Postabortion Care Consortium:
Country Team Process for Advocacy to Scale-up Quality Comprehensive PAC Services

**Situation:**

Some 38 million abortions occur in developing countries each year.¹ Approximately 22 million of these are unsafe abortions, which claim the lives of 47,000 women as a result of related complications and 5 million with resultant morbidity or disabilities.² These deaths represent 13-14% of pregnancy-related mortality worldwide and as much as 25% of maternal deaths in some countries.³ In developing countries, one of every 75 women die of pregnancy- or childbirth-related causes, compared to one of every 7,300 women in developed countries.⁴

Although almost all countries in the world have signed on to agreements that protect the right of women to access PAC services without penalty, the mortality and morbidity figures speak to the myriad barriers women face when needing PAC services. Restricted abortion policies and related stigma, high unmet need for contraception (resulting in 55 million unintended pregnancies in developing countries each year), lack of information about the right to PAC, lack of will and allocation of sufficient resources on the part of governments or external donors - all of these lead to vast and unacceptable gaps in PAC access.

Rapid movement toward universal access to and quality of PAC services is urgently required.

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**Postabortion Care: A Life-Saving RH Service Intervention**

Through the essential elements of postabortion care (see below), the PAC Consortium advocates for acceptance and operationalization of the combination of emergency management (medical or surgical) to address complications of incomplete abortion, prevention through counseling and contraceptives provided on the spot, and referral for reproductive and other health services; and anticipatory care through family planning.

**Essential Elements of Postabortion Care**

- Community and Service Provider Partnership
- Counseling
- Treatment
- Family Planning and Contraceptive Services
- Reproductive and Other Health Services

The PAC Consortium has envisioned an initiative to engage colleagues of Implementing Partner organizations in countries supporting PAC services, to develop strategies for advocacy to improve the quality of comprehensive PAC services and to scale-up services to increase service access for all women within a country. Colleagues from partner organizations will spearhead the formation of the Country Teams, with the intention of partnering with government/MOHs as much as possible, as well as other key rights, women’s and civil society organizations, members of parliament, and potential funders such as USAID missions, as vehicles operationalizing country-relevant advocacy strategies.
Objectives
To identify where PAC work is being done and -

- Measure to the degree possible the coverage, scope, and quality of PAC services available in various countries, and barriers to increasing access that network partners are experiencing;
- Analyze the survey responses, create a summary report, and use the findings to inform the formation of PAC Country Teams;
- Hold a dissemination meeting with the results of the report, with all key stakeholders, where leaders from various sectors can give their responses and recommendations for effectively scaling up PAC and improving the quality simultaneously.
- From that consultation and those recommendations, create collaborative PAC Country Teams (CT) that actively work to scale-up (nationally) comprehensive, high-quality PAC services in target countries;
- Hold a capacity and skills-building workshop with ExpandNet in November and orient PAC Country Teams to the ExpandNet methodologies for scale-up; this will build upon the survey results and experiences of new PAC Country Teams.
- Continue to develop this “living” guidance for country team development, utilizing lessons learned as the processes unfold.

During the first Country Team Conversation

- Pre-conversation assignment– ask CT members to re-read the PAC Consortium 2012 Mapping Exercise document and compiled results to date. Request questions for clarification in advance to incorporate in the overview.
- Develop the Agenda to cover the following content:

1) Introductions: (a) selves and (b) inception of the Country Team idea (Host Organization(s) presenting)

2) The “HOW”:
   a. Purpose of the Mapping Exercise
   b. Elaboration on the Mapping document
   c. Talk about who and how to include key stakeholders in this process (consider asking participants how they might identify them—criteria; discuss the forum; what else exists in terms of bringing all the stakeholders on PAC related issues; e.g. relevant MOH representatives, such as representatives from RH Departments/Units, MNCH Departments/Units, Safe Motherhood committees, media, women’s groups, professional associations, legal or policy professionals, and possible funders including USAID missions.

3) Compare what is currently being done in country by various partners to identify resources, gaps, and opportunities for collaboration.
   a. How to assess this beyond what may be available from the country mapping results that may already exist.

4) How could this group work together (if not already)?
a. Explore the implications for staff time and costs of activities; how to minimize both while getting the strategy implemented, and find funding sources as needed.

5) **GETTING STARTED:** Encourage the CT to meet on their own to -
   a. Put together objectives or refining existing objectives in the mapping document, beginning with - defining level of focus - policy, advocacy, service provision, community, etc.?
   b. Identify opportunities? (Zanzibar, for example has misoprostol for PAC in their National Treatment Guidelines)
   c. Explore the barriers, resources for developing strategies?

6) Communication: How best to keep the flow of information without being burdensome - Who, How, When?

7) Next conversation: duration of interval between meetings/telephone conference calls; clarify tasks for team to do in-between this and the next conversation.

This guidance will grow and be refined, based on learning from experience as we move forward.

**References:**


