



## Weekly News Review – 25 August 2017

### A round-up of the week's most important, Africa-focused Family Planning and Reproductive Health reporting

#### Commodities and Technology

Whatever the political climate, and no matter how good the counselling might be, the availability of family planning commodities – short-term and long-term contraceptives for men and women – is essential for women to be able to take control of their reproductive health.

Getting those supplies “the last mile” can be a challenge across Africa, and is defined as “getting life-saving contraception to a community-based health outlet, and then into the hands of clients.” In Tanzania (where “[a rise in contraception use reflects hope](#)”) the [Tuungane Project](#) in the remote and rural villages around Lake Tanganyika in Western Tanzania, was designed to overcome a variety of challenges through an integrated approach, addressing environmental and reproductive health issues simultaneously. *FP Voices* has a vignette this week from [Malawi](#) about Siti Kachingwe, Nurse-Midwife and Project Manager of Engender Health’s Last Mile project there.

[Ghana](#), where “contraception use is low in the [Upper East Region](#),” is being urged to create “incentives” for the use of family planning methods. The availability of the Sayana Press in [Uganda](#) “offers hope.” In [Madagascar](#), with funding from the United States Agency for International Development (USAID), the Jhpiego-led Maternal and Child Survival Program (MCSP) is working with the Ministry of Health to expand access to long-acting family planning services, including implants and IUDs.

All of these efforts exist with a menace in the background. *Devex* reports that the [Global Health Supply Chain – Procurement and Supply Management project](#), a \$9.5 billion effort described as a ‘cornerstone’ of U.S. efforts to end [among others] maternal and child death, is reporting results that could put access to lifesaving health commodities at risk.”

What happens when the marketplace is not regulated comes in a story from the Philippines about [a women-led crime ring selling “abortion elixirs.”](#)

Physical waiting centers for maternal health in Namibia are being funded by the [EU](#) and the [WHO](#). Those centers, like reproductive health clinics, are only useful if they are accessed, and in [Nigeria](#) young people are being told not to be ashamed to use them.

Sometimes denying access to the commodities is repressive, as in stories from Zambia, where a [study shows that men control women’s use of HIV-prevention gel](#), or [Uganda](#) where a local councilor “beat up his wife” when he discovered missing condoms.

Technology innovation can help people gain access.

*Romper* reports on [5 Contraceptives Scientists Are Developing Right Now](#): “New technologies are cropping up in the field of contraception, including hormone-releasing microchips, revamped

condom designs, and low-cost, long-lasting male birth control injections... The good news is that increasing choice for all women appears to be at the center of many of those innovations.”

VOA has the story of a group of [Kenyan girls who call themselves “The Restorers.” who are “taking on Female Genital Mutilation \(FGM\) with an app](#), called i-Cut, which connects girls at risk of FGM with rescue agents and offers support for those who have already been cut. It also provides information for anyone seeking to learn more about the practice.” In [Rwanda, an app called “Tatine” \(“Auntie”\), “allows adolescents and the general public can ask any question related to sexual health](#) and get an answer including questions that society considers taboo.”

While IUDs are widely used and proven to be safe and effective, one woman chose to tell the [“nitty gritty details”](#) of having one.

An article in Vox says that the [development of the artificial womb](#) “could completely change the debate over abortion: If a fetus can be transferred to a fabricated womb, can the right to abortion survive?”

### **How does \$ affect access?**

Even if the commodities and technology are available, what are the financial barriers for women to gain access? One problem affecting the [low number of OB-Gyns in South Africa](#) is medical litigation, which is “pushing the country’s scarce gynecologists out of work and threatening to bankrupt the national health system.” A system of mediation is being suggested as a solution. (In the [UK](#), in response to a similar concern about litigation, a “Rapid Resolution and Redress (RRR)” scheme has been proposed by the health secretary.)

[In Kenya, a maternity fee waiver was implemented in 2013](#) to remove out-of-pocket fees for skilled delivery in public health facilities across the country. This would enable thousands of pregnant women delivering at home to access proper services. “The effect of the new policy was immediate. There was a 22% increase in skilled deliveries in facilities between 2013 and 2015.” Nigeria has mandated [free treatment for women with fistula](#).

Elsewhere, *Guardian Australia* looks at how [prohibitive expenses interact with legal restrictions](#) to limit access, while the deputy Labor leader points out that, “[The legal right to access a termination isn’t much use](#) to a homeless teenager when the upfront cost of an abortion is more than \$500.” In the US, a study shows that [lack of abortion clinic access in rural areas is causing both medical and financial hardship](#), and ultimately costing the health system more. That is one aspect of what *The Wall Street Journal* calls “[Rural America’s Childbirth Crisis](#)”

The British government is [no longer covering the costs of abortion services](#) in Northern Ireland, causing Marie Stopes to have to charge patients for them. The US Department of Health and Human Services is facing [a legal battle over its proposal to cut free contraception coverage](#). In the Indian state of Odisha, the government is offering [free injectable contraceptives](#).

### **International abortion environment**

In Uganda, [health advocates have resurrected the safe abortion fight](#) (while another article notes the country “[loses sh25b in post-abortion care](#)”).

[Chile’s relaxation of its abortion law](#) has fostered hope that it could [set an example for the rest of Latin America](#), and that may be the case in [El Salvador](#), where two bills have been introduced that would accomplish just that, against a very difficult political environment. Action for legal

access to abortion is also taking place in [Ireland](#) and in the UK in [Northern Ireland](#) and the [Isle of Man](#). Activists in Indonesia are decrying a delay in enacting that country's abortion law, saying it [denies sexual abuse victims' rights](#). Toronto politicians are pushing for "[a ban on graphic anti-abortion signs](#)."

Anti-choice activists in [Poland](#) and [Ohio](#) are pressing for laws that deny abortion access if a fetus shows signs of birth defects, while choice advocates press the argument that aborting for Down Syndrome is "[not a precursor to eugenics](#)": "When a woman makes a decision to end a pregnancy for any reason, it's her business and her business alone."

On the crime blotter, authorities in [Malta](#) have issued an international arrest warrant for a man who "forced a woman to have an abortion" ([an Irish man](#) is accused of the same crime); two women in [Hong Kong](#) were jailed for performing illegal abortions in an apartment complex.

And a Finnish fashion designer has created [maternity wear for 12-year-olds to highlight worldwide child pregnancy](#).

### **Initiatives and Midwifery**

The end of the week saw the [Acting on the Call Summit](#) in Addis Ababa (See USAID's [Acting on the Call Report 2017](#)), where health ministers, international organizations, NGOs, Faith-Based Organizations, and other actors from 24 countries committed to innovative strategies towards ending preventable child and maternal deaths.

A heartening story from *News Deeply* about [African Communities Working Together to End Female Genital Cutting](#).

[Advance Family Planning will be expanding its advocacy work with PATH](#). PATH has also been nominated for "Saving Lives at Birth" grants to [accelerate diagnostic and device innovations that prevent maternal and infant deaths at birth](#). [Americares](#) has made a new family planning commitment.

The increasing importance of midwives was discussed in articles about [French-speaking Africa, Malawi](#), and [Rwanda](#).

Family planning access, counselling and service need to be targeted in specific circumstances, including the [visually impaired community](#), those suffering from [hunger](#) or [traumatized by war](#), women who have [previously had miscarriages](#) and [trans and non-binary parents](#). And when family planning is integrated into greater health initiatives, it can affect [preventing non-communicable diseases](#) and improving [nutrition](#).

Newly-released toolkits and guides: Public Health Solutions has two, [Improving Contraceptive Care in Primary Care Settings: A Toolkit for Practitioners](#) and [Reproductive and Sexual Health: The FP INFOcus Guide](#) from H3C; the USAID/CMSP [Providing Long-Acting Reversible Contraception \(LARC\) Learning Resource Package](#).

### **The US context this week**

The Trump administration is "[needlessly](#)" [slashing pregnancy prevention education programs](#), which have [been shown to be effective](#), and is adding money for abstinence-only education, which [has been proven to be ineffective](#).

Republicans are labelled as “[dismissive of women’s health needs](#)” and “[waging a war against birth control](#).” [Pro-choice Republicans](#) and [ant-choice Democrats](#) find themselves isolated. In Texas, where a new law would force women to purchase “rape insurance” should they ever need an emergency abortion, part of the [anti-choice campaign’s tactics to make abortion seem dangerous](#), one of the leading agencies the state delineated as a substitute for Planned Parenthood has [performed so badly that it lost its \\$7 million contract](#). Tennessee prisoners say they were [coerced into taking birth control](#) by being “offered 30 days off their sentences in exchange for a vasectomy or a long-acting birth control implant.” More news, mostly restrictive, from other states including [Ohio](#), [Pennsylvania](#), [Virginia](#), and [South Carolina](#), though [Oregon](#) is proceeding with greater access and education. All of this leading to a plea to [stop “micromanaging” contraception access in the US](#).

The memory of [consequences for women’s health in pre-Roe v. Wade America](#) is being kept alive as several media projects about the “Jane Project” are in production. On the 30<sup>th</sup> anniversary of the release of the movie [Dirty Dancing](#), the screenwriter says the groundbreaking depiction of a back-alley abortion almost didn’t make it to the screen, but survived because she had written it into the fabric of the whole movie and not made it an expendable add-on.

### **University of Michigan on Global Health Ethics**

Colleagues, mentors and inspirations from the University of Michigan, Dr. Timothy Johnson, Dr. Frank Anderson and Raymond De Vries published an article in *Best Practice & Research Clinical Obstetrics & Gynaecology* concerning [Global Health Ethics: The Case of Maternal and Neonatal Survival](#), which states, among other aspects:

- Maternal/neonatal mortality, highly disparate health indicators represent ethical dilemmas highlighted by the Sustainable Development Goals.
- Applying global health ethics requires new ethical considerations – trust, mutual respect, transparency, capacity building among others.
- Interventions must include capacity building in modern, comprehensive Obstetrics and Gynecology and supporting policies and institutions.

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