Pharmacy Access to Medical Abortion in India:
Reality, Necessity & Potential

by Dr Nozer Shariar

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Member, Medical Advisory Panel, Family Planning Association of India

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Point

Obtaining medical abortion without prescription from pharmacies is illegal, risky & condemned by the establishment.

Counterpoint

Obtaining medical abortion without prescription from pharmacies is a reality, a practical necessity & is used widely by women.

Traditional demand for medical methods

- Attempts at terminating pregnancy documented in 495 successive women
- Pharmacy access of simpler remedies in 32%
  - Tablets 65%
  - Decoctions 33%
  - Injections 8%

(Iyengar & Iyengar, RHM 2002)
Retail pharmaceutical distribution in India

- All India distribution
  - Pharmacies - 550000
  - Doctors - 936000
- Retail outlets
  - Lax oversight
  - Wide spread non-prescription dispensing
  - Grassroots provision
  - First point of contact
  - Cost savings

(Langer & Kelkar, Biopharm Int, India Today, 2008
Nadda, Quoted in Ind Med Times, 2015)

Mifepristone availability in India

<table>
<thead>
<tr>
<th>Year</th>
<th>Mifepristone 200mg</th>
<th>Combi-packs introduced: mifepristone + misoprostol</th>
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<tbody>
<tr>
<td>2002</td>
<td>1.24 million tablets</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>15.25 million tablets</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>16.29 million tablets</td>
<td>2010 1.1 million</td>
</tr>
<tr>
<td>2011</td>
<td>13.76 million tablets</td>
<td>2011 3.8 million</td>
</tr>
<tr>
<td>2012</td>
<td>14.32 million tablets</td>
<td>2012 6.8 million</td>
</tr>
<tr>
<td>2013</td>
<td>11.82 million tablets</td>
<td>2013 8.3 million</td>
</tr>
<tr>
<td>2014</td>
<td>11.29 million tablets</td>
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Mifepristone availability - spoilt for choice

Availability & competitive pricing from 20-24 manufacturers

- MTPill
- Unwanted
- Mifegeest
- Mifeprin
- T Pill
- Mifty
- Undo
- Mifemed
- Terpreg
- Contrapill
- Mifepreg
- Antipreg
- Mefnil
- Empri
- Mifyrion
- Rimover
- Privc
- Eject
- Mifebill

Provision of abortion by FOGSI members

- FOGSI membership in 2015 - 31,282 members
- If responsible for the over 12 million abortions annually
- Would demand an impossible 366 abortions from every estimated FOGSI member-provider annually
Introduction of medical abortion in India

Date of approval - February 13, 2002

- Indication - For medical termination of pregnancy through 49 days of pregnancy
- To be sold by retail outlets on the prescription of a gynaecologist only
- To be used only under supervision of an expert & in a hospital where back up facilities are available for blood transfusion & MTP

(Drug Controller of India, Govt of India, 2002)

Local market availability of medical abortion

- Interviewed 591 pharmacists in 60 local markets
- Returned to 359 pharmacists with undercover patients
  - Pharmacists reported sales in 83.3% & undercover patients availability in 86.7% local markets
  - Availability was almost universal in city & town areas but lower in rural areas
  - Medical abortion dominated by combination packs
  - Traditional or alternative drugs offered to 20.6%
- Median price of combination packs was Rs. 350 ($ 5.60)
  - Highest in town areas - median Rs. 397 ($ 6.60)
  - Lowest in rural areas - median Rs.150 ($ 2.50)


Gap between knowledge & practice among pharmacists

- Pharmacists (67.3%) knew to ask the timing of the LMP
  - But only 38.5% did so in practice
- Pharmacists (35.3%) knew to ask for a prescription
  - But only 13.8% did so in practice
- Pharmacists (90.9%) knew heavy bleeding was a warning
  - But only 49.5% gave advice on this matter
- Pharmacists (68.0%) knew how to use a combination pack
  - But only 35.3% offered the correct advice in practice
- Pharmacists (96.7%) knew where to get care for complications
  - But only 28.4% gave such advice

Why the market for medical abortion is so vibrant

- Supply side
  - Regulation of pharmacists & medical abortion is weakly enforced
  - Few pharmacists requested to see a prescription

- Demand side
  - High proportion of women want an abortion by the time they reach age 30
  - Strong preference for aborting at home
  - Cost of medical abortion is lower than surgical procedures.


Self-medication with abortion pills: a critique

- Retrospective observational study - 128 cases
  - Self-administered of medication in 40 (31.25%)

- Presentation
  - Excessive bleeding in 31 (77.5%)
  - Severe anaemia in 5 (12.5%) & shock in 2 (5%)
  - Incomplete abortion in 26 (62.5%) & failed abortion in 9 (22.5%)

- Management
  - Evacuation in 27 (67.5%) & transfusion in 5 (12.5%)

- Strict legislation to monitor & restrict the sales over the counter with access only through approved centres.

(Niveditha & Shanthini, J Clin Diag Res. 9(1), Epub 2015)

Pathways to unsafe abortion

Study of 1,565 abortion-related cases

Complications in 29%, with half having self-medicated

<table>
<thead>
<tr>
<th>Provider type</th>
<th>First visit</th>
<th>Second visit</th>
<th>Third visit</th>
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<tbody>
<tr>
<td>Private doctor</td>
<td>23 %</td>
<td>37 %</td>
<td>58 %</td>
</tr>
<tr>
<td>Government doctor</td>
<td>9 %</td>
<td>14 %</td>
<td>33 %</td>
</tr>
<tr>
<td>Nurse ANM</td>
<td>8 %</td>
<td>10 %</td>
<td>8 %</td>
</tr>
<tr>
<td>Chemist shop</td>
<td>47 %</td>
<td>12 %</td>
<td>-</td>
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Total cost of treating complications of surgical abortion four times higher than the cost for medical abortion.
Targeting retail outlets & pharmacies to stop sex selective abortions - and the response

CHEMISTS IN CITY REFUSE TO STOCK ABORTION PILLS

Prachi Pinglay
prachi.pinglay@hindustantimes.com

MUMBAI: When a four-month pregnant 21-year-old went for a routine sonography to a civic hospital two weeks ago, the foetus was diagnosed with anencephaly, a condition where the brain does not develop. The doctor recommended an abortion and prescribed an abortion pill, which the woman could take at home.

She visited chemists in Andheri but was told they did not stock the pills. “I finally referred her to KEM Hospital, which has a civic-run dispensary” said the doctor, who treated the woman.

Gynaecologists in the city claim that following a crackdown by the Food and Drug Administration (FDA) on illegal sale of abortion pills to curb sex-selective abortions, chemists are reluctant to stock the pills, especially those prescribed to terminate a second trimester (between 12 and 20 weeks) pregnancy. The sex of a foetus can be determined during the second trimester.

Doctors said the pill is a better option than surgical abortion as it is closer to the natural process and recovery is faster: “Abortion pills are off the market. I have heard patients are going from chemist to chemist,” said Dr Nozer Sherein, secretary general, Federation of Obstetric and Gynaecological Societies of

Responses

- Engage authority – meetings with Indian Food & Drug Administration Commissioner
- Highlight legal discrepancies between the abortion law and the one on Food, Drugs & Cosmetic Acts
- Collate illustrative cases of women deprived or denied abortion.
- Media coverage – placement smart & responsive

Working at the grassroots: a FOGSI/PSI partnership

[Graph showing training of pharmacists]

No. of pharmacists personnel trained
No. of unique pharmacy outlet trained
Pehel Project: Orientation for pharmacists / improvement of dispensing behaviour

- Information regarding legalities
  - Medical abortion is prescription based drug
  - Women's needs - counselling & screening
- Information regarding use
  - Drug dosage & route of administration
  - Side effects and warning signs after use
  - Linkages to certified providers
- Access to toll free helplines

(PSI India 2015)

Pehel Project: Mystery client survey

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<tr>
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<th>Aggregate across three states (DL, Raj, UP)</th>
<th>Range</th>
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<tr>
<td>Asked for doctor's prescription</td>
<td>38%</td>
<td>21-64%</td>
</tr>
<tr>
<td>Confirmed eligibility of women for medical abortion</td>
<td>94%</td>
<td>92-96%</td>
</tr>
<tr>
<td>Suggested correct dosage of medical abortion pills</td>
<td>44%</td>
<td>34-54%</td>
</tr>
<tr>
<td>Suggested correct route of administration</td>
<td>43%</td>
<td>26-51%</td>
</tr>
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</table>

(PSI India 2015)

Role of pharmacists in expanding access

- Many pharmacists are willing to provide something to help a woman with an unwanted pregnancy.
- Women (many unable or unwilling to seek care from trained providers) already seek medicines from pharmacists.
- The specific roles of pharmacists in medical abortion will depend on a country's legal & policy context.
- Approaches that successfully improve pharmacists' ability & willingness to provide information as well as referrals to other healthcare providers can help & benefit women.
Orient and sensitise pharmacists

Working strategies that are both legally compliant & situationally realistic:

- Work with pharmacists’ associations
- Impress pharmacists about their important role in supporting women’s health
- Familiarise them with the legal as well as medical issues
- Pharmacists have a responsibility to be aware of drug use
- Not wise to advocate regulatory change at this time.

User-friendly package inserts to encourage & reiterate appropriate use

- Reiteration of appropriate dosage
- Pictorial display of mode of administration
- Assists in the early recognition of complications
STAY CONNECTED