



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

"I felt confident in the process. You do feel supported and backed up in some way because you know you are not alone and that's what marked (it for) me. If you do not feel well, there is more help. Or if you do not feel available to speak, they wait for you."

Telesalud MEXFAM client

Practising self-isolation and government mandated lockdowns and curfews to prevent COVID-19 is a key 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 across the globe.

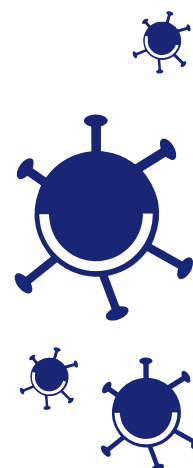
Virtual patient consultations, self-assessment smartphone applications, hotlines and remote provision of medications are a few examples of telehealth and telemedicine applications used to improve SRH during the pandemic. While telehealth will not and should not replace face-to-face services, many Member 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 International Planned Parenthood Federation's (IPPF) COVID-19 impact survey March 2020 indicated that women faced compounded barriers to accessing safe abortion care in Mexico. This impact required immediate attention to reduce women losing access to contraception and ensure continuity for urgent abortion care services through lockdown restrictions. IPPF's Member Association - MEXFAM, quickly responded by adapting women's healthcare services moving from face-to-face services to an accelerated telemedicine pilot model for legal and safe access to abortion in rural and indigenous community settings.

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

COVID-19 impact

MEXFAM were providing abortion services in several states (San Luis Potosí, Veracruz, and Jalisco) on the grounds of sexual violence since 2017 and had recently rolled out harm reduction and post abortion care services (2019) in Guerrero, Morelia, and Oaxaca, by providing information on how to use Misoprostol. The pandemic saw an immediate reduction in MEXFAM's programmes, with over 50 per cent of HIV, contraception and community-based abortion services being restricted.



Enhancing services in the pandemic

Service reductions through the closure of a static clinic in government restrictions from April 2020, meant services needed to pivot women's healthcare to reach communities rapidly. Faced with gaps in access to safe and legal abortion services in the state of Oaxaca, MEXFAM innovated their entire service approach using telemedicine in October 2020. The service is provided for free as economic conditions for women worsened in the pandemic.

Transforming abortion care through telemedicine

Although there are no specific legal or regulatory frameworks for telemedicine in Mexico, MEXFAM considered how technology could be harnessed to promote access through digital healthcare services. MEXFAM responded to the challenges faced by the Oaxacan communities experiencing high levels of poverty by providing free telemedicine services for self-managed abortion. To address internet and mobile connectivity issues, a main healthcare service point was established at the MEXFAM Ixtaltepec clinic, where the technological infrastructure was in place.

Abortion care through telemedicine has received a positive reception by the community. The quick availability in the health crisis meant that MEXFAM was immediately recognized as a trusted service. Building on the Member Association's track record, services were also recommended informally by clients and local rights networks which allowed for women to feel MEXFAM's services were safe to access.

Studies conducted by MEXFAM also demonstrated an optimistic experience for service providers interviewed from service points in Mexico City and Oaxaca. They were in favour of the new telemedicine approach and considered it feasible to rollout in other locations and expand to more areas of sexual and reproductive health. It has been motivating and challenging for providers, not just from increasing access from the rights and abortion agenda but operationally, as the capabilities and learning involved in the functions of the digital health to continue care.



Key challenges

- High levels of poverty meant internet connectivity and access/client experience had to be addressed to reduce the healthcare access gap, establishing the MEXFAM Ixtaltepec service delivery point helped this.
- Minimal staff at service points due COVID-19 measures but high service demand was challenging.
- Opposition to safe abortion care targeted services whenever there was a telemedicine service promotion campaign in Mexico. The security plan from Mexico City incidents is now adapted to mitigate any potential risks of opposition attacks for all health service points in country.



Lessons

- The experience for medical staff in both Oaxaca and Mexico City has been unanimous. All abortion care services are compliant with international protocols and regulations. It ensures safety for the service providers and builds women's confidence in requesting abortion services.
- During the implementation, it was necessary to guarantee direct and additional lines for connections, change IT equipment, create a remote service procedure manual, and have a WhatsApp group advisory space between the main service points (Ixtaltepec, Oaxaca) and hub (Mexico City) to advise and facilitate intermediate communication.
- The telemedicine service guarantees the confidentiality and safety of the user, especially in small communities and villages where many people know one another, therefore clients can face increased stigmatization when accessing abortion. The telemedicine experience demystified its complexity and became recognised as a satisfying experience for women who require safe abortion care.

Next steps

- The qualitative study provided valuable lessons for telemedicine provision, demonstrating great potential for expansion to other MEXFAM service points (August–November 2020).
- The telemedicine service will continue after the pandemic, it has allowed women in Oaxaca to access assistance from doctors specializing in sexual and reproductive health (from the MEXFAM clinic in Mexico City) remotely, in a timely, safe, and efficient manner. A service that no one else was providing in Oaxaca before.
- There is an opportunity for further advocacy to fill the legal and regulatory gap in telemedicine in Mexico. This should be supported by the generation of evidence on the effectiveness and acceptability of MEXFAM's telemedicine model.
- MEXFAM will expand their telemedicine community promotion to other local headquarters, such as MEXFAM Ixtaltepec in Oaxaca and to new users through community networks in Veracruz and San Luis Potosí.
- New community service delivery points (pharmacies) will be trained to provide services in SRH and medical abortion.



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.

"I feel that there are many situations (where) such programmes complement what is in society, (and) gives us opportunities to make a decision, to know that we women are not alone."

Telesalud MEXFAM client



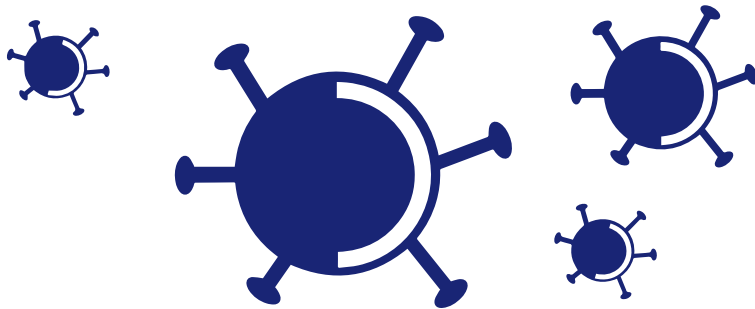
Endnotes

IPPF COVID-19 Impact Surveys

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

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

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



About MEXFAM

MEXFAM covers the full range of sexual and reproductive health and rights (SRHR) needs and issues, including contraception, antenatal/post-natal care, maternal and child health, sexually transmitted infections (STIs) including HIV and AIDS, and information and education programmes. There is a particular bias towards serving those communities not reached by the government's programme, including the economically disadvantaged, the rural poor, young people and men.



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.

Published: May, 2021

Image 1: Mexico/ MEXFAM

Image 2: Mexico/ MEXFAM

Image 3: Mexico/ IPPF/ Brenda Islas

Design: David Foster