey to understand the status of safe medical abortion in Zimbabwe in 2019.

Objective

To determine the status of safe medical abortion and post abortion care services in Zimbabwe.

Methodology

- A cross-sectional descriptive study was conducted during 2019 to understand the status of abortion care services in Zimbabwe.
- Data collection was through literature review of abortion policies and related research on abortion services in Zimbabwe.
- Key Informant Interviews were conducted with programme managers (25) and health care providers (32) using a structured questionnaire to understand key service delivery issues.

Results

- Access to legal abortion is difficult, with women facing a myriad of challenges.
- Legal and administrative barriers, stigma among women and providers, fear of legal and social repercussions, are deterrent factors for accessing safe abortion services.
- The Termination of Pregnancy (ToP) Act of 1977 is outdated and not widely known.
- Abortion is one of the top ten in-patient causes of morbidity (30 000 admissions annually).
- Abortion complications were one of the top five causes of maternal mortality in Zimbabwe.
- The primary health care level generally do not provide post abortion care (PAC) services, with only 20% of primary care facilities having the capacity to provide services.
- Despite revising the PAC guidelines in 2014, these were not widely disseminated.
- Surgical evacuation is used to manage a substantial proportion of cases (62%), misoprostol (17%) and Manual Vacuum Aspiration - MVA (13%).
- The country introduced MVA in 2008 and introduced misoprostol in the essential drug list in 2011. Knowledge on misoprostol among providers is high (95%) but a significant proportion had either not been formally trained or did not know the correct dosage (41%).
- There was no registered Combi-Pack (Misoprostol & Mifepristone) product in Zimbabwe.
- Women seeking PAC reported substantial delays between arrival at the health facility and receiving complete treatment. This is often due to lack of money, waiting delays, lack of staff, medicine shortages or inability to get complete treatment at a single facility.
- About 55% of Public Health facilities assessed faced stock-out challenges for Misoprostol and to a lesser extent MVA kits (49%). These critical gaps limit access to services by women in need of safe medical abortion and post abortion care.

Conclusions

Zimbabwe needs to streamline legal and administrative procedures for better access to legal ToP. There is need to capacitate the health system to provide comprehensive and quality safe abortion care. Review of abortion care guidelines is critical for alignment with current WHO best practices. Advocacy is required with policy makers and professional associations for review of the ToP Act.

References:

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