Health system costs of unsafe and safe induced abortion in Zambia

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Aim of the research

To estimate and compare the costs to the Zambian health system of providing:

– Safe abortion services

– Post abortion care following an unsafe abortion
To achieve this aim:

• Calculate the treatment costs
  – Based on data from UTH and other regulated providers

• Estimate national total annual number of safe abortion and PAC cases
  – Using regional abortion rates estimates from WHO

• Derive national estimates of health system costs for:
  – Safe abortions
  – Unsafe abortions
    • Unsafe abortions with sequelae (incomplete abortion, sepsis, shock)
Why estimate?

- No national data on numbers of
  - Safe abortions
  - Unsafe abortions

- NB: Our data only refer to treatment of induced abortions (spontaneous abortions excluded)
The Termination of Pregnancy Act, 1972

TOP permitted if continuance of the pregnancy would involve

1. risk to the life of the pregnant woman; or

2. risk of injury to the physical or mental health of the pregnant woman; or

3. risk of injury to the physical or mental health of any existing children of the pregnant woman; greater than if the pregnancy were terminated;

4. a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

In determining this risk account may be taken of the pregnant woman's actual or reasonably foreseeable environment or of her age.

Opinions of single registered medical practitioners sufficient if the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.
Research design

Comparative research design:

– women receiving safe abortion at UTH

– women receiving treatment at UTH for complications (including incomplete abortion/sepsis/shock) following unsafe abortion initiated elsewhere
Our data

1. Interviews with patients (n=112)
   – Quantitative economic data

2. Key informant interviews (n=18) to collect information on treatment protocols and costs

3. Review of medical case records to validate treatment protocols

4. Review of facility aggregate records (logbooks) to estimate the number of women receiving abortion care at UTH
## Study estimates of abortion: Zambia

<table>
<thead>
<tr>
<th></th>
<th>Annual estimate</th>
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<tbody>
<tr>
<td><strong>Total induced abortions</strong></td>
<td>114,279</td>
</tr>
<tr>
<td><strong>Unsafe</strong></td>
<td>108,264</td>
</tr>
<tr>
<td>[of which require treatment for incomplete abortion / sepsis / shock ]</td>
<td>[45,471]</td>
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<tr>
<td><strong>Safe</strong></td>
<td>6,015</td>
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Health system cost of unsafe abortion

- Zambian healthcare system spends 2.5 times more treating complications arising from unsafe abortion than would be spent on providing safe abortion for these cases.

- The Zambian health system would save $13.43 per case (i.e. up to $611,046 per year) if each woman treated for a complication of unsafe abortion had instead accessed services for safe abortion.

- The Zambian health system spends up to $2.4 million per year on treatment for complications of unsafe induced abortions.
Obstacles to accessing safe services

1. Lack of knowledge about safe abortion services that are available.

2. Inability to get the required three signatures from medical practitioners

3. Poor practitioner knowledge about 1 signature requirement for emergency cases

4. Stigma associated with abortion:
   - For women
   - For providers
Legal requirement for 3 signatures (non-emergency)

• 1 signature has to be a “specialist”
  – Estimated to be less than 60 specialists in Zambia

• Penalising for women in rural areas where fewer registered medical practitioners operate

• In 2010, Zambia had less than 911 registered medical doctors serving a population of almost 12 million
  – The majority of these doctors are concentrated in urban areas
  – The bulk of the population, which lives in rural areas, has very limited access to registered medical doctors
Therefore...

Health facilities in Zambia treat more cases of complications arising from unsafe abortion than cases of safe abortion.
Policy implications

• Cheaper to health system to provide safe abortion than post-abortion care
  – Costs for women and the health system would be reduced further if unintended pregnancies were reduced through the provision and uptake of effective contraception

• Women need more information about how and where to get a safe abortion

• Providers need better understanding of protocols (e.g.: 1 signature for emergency cases)
Self-medication

• Although the Zambia TOP Act does not permit administration of TOP by non-licensed providers, MA procured for self-medication and not administered by a health-care provider may be safer and more effective than other methods, such as inserting objects into the cervix or taking a painkiller overdose.

• Availability of drugs for self-medication means that there is likely to be a reduction over time in maternal morbidity and mortality and the number of women seeking PAC following an unsafe induced abortion.
Conclusion

• Even though the law allows for abortion under certain circumstances, this does not always translate into adequate service provision

• Women’s access to safe legal TOP services remains limited

• Need for commitment to allocate resources for quality abortion care service provision