



Availability of Medical Abortion Drugs in the Markets of Six Indian States, 2020

Foundation for Reproductive Health Services (FRHS) India carried out a study to assess the availability of medical abortion (MA) drugs in the state of Delhi. We spoke to 250 chemists in five areas of Delhi to understand the issues impacting the availability of MA drugs. This fact sheet summarises the key findings from the study and presents a few recommendations to address the emerging issues.

Why did we Conduct this Study?

Pratigya Campaign for Gender Equality and Safe Abortion carried out a research in 2019 to assess the availability of MA drugs in four Indian states. The findings revealed an overwhelming shortage of MA drugs in two out of the four states surveyed – Rajasthan and Maharashtra.¹ The main reason for the shortage as pointed out by a majority of chemists was legal barriers around stocking of MA drugs. 56% of all chemists across the four states reported that MA drugs are overregulated as compared to other Schedule H drugs. Given that majority of the abortions (81%) in India are carried out using MA drugs, a shortage in its availability would mean lack of choice for women seeking abortion in India.² To understand the trends and situation in key states, FRHS India, which hosts the Pratigya Campaign secretariat and is a partner organisation, undertook the second phase of the study in six new Indian states including Delhi.

The Objectives of the Study were

-  To verify and understand the current status of availability of MA drugs in the market
-  To assess chemists' knowledge on the product (primary use, Drugs and Cosmetics Act and Rules on dispensing etc.) and actual practice related to the MA drugs sales
-  To understand the key reasons for stocking/not stocking of MA drugs
-  To understand chemists' experiences/interactions with the state & district drug authorities related to sales & distribution of MA drugs in their outlet



Table 1: States and Cities covered under the Study

| States | Cities/Sub-districts Covered |
|--------|---|
| Delhi | Hauz Khas, Najafgarh, Narela, Patel Nagar and Seelampur |

Key Findings

**34%
chemists**

in Delhi
reported stocking MA drugs

**63% of
chemists
reported**

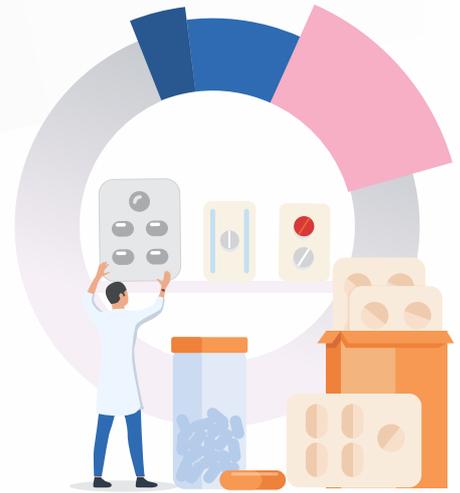


Legal
barriers/
issues



Excessive
documentation/
paperwork

as reasons for not stocking MA drugs



46% chemists reported that



MA drugs are being
overregulated as compared
to other Schedule H drugs

97% chemists reported that



MA drugs do not
contribute to sex-selective
abortions



**84% of
last 10
clients**



who visited the chemists came with a
prescription to purchase MA drugs

**Only
42%
women**



visited pharmacies to purchase
MA drugs

Do Clients Return after Purchasing MA drugs?

42% chemists in Delhi reported that clients do come back after purchasing MA drugs. Of the returning clients, 31 shared that the drugs worked well and they had a positive outcome.

Are chemists aware about the Legality of Abortion in India?

Majority of the chemists (84%) in Delhi were aware that abortion is legal in India. 15.6% chemists reportedly said that abortion is illegal. 54% of those who were aware of the legality of abortion also knew about the 20 week gestational limit as per the Medical Termination of Pregnancy (MTP) Act.

How much do chemists know about the Medical Abortion Process?

Less than half (47%) of all chemists stocking MA drugs in Delhi had accurate information on sequence of taking MA drugs (Mifepristone followed by Misoprostol after 24-48 hours). Most of the chemists (91%) were familiar with the oral route of administration and some (37%) also knew about the sublingual route and buccal route (41%). Very few chemists in comparison reported vaginal (7%) when asked about the routes of administration for MA drugs. Only 29% of all chemists in Delhi reportedly tell clients that bleeding is part of the process. About 53% advise the clients to speak to the doctor for information on MA process.

What do the Findings Imply?

The findings of this study point towards clear issues in availability of MA drugs in Delhi. Even though, Delhi is stocking more than Punjab, Haryana, Madhya Pradesh and Tamil Nadu, the stocking percentage is low at 34%. Excessive documentation and overregulation seem to be two leading reasons for the shortage in Delhi. The findings indicate that 46% chemists consider MA drugs to be overregulated than other Schedule H drugs. While awareness on legality of abortion among chemists in Delhi is good, their knowledge on MA process, sequence of drug use and different routes of administration seems to be quite poor.

● Reversal of Gains

If access to MA drugs is compromised, women may be forced for unsafe abortion, which is likely to adversely impact gains in Maternal Mortality Ratio (MMR) made over the couple of years.

● Reduced Access and Choice

If access to MA drugs is compromised, women would be forced to seek a surgical method, reducing choice. Moreover, already there is an acute shortage of approved providers.

● Increase in Cost of Safe Abortion

The cost of MA drugs and consultation fee is much lower than surgical abortions. Many facilities, these days, have also started insisting on COVID-19 tests before providing any clinical service, thereby increasing the cost of abortions.

We Recommend

● Amend MTP Rules to allow MBBS Doctors to Prescribe MA drugs

By allowing MBBS doctors to prescribe, the number of abortion providers will increase from 60,000-70,000 to over a million, enabling women to access drugs with a prescription and receive medical support and care.³ Allowing MBBS doctors to undergo a short, preferably online course, on MA must therefore be considered while amending MTP Rules.



● Consider Classifying MA Combi-pack under Schedule K of the Drugs and Cosmetics Act

There is a strong evidence which suggests that MA drugs are safe for use and are unlikely to have an adverse impact on the user's health. WHO has also listed MA drugs in its core list of Essential Medicines List 2019, stating that it can be used without medical supervision.⁴ Classifying the drug under Schedule K could remove some of the barriers regarding stocking and sale of the drugs faced by chemists.

● Providing Support to Women who access MA drugs – Setting up Toll-free Helpline

To support women with comprehensive information, a toll-free helpline number should be mandatorily displayed at the back of the MA Combi-packs. This could be jointly funded by manufacturers/marketers of MA drugs and the Ministry of Health and Family Welfare (MoHFW), Government of India.

● Increased Investment in Safe Abortion Communication through IEC and Media Outreach

Abortion does not get adequate coverage in government Information Education Communication (IEC) and Behaviour Change Communication (BCC) outreach activities. MoHFW should consider investing more on safe abortion communication to clarify the myths and spread awareness on the provisions of the law.



● Harmonise Central Drugs Standard Control Organisation Approval/Requirements and MTP Act

The MTP Rules amended in 2003 allow the use of MA drugs for termination of pregnancies up to seven weeks gestation, while the Drug Controller General of India's (DCGI) approval for Combi-pack is up to nine weeks gestation. It also seems that new labelling guidance issued by DCGI in 2019 for MA Combi-pack ("Warning: Product to be used only under the supervision of a service provider and in a medical facility as specified under the MTP Act 2002 and MTP Rules 2003") is being misinterpreted to suggest that these drugs cannot be stocked and sold by retail pharmacies. DCGI/MoHFW should consider increasing the gestational limit for MA drugs' use up to 12 weeks in line with WHO recommendation and withdraw the labelling guidance which seems to be creating confusion on the ground.

Citation

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The Full Report can be Accessed here:

<https://bit.ly/2E5SwTj>



References

¹Chandrashekar, VS; Vajpeyi, A. and Sharma, K. Availability Of Medical Abortion Drugs In The Markets Of Four Indian States, 2018. 2019, <http://www.pratigyacampaign.org/wp-content/uploads/2019/08/availability-of-medical-abortion-drugs-in-the-markets-of-four-indian-states-2018.pdf>

²Singh S et al., Abortion and Unintended Pregnancy in Six Indian States: Findings and Implications for Policies and Programs, New York: Guttmacher Institute, 2018, <https://www.guttmacher.org/report/abortion-unintended-pregnancy-six-stat...>

³Improving Access to Safe Medical Abortions, Why expanding the Provider Base is essential <https://pratigyacampaign.org/wp-content/uploads/2019/09/improving-access-to-safe-medical-abortions-english.pdf>

⁴World Health Organization.(2019). World Health Organization model list of essential medicines: 21st list 2019. World Health Organization. <https://apps.who.int/iris/handle/10665/325771>. License: CC BY-NC-SA 3.0 IGO