



# International Consortium for Medical Abortion

*Promoting access to medical abortion in  
the context of safe abortion worldwide...*

# *Annual Report*

# 2010

Prepared by:

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## International Consortium for Medical Abortion 2010 Annual Report

To ensure reproductive and sexual health and rights, and reduce maternal morbidity and mortality, safe abortion services worldwide must be in place. Medical abortion using a combination of mifepristone and misoprostol, or misoprostol alone, has the potential to meet the needs of millions of women for a safe and affordable way to terminate an unwanted pregnancy. However, because of lack of availability of drugs, lack of national approval to use them and lack of knowledge about how to use them, medical abortion is not accessible to the vast majority of women throughout the world who could benefit from the method.

The International Consortium for Medical Abortion (ICMA) was formed in 2002 as a platform for advocacy, debate and dialogue for promoting access to safe abortion, including medical abortion worldwide.

In order to bring medical abortion from global policies to country and local levels, since 2006 ICMA has focused on assisting the development of four regional networks: the Latin American Consortium against Unsafe Abortion (CLACAI), the Eastern European Alliance for Reproductive Choice (EEARC), the Asia Safe Abortion Partnership (ASAP) and the African Network on Medical Abortion (ANMA) which are affiliated with ICMA, and some of them are also partially financially supported by ICMA. Their common aim is to improve access to safe abortion and foster reproductive choice at regional and national levels in the context of diverse regional realities.

In 2010 ICMA strengthened its role at the global level contributing to increasing stakeholders' knowledge of and commitment to medical abortion; producing high quality information about medical abortion; strengthening the international social movement in the safe and legal abortion field, and moving the agenda of reducing maternal mortality and morbidity from unsafe abortion forward.

## **ICMA Steering Committee 2010**

**Marge Berer** (Chair);  
Reproductive Health Matters, UK

**Mariana Romero** (Co-Chair);  
Centro de Estudios de Estado y Sociedad  
(CEDES), Argentina

**Beverly Winikoff**;  
Gynuity Health Projects, USA

**Peter Edward Hall**;  
Concept Foundation, Switzerland

**Wanda Nowicka**;  
Federation for Women and Family  
Planning and ASTRA Network, Poland

**Suchitra Dalvie**;  
Asian Safe Abortion Partnership (ASAP),  
India

**Daniel Grossman**;  
Ibis Reproductive Health, USA

**Selma Hajri**;  
Reproductive Health Consultant, Tunis

**Galina Maistruk**;  
Foundation "Women health & Family  
Planning", Ukraine

## **Observers**

**Bela Ganatra**;  
World Health Organization, Switzerland

**Peter Fajans**;  
World Health Organization, Switzerland

## **ICMA Staff 2010**

**Rodica Comendant**,  
Operations Coordinator

**Silvina Ramos**,  
Programmes Coordinator

**Ludmila Tulus**,  
Program & Administrative Assistant

**Angela Malaniuc**,  
Website Manager

**Lidia Postolache**,  
Book-keeper

## **Consultants 2010**

**Herbert de Graaf**,  
Development

**Susan Yanow**,  
Organizational Capacity Building

**Bonnie Shepard**,  
Advocacy and Organizational  
Development Capacity Building for ICMA  
Regional Networks

## Highlights of ICMA's 2010 accomplishments:

- Convened the Third International Conference “Expanding Access to Medical Abortion: Building on Two Decades of Experience”, March 2010, Lisbon, Portugal in collaboration with Ipas and Gynuity Health Project in which around 170 participants from 60 countries around the world participated to share updated information on medical abortion, successful experiences in drug introduction and policy development, and current barriers to access.
- Expanded work among the regional networks in Africa, Asia, Eastern Europe and Latin America, including institutional development activities as well as dissemination, training, advocacy and research activities. Each of the regional networks developed their plans of work based on a comprehensive strategy including diverse and complementary activities such as research, training, information dissemination, advocacy and capacity building.
- Redesigned the ICMA website and positioned it as a global resource on medical abortion, with new navigation tools, expanded sections linking to each Regional Network, and a new section on abortion laws. ICMA website is mentioned on 80600 other websites globally and is linked to 17061 other websites. It has received over 54,696 visitors. In 2010 the number of visitors increased by 63%, compared to 2009, and the number of page views by 41%.
- ICMA News development as an electronic newsletter which aims at disseminating updates on research findings, key events from the field, and new legal and regulatory developments at global, regional and national levels. Four numbers were elaborated along this year and disseminated broadly through ICMA's and the regional networks' mailing lists and were uploaded on their websites.
- Participation in panels at global forums targeting stakeholders at the global and regional levels to disseminate information about new developments and issues impacting access to medical abortion drugs and services.
- As part of the support given to the regional networks, the first training course was held with the aim at contributing to the strengthening of institutional development skills among the regional networks' coordination and ICMA's office staffs.
- Continued organizational changes to better respond to institutional development challenges, including the re-structuring of its technical staff with two-part time positions: Operation Coordinator and Programme Coordinator.

## Third International Conference: “Expanding Access to Medical Abortion: Building on Two Decades of Experience”

On March 2-3-4, 2010 in Lisbon, Portugal ICMA - with the collaboration of Ipas and Gynuity Health Projects - organized a three day meeting to discuss the increased diffusion of medical abortion around the world in the last years, and to identify the barriers that still prevent too many women from accessing this technology. *For more information:* <http://www.medicalabortionconsortium.org/uploads/file/NL2%20English%20300410.pdf>



Its main goal was to address the successes, problems and lessons learnt in the introduction of medical abortion policies, programs and drugs in countries where abortion and medical abortion drugs are allowed by law and those in which there are legal restrictions.

Around 170 clinicians, public health officials, researchers and women’s health and rights advocates (including young advocates making their first steps in the field) from 60 countries around the world came together to share experiences, research findings and strategies at local, regional and global levels to improve access to medical abortion in the context of safe abortion. There were 112 participants from developing countries and countries in transition, 41 from developed countries.

### **The conference had five specific objectives:**

- To share information on the current situation of access to medical abortion with an emphasis on lessons learned and challenges in expanding access
- To examine strategies which have successfully improved access
- To examine barriers to access and how they have been addressed
- To discuss issues causing controversy within the medical abortion community
- To discuss future strategies on expanding access to medical abortion

The conference was structured based on an interactive scheme, with 40% of the time allocated for discussions, and it combined various methodologies to foster information sharing and debates (panels, breakout sessions, key note speakers, and roundtables for the debate of controversial issues).



The conference reviewed the current status of medical abortion internationally and highlighted key issues in advancing access to medical abortion, including strategies for making medical abortion more accessible, overcoming political opposition and other political and institutional barriers. The debate over how much supervision women need when using medications to end a pregnancy was also part of the agenda, and experiences of several countries with unique successes in introducing medical abortion or overcoming barriers for policy development were presented to illustrate innovative approaches and strategies. The conference included caucuses of participants from five world regions where regional and national current scenarios and advocacy strategies were discussed.

The conference concluded with future priorities for ICMA and for the safe abortion field, and the identification of strategies for working on the local, regional and global levels to increase women's access to medical abortion in the context of safe abortion. For advocacy purposes and for the dissemination of ICMA's stance of current situation of medical abortion access worldwide, a Conference Statement was elaborated to address critical topics such as law and policy, access to services/service delivery systems, access to drugs, and information and research needs, based on the conference's updating and debates.

The Conference presentations, statement and report were displayed on the ICMA web site, and a special report was elaborated, made available in 5 languages (English, French, Spanish, Russian and Hindi), which has been broadly disseminated through the regional networks and at global, regional and national meetings. *For more information:* <http://www.medicalabortionconsortium.org/uploads/file/ICMA%20Lisabon%202010%20Conference%20Report-1.pdf>

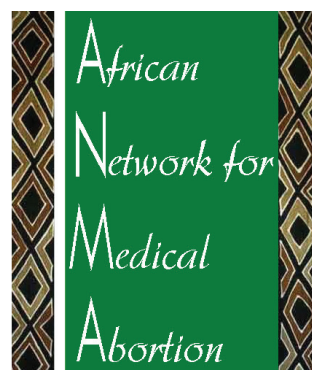
## Continue the support of ICMA Regional Networks

Since 2008 ICMA prioritised support for the development of regional networks as a primary strategy to increase the dissemination of information on medical abortion at the regional and country levels. Given the needs assessment conducted in 2009 by ICMA, appropriate strategies for promoting medical abortion within the context of safe abortion in each of the four regions were identified.

As a follow up of the needs assessment and the plans of work of each regional network, there were significant activities held in 2010 under the leadership of the Regional Networks, some of them in close collaboration with ICMA.

### African Network on Medical Abortion (ANMA), launched in March 2009

[www.anma-africa.org](http://www.anma-africa.org)  
ANMA coordinator: *Selma Hajri*



#### Institutional development

- A caucus for African countries took place during ICMA Third International Conference. 20 participants (Cameroun, RDC, Gabon, Kenya, Nigeria, South Africa, Sudan, Tunisia, Ethiopia, Ghana, and Egypt) joined this activity to discuss current challenges for the region and the identification of priorities and relevant regional strategies for expanding access to safe abortion services and especially medical abortion in Africa. They also addressed organizational and institutional aspects of the network to be improved in the future.
- Setting up of an association named ASFA (Association for the Health of African Women ("Association pour la Santé des Femmes en Afrique) in France to host the network.
- Membership was increased during the regional meetings and conferences where ANMA was represented. At present, the network has 88 members including 30 as Advisory Committee Members. 19 new members from 8 African countries (Tunisia, Morocco, Tanzania, Egypt, Zambia, Sudan, South Africa, and Senegal) joined the network this year.

#### Information dissemination

- The network's website was launched with basic contents and the translation of almost all the information in French. ([www.anma-africa.org](http://www.anma-africa.org))
- A pamphlet in English and French was developed, printed and distributed during the Network's and at other regional and international meetings.
- Participation to the "FIGO initiative on prevention on unsafe abortion". Follow up of regional workshops of this initiative for the Eastern central, Southern African region, and for the North African and MENA countries.
- Participation in the meeting on misoprostol organized by Gynuity and UNFPA (12-13 May, Alexandria-Egypt) to disseminate information about the network and create new links within the African countries.

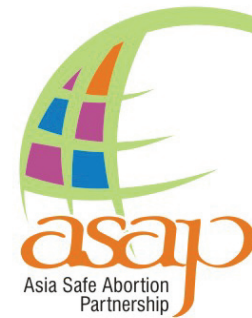
## Training

- Workshop on advocacy for medical abortion was held in Nairobi, Kenya (24-25 November). 40 participants including 22 from the East Africa sub-region met to learn, and to share and discuss their experiences in the field of medical abortion in Africa. The main objectives were to analyze the regional and international policy/legal environment, to bring together stakeholders for sharing experience and knowledge on MA, to examine what are the barriers to access and how they have been addressed, and to discuss how to counter barriers to rolling out MA in the Region.
- Future strategies on expanding access to medical abortion in the Region and the role of ANMA and its partners in rolling out MA in Africa were also discussed. Speakers and experts from other African countries have been invited to present country experiences and participate to debates, and several NGOs such as Concept Foundation, Gynuity Health Projects, Ibis Reproductive Health, ICMA, Ipas and Ipas Alliance Africa, and Guttmacher Institute, and Marie Stopes International, enriched the workshop by their contributions.

## Asia Safe Abortion Partnership (ASAP), launched in March 2008

[www.asap-asia.org](http://www.asap-asia.org)

ASAP coordinator: *Suchitra Dalvie*



### Institutional development

- The first SC Meeting of the year was held during the ICMA International Conference in Lisbon, in March, in which the work plan for 2010 was developed and strategic activities for institutional development and advocacy work at the regional level were agreed upon.
- A Regional Caucus was also held during the Lisbon conference where ASAP members had discussions about felt needs and the potential for work of members in their own countries.
- ASAP is a signed- on partner to the DFID funded MSI - Ipas project proposal on Preventing Maternal Deaths from Unwanted Pregnancies.

### Research and documentation

- A Study of knowledge, attitudes and understanding of safe abortion as a women's right by legal professionals was undertaken in 7 countries in the region (India, Pakistan, Nepal, Malaysia, Philippines, Indonesia, Sri Lanka). The final reports were published and copies distributed through the participating partners. The local costs of the study were supported by ASAP members in India, Nepal, Pakistan and Malaysia. *The reports are available on the website <http://www.asap-asia.org/kmitan/articleback.php?newsid=4>*
- ASAP has initiated a study on the KAP of providers who work with HIV positive women with regard to medical abortion. The study is being implemented by Centre for Operations Research and Training (CORT) in India and by the Group of Technical Assistance (GTA) in Nepal. The information from this study will help to improve the programmes and services for PLHIV, especially to improve access to safe abortion for women living with HIV.



## Advocacy

- As a follow up to the study conducted with legal professionals, country partners were encouraged to use those findings as an advocacy tool. In Indonesia, the Women's Health Foundation (WHF) and Indonesian Planned Parenthood Association (IPPA) used them for advocacy purposes and as a direct outcome our member from WHF has been invited by the Indonesia Government to be on the Advisory Panel to draft the newly amended Abortion Law of their country. The Reproductive Rights Advocacy Alliance in Malaysia used the findings to initiate a dialogue with key Government officials who participated in an advocacy forum held in Kuala Lumpur.

## Training



values clarification, gender and rights issues and medical abortion were also held.

- A workshop "Safe Abortion : A Comprehensive Update" was conducted on 17-18 June, in Guwahati, Assam, India in collaboration with Common Health, the Federation of Obstetricians and Gynaecologists of India and the State Ministry of Health and Family Welfare. Dr Milind Shah (ASAP Steering Committee member) was the lead resource person. It was attended by 43 participants (superintendents and medical officers from 26 districts of Assam), and as a direct outcome, the Ministry of Health supplied all district hospitals with MVA syringes for the first time. Sessions on val-



- A workshop on Abortion Advocacy Training (AAT) and HeRWAI (Human Rights for Women Assessment Instrument Training) was held in Hanoi, Vietnam, in collaboration with the Women's Global Network for Reproductive Rights (WGNRR) and the Center for Reproductive Rights (CRR). It was attended by 23 participants from Malaysia, India, Nepal, Philippines, Mongolia, Iraq, Pakistan, Indonesia and Vietnam, Nepal and Japan. The participants included providers, lawyers, programme managers, activists and NGO representatives.

- Three media sensitization workshops were conducted by ASAP partners in Nepal, Vietnam and Malaysia to orient journalists on the gender and rights dimensions of safe abortion issues. In Nepal the workshop was attended by 17 health reporters (7 women journalists) - 11 from print, 3 from radio and 3 from television media. In Vietnam 10 journalists - from seven newspapers



in Hanoi and Ha nam and one national TV channel, attended the workshop and in Malaysia about 20 participants from NGOs, but only 3 press reporters and 2 feature writers attended the workshop. Sessions included clarification myths and misconceptions, law related to safe abortion in their country, SRHR, MDGs, Human rights, unsafe abortion, adolescents' abortion, medical abortion etc. A field visit was arranged to see the clinic facilities in Vietnam.

They also participated in a youth club activity. Articles were printed in the local newspapers as a follow up to the workshop.

- ASAP collaborated with WGNRR for a youth meeting to be held in Manila in January 2011 and supported the participation of a young person from Hanoi, Vietnam for this meeting

### Information dissemination

- A Hotline on misoprostol information was launched by 3 local partners in June in Lahore, Pakistan, after a 5 day training workshop. Technical support was offered by Women on Web and Women on Waves while Mama Cash provided financial support. Khalid Qureshi (ASAP SC member) was the lead organizer at the country level. Specific tools for the monitoring and evaluation are currently being applied to document this experience on a systematic basis. The hotlines are currently receiving around 45 calls per month. *More details available on the website at:* [http://www.asap-asia.org/misoprostol\\_hotline\\_pakistan.htm](http://www.asap-asia.org/misoprostol_hotline_pakistan.htm)



- The listserve has expanded its scope (795 articles compared to 430 in 2009) and members (currently 109 compared to 89 in 2009).
- The website has added the country profile of Cambodia to the 11 country profiles already available (Malaysia, Japan, Vietnam, Pakistan, Philippines, Thailand, Nepal, Mongolia, Indonesia, Bangladesh and China). From Jan 1, 2010 –31st December, 2010 the site has had 3955 visitors (absolute unique visitors). In total, 4734 visits came from 99 countries/territories.
- ASAP receives emails from young women/couples seeking abortion services. Response

to these queries is given on time with appropriate referral of service providers or of the organizations working on this issue in their own countries. When abortion is illegal/restricted in a country, the abortion seeker is asked to contact Women on Web.

- Presentation “Strengthening access to safe abortion services in Asia using innovative strategies and the challenges and lessons learnt” at the ICMA –Ipas panel to the Global Maternal Health Conference, 30th Aug-1st Sept, New Delhi.

## Eastern European Alliance for Reproductive Choice (EEARC), launched in June 2008



[www.reprochoice.org](http://www.reprochoice.org)

EEARC coordinator: Galina Maistruk

### Institutional development

- Expansion of the network’s membership (individuals and organizations) was achieved: new members from Albania, Belarus, Slovakia, Hungary, Latvia, Macedonia, Romania, Slovakia, Tajikistan, and Kyrgyzstan were registered, and the coordination office has been working for a more friendly registration process via website. At present, EEARC has 127 individual and 16 organizational members.
- Meeting of the Steering Committee was held during the ICMA International Conference in Lisbon in which follow-up activities of the conference as well as a discussion of the current political scenarios in each country and the needed strategies were shared. The dissemination of the conference outcomes and statement among the media at national level, as well as a regional advocacy campaign for reproductive rights protection in the context of increasing religious opposition were also agreed upon among the participants at the Regional Caucus.
- The Second Steering Committee meeting was held in September 2010 in Kiev, Ukraine for strategic planning and the development of a plan of work for 2011-2012.

### Training

- A “Training package on Safe abortion” for Russian speaking countries was developed for EEARC by a Russian team of experts headed by Prof. Irina Savelyeva (EEARC chairperson). This training package includes modules for a 6 day training targeting medical university students and post graduate training of medicals doctors. Full version of the training package will be available on the network website soon. *For more information:* [http://en.reprochoice.org/2010-11-23\\_earc-tot-kiev.aspx](http://en.reprochoice.org/2010-11-23_earc-tot-kiev.aspx)



- Training of trainers (ToT) course for national master trainers was conducted on 21-26 November in Kiev, Ukraine. 26 participants from Ukraine, Russia, Belarus, Moldova, Georgia, Armenia, Azerbaijan, Uzbekistan, Lithuania, and Kyrgyzstan attended this course. One of the important points of the training was not only the opportunity to get new information on medical abortion and other abortion techniques, but also to exchange knowledge, experience and skills for carrying out similar educational activities. A very important aspect was the exchange of information

on current legislation, good practices of care provision and other practical issues in each of the participant countries. The development of implementation strategies for similar programs at country level was the logical end of the training.

### *ToT "Safe abortion"*

*November, 23- 26, Kiev Ukraine*



### **Advocacy**

- Advocacy activities at the regional level have been also developed: a special session "Abortion in Eastern European countries: Challenges, perspectives and solutions" was held at the FIAPAC conference in Seville, Spain, 22-23 October, in collaboration with ICMA

### **Information dissemination**

- The website has been developed in order to allow the English and Russian version be managed separately. An intranet section for SC members has been made available for access to membership database, reports from SC meetings, and other institutional documents).
- A leaflet with EEARC's goals and a membership application form in English and Russian has been widely distributed by members in countries of the East European region during meetings and conferences.

### **Research and documentation**

- Country profiles of new countries were elaborated and uploaded (Macedonia, Israel). All existing country profiles were translated from English to Russian and placed on the website. Experts from member countries have started the process of updating the existing country profiles.

## Latin American Consortium against Unsafe Abortion (CLACAI), launched in March 2006

[www.clacai.org](http://www.clacai.org)

CLACAI Coordinator: *Susana Chavez*



### Institutional development

- A strategic planning meeting was held in February in Lima. The meeting also focused on the identification of strategic activities for 2010, and the creation of a new registry for members.
- A Regional Caucus was also held during the Lisbon conference where CLACAI members had discussions about current situation in the region and strategies to deal with opposition.
- Documentation and systematization of CLACAI history (2006-2009). An electronic publication of the results of this consultancy.
- During 2010 a new recruitment of members was developed. At present, 14 countries (Argentina, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, Spain, the US, Guatemala, Mexico, Nicaragua, Peru, Paraguay, Uruguay) are currently part of the network (57 organizations and 26 individual members) which makes a total of 83 members.
- An inter-institutional agreement with the FLASOG's Sexual and Reproductive Rights Committee was signed for the development of joint activities for the reduction of unsafe abortion in the region.

### Information dissemination

- Website development including the reorganization of the public and the intranet sections of the site, and the updating of the information about the situations in different countries and the work of member organizations. In year 2010 the site received approximately 2,900 visits a month, totalling 34,800 visits a year.
- A pamphlet was developed in collaboration with Ibis Reproductive Health to inform women about the safe use of misoprostol. An exploratory study was conducted in Colombia and Peru to evaluate culturally appropriate messages for this information tool.
- The design and implementation of a repository was undertaken as a data base of documents (research, protocols, norms, guidelines, training materials, etc.) on medical abortion in the region. The platform was developed following international standards and it is being hosted by an academic institution in Argentina (CEDES-Center for the Study of State and Society). It allows the network members and others to get easy and free access to a wide range of documents related to medical abortion. *For more information:* <http://www.clacaidigital.info:8080/xmlui>
- CLACAI members participated in the 6th Congress on Sexual and Reproductive Health/1st Central American Congress on "Strengthening regional alliances for the prevention of unsafe abortion" held in Guatemala in 7-8 October with the title "Strengthening the regional alliances for the prevention of unsafe abortion". The event gathered more than 70 participants from 12 countries (Costa Rica, Colombia, El Salvador, Cuba, Guatemala, Mexico, Nicaragua, Panama, and Dominican Republic). The agenda included two lines of work: Sexual and reproductive rights, politics and abortion in the region, and situation in the use of misoprostol in public services. The

most important outcome of this meeting was the discussion of a priority list with short-term, medium-term and long-term issues for the development of future actions. *For more information:* [http://www.clacai.org/index.php?option=com\\_content&view=article&id=641:iniciativas-locales&catid=24:2009&Itemid=21](http://www.clacai.org/index.php?option=com_content&view=article&id=641:iniciativas-locales&catid=24:2009&Itemid=21)

## Research and documentation

- A document about misoprostol and its use in obstetrics and gynecology was developed in collaboration with Ipas and the support of UNFPA.
- A regional study for the introduction of misoprostol and mifepristone was conducted by Ibis Reproductive Health. It reports on the existing context (barriers and facilitators) for the registration of mifepristone in Latin America based on interviews held with experts in the subject such as researchers, health suppliers, pro-reproductive rights organizations, pharmaceutical laboratories and foundations.



## Advocacy

- The Second Small Grant Program Call was launched in June for the selection of 10 national projects on a competitive basis with a focus on ways to improve access to medical abortion. Proposals for conducting research, advocacy, training and information dissemination activities were evaluated and the projects selected were from Bolivia (Catholics for the Right to Decide); Brazil (Curumim Group); Mexico (Balance Group); Peru (Big Family Life and Health Association); and Uruguay (Sanitary Initiatives). *For more information:* [http://www.clacai.org/index.php?option=com\\_content&view=article&id=643&catid=25&Itemid=22](http://www.clacai.org/index.php?option=com_content&view=article&id=643&catid=25&Itemid=22)
- A sub-regional conference was held in the Andean Region (Colombia, Ecuador, Peru, Venezuela and Bolivia). The conference took place in Quito City and the Desafío Foundation provided local support. This event was inaugurated by the Health Vice-Minister, sponsored by the national UNFPA, and was co-organized with the Sexual and Reproductive Rights Committee from the Latin American Federation of Obstetrics and Gynecology Societies (FLASOG). 103 professionals and activists participated. The event finished with a declaration that each participant agreed to use in advocacy activities at the national level. The most immediate result benefitted Ecuador where the Minister offered all his support to introduce misoprostol in the treatment of obstetrics emergencies. *For more information:* [http://www.clacai.org/index.php?option=com\\_content&view=article&id=710:programa-quito&catid=6:articulos-&Itemid=2](http://www.clacai.org/index.php?option=com_content&view=article&id=710:programa-quito&catid=6:articulos-&Itemid=2)
- A Sub-regional meeting “Strategic meeting on the availability of misoprostol in Brazil” took place in Sao Paulo in September. This technical meeting was organized by CLACAI’s national representatives (Women’s Health Feminist Network and the Citizen and Reproduction Commission (CRR)). Additional support was given from Regional and National UNFPA offices. This meeting brought together approximately 15 national and international experts, including physicians, women’s organizations, specialists in medications, and representatives of the Ministry of Health and the National Medicine Agency (ANVISA). Among the topics discussed was the continued conservative influence that limited access to misoprostol has in the country. The results were positive in terms of involvement of current policy makers in the discussion on the needed improvement in the access to misoprostol as a key measure for the reduction of unsafe abortion, and also the registration of mifepristone in Brazil.



## Putting Medical Abortion on the Global Agenda

As part of ICMA's strategic plans, participation at international conferences and congresses, organization of panels and sessions on medical abortion and dissemination of evidence-based information was fostered during this year. ICMA Coordinators, the members of the Steering Committee, and representatives of the regional networks attended the following meetings during 2010:

### **The First International Conference on Women's Abortion (IWAC 2010)**

*January 20-23 2010, Bangkok, Thailand*

ASAP coordinator and SC members submitted 3 abstracts for presentation and all of them were accepted. Dr. Choong, Dr. Dalvie and Adv. Claire AP Luczon represented ICMA and ASAP at this meeting. Materials on medical abortion (CDs with the information package on medical abortion and leaflets) were distributed.

### **FIAPAC Congress**

*October 22nd-23rd, 2010, Seville, Spain*



ICMA and EEARC jointly organized the session "Abortion in Eastern European Countries: Challenges, Perspectives and Solutions". Galina Maistruk (EEARC coordinator), and Vadimas Grebinskis, Daniela Dragichi, Svetlana Posokhova (EEARC SC members) participated in this panel. The topics addressed were: Reproductive rights of women seeking abortion (G. Maistruk, Ukraine); Safe abortion: policy and religion (V. Grebinskis, Lithuania); Challenges and perspectives for advocacy of safe abortion (D. Draghici, Romania); and Reproductive choices in HIV positive women (S. Posokhova, Ukraine).

### **Global Maternal Health Conference**

*2010, New Delhi, India, August 30-31, September 1*

ICMA organized and conducted a collaborative panel with Ipas: "Addressing Maternal Mortality by Increasing Access to Medical Abortion: Strategies and Lessons from four Continents". The topics addressed were: "Misoprostol for all Reproductive Health Indications: What Every Midwife should Know" (Ramatu Daroda, the Senior Training and Services Advisor, Ipas); "Involving Healthcare Intermediaries in Providing Information and Referrals for Medical Abortion: A Community-based Intervention in Jharkhand, India" (Sushanta K. Banerjee, the Senior Advisor, Research & Evaluation, Ipas); "Reducing Maternal Mortality in Latin America by Improving Access to Safe Abortion" (Nina Zamberlin, Researcher from Latin American Consortium Against Unsafe Abortion (CLACAI); "Advocacy Toward Increasing Access to Medical Abortion in Eastern Europe" (Daniela Draghici, Steering Committee member of EEARC); and "Using Innovative and varied Strategies to Inform Women about Medical Abortion across a Diverse Range of Country Situations in Asia" (Suchitra Dalvie, ASAP Coordinator).

## Strengthening the role of ICMA as a Source of Information about Medical Abortion, particularly for Developing Countries and Countries in Transition

Following ICMA's plans to disseminate updated and high quality information on medical abortion to women's groups, clinicians, policy makers and stakeholders at regional and national levels, several activities were implemented during this year.

### Updating, Translation and Dissemination of the Information Package on Medical Abortion

The ICMA Info package on medical abortion was made available in seven languages and displayed on the website as well as uploaded on CDs. In order to update it we propose to create a guide to be able to interpret the various researches being conducted across the globe on medical abortion. We will start the process once the revised version of the Safe Abortion guidelines is published by the WHO.

During this year 565 CDs with the Information Package on medical abortion, 865 CDs on 2nd trimester abortion, 170 Supplements on 2nd trim abortion and 1000 ICMA brochures have been distributed during conferences and meetings.

### ICMA newsletter

Three issues of a quarterly newsletter have been prepared and made available in three languages (English, Spanish and Russian). These have been disseminated via the website and the regional networks mailing lists and listserve. This information dissemination and advocacy tool focuses on global and regional topics and news and was elaborated based on a collaborative process in which the regional networks staff and members, ICMA's coordinators, and external invitees participated.



### Expansion of the ICMA website

In the period January-December 2010, the ICMA website has been expanded to include new features such as: countries abortion profiles, Laws on Abortion in the First and Second Trimester, The ICMA Information Package on Medical Abortion, Second-Trimester Abortion: Women's Health and Public Policy, ICMA Statements, ICMA Newsletters, global, regional and national news and events on relevant topics in the field; video and graphic materials from countries; and new links to other organisations and to relevant new publications in the medical abortion and safe abortion fields.

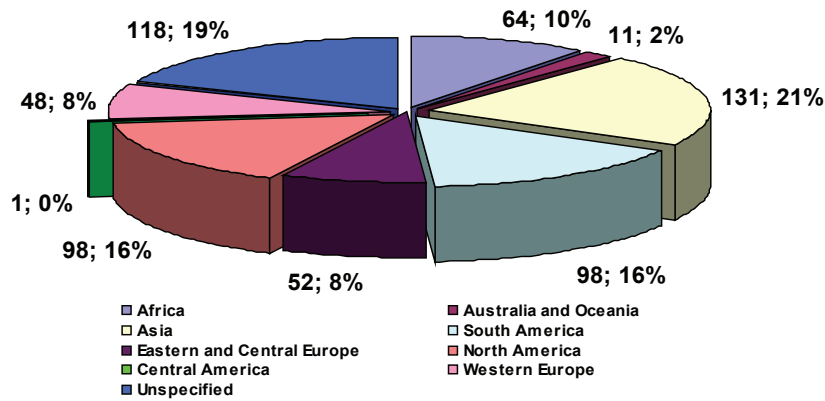
The website is steadily becoming a resource center for evidence-based information on medical abortion. ICMA website is mentioned on 80600 other websites globally and it is linked to 17061 other websites. In 2010 the number of visitors increased by 63%, compared to those in 2009, and the number of page views by 41%. A new section, Abortion laws and policies was developed and placed on the website. <http://www.medicalabortionconsortium.org/law-policy/>



## Strengthening ICMA as an Organization

ICMA is a consortium of organizations and individuals. In 2010 ICMA membership included 160 organizations and 461 individual members, representing countries from all regions of the world and including physicians, nurses, lawyers, advocates, journalists, health officials, public health experts and activists, among others. During 2010, 331 new members were added.

The total number of members is distributed as follows:



During 2010 and as part of ICMA's institutional development strategy, a 2-day training course for the ICMA Regional Networks affiliates was held in Morges, Switzerland on July 5-6. The goal of this workshop was to contribute to the development of institutional development skills among the regional networks' coordination office staff. Topics addressed were fundraising strategies and skills, strategic planning, and network governance bodies and procedures. An external consultant (Bonnie Shepard - Social Sectors Development Strategies) was specially hired as the facilitator and trainer.



## Finances

### **Financial Supporters 2010**

Netherlands Ministry of Foreign Affairs

Safe Abortion Action Fund

Anonymous Donor

### **Third International Conference, 2-4 March 2010, Lisbon**

#### **Donors' contribution in 2010**

Netherlands Ministry of Foreign Affairs

Anonymous Donor

Ipas

Gynuity Health Projects

Concept Foundation

Swedish International Development Cooperation Agency (Sida)

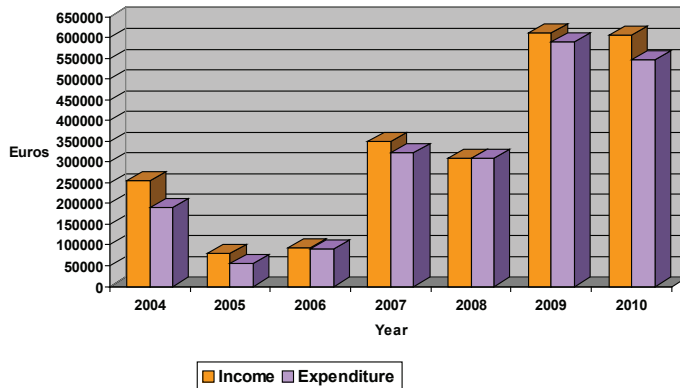
#### **Financial situation in 2010**

Total Income: 606 058 Euros

Total Expenditure: 547 304 Euros

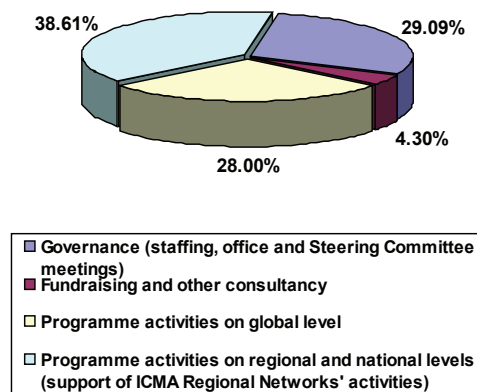
*Audited Financial Statement Available upon request after March 31*

## ICMA funding history 2004-2010



Income received from donors has increased over the past years. In the last 2 years the income increased by 46 % compared with the 2007-2008 average. The main reasons were the organization of the Third International Conference on Medical Abortion, the launching of the 4th ICMA regional network in Africa, and the increasing number of activities organized by ICMA at the global level as well as activities organized at regional and national levels with and through ICMA four affiliated regional networks. All funds have been spent according to the original work plan and grant agreements, except for small variances that have been discussed with the concerned donors.

## Expenditure in 2010 of 547 304 Euros by type



The amount of 153 221 Euros spent for programme activities organized on global level represents 28% from the total expenditure in 2010. These funds made possible the development and dissemination of information materials on medical abortion, organization of the ICMA third international conference on medical abortion, participation in international and regional events for promoting medical abortion within the framework of support for safe abortion worldwide.

Another 39% (211 339 Euros) have been spent to support the regional and national activities in the field, organized by the four regional networks of ICMA in Asia, Africa, Eastern Europe and Latin America.

The costs of raising resources and consultancy on organizational development represents about 4% (23 512 Euros) of total expenditure. Another 29% (159 232 Euros) covered the salaries, office costs, financial expenditure and the ICMA Steering Committee meetings.

## **International Consortium for Medical Abortion**

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