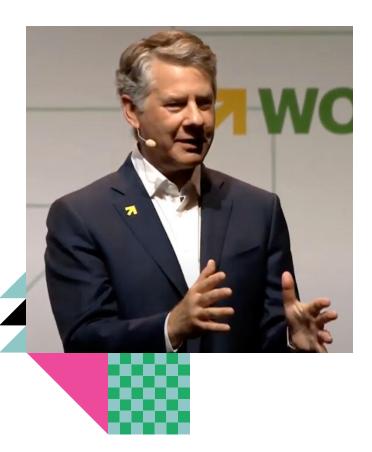


POPULATION SERVICES INTERNATIONAL

### CHANGING THE LANDSCAPE FOR SAFE ABORTION AND POST-ABORTION CARE

2020 YEAR IN REVIEW





PRESIDENT & CEO
POPULATION SERVICES INTERNATIONAL

### LETTER FROM THE CEO

In 2020, PSI celebrated our 50<sup>th</sup> anniversary—half of a century of bringing our ingenuity and commitment to advancing health equity around the world. Throughout PSI's history, we have designed solutions to tackle some of the most pressing health challenges of our time.

The global COVID-19 pandemic is one such challenge that will have acute and devastating impacts for years to come. We know that sexual and reproductive health needs do not disappear during a pandemic. We believe fully in the inclusion of time-sensitive safe abortion and post-abortion care as integral components of a person's reproductive lifespan. Against the backdrop of a global pandemic, and perhaps in spite of it, **PSI reached over 1.7 million users with safe abortion and post-abortion care last year**, more users than we reached in 2019.

Reaching people with health information and options is what we do, but how we do it is equally as important. Our approach is consumer-powered—we center consumers in the design and delivery of health solutions that meet their varied and changing needs. We co-create a positive healthcare experience alongside consumers and trusted partners to build and sustain health markets and behaviors. Across the full spectrum of sexual and reproductive health and rights and all health areas in which we work, we aim to accelerate progress toward universal health coverage by putting more high-quality care and control in the hands of consumers.

I am very proud of the achievements detailed in this report, brought about through tireless effort and dedication by PSI teams around the world and supported by amazing partners and funders, from large institutions to committed individuals. We are so grateful for their support. While COVID-19 will continue to challenge us, we at PSI are committed to building the resilience of frontline implementers, staff around the world, and consumers to ensure that vital sexual and reproductive health and rights are nurtured now and for the next 50 years.

# **PSI'S VISION FOR**SAFE ABORTION AND POST-ABORTION CARE

PSI envisions a world in which every individual has voice, choice, and agency over their sexual and reproductive health (SRH), including access to voluntary contraception, legal and safe abortion, and post-abortion care (PAC). We are committed to advancing SRH and rights for all—regardless of age, race, gender, class, ability, or location—in order to achieve universal health coverage.

We know that abortion is a normal part of many people's reproductive journey. Too often, though, navigating the pathway to a safe abortion is challenging due to pervasive stigma, restrictive laws and policies, lack of safe options for care, or inadequate information. Moreover, the global COVID-19 pandemic and shifts in the funding landscape have complicated safe abortion delivery in many countries.

At PSI, we believe that every abortion seeker deserves access to high-quality services from a trained provider, affordable medication abortion (MA) products, and accurate and unbiased information on their safe abortion and PAC options.

Together with collaborators, government leaders, and frontline health workers in communities across the world, we strive to build a stronger ecosystem that protects the needs and rights of abortion seekers and places more care and control directly in their hands. Within this ecosystem, PSI brings its expertise in market development, social and behavior change communication, and consumer-powered design to advance four key pillars of safe abortion and PAC programming:

- **1. PRODUCTS**: Improving access to high-quality MA products through consumer education, product sales and distribution, partnership, and broader market development.
- **2. SERVICES**: Equipping health providers with skills in delivering client-centered safe abortion, PAC, and voluntary contraceptive services within public-private mixed health systems.
- **3. INFORMATION**: Providing information and support for safe abortion, PAC, and SRH and rights.
- **4. ENABLING ENVIRONMENT**: Reducing abortion stigma and advocating for policy change.

### **OUR ESTIMATED GLOBAL IMPACT IN 2020**



**1.7M**users reached with safe abortion and PAC



14K maternal deaths averted



**8.3M** people reached with modern contraception



**27%**of all SRH visits were by young people (under 25 years)



26
countries implemented safe abortion and PAC activities

### SUSTAINABILITY

### STRENGTHENING CLIENT-CENTERED PRODUCT AND SERVICE DELIVERY

PSI is committed to sustainably transforming the abortion landscape. Expanding access to high-quality safe abortion and PAC services and products is a cornerstone of PSI's approach.



PSI focuses on building clinical capacity of private provider networks as well as frontline staff in public health centers. We support over 4,000 health facilities by training providers in legal abortion, PAC, contraceptive services, and counseling; clarifying laws and unpacking biases through healthcare ethics and values exploration; and delivering ongoing support through coaching and quality assurance. Through a small-grants mechanism, PSI leveraged its existing SRH service delivery programs in Burundi and Somaliland to introduce PAC into these networks by equipping facilities with medical consumables and commodities and training providers in PAC clinical protocols.

Collaborating with ministries of health in 12 countries, PSI amplifies public sector ownership of safe abortion and PAC at all levels of the health system. In Cameroon, PSI's local affiliate launched a pilot to train district supervisors in using its quality assurance model and tools to lead supervision of PAC and legal abortion services as part of integrated SRH care in facilities.



In Nigeria, PSI activated a community health insurance pilot scheme in one local government area, unlocking over USD\$650,000 in healthcare funding. Through this initiative, PSI enrolled over 30,000 women and children under five years in the scheme and supported insurance premium payments for over 5,000 enrollees, which triggered the government's domestic health insurance financing. PSI also successfully advocated for PAC to be included in the minimum service package of the scheme.



PSI-supported private and public providers delivered 251,000 safe abortion and PAC services in 2020

### **PRODUCTS**

**PSI diversifies and builds healthy MA markets for both misoprostol and mifepristone-misoprostol combipacks**. We directly distribute our own brands of misoprostol (Avertiso) and the combipack (Mifeso) as well as other brands in 19 countries. In countries with sufficient availability of high-quality products, we shift our focus to market facilitation to strengthen MA access in underserved and rural areas.



PSI countries distributed 1,285,000 MA combipacks and 6,300,000 tablets of misoprostol in 2020



For the past few years, PSI has been actively transitioning historically donor-dependent product social marketing portfolios, including consumer marketing, to full financial self-reliance. We have integrated MA into our social enterprise portfolios across Asia, Africa, and Latin America. In Cambodia, for example, in anticipation of reduced donor funding, PSI established a social business structure in 2017. This structure enabled continued sales, distribution, and marketing of MA and other SRH products. PSI's social business in Cambodia is now fully self-sustaining.

PSI currently manages social business activities in 21 markets, with 70% of business expenses supported through earned income from sales activities.



In Francophone West Africa, PSI is increasing availability of MA within countries while moving toward greater financial self-reliance by regionalizing sales, marketing, and distribution under one enterprise. Through this approach, registration of products—including Avertiso and Mifeso—is managed by a regional entity, pricing is standardized, and procurement orders are harmonized across countries. PSI is also working with a regional pharmaceutical promotion agency that oversees all provider-facing marketing, training, and communications activities, lending greater consistency and streamlining costs.

### INNOVATION

## CHANNELING CARE AND INFORMATION INTO CONSUMERS' HANDS

Products and services alone do not guarantee a safe abortion or PAC experience; access to accurate, timely, and non-judgmental information is also needed to facilitate safety and improve the client experience. Directly engaging consumers to understand their information needs and preferences, PSI designs innovative strategies to deliver information on SRH and rights to key populations and connect abortion seekers to care.

### **TECHNOLOGY SOLUTIONS**

PSI uses digital platforms—social media, SMS, and mobile applications—to push information out and provide interactive, user-centered care. In Francophone West Africa, PSI assessed the digital landscape to uncover trends in information-seeking behavior and learned that people who searched for abortion information online landed on articles or webpages with highly sensationalized and stigmatizing content. Leveraging existing digital experts, PSI partnered with Women First Digital to drive online traffic to an existing website—How to Use Abortion Pill—achieving nearly 16,000 site visits over eight months. PSI also translated the HowtoUse chatbot into French, a valuable asset now serving all website visitors.



### OFFLINE OUTREACH

Offline outreach—led by interpersonal communication agents and volunteers who serve as trusted sources of information on SRH and referrals in their communities—is essential for reaching populations with low digital access. PSI trains and supports many different collaborators on how to disseminate messages on PAC, MA, and the importance of follow-up care, including postabortion contraception. PSI also trains some of these collaborators to provide individualized support and accompaniment throughout the abortion seekers' journey. Some of our trusted communication agents include sex workers, hairdressers, drug sellers, traditional healers, and young people.

### **SELF-CARE**

PSI is committed to building a safety net around those who choose to self-manage their abortions. In 2020, PSI—through its coordination of the Self-Care Trailblazer Group—led development of a peer-reviewed quality of care framework for self-care interventions. Building on the World Health Organization's (WHO) self-care guidelines, which include MA combipacks, this framework identifies core components for monitoring quality in any self-care intervention. It goes beyond provider and facility quality to encompass other elements critical for high-quality self-care: informed healthcare clients, digital technologies and platforms, regulated quality products and interventions, the trained health workforce, and health sector accountability. This flexible self-care framework can be used to monitor and support quality when clients are engaging with self-care on their own or in partnership with a healthcare provider.

### **ADAPTATION**

## ENSURING CONTINUITY OF CARE DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic has illuminated the severe inequities and gaps that exist in every health system, particularly for women and girls. The urgency of ensuring timely access to safe abortion and PAC has only been amplified during the pandemic. PSI resiliently and innovatively adapted to restricted operating environments to ensure continuity of care for consumers and support to staff, health providers, and governments.



PSI teams documented over **100 SRH program adaptations** in response to the COVID-19 pandemic in 2020

### **DIGITAL OUTREACH**

While PSI's emergency response focused foremost on protecting staff and frontline workers by supplying personal protective equipment and issuing guidance on program implementation, we also designed new ways of working to ensure continued accessibility of services and products, shifting many in-person activities to the digital space. These included:



**Virtual trainings:** In countries with extensive lockdowns and travel restrictions, PSI adapted onsite trainings to a virtual classroom format. In Nigeria, PSI used Zoom to replace classroom trainings and trained 58 health providers in harm reduction counseling and PAC. Following the virtual trainings, PSI visited providers individually to fully certify their clinical skills in manual vacuum aspiration for PAC.



Remote coaching and supervision: PSI used platforms like WhatsApp to coach and supervise providers and interpersonal communication agents, enabling routine quality monitoring. In Madagascar, PSI carried out over 350 remote supervision visits on PAC with providers and supported them with internet data to facilitate interactions. Many countries set up interactive WhatsApp groups with providers to regularly share information and COVID-19 prevention messages.



**MA tele-detailing:** As supply chains were under threat, PSI pivoted to "tele-detailing"—remote medical detailing visits. Tele-detailing allowed PSI to provide accurate information on MA products to clinics and pharmacies, collect commodity sales orders to avoid stockouts, and support service continuity.





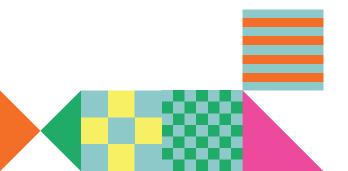
### **PROGRAM ADAPTATION:**

### Ensuring commodity security in the COVID-19 era

Complementing its tele-detailing activities, PSI engaged trusted *boda boda* drivers in Uganda as couriers delivering SRH commodities, including misoprostol. PSI also used a mobile money platform to collect payments for products. Over a six-month period, PSI in Uganda leveraged *boda boda* drivers to facilitate commodity orders from 75 sites.

### **TELEMEDICINE**

In Nepal, PSI alongside others supported the Ministry of Health in creating and implementing the Interim Guidance on RMNCH Services in COVID-19 Pandemic. This guidance facilitated telemedicine during the pandemic due to the relaxed provisions around MA use. These included authorization of any pharmacy to stock MA commodities, home-based provision of MA by a registered safe abortion provider, and remote client counseling on abortion.



### **DIALOGUE**

## UPLIFTING PARTNERSHIPS AND POSITIVE NARRATIVES AROUND ABORTION

Despite being a normal part of the reproductive lifespan, abortion remains taboo and stigmatized in all levels of society. To truly advance safe abortion access and rights, normative change in societies and policy change within governments are needed. PSI proudly supports partners in civil society, government, and the health sector at all levels—from the local level to the global stage—to promote positive narratives and create momentum for bolstering safe abortion rights.

### **LOCAL DIALOGUE**

To create a more supportive ecosystem, PSI works through coalitions and engages influential individuals from local communities and governments in conversations on abortion and SRH rights. These discussions are an entry point for shifting attitudes of key gatekeepers, who often set the tone for broader communal acceptance, around safe abortion and PAC. In Benin and Uganda, PSI led values clarification discussions with public sector health actors, local officials, and traditional and religious leaders to sensitize them on barriers to abortion and PAC access. These sessions led to renewed support for PAC in district action plans in Uganda.





### **NATIONAL DIALOGUE**

Supporting governments to steward safe abortion and PAC programs is crucial to sustainability. In Laos, PSI is actively working with key SRH partners to set a common safe abortion agenda and strengthen the government's leadership over it. Most recently, PSI trained senior health officials in the Ministry of Health in comprehensive abortion care and healthcare ethics

In Nigeria, PSI brought stakeholders from Kano and Nasarawa states and the Federal Ministry of Health together to discuss results from the nationwide harm reduction counseling study, undertaken jointly with the government in 2018 and 2019. Study findings revealed large numbers of clients seeking care for complications from unsafe abortion, prompting both states to expand harm reduction counseling interventions. PSI supported training of 220 public providers in harm reduction counseling and misoprostol, and these public providers counseled 2,300 clients in harm reduction in the second half of 2020.

### **GLOBAL DIALOGUE**

Brought on by the COVID-19 pandemic, PSI joined a working group within an initiative led by the WHO and United Nations Population Fund: *Preventing Unsafe Abortion in the Context of COVID-19*. PSI led the Program Adaptations team, documented several organizations' COVID-19 adaptations to ensure continuity of safe abortion care during the pandemic, and shared learnings through creation of an interactive story map.

### **LOOKING FORWARD**

At PSI, we know we cannot transform the safe abortion landscape alone. The COVID-19 pandemic has shaken health systems and worsened inequities in access to care. Its impacts will be felt for the foreseeable future. To advance universal health coverage inclusive of abortion-related care, we need to employ creative and nimble solutions that address challenges stemming from the pandemic, reduced funding for safe abortion, rise of anti-choice opposition, and changing policy landscapes for SRH and rights.

There is still an immense amount of work to do in the areas of tackling abortion stigma, connecting consumers to unbiased and high-quality information both online and offline, and building a sustainable ecosystem centered on SRH and rights.

Now is the time to act boldly to safeguard this work for generations to come.



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### LET'S CONNECT

Together, we can take this lifesaving work forward. Connect with us to learn more about making safe abortion and SRH a reality for consumers around the world:

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