THEN WHERE CAN I GO?

A call to ensure safe abortion services are provided by at least one health facility per catchment area

Key messages

- Women living in catchment areas run by faith-based hospitals, especially in remote areas, do not have access to safe abortion services because these health facilities do not provide such services and health centres and posts are not permitted by law to offer abortion services.
- It is recommended to upgrade selected primary health centres in Muhanga, Ruhango and Rutsiro districts into medicalized health centres to ensure equitable geographic access for women to safe abortion services and thus prevent unnecessary delays and unsafe abortions, which may lead to maternal mortality and morbidity.
- In addition, increasing the number of medicalized health centres will ease the burden on overstretched hospitals, which currently provide abortion services to women living both in and outside of their catchment areas.
- Ministerial Order N°002/MoH/2019 on abortion conditions needs to be amended to authorize medicalized health centres and accredited private health facilities supported by medical doctors to provide abortion services.

Inaccessibility of safe abortion services in catchment areas run by faith-based health facilities

Women face barriers to safe, comprehensive abortion services in catchment areas of faith-based hospitals because these facilities do not offer abortion services, based on religious beliefs. Since health centres may not perform abortions by law (Ministerial Order N°002/MoH/2019 on abortion conditions), women living in catchment areas of faith-based hospitals who wish to terminate their pregnancies by an authorized health care provider need to travel to a district hospital in another catchment area. This increases the distance to the nearest legal abortion provider, which, combined with poor local transportation, creates a geographic barrier to safe abortions. These barriers impede or delay accessibility to comprehensive abortion care, which can harm women's and girls' health and lead them to seek an unsafe abortion.

A. Critical root causes

The primary root cause of the inaccessibility of safe abortion services in some areas of Rwanda is Article 5 of the Ministerial Order N°002/MoH/2019, which exclusively authorizes hospitals and polyclinics to provide abortion services. Even though health centres can and do provide post-abortion care, they are not permitted by the Ministerial Order to perform abortions. This legal framework prevents health centres from being an alternative to district hospitals in catchment areas run by faith-based organizations. In effect, the Ministerial Order renders abortion services unavailable in catchment areas of faith-based health care providers.It is currently being discussed whether to allow health centres to provide comprehensive abortion care. However, since abortions may only be performed by medical doctors, only those with a doctor present or doctor support available would be able to do so. Therefore, the issue discussed here and these recommendations are still valid to ensure that women and girls across Rwanda have equitable access to safe abortions.

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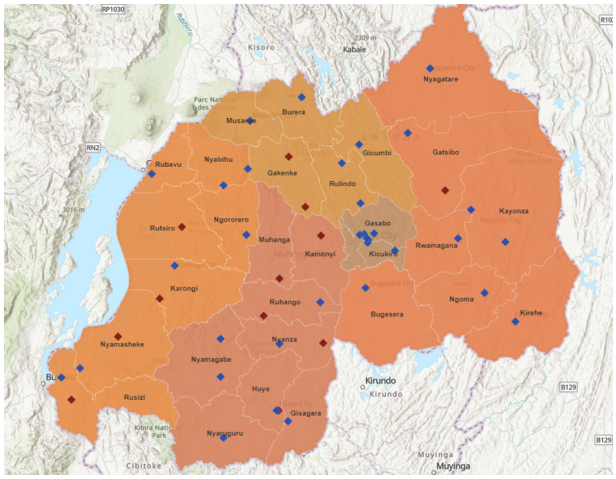
An additional root cause is that the Rwandan legal system does not regulate whether an institution can deny services based on ethical or religious grounds (so-called conscientious objection). This legal gap allows faith-based health facilities to deny care even for services and procedures that are regulated and provided by government-run health facilities.

B. Evidence

Inaccessibility to safe abortion services is significant given that 12 out of 39 district hospitals are run by faith-based organizations that do not provide comprehensive abortion care (*Rwanda Biomedical Centre, 2022*).



♦ **District hospitals run by faith-based organizations**

♦ **District hospitals run by the government**

(Map Source: DQA 2022. Designed based on the findings from the DQA conducted from November 2021 to January 2022 by RBC-MCCH in collaboration with Vital Strategies)

As illustrated in the map above, hospitals in the districts of Kamonyi, Muhanga and Rutsiro are exclusively run by faith-based organizations. This means that women living in these three districts cannot access abortion services because these hospitals do not offer them. Women and girls who are the most harmed by this are those who cannot afford to travel to health facilities that provide legal, safe abortion services, presenting them with the choice between carrying the unintended pregnancy to term or resorting to an unsafe abortion (*Flake, 2022*). A study conducted in a referral hospital in Rwanda revealed that abortion constituted 8% of maternal mortality (*Rulisa, 2021*).

Possible Solutions

To address the inaccessibility of safe abortion services in catchment areas run by faith-based health facilities, the following solutions exist:

- Banning institutional conscientious objection.
- Allowing medical abortion via telemedicine.
- Amending Article 125 of Law N° 68/2018 determining offences and penalties in general and Ministerial Order N°002/MoH/2019 on abortion conditions to allow trained health professionals other than medical doctors to provide abortion services.
- Building new district hospitals in catchment areas exclusively covered by faith-based health facilities. Amending Ministerial Order N°002/MoH/2019 on abortion conditions to allow health facilities including medicalized health centres and all private clinics with a doctor to provide abortion services.
- Upgrading health centres run by the Government of Rwanda in the catchment areas run by faith-based organizations into medicalized health centres.

A. Feasibility of the proposed solutions

Banning institutional conscientious objections would enable women's and girls' access to safe abortions in district health hospitals run by faith-based organizations but could be opposed by the members of these organizations on the grounds of their constitutional right to freedom of conscience and religion (Article 37 of the Constitution). In addition, for many decades, health facilities run by faith-based organizations have been allowed to operate without compromising their faith and since 2020, an agreement between the Government of Rwanda and faith-based organisations stipulates that they may deviate from government policies based on their beliefs (Ministry of Health, 2020). Therefore, this solution is likely to be rejected.

Allowing medical abortion via telemedicine is another possible solution but the physical presence of the prescribing doctor is required as the current legal framework exclusively allows medical doctors to perform abortion on site. While a recent pilot project in Musanze District demonstrated that medical abortion via telemedicine may provide a safe and cost-effective solution for safe abortion, it is still in the early stages of review (RSOG, 2023). This solution is likely to be rejected at this time as explained in the next paragraph on midwives and nurses.

[1] The catchment areas run by faith-based health facilities are found in Gakoma, Gitwe, Kabgayi, Kabutare, Kibogora, Kiziguro, Mibirizi, Mugonero, Mulunda, Nemba, Remera-Rukoma and Ruli.

Allowing midwives and nurses to perform abortions in areas served by faith-based organisations is a possible solution which would require the amendment of Article 125 of the Law N°68/2018 of 30/08/2018 determining offences and penalties in general and the Ministerial Order on abortion, because these provide that abortion can only be performed by a medical doctor. There is likely no political will at present to allow midwives and nurses to perform abortions although trained midwives are being allowed to provide services in case of incomplete abortion (*Ministry of Health, 2017*), which is why the outcome of the lengthy legal process to amend the law is highly uncertain.

Building new district hospitals is a more expensive solution in terms of staffing, infrastructure and equipment compared to upgrading existing health centres into medicalized health centres. As an example, the construction of the Gatonde Hospital in Gakenke cost the Government of Rwanda RWF 3,500,000,000 (*Umurengezi, 2019*). Regarding human resources, a district hospital employs between 127 and 308 staff, a medicalized health centre between 50 and 59 staff, and a health centre between 23 and 26 staff (*Prime Minister's Instructions No 001/03*). As a further example, the gross monthly salary of the head of a district hospital (Director General) is RWF 949,645, for the head of a medicalized health centre the salary is RWF 684,000, and for the head of a health centre the salary is RWF 473,075 (*Prime Minister's Instructions No 001/03*). Estimated costs to build a district hospital are between RWF 10 and15 billion (*Ministry of Health 2023*); therefore, building a new district hospital is likely to be rejected for cost reasons.

Instead of task sharing, it is likely more acceptable to allow **all health facilities with a doctor or doctor support to provide comprehensive abortion care** to increase points of access. This solution would reduce the immediate costs of having to first medicalize health centres, but this will also require amending the Ministerial Order as it currently provides that abortion can only be performed in a hospital or polyclinic. However, given that not all health centres, especially those in remote areas, have medical doctors, this solution is unlikely to be feasible in remote areas facing a shortage of medical doctors.

The Ministry of Health defines a medicalized health centre as any health centre with a medical doctor to foster the referral process and save lives in remote areas (*Ministry of Health, 2019*). Consequently, **upgrading health centres into medicalized health centres** requires upgrading infrastructure to accommodate new health services, thus bringing new health services closer to the general population. In addition, the upgrade would require recruitment of human resources for health (qualified health care providers, such as registered nurses, registered midwives, medical doctors etc..), and the purchase of additional equipment. It is useful to note that there is precedent for upgrading health centres into medicalized health centres: In 2017, the Government of Rwanda successfully upgraded Bigogwe, Gatenga, Kanyinya, Rutare and Nyarurenzi Health Centres into medicalized health centres (*Ministry of Health 2019*).

In light of the above, it is recommended that Mushishiro Health Centre (located in Muhanga), Kinihira and Muremure Health Centres (located in Ruhango) and Musasa and Nyabirasi Health Centres (located in Rutsiro) be upgraded into medicalized health centres to make safe abortions accessible to all women and girls in Rwanda.

B. Impact of the recommended solution

Allowing all facilities supported by doctors to offer abortion services, and simultaneously upgrading more health centres to medicalized health centres, will contribute to equitable geographic access to safe abortion via medication abortion in the short to medium term and subsequently access to comprehensive abortion care (including surgical abortion care); it would also provide other health services, such as general medicine, dentistry, ophthalmology, physiotherapy, basic emergency obstetric care, and neonatal care. Increasing the number of access points for safe medical abortion will accelerate reductions in the adverse consequences of unintended pregnancies on Rwandan women and girls. Medicalized health centres will not only contribute to the reduction of unsafe abortions and related mortality and morbidity but will also bring the previously mentioned health services closer to the general population and thus reduce time patients must spend away from work and other family duties in order to access health care.

C. Legal pathway

For the above-proposed solution to be operational, Ministerial Order N°002/MoH/2019 on abortion conditions needs to be amended to authorize medicalized health centres as abortion providers. The Ministry of Health would need to initiate the amendment, and the Cabinet would need to approve it. The budget law, initiated by the Ministry of Finance and approved by Parliament, would need to include a budget line for the upgrade of selected health centres to medicalized health centres.

D. Feasibility of the recommended solution

For a health centre to be upgraded to a medicalized health centre, the following criteria need to be met (*Ministry of Health, 2019*):

- Potential contribution of the health services in reducing the burden of morbidity and mortality.
- Availability of interventions that have been demonstrated to be high-impact, safe and effective.
- Feasibility of implementing those interventions given the current existing minimum package of activities and resources at the health centre level and those forecast for the near future.
- Potential for sustaining the activity in the medium to long term.

In addition to the above criteria, health centres being upgraded into medicalized health centres would need to have a theatre with two operating rooms and equipment to support medical care. Staffing for newly medicalized health centres will require[5] additional specialists, including a medical doctor, radiology technician, physiotherapist, nutritionist, mental health nurse, dental therapist, and ophthalmology technician. When choosing which health centres to upgrade, a medicalized health centre should be in a more accessible location compared to other health facilities, be in good condition, and have adequate space to grow and adapt.

E. Cost considerations

Upgrading health centres to medicalized health centres and subsequently running them will involve significant costs. According to officials from the Ministry of Health, the costs to upgrade one health centre to a medicalized health centre are estimated to be RWF 1.5 billion. Nevertheless, easier and timely access to better health care will lead to fewer complications and less mortality and morbidity, ultimately saving the government costs.

Recommendations

For women and girls living in catchment areas exclusively run by faith-based hospitals to have access to quality abortion services, the following actions are recommended:

- Allow the provision of safe abortion services in health facilities at all levels (local and district) if they are supported by a medical doctor.
- Upgrade selected health centres into medicalized health centres that offer comprehensive safe abortion services (Mushishiro Health Centre in Muhanga, Kinihira and Muremure Health Centres in Ruhango, and Musasa and Nyabirasi Health Centres in Rutsiro).
- Amend Article 5 of Ministerial Order N°002/MoH/2019 to allow health facilities including medicalized health centres and accredited private health facilities with a medical doctor (other than private hospitals and polyclinics which are already permitted to provide abortion care) to provide abortion services.

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All links were verified on 7 September 2023.

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