



Winter 2004 Newsletter

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Reproductive Health Priorities Conference

Sun City, South Africa, October 5-8, 2004

The Reproductive Health Priorities Conference, hosted by the Reproductive Health Research Unit at the University of Witwatersrand, brought together academics, researchers, service providers and policy makers to share information on reproductive health and HIV activities in the African region. Main sessions included STI prevention and management, microbicides, barrier methods, HIV/AIDS and antiretroviral roll out, adolescents, gender, traditional practices, emergency contraception and other contraceptive issues, abortion, maternal health, and reproductive health and HIV. The evenings were dedicated to dinner and meeting other colleagues working on reproductive health topics.

There were many excellent presentations, and some of the highlights included a talk by Michelle Folsom of PATH who presented results of a capacity-building project among pharmacists in Kenya to designate facilities as "youth friendly." John Skibiak from the Population Council reviewed the work of ECAfrique (the African emergency contraception network), Gita Ramjee presented an overview of microbicide development efforts, and Marlene Temmerman

discussed cervical barrier methods for HIV/STI prevention. Ibis had an exhibition table at the conference to display material on projects such as Methods for Improving Reproductive Health in Africa (MIRA), a trial exploring the diaphragm effectiveness for HIV prevention, and the Cervical Barrier Advancement Society (CBAS).

Ibis staff also presented at the conference: Kelly Blanchard gave an oral presentation on the results of a recently completed operations research study assessing the feasibility of using medication abortion in termination of pregnancy clinics in South Africa. Women choosing this method had high rates of complete abortion and were very satisfied with their experiences. Chiweni Chimbwete gave a poster presentation on integrating staff perspectives in trials of the effectiveness of female-controlled HIV prevention methods in Southern Africa. He pointed out that it is important to collect data on a range of perspectives on products in clinical trials in order to expedite the introduction of new HIV prevention methods. For more information on the conference, go to: www.rhru.co.za/site/conferences.htm.

First Sexual Lubricant Approved by FDA as Potential Microbicide

Instead, Inc. is now marketing Amphora (also known as Acidform), a sexual lubricant that has been shown in pre-clinical and early clinical testing to be an effective spermicide, and, in the test tube, to inactivate chlamydia, gonorrhea, herpes, and HIV. The Global Campaign for Microbicides emphasizes that Amphora must be marketed only as a sexual lubricant until it has been proven effective as a microbicide. Clinical trials on the effectiveness of Amphora as a

contraceptive microbicide used with the Instead, Inc Softcup[®] began in fall 2004, and data are expected within six months. The Softcup[®], which is currently sold throughout Canada, the US, and Europe as a feminine hygiene product that collects, rather than absorbs, menstrual blood has been approved for use as a contraceptive when used with a spermicide by the Russian Academy of Medical Sciences, and is currently marketed as an over-the-counter disposable contraceptive diaphragm in the Russian Federation.

Kelly Blanchard **Appointed President of Ibis**

Ibis is very happy to announce that our Board of Directors has appointed Kelly President of Ibis Reproductive Health. During the last seven months, Ibis's Board of Directors has been working closely with Kelly in her role as Acting President. Chris Elias, the Chairman of the Board, wrote in the announcement, "We have been happy to have the opportunity to get to know Kelly better, and to watch her take on the leadership of the organization. Based on her performance over the last months, her commitment to the organization and her knowledge of the field, we believe Kelly is the right person to take on formal leadership of Ibis as it moves into its next phase of development." The Board of Directors believes Ibis has a very bright future ahead, and looks forward to supporting Kelly in her new role. The Board and staff look forward to working to increase the reproductive health choices open to women, and to enhancing women's autonomy in exercising these choices.

Upcoming Events

[Reproductive Health Needs: Progress, Achievements, and Ways Forward](#)

December 2-4, 2004: New Delhi, India

Themes include the sexual/reproductive health needs of young people, including global and regional experience; innovative intervention models; the role of the public and private sector in delivering reproductive health services; experience and challenges of outreach; evidence, implications, and possible interventions to prevent coercive sex; and a panel presentation by young people.

[African Health and Illness Conference](#)

March 25-27, 2005: University of Texas at Austin

The conference will encompass a wide range of disciplines and perspectives, and themes will include: ailments and treatments; psychosocial affects and effects; war and trauma; the body and space; famine and other un/natural disasters; local, national and global politics; epidemiology; health as a profession; autobiographies of health and welfare.

[Population Association of America Annual Meeting](#)

March 31- April 2, 2005: Philadelphia, PA

Themes include: fertility, family planning, and reproductive health; marriage, family, and households; children and youth; health and mortality; race, ethnicity, and gender; migration and urbanization; economy, labor force, education, and inequality; population and development; population and aging; applied demography.

Countdown 2015: *Global Roundtable on Reproductive Health*

Marking the 10th anniversary of the United Nation's International Conference on Population and Development held in Cairo, Countdown 2015 (led by Family Care International, the International Planned Parenthood Federation, and Population Action International) held a Global Roundtable in September 2004 on sexual and reproductive health in London. More than 650 researchers and activists from around the world participated in the three-day conference, the goal of which was to assess the progress made since the Cairo agreement and to determine what other actions are needed.

Ibis's Dr. Kim Price was one of three panelists in a special plenary session entitled "The Technological Revolution," which examined alternative ways of organizing around the issue of reproductive and sexual health from the Internet to television to music.

Dr. Price's presentation focused on working within the hip hop community in the US on these issues, explaining how to use the cultural and social power of hip hop to reach younger people and hopefully inspire them to become more politically active. The other two panelists were Joan Blades, one of the co-founders of MoveOn, who discussed using the Internet as an organizing tool for political change, and Jenny Richards, a British TV producer (TVE Television Trust for the Environment), who talked about her recent documentary on Church-affiliated abstinence-only, no-condoms HIV/AIDS programs. The panel was moderated by Momir Pantelic, one of the leaders of the youth coalition for this conference, who is very active in youth work in Eastern and Central Europe. More details about the conference can be found at www.countdown2015.org.

Recent Publications by Ibis

- Roth R. **Justice Denied: Violations of Women's Reproductive Rights in the United States Prison System.** *Pro-Choice Forum website* September 2004
- Roth R. **Searching for the State: Who Governs Prisoners' Reproductive Rights?** *Social Politics* 2004; 11:411-38.

Please email admin@ibisreproductivehealth.org for copies of these articles.

International Consortium for Medical Abortion Statement

*Medical Abortion: An International Forum on Policies, Programmes and Services
Johannesburg, South Africa, October 17-20, 2004*

The deaths of 70,000 women and injury to countless more each year represents a continuing injustice that cannot be tolerated. Governments across the world have committed themselves to achieving the Millennium Development Goal of reducing maternal mortality by three-quarters by the year 2015. Expanding access to safe abortion is an essential measure to realize this goal.

Advances in technology, including the development of safe, effective and acceptable regimens for medical abortion, have created increased options for women to exercise reproductive choice. However, medical abortion is still not available to many of the women who could benefit from its use. Medical abortion involves the use of pills to cause a miscarriage that takes place over a period of several days, and is a fundamentally different experience from surgical abortion for both women and providers. Policymakers and health managers and service providers need to recognize the differences, as they affect service delivery requirements. Different regimens of medical abortion drugs exist for use up to nine weeks of pregnancy, for the remainder of the first trimester and for the second trimester of pregnancy.

The role of the provider of medical abortion is to give the woman information and access to the drugs, support the woman as required during the abortion process and check that the abortion is complete. A full surgical abortion service is not necessary in order to provide medical abortion; however, back-up with vacuum aspiration should be available if and as required. Where both medical and surgical abortion are available, women should be able to choose between them, based on unbiased and accurate information. Medical abortion services should be viewed as an integral component of comprehensive reproductive health care. For first trimester abortions, the pills can be provided through primary health care services and women can safely use the method at home or in a clinical setting, according to their own preferences and personal circumstances. Second trimester medical abortions can be carried out in a health centre or hospital.

Safe Abortion: Technical and Policy Guidance for Health Systems (World Health Organization, 2003) offers evidence-based standards and norms for providing medical abortion and may be utilized to determine requirements for specific national and local

providing medical abortion and may be utilized to determine requirements for specific national and local contexts. Some of the first countries to approve medical abortion have now recognized that they instituted unnecessarily complex requirements for providers and facilities and over-medicalized medical abortion protocols. The avoidance of over-medicalization is essential for ensuring equitable access to medical abortion, particularly in low-resource settings.

Mid-level providers, including nurses, midwives, family planning workers and physician assistants, can and should be trained to provide early medical abortion services. The emphasis should be on providers who are closest to women geographically and socially. Pre-service and continuing education curricula in general medicine, nursing, family planning, midwifery and obstetrics and gynaecology should all include appropriate information on medical abortion methods so that providers are well informed and can help women to exercise their rights. In legally restricted settings, there is a special need to build alliances across sectors, including doctors, mid-level providers, NGOs, policymakers, legal experts and women's health advocates to provide information about and access to safe abortion, including medical abortion, within national policies and standards.

Even in legally restricted environments, governments must recognize their responsibility to provide safe abortion services to the full extent of the law. Medical abortion can only become a real option for the majority of the world's women when the recommended drugs, mifepristone and misoprostol, are available, accessible and affordable. Both mifepristone and misoprostol have wider obstetric and gynaecological applications, in addition to induced abortion, and should be included in the WHO Model List of Essential Medicines.

Medical abortion is a safe, effective means of inducing abortion and has been shown to be widely acceptable to women in both developed and developing countries in all world regions. In legally restricted settings, medical abortion offers the opportunity to reduce the number of tragic and unnecessary deaths and injuries arising from complications of unsafe abortions. In all settings, medical abortion is contributing to women's ability to exercise the right to terminate an unwanted pregnancy safely. For more information, please visit:

www.medicalabortionconsortium.org