

## Worrying shortage of Medical Abortion Pills across five states; finds Foundation for Reproductive Health Services India study

*Blurb: FRHS India's study conducted among chemist in 6 states finds MA drugs negligible stocking of MA drugs in 5 out of 6 states.*

**Bhopal | Chandigarh | Chennai | New Delhi | Guwahati, August 10, 2020:** A study conducted by Foundation for Reproductive Health Services India (FRHSI), among 1500 chemists in six states indicates an overwhelming shortage of the drugs in **five out of the six states surveyed** with abysmal stocking in **Madhya Pradesh (6.5%), Punjab (1.0%), Tamil Nadu (2.0%), Haryana (2.0%), and Delhi (34.0%)**. The only state that seems to be better is **Assam (69.6%)**.

S.No.	State	% of chemists stocking MA Drugs
1.	Punjab	1.0%
2.	Haryana	2.0%
3.	Tamil Nadu	2.0%
4.	Madhya Pradesh	6.5%
5.	Delhi	34.0%
6.	Assam	69.6%

The non-stocking of MA drugs seems to be linked with overregulation by drug control authorities. About 79% of chemists no longer stock MA drugs to avoid legal issues and excessive documentation requirements. 54.8% of chemists also report that MA drugs are overregulated as compared to other schedule H drugs. Even in Assam which has the highest stocking percentage, 58% chemists report overregulation of MA drugs. State wise, regulatory/legal barriers continues to be the major reason for not stocking MA drugs, with 63% chemists in Haryana, 40% in Madhya Pradesh, 74% in Punjab and 79% in Tamil Nadu reporting so.

Commenting on the launch of the report, **Mr. VS Chandrashekar, Chief Executive Officer, Foundation for Reproductive Health Services India** and **Pratigya Campaign Advisory Group member** said, "Medical Abortion has increasingly become the preferred method to terminate a pregnancy in India and the non-availability of drugs is threatening women's access to safe abortion. Evidence shows MA drugs are a safe and effective means to terminate a pregnancy, their non-availability can potentially reverse the gains made by the country in reducing unsafe abortions, maternal mortality and morbidity."

While the purpose of the study was to verify the availability of MA drugs, the findings also reveal that **Emergency Contraceptive Pills (ECP) are not being stocked by chemists in the state of Tamil Nadu**. Only 3% of the chemists surveyed in the state reported stocking ECPs and 90% not stocking shared that the pills are banned in the state. Emergency Contraceptive Pills are non-prescription drugs and are also stocked and distributed by ASHAs under the National Family Planning Program. Not allowing chemists to stock ECP denies women of Tamil Nadu a safe and easy to use contraceptive choice.

The primary reason for non-availability of MA drugs seems to be the incorrect understanding that MA combipacks can be used for gender biased sex selection among regulatory officials. MA combipack is indicated for use only up to nine weeks while an ultra sound can detect the sex of the fetus at 13-14 weeks gestation. Hearteningly chemists do not seem to share this misconception, only about 10% chemists across the study states reported that MA drugs can be used for sex-selective termination of pregnancy. In Tamil Nadu however, 36% have this misunderstanding.

“In these unprecedented times when movement of people is restricted and access to medical facilities is limited, there is an urgent need to ensure easy availability of medical abortion drugs at pharmacies by removing unnecessary barriers on their sale. The Ministry of Health and Family Welfare should clarify that MA drugs which are approved for use up to nine weeks in India cannot be used for sex selective termination of pregnancy. This will allow women to seek medical support and access drugs with a prescription,” **said Dr Rashmi Ardey, Clinical Services Director, FRHS India**

Scrutiny and over-regulation, leading to non-availability of MA drugs is a major cause of concern and is likely to result in millions of women being denied access to a safe abortion method. WHO in 2019, included MA drugs in its Core List of Essential Medicines, removing an earlier advisory which required medical supervision while taking the drugs. Removing unnecessary barriers in stocking of MA drugs will ensure that women are able to access the method of their choice. “Medical Abortion has reduced the cost of early abortion care considerably making it easily accessible for women. In COVID times, many providers have started asking for a COVID 19 test before carrying out a surgical abortion, which can further increase the cost of service for women. MA in comparison is cheaper as it does not require a clinical set up. Non availability of MA will push women to seek surgical abortion which can be cost intensive and can further widen the access gaps,” **said Debanjana Choudhuri, Senior Manager-Partnerships, FRHS India.**

The study recommends addressing misconceptions regarding MA and Gender-Biased Sex-Selection; harmonising Central Drugs Standard Control Organisation approvals/requirements and the MTP Act; amending MTP Rules to allow MBBS Doctors to prescribe MA Drugs increasing investments in Safe Abortion Communication through and providing support to women who access MA Drugs by setting up toll-free helpline numbers.

**Link of the detailed study:** <https://bit.ly/2DTR6Sb>

#### **About Foundation for Reproductive Health Services India**

Foundation for Reproductive Health Services India is a leading Indian Non Governmental Organization working since 2009 to enable women and girls to exercise their reproductive rights and choice. FRHS India is India’s No. 1 provider of clinical family planning services in the NGO and the private sector. Through public-private partnerships with the state governments of Rajasthan, Bihar and Uttar Pradesh, FRHS India works towards improvement in accessibility and availability of quality family planning services in the states. In 2019, FRHS India served 1,40,344 clients with sterilization, 20,093 clients with IUCD and offered safe abortion services to 824 clients. FRHS India also provided information and counselled 1, 82, 513 clients in 2019 and prevented 82,464 unintended pregnancies, averted 29,406 unsafe abortions and 64 maternal deaths.

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