PAC WITH MVA: MANY GAINS; MANY CHALLENGES; UNCERTAIN FUTURE

Dr Joachim Osur

The MVA Kit

Undisputed Scientific Evidence

- MVA clinically safer compared to D&C:
  - Low risk of injury
  - Low risk of infection
  - General anaesthesia not required
- Also best suited for programs in low income settings
  - Mid-level providers can use it
  - Can be done on examination couch in the consultation room – theatre not always needed.
  - Reusable instruments

Makes Economic Sense

- One kit costs USD 60
- Can be used on up to 50 patients
- Can be boiled, disinfected with chemicals or autoclaved
- Small parts can be replaced
- Cost studies have shown the economic benefits to health system
  - Low admission rates
  - Staff time
  - Low level of healthcare – transportation/referrall issues

MVA a Relief to the Health System

- The Kenya example before MVA:
  - All PAC patients used to be admitted in secondary and tertiary hospitals for a minimum of 48 hours for D&C
  - There were more cases of blood transfusion due to delay in evacuation
  - Some patients died in the ward waiting for uterine evacuation
  - Only a doctor could evacuate the uterus

MVA a Relief to the Health System

- The Senegal example before MVA:
  - Lower centres could only do digital evacuation which was always incomplete.
  - Referred to higher centres
  - Poor transport system meant that referred patients could not reach hospital in good time.
  - There were reports of patients dying on the way

After Introduction of MVA

- Uterine evacuation now available in the lower centres in Kenya, Senegal.
- Also in private clinics.
- Acute gynae wards no longer congested with abortion patients.
- Theatres freed for other procedures.
- In Mali, doctors expressed satisfaction as uterine evacuation became a midwives' procedure: they are now free to attend to other patients.

It Has Not Been Rosy Though

- MVA awakened the rivalry between professions:
  - In Benin gynecologists went to complain to the head of RH
  - Doctors always believed that mid-level providers would abuse MVA
  - In Zambia a law had to be passed to allow nurses and midwives to do uterine manipulation
- Private hospitals in Kenya continue to do D&C because it is more profitable.

Poor Training, Lack of Guidelines a Big Setback

- In one hospital in Kenya a doctor broke three MVA kits on one patient while attempting to do MVA.
- In a hospital in Burkina Faso a woman was screaming and the doctor shouting at her as he did MVA without pain relief.
- Most countries lack PAC standards and guidelines, hence quality of care cannot be ascertained.

Supplies for MVA Not Always Available

- Procedure beds, speculums, other instruments rusted, broken, some tied with ropes and threads.
- Inadequate number of functional MVA kits – patients have to wait for sterilization to be done.
- People in the procurement division do not know MVA – in Malawi kits landed in theatre

Suppliers Taking Advantage of Health Systems

- In Kenya the MoH bought imitations that could not do the MVA procedure.
- Kits sometimes overpriced as high as USD 100.
- Some businessmen do not want to stock kits due to low profit margins and low turnover.
- In many small towns it is almost impossible to get a supplier of MVA kits.

Governments Lack Commitment

- MVA still not listed as an essential supply commodity for many health systems.
- Not many governments allocating budgets to buy kits:
  - In Benin the MoH has purchased only 100 kits in the last 3 years, UNFPA stepped in to buy 1200 kits.
  - In Mali the MoH made an order of 250 kits for the very first time in April 2010.

Conclusion

- Health systems that have changed from D&C to MVA have seen great improvements in PAC.
- However, there is still lack of commitment in most countries stalling progress: some centres have had to revert to D&C after many years of doing MVA when donations ran out.
- Lack of PAC standards and guidelines has also compromised quality of care.