



## COVID-19 IPPF Innovation and best practice: Telemedicine abortion care

“Sometimes with the person next to you, you are afraid to say things, so [by video call] you have more courage to say things. It takes away one’s fear and say things, what one feels”.

Profamilia Telemedicine client

Practising self-isolation and government mandated lockdowns and curfews to prevent COVID-19 is a crucial barrier for clients to access medical information and Sexual and Reproductive Health (SRH) services, including family planning, safe abortion, STI/HIV management, cervical cancer care, and antenatal and postnatal clinics. The pandemic has also been shown to increase sexual and gender-based violence (SGBV) and domestic abuse. Continued access to SRH services delivery and securing sexual and reproductive health rights is crucial. Digital Health Interventions (DHIs) including telemedicine, teleconsultation and tele-counselling has been introduced, expanded, and adapted by various International Planned Parenthood Federation (IPPF) Member Associations worldwide.

Virtual patient consultations, self-assessment smartphone applications, hotlines and remote provision of medications are a few examples of telehealth and telemedicine applications used to improve SRH during the pandemic. While telehealth will not and should not replace face-to-face services, many Member Associations seek to maintain digital health interventions developed during COVID-19 to complement face-to-face and improve access to services in the long-term.

The initial findings of the International Planned Parenthood Federation’s (IPPF) COVID-19 impact survey March 2020 indicated that for Colombia, women’s access to life-saving sexual and reproductive healthcare was drastically reduced through the lockdown. Demonstrating the urgent need to reduce women losing access to contraception and increase support for cases of gender-based violence and abortion care. IPPF’s Member Association in Colombia- Profamilia quickly responded by adapting women’s healthcare services through an accelerated telemedicine strategy after regulations for this provision were eased, and a pilot was implemented to test the modality from May 2020.

This Learning Brief highlights innovations through Profamilia's COVID-19 enhanced safe abortion care implementation plan in response to the pandemic.

## COVID-19 impact

During the pandemic, restrictions due to government mandates, made it challenging to keep critical sexual and reproductive health and rights services open. Profamilia services were reduced significantly by 25 per cent from March 2020 across the country. The Member Association actively advocated ensuring sexual and reproductive health is recognized as an essential part of the health services package deemed fundamental for COVID-19 emergency work. To ensure access for clients unable to reach their clinics, Profamilia established telemedicine services, including counselling and follow-up over the phone.

## Enhancing services in the pandemic

There are still deeply entrenched taboos and stigma regarding abortion and a lack of knowledge and understanding of the legal framework for safe abortion care in Colombia. These barriers are exacerbated by high inequality levels, making healthcare access to abortion services difficult for many women in the country. Limited economic activity and increased domestic violence cases demonstrated the immediate need to address contraception access and safe abortion care to protect women in lockdowns.

Profamilia implemented a telemedicine pilot in May 2020 to ensure abortion care routes remained open. The pilot tested the technology and the consent protocols, appointment scheduling, synchronicity between health personnel and women who needed the service and client experiences using telemedicine. Once the pilot test was completed, improvement actions identified and adjusted, the telemedicine service was implemented in other Profamilia clinics. During the last quarter of 2020, self-managed abortion procedures were performed via telemedicine in regions far from population centres, facilitating the provision of abortion services to populations with low health service coverage.

## Transforming abortion care through telemedicine

The telemedicine care strategy ensured that counselling supported every aspect of women's health. The protocol looked at the risk of sexual violence and threat to life, and each woman's psychological well-being. In all assessments, options are explained, and women are advised on the best contraception methods to use after an abortion, once considering any barriers they may face at home. Women were provided with different options for receiving abortion care according to her situation, either through supported self-managed medical abortion or through in-clinic care. In both models, women were provided with ongoing support and follow-up throughout the process. For abortion care services – a specific telephone line for assessment, scheduling for a comprehensive approach with home visits, telemedicine, face to face services are integrated. A new microsite called Mia is in development for self-managed abortion care for clients to access services faster.



## Key challenges

- Political opposition, connectivity gaps, economic impact, regulation and safe administration of mifepristone and lack of guidelines on abortion telemedicine were key barriers. Tackling abortion stigma and SRH issues in virtual settings is essential to address, as it's a new way to access consultation for many women.
- Nationally there was not enough emphasis on abortion care services as essential and health providers were not always supported. Colombia had a lengthy lockdown, so clients faced many barriers to come to the clinic. For women with pregnancies over 12 weeks gestation, more specialist care provided at a larger health facility may be needed which can be an obstacle.
- There was a need for specific staff training on abortion and telemedicine, internet connectivity, and digitalisation of clinic histories. Systems of HR support were needed to train staff in digitalised communication to overcome camera shyness challenges.
- Announcements of availability of home-based services and telemedicine abortion services led to statements of rejection by opposition groups and political figures, triggering investigations and petitions against health providers to generate criminal and disciplinary consequences.
- Profamilia advocated with supportive members of Congress to issue a statement recognising the importance of continuing sexual and reproductive health services during the pandemic. This included access to abortion and support for the work of health providers. Profamilia was also guaranteed the continuity of its services, clarifying the current regulations that allowed it to continue with this service.

## Lessons

- Many women still want face-to-face services as they had to stay at home with partners, parents, and flatmates. Some women called from bathrooms due to lack of privacy. Clients, even under the strict quarantine measures, wanted to go to clinics rather than have a medic in the house with them and face judgement from their family.
- Profamilia conducted a study in the second half of 2020 with telemedicine service clients. The telemedicine service was well-received but demonstrated the general lack of knowledge of clients with this service and fears about it differing from face-to-face consultation were critical factors in accessing abortion care.
- While clients expressed satisfaction with the service provided, they also mention having doubts about receiving the same quality of care through virtual means.
- Interviews with users and professionals indicated that waiting times could be quicker and issues around health personnel contact with clients during the counselling and abortion care experience. The availability of privacy and space to address a topic such as abortion considering mandatory quarantine, and difficulties in accessing the internet to use the service. Some clients highlighted that the telemedicine abortion consultation allowed them to communicate more calmly with the health professional.
- Despite the challenges, telemedicine is an opportunity to continue to meet reproductive health needs in all settings, facilitating access and promoting self-management and self-care.

## Next steps

- The telemedicine abortion service will be a permanent and extended service model. An area for expansion is tele-education to strengthen SRHR knowledge and provide training to professionals through virtual courses. In remote areas of the country, health professionals who worked as part of an external network for rural communities with safe abortion services were trained online.
- There is a need to continue working to destigmatise abortion and strengthen information, education, and communication for women to know their rights to access abortion care and the availability of these services.
- Profamilia will identify resources and personnel to strengthen the telemedicine service by training staff and to develop digital health care tools. This will include guidance and training to strengthen quality of care and client satisfactions with the telemedicine abortion services, ensuring the model is as acceptable as in-clinic services.
- Profamilia is finalising a book on telemedicine abortion care services for 2021.
- There is a need to collect and generate evidence around the effectiveness and acceptability of a telemedicine approach to abortion care, to strengthen both public and government support and ensure the sustainability of the model.





## Recommendations for SRH services, governments, and civil society organizations (CSOs)

- As physical access to health centres can be limited during the pandemic, it is critical to expand women's ability to access abortion through a range of care models, including out-of-clinic care options such as telehealth solutions, home-based provision of abortion care by healthcare providers, and supporting women to access self-managed medical abortion as a safe and legitimate alternative care option. SRH service providers should ensure that these options remain available as long-term safe and acceptable models of care beyond the pandemic.
- While the range of abortion care models should be expanded to include out-of-facility models, in-clinic care - including for surgical abortion - should be maintained to ensure options are available for the woman to make the best choice for her. Investments should be made for innovative abortion care models through the revision of national policies and guidelines integrating and retaining remote access as an out-of-clinic care option within the abortion care pathways beyond the pandemic. Strategies should be used such as task-shifting to additional cadres of healthcare providers, remove requirements for unnecessary tests, minimise the number of clinic visits and enhance infection prevention standards to facilitate in-clinic care during a pandemic.
- Governments must recognize abortion as an essential health service, to enable continued provision of and access to abortion care during a pandemic. It is critical to ensure that countries have emergency preparedness plans to secure access and funding to essential support SRH abortion services and supplies, including quality medical abortion. Mifepristone, misoprostol, and combi-packs including both medicines should be registered, included in national essential medicines lists, and made available in country to facilitate procurement and supply.

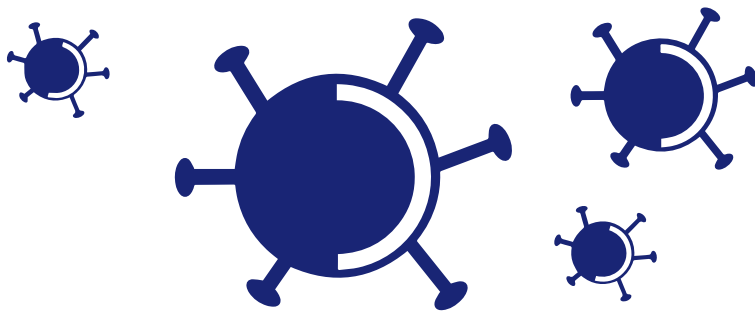
## Endnotes

### IPPF COVID-19 Impact Surveys

IPPF COVID-19 Impact survey 1 March 2020: COVID-19 Survey Results | IPPF ([ippf-covid19.org](http://ippf-covid19.org))

IPPF COVID-19 Impact survey 2 June 2020: COVID-19 Round 2 Survey Results | IPPF ([ippf-covid19.org](http://ippf-covid19.org))

IPPF COVID-19 Impact survey 3 November 2020: COVID-19 Round 3 Survey Results | IPPF ([ippf-covid19.org](http://ippf-covid19.org))



## About Profamilia

Profamilia is a private non-profit organization that, for over five decades, has been promoting and defending the exercise of Sexual and Reproductive Rights of the population in Colombia so they can make free, safe, and informed decisions about their sexuality, without discrimination, coercion, or violence. Profamilia achieves national coverage by offering sexual and reproductive health products and services benefiting the most vulnerable populations.



## Who we are

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

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Image 1: Colombia/ Profamilia

Image 2: Colombia/ Profamilia

Image 3: Colombia/ Profamilia

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