



## Maternal Health & Access to Safe Abortion

This is the Annual Impact Report written for the **Maternal Health and Access to Safe Abortion** Program, written by **Helena Qian** (AMSA-Australia) on the **25th of June 2018**, submitted for the **67th IFMSA General Assembly August Meeting 2018**.

### Summary of the report

This term, an emphasis was placed on increasing visibility of the maternal health aspect of the program and sustainability of MHASA's impact. A sharp decline in responsiveness after program enrollment and reporting was observed with many contact details out-of-date making it difficult to maintain communication and assessment of enrolled activities. This results in an ineffective cycle of short-term assistance and collaboration which drastically minimises MHASA's overall impact and internal efficiency. Hence, it was a priority to continually build rapport and engage with NMOs, LORAs, NORAs and RAs through educational webinars, campaigns and capacity building rather than focusing on enrollment of activities. In doing so, this facilitated the long term goal of a natural and progressive increase in enrollments and engagement that can continue across terms. From webinar discussions to analysing IFMSA publications, it's clear there exists widespread interest and need for education/advocacy in maternal health and access to safe abortion globally, however, there is scope for increased collaboration and resource sharing.

### Maternal Health and Access to Safe Abortion Program 2017/18 in Numbers Pictures

- **1264 NMO members** participated in MHASA activities
- **7 fold increase** in participation compared to the 2016-17 Program Impact Report
- In 7 days, 207 submissions from 33 countries were received for SCORA #SafeMotherhood International Maternal Health Day 2018 campaign



## Message from the Program Coordinator

Dear fellow IFMSA members,

I'm Helena Qian from AMSA-Australia and the program coordinator for the Maternal Health and Access to Safe Abortion program this term (2017-18). I'm passionate about improving global health in underserved communities, of which women and children are a particularly vulnerable population. One of my favourite quotes is by George Eliot, "*Life began with waking up and loving my mother's face.*" Mothers are the cornerstone and foundation of society and yet millions worldwide are denied adequate healthcare or abused by those who take advantage of their vulnerability. Every mother matters. Safe motherhood is a human right.

In saying so, a controversial and sensitive topic in many regions is access to safe abortion with numerous communities deeming abortion as illegal and unlawful. However, restricting access to safe abortion does not equate to reduced number of abortions. Consequently, nearly half of all abortions performed each year are unsafe with ~5 million tragically resulting in fatal consequences. Whilst influencing legislation and changing attitudes is a difficult and lengthy process, we can all use our voices to spark a discussion and collectively amplify the voices of marginalized demographics. Together, as exemplified through the wonderful activities enrolled in the IFMSA program, we can work towards being heard by the general public, stakeholders and those who have felt neglected and shunned by an inherently flawed system.

This term, I have worked to continue the efforts of the previous program coordinator in increasing visibility of the maternal health aspect of the program. My focus shifted from rigorous activity enrolment to engaging and building rapport with NMOs. By doing so, this facilitated a natural increase in enrolment and engagement whilst strengthening collaborative efforts and effective utilisation of IFMSA resources. Consequently, I have partaken in numerous webinars, SCORA campaigns and creation of useful resources.

Although the program still has a low enrolment rate, the variety of activities has shifted to encompass more MHASA focus areas. However, the numbers are not an accurate reflection of the interest and impact IFMSA members are having on maternal health and access to safe abortion worldwide. Through improved internal structure, continued engagement with NMOs and facilitation of collaboration, I am confident this program's impact will rise exponentially. It has been an absolute pleasure thus far and I commend the EB, SCORA IT and fellow program coordinators for being such an incredible team to work with.

As always, feel free to contact me anytime with questions or concerns. See you in Montreal!

Warm hugs,

Helena Qian, AMSA-Australia

IFMSA MHASA PC 2017-18





## Introduction to the Program

Link to Program Description: [http://ifmsa.org/wp-content/uploads/2016/02/IFMSA\\_Program\\_MaternalHealthandAccesstoSafeAbortion.pdf](http://ifmsa.org/wp-content/uploads/2016/02/IFMSA_Program_MaternalHealthandAccesstoSafeAbortion.pdf)

*'Maternal mortality health is a very sensitive indicator. All you need to look at is a country's maternal mortality rate. That is a surrogate for whether the country's health system is functioning. If it works for women, I'm sure it will work for men.'* – Margaret Chan [2006-2017 Director-General of WHO]

WHO defines maternal health as the 'health of women during pregnancy, childbirth and the postpartum period'<sup>[1]</sup>. With 830 preventable deaths each day, 99% of which occur in developing countries<sup>[1]</sup>, it's clear that more attention must be placed on addressing maternal mortality and the health inequity in low resource countries. Additionally, 13% of worldwide maternal deaths are related to unsafe abortions whereby 5 million of those who survive suffer chronic health complications<sup>[2]</sup>.

Due to restrictive abortion laws and discrimination against women, not all medical students and health professionals are properly educated in comprehensive abortion care and given the means to properly address maternal health issues. However, 78% of all live births benefit from access to skilled care meaning significant improvements can be made, starting at the grassroots level of which medical students constitute a large percentage.

Hence, the IFMSA MHASA program ultimately aims to facilitate improvements in maternal health through increased education and capacity building among students and the wider community and peer outreach through IPAS workshops and curricula. Through webinars, resource sharing and campaigns, the program empower NMOs to create sustainable and effective activities that improve maternal health and access to safe abortion. Subsequently, through enrolment and reporting of completed activities, the program is able to gauge the level of interest and impact IFMSA members are having worldwide on key focus areas.

MHASA enrolled activities include comprehensive manuals on maternal issues [Maternal Child Healthcare Project – IFMSA Pakistan], breastfeeding awareness campaigns [Sin Miedo Al Que Diran – AEMPPI-ECUADOR], family planning education [We Love Our Community – IFMSA Pakistan], maternal mortality workshops for medical students [Medical Updates on Maternal Health Care – CIMSA-ISMKI], abortion education conferences [LACMA 2016-18 – IFMSA TO] and so much more.



Figure 1: International Day to End Obstetric Fistula - MSA-DRC

## Annual Working Plan of the Program

The major goals of my Annual Working Plan include:

1. **Internal Capacity (Visibility, Capacity Building, Program Description and Baseline Assessment)**
  - a. Improve program visibility and accessibility to all NMOs
  - b. Improve engagement of NMOs with the Activities Database and encourage new enrolment of activities
  - c. Increase engagement of wider community to maximise impact of enrolled activities
  - d. Assist IT in celebrating important international days
  - e. Measure IFMSA's impact on maternal health and access to safe abortion
  - f. IFMSA Workshops
  - g. Enrolled Activities Management
  - h. Program Description + Baseline Assessment
2. **External Representation**
  - a. Collaboration with IPAS
  - b. Assist in IFMSA preparations (e.g. statements) for external meetings
  - c. Other partners
  - d. Policy making
  - e. Sharing resources and opportunities with activity coordinators

Of the goals listed above, program visibility and accessibility was successfully increased through personal involvement in campaigns, webinars and active promotion of enrolled activities via newsletters, social media and MSI. Taking the time to personally reach out and have OLMs with interested IFMSA members was also very effective in increasing involvement but was very time consuming and difficult to organise due to internet connectivity issues and time differences.

Additionally, the implementation of the Activities Database has facilitated increased engagement with the wider community and increased the scope and reach of our enrolled activities. This also assisted with increased collaboration by creating a direct channel of communication between activity coordinators. Support or creation of campaigns were carried out for:

- International Women's Day (March 8<sup>th</sup>)
- International Day of Maternal Health and Rights (April 11<sup>th</sup>)
- World Maternal Mental Health Day (May 2<sup>nd</sup>)
- World Menstrual Hygiene Day (May 28<sup>th</sup>)

Remaining campaigns include a SCORA IT collaboration for International Safe Abortion Day (September 28<sup>th</sup>) and I am also working with SCORA IT on the International Breastfeeding Week campaign (August 1<sup>st</sup>-7<sup>th</sup>). External representation has been well-coordinated by the LRA but there lacks effective information dissemination of relevant opportunities to NMOs. Moving forward, increased communication between the LRA and MHASA PC would benefit in ensuring activity coordinators and NMOs are aware of IFMSA-affiliated organisations and can easily access opportunities to provide input, upskill or represent IFMSA at high level meetings.

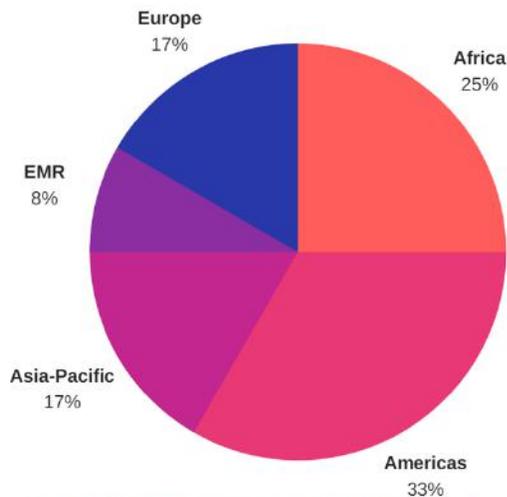


## Impact of the Maternal Health & Access to Safe Abortion Program

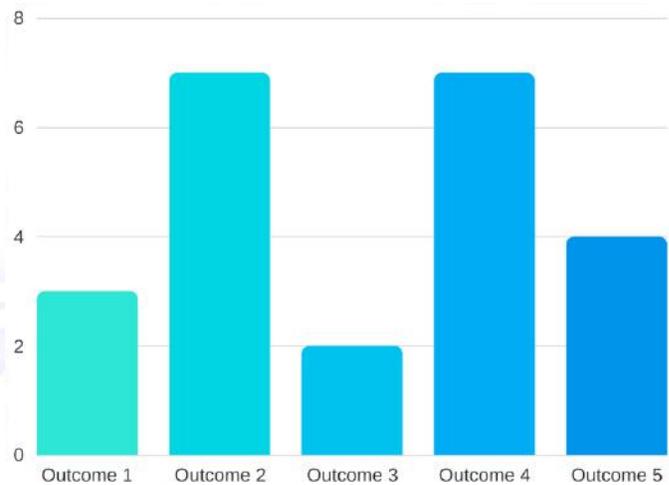
Major NMO focus areas this year have centered on engaging and educating medical students about maternal health and facilitating discussion on safe abortion. An overview of the activities can be found here:

| Activity  | Total number of participants                           | NMO                   | Region       | Outcomes   |
|---|--|-----------------------|--------------|------------|
| Do it right, stay safe, prevent complications                   | 50   | FGMSA-Ghana           | Africa       | 1, 2, 4, 5 |
| Debate on: Should Abortion be Legalized in Malawi               | 50   | UMMSA-Malawi          |              | 2          |
| Value Clarification on Abortion                                 | 80   | MSAKE-Kenya           |              | 2, 4       |
| SCORAction  | 48   | ASCEMCOL - Colombia   | Americas     | 1, 2, 5    |
| III Mother-Child Workshop                                       | 175  | ASCEMCOL - Colombia   |              | 3          |
| 28S Access to Legal and Safe Abortion: "Burst the Myths!"       | 150  | AECS-Catalonia        |              | 2          |
| Sin Miedo Al Que Diran  | 172  | AEMPPI Ecuador        |              | 4          |
| Healthy gravida (hey-grav!)                                     | 28   | CIMSA-ISMKI Indonesia | Asia Pacific | 4, 5       |
| Workshop on Access to Safe Abortion                             | 25   | BMSS - Bangladesh     |              | 2          |
| BOND-A Complete Guide to Breastfeeding and its Importance       | 60 Medical Students + 300 Pregnant Women               | Pakistan              | EMR          | 3, 4       |
| Mama and Family Project   | 26 volunteers involved + monetary indicator of success | IFMSA – Sweden        | Europe       | 4          |
| National Workshop for Access to Safe Reproductive Health Issues | 100 participants and 16 000 people reached             | IFMSA-Poland          |              | 1, 2, 4, 5 |

In total, this term's reported activities have involved 1264 participants from all 5 regions and adequately contributed to achieving Outcomes 2 and 4.



Gr. MHSA-1. Regional Distribution of Activities



Gr. MHSA-2. Outcome Achievements in Reported Activities

**Milestones and Indicators** of the MHSA Program are detailed below:

**Outcome 1:** International 3-day training for medical students and future healthcare professionals on human, sexual and reproductive rights; abortion laws and policies; barriers to access care, including stigma; safe abortion methods; and identification and referral to women with abortion-related complications, information and activities on values clarification for abortion attitude transformation, as well as youth participation and leadership all contained within the Ipas curriculum

- Indicator: comfort and capacity of medical students to talk on maternal health and safe abortion

**Outcome 2:** changes in attitude and values of medical students towards safe abortion advocacy

- Indicator: medical students as safe abortion advocates

**Outcome 3:** Research and publications on the burden of unsafe abortion in relation to maternal morbidity and mortality as well as the social determinants of maternal health

- Indicator: compendium of data on current knowledge of medical students on maternal health and safe abortion and the need for safe abortion training among medical students

**Outcome 4:** Clinical and community health exchanges with curricula on maternal health and safe abortion for medical students

- Indicator: medical students gaining practical knowledge and experiences to become better healthcare providers

**Outcome 5:** Advocacy on maternal health and safe abortion at national, regional and international levels in collaboration with other youth groups and international organisations

- Indicator: collaboration between medical students and other organisations at national, regional and international levels on safe abortion advocacy campaigns

It's interesting to note that Outcome 3 is poorly represented. Although many evaluations took place using



pre-activity and post-activity surveys, these results were not published, analyzed or compiled in a compendium of data to use in further advocacy.

## External Representation and Collaboration

A key focus of this term was to collaborate more with external organisations, advocate for increased external representation and share external opportunities with activity coordinators. This term, IFMSA has maintained strong relations with Ipas and PMNCH. Ipas delivered their Women's Reproductive Health and Access to Safe Abortion workshop at the pre-GA of the 66<sup>th</sup> August Meeting in Tanzania and 67<sup>th</sup> March Meeting in Egypt. Ipas is also once again supporting the 3<sup>rd</sup> edition of the LACMA in Columbia in 2018. An 8 person delegation also attended the Commission on the Status of Women (CSW61).

## IFMSA Policy Statements

No specific maternal health or safe abortion related policies were adopted at the 66<sup>th</sup> August Meeting in Tanzania and 67<sup>th</sup> March Meeting in Egypt. For the 67<sup>th</sup> August Meeting in Montreal, an "Abolishing Female Genital Mutilation" policy has been proposed. Recommendations for next year is to look into developing an adolescent pregnancy and/or perinatal mood disorder policy.

## IFMSA GAs, RMs and Associated Workshops

IPAS materials have been used in the Americas, Africa, EMR and Asia Pacific Regional Meetings and 1 general assembly. Numerous national workshops have also been successfully facilitated including in Morocco, Paraguay, Egypt and Chile (PEASE: Peer Education for Access to safe Abortion).

Although Adolescent Pregnancy is a MHASA focus area that has been somewhat neglected in the past, the EMR RM's theme was Adolescent Health and a workshop on "Sexual and Reproductive Health including HIV and AIDs" was conducted that addressed access to contraception and adolescent pregnancy.

There was also a strong focus on reproductive health in the Americas RM 2018 Workshops which included:

- IPAS' Women's Reproductive Health and Access to Safe Abortion Workshop
- Women's Sexual and Reproductive Health and Rights: Vulnerability in times of crisis and disaster

It was also comforting to see reactionary workshops such as PEASE (Peer Education for Access to Safe Abortion) in Chile being adapted this year based on changes to the law last year. Although SCORA IT workshops will not be enrolled and reported until end of the term, my surveillance of their progress has left me very impressed and reassured that MHASA's impact is adapting to shifting attitudes to safe abortion and that a key priority of preparing medical students for a paradigm shift in equitable healthcare has been addressed.

## MSI Publications

A summary of relevant MHASA MSI articles this term are outlined below. In both MSI 36 and MSI 37, there was only one dedicated MHASA article (bolded) and 3-4 mentions in other articles.

*MSI 37: Action towards global Epidemics & Outbreak [March 2018]*

- Available: <https://ifmsa.org/msi-2/>

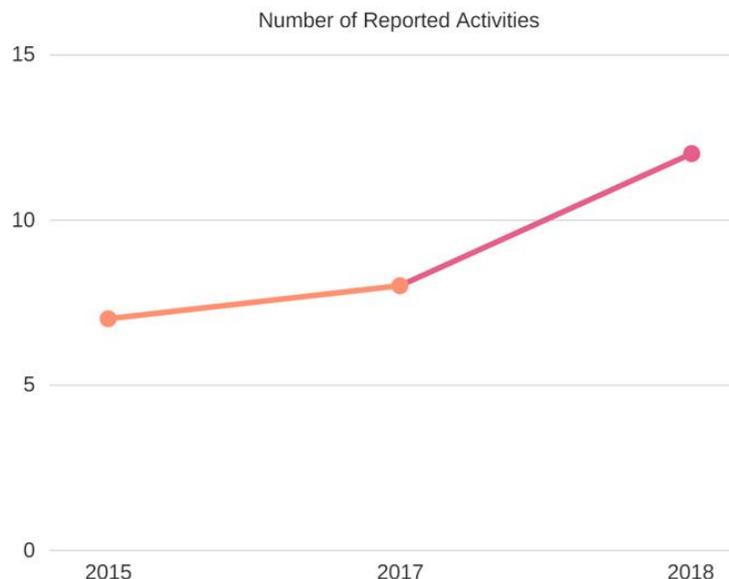
- Page 42: Teaching Medical Skills by Ximena Mejia
  - Highlighted project which facilitated 11 video conferences to medical students on pre-hospital care, paediatrics and gynaecology.
- **Page 51: Maternal Health by Helena Qian**
  - Article I wrote with an introduction to maternal health and showcased the Polish Peer Education Workshops (PoIPET) that provides education on contraception and reproductive health for medical students
- Page 89: Health for All: the indispensable role of surgery and anaesthesia by Dominique Vervoot
  - “In countries having UHC [Universal Health Coverage] packages, obstetric care is most commonly included. (7) However, despite the financial risk protection, high volume of cases, limited skilled health workers, and distorted cultural perceptions limit the utilization thereof. Nevertheless, inclusion of obstetric care has improved the safety and quality of obstetric care and the number of births in skilled facilities, with an overall lower maternal mortality rate in sub-Saharan Africa.”
- Page 96: Zika virus and microcephaly: an alert in public health by Gleison Vitor Ferreira, Barhbara Brenda Dias, Guilherme Antonio Silva
  - Discussed campaign whereby pamphlets were distributed to mothers about “main precautions for mosquito prevention”. Also discussed importance of promoting rehabilitation for affected children and reproductive rights of pregnant women

*MSI 36: Crisis in Human resources of health [August 2017]*

- Available from: <https://issuu.com/ifmsa/docs/msi-36>
  - Page 14: Human Resources for Health in Sustainable Development Goals by Dominique Vervoot
    - Discussed SDG3 and the focus on reducing global maternal mortality rate
  - Page 16: Stymied Health Systems: Is there a crisis in health human resources, or are resources themselves being managed poorly by Maria Jose Jaramillo Cartwright
    - Included reference to maternal mortality as a modifiable objective that can be targeted with educational opportunities and considered during policy creation and legislation
  - **Page 71: Maternal Health: From MDG-5 to SDG-3 by Olawale Onasanya**
    - Dedicated article which discussed the difference between MDG-5 and SDG-3 in the context of maternal health in Nigeria
  - Page 74-5: The Struggle for Our Sexual Freedom by Mariana Mendes Baracho
    - Explored reproductive and sexual rights as an extension of human rights including access to family planning and fertility treatment
  - Page 79: Not Every Family Heirloom is a Gift by Ashmeet Sachdev
    - Outlined examples of obstetrics and gynaecology family teachings that were false beliefs to highlight the need for early intervention and reliable education



## Discussion and Recommendations



### Gr. MHASA-3. Comparison of Reported Activity Numbers

Due to the large number of programs, many activity coordinators were unsure which programs they should enrol their activity under. Hence, I found the infographics which were created this year to be immensely useful as they outline the focus areas of each program as well as the overarching benefits of enrolling an activity. Hence, I highly recommend utilising not just the MHASA infographic when introducing the program to NORAs, but to also utilise the infographics of other programs to assist with delineating and clarifying the difference between programs. (I.e. An activity coordinator who had organised an educational workshop on breast cancer was confused as to why I was referring her to *Healthy Lifestyles and NCDs* to which I initially linked her the program descriptions. However, these long descriptions are not easily digestible but once these infographics were released, it was a lot easier to explain)

From comparing MHASA Program Impact Reports at face value, there is a steady increase in enrolment and reported activities as seen in the flowchart above. However, as mentioned earlier, the number of enrolled activities is not a true representation of NMO engagement with maternal health and safe abortion issues. However, from personal interactions and evidenced by the distribution of regions involved, it is clear that maternal health and access to safe abortion is highly prioritised in the African and Americas region. This is particularly pertinent as  $\frac{3}{4}$  of all abortions in Latin America are unsafe and the mortality rate from unsafe abortions is highest in Africa. In saying so, the largest number of

IFMSA  
International Federation of Medical Students' Associations
medical students worldwide

### Maternal Health & Access to Safe Abortion

Improve maternal health care and advocate for access to safe abortion in order to reduce the maternal mortality.

### · FOCUS AREAS ·

Access to Safe Abortion

Obstetric Violence and Humanized Birth

Breastfeeding

Family Planning, Contraception and Sterilisation

Infertility

Maternal Healthcare Services

Pregnancy Complications

Adolescent Pregnancy

## IFMSA Programs

### · Benefits of Enrolling ·

Program Coordinator  
Get new ideas, help and advice from your PC. Gain access to training toolkits, sessions and workshops.

Join Forces with Activities from other NMOs to maximize your impact.  
  
Collaboration

Impact  
Get advice on measuring your own impact. Let IFMSA know you are part of the difference it makes.

Promote your Activity on an international level by gaining recognition as an official IFMSA Activity.  
  
Promotion

### · How to Enroll? ·

https://goo.gl/NivL8z  
  
Fill out the online enrollment form

Submit a candidature form signed and stamped by your NMO President

Fill in the report form after your activity is completed

· Enroll your activity before or after it has been conducted. ·      · Enroll 4 weeks before the start of your activity to get advice from your PC. ·

IFMSA Programs join together different activities [i.e. projects, campaigns, celebrations, workshops, events, training sessions, and themed publications, etc.] from all over the world, working in the same area.



unsafe abortions occur in South and Central Asia. Although engagement in the Asia-Pacific region has increased, there was a notable lack of continued response and involvement from Asia-Pacific NMOs. Hence, my recommendation for the next term is to work closely with the SCORA RA for the Asia-Pacific region to ascertain the maternal health and safe abortion situation in this region, medical student understanding of MHASA focus areas and NMO involvement with addressing maternal health and safe abortion concerns.

Although the new MHASA program description has been approved, there still exists a delay with information dissemination and attitude change towards the MHASA program being less focused on solely access to safe abortion. Hence, another recommendation for the 2018-19 MHASA PC is to highlight maternal health related activities and take part in maternal health related campaigns and advocacy. I aim to submit a revised baseline assessment adapted to the new proposal for August Meeting 2018 in Montreal.

Whilst conducting research and analysis for the new MHASA Baseline Assessment, it was clear that many NMOs prioritised maternal health and access to safe abortion, (particularly breast cancer awareness, breastfeeding, care during pregnancy, obstetric emergencies, abortion discussions/lectures). However, there lacked attention on the following focus areas:

- Obstetric violence and humanized birth
- Family planning, contraception and sterilisation
- Infertility
- Adolescent pregnancy

Another common maternal health condition that was rarely touched upon was perinatal mood disorders. Although not an official focus area and overlapping with the Mental Health program stream, the fact that 1 in 5 women and 1 in 10 partners suffer from pregnancy related mood disorders affirms the need to destigmatize and sensitise medical students to this condition. Interestingly, I could not find evidence of any enrolled activities that specifically addressed this. Consequently, I coordinated a post-partum depression social media campaign with the SCORA RAs for Europe and created infographics for resource sharing. After a strong response with 633 profile frame changes, 2 separate webinars for European NORAs and for MSAKE-Kenya members were organised. The success and robust discussion during these webinars leads me to highly recommend organising conjoint webinars with campaigns. It is also a great avenue for interacting with NORAs and gauging the unique challenges and concerns of each region.

I also noticed that when trying to determine which activities were ongoing, it was extremely difficult getting a response from previously enrolled activity coordinators. When the NMO President was cc'ed into the email he/she were often unfamiliar with the coordinator due to being newly elected and hence, although enrolling an ongoing activity entitles the activity coordinator to continuous IFMSA benefits, the time period in which they utilize these benefits is very short. This is both impractical and unsustainable as it underutilizes the excellent resources IFMSA members have created and negates the work of each preceding MHASA PC. Thus, a recommendation to initiate at the start of each term is to establish continuous rapport and communication with activity coordinators. With many ongoing activities, the coordinator will change each year so it is vital to ensure contact details are updated.

From analysing the outcomes that reported activities achieved or worked towards, it's clear that activities can be better supported through intervention and guidance during activity planning stages. For activities that have yet to take place, I recommend program coordinators to cross reference activity goals with the 5 MHASA outcomes as small considerations can drastically improve effective utilisation of data and impact.



For example, Outcome 3 and Outcome 5 were not well represented in reported activities this term. Hence, if applicable, the PC should recommend gaining support of external organisations or providing training/guidance on securing multi-stakeholder support as the reported activities. The increased impact external organisation support provides is evidenced by the fact that reported activities fulfilling Outcome 5 had wider scope and greater extent of beneficial impact.

Finally, my last recommendation is to better utilise the MSI which has a considerable viewership. An established Programs section this term has ensured that each program is represented. However, with 8 key focus areas in MHASA and no references to safe abortion, obstetric violence, humanized birth, pregnancy complication and adolescent pregnancy in any of the articles in MSI 36 and 37, it's clear that there's an uneven emphasis on maternal healthcare services, breastfeeding, family planning and infertility. Although this may be due to the themes of the recent 2 issues, the 2018-19 MHASA PC should encourage activity coordinators and those involved in campaigns to write articles for the MSI regardless of what their specific activity is. This doubles as a form of peer advocacy as well as capacity building by allowing authors to expand their knowledge base on other important aspects of maternal health and access to safe abortion, whilst simultaneously engaging fellow peers in neglected focus areas.

## References

[1] WHO. *Maternal Health*. [Internet] Retrieved 2017, December 11<sup>th</sup>. Last Updated 2017. Available from: <<http://who.int/maternal-health/en/>>

[2] Haddad LB, Nour NM. Unsafe Abortion: Unnecessary Maternal Mortality. *Reviews in Obstetrics and Gynecology*. 2009;2(2):122-126. Retrieved 2017, December 10<sup>th</sup>. Last Updated 2009. Available from: <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>>