

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 Assam. We spoke to 250 chemists in five cities of Assam 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 Assam.

The Objectives of the Study were

-  To verify and understand the current status of availability of MA drugs in the market
-  To understand the key reasons for stocking/not stocking of MA drugs
-  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 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
Assam	Dibrugarh, Guwahati, Jorhat, Nagaon and Silchar

Key Findings

67%
chemists

in Assam
reported stocking MA drugs

90% of
chemists
who were
not stocking
reported



Low
demand



Excessive
documentation/
paperwork



58% chemists reported that



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

86% chemists reported that



MA drugs do not
contribute to sex-selective
abortions



71% of
last 10
clients



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

Only
35%
women



visited pharmacies to purchase
MA drugs and the rest were purchased
by men

Do Clients Return after Purchasing MA drugs?

67% chemists in Assam reported that clients do come back after purchasing MA drugs. 24 clients returned with a friend/family member and 21 came back to share that it worked well. Most clients had a positive outcome.

Are chemists aware about the Legality of Abortion in India?

Majority of the chemists (69%) in Assam were aware that abortion is legal in India. 70% 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?

Almost all chemists (98%) in Assam had accurate information on sequence of taking MA drugs (Mifepristone followed by Misoprostol after 24-48 hours). Most of the chemists (97%) were familiar with the oral route of administration and some (41%) also knew about the sublingual route. Very few chemists in comparison reported buccal (3%) when asked about the routes of administration for MA drugs, and none reported vaginal. Nearly half (49%) of all chemists in Assam reportedly tell clients that bleeding is part of the process. About 20% also explain to the clients that there are side effects involved in the process such as nausea and vomiting. Finally, around half (49%) of all chemists advise the clients that the process is complete when the bleeding stops.

What do the Findings Imply?

More chemists seem to be stocking MA drugs in Assam as compared to the other five states. However, a significant percentage has reported that MA drugs are overregulated than other schedule H drugs. A high proportion of chemists also have misconceptions that MA drugs are harmful for women. While the awareness on legality of abortion among chemists is good, knowledge about MA process, routes of administration other than oral can be improved. Since women may rely on information from chemists while purchasing MA drugs, it's important that they are given accurate information.

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.

The Full Report can be Accessed here:

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



Citation

Chandrashekar, VS; Choudhuri, D and Vajpeyi, A. FRHS India, 2020, Availability of Medical Abortion Drugs in the Markets of Six Indian States, 2020

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