

Addressing Barriers to Safe Abortion

Access to safe abortion is a human right and a critical component of the sexual and reproductive health and rights (SRHR) of women and girls.^{1,2} When women and girls are denied timely access to safe and effective abortion services, they are more likely to resort to unsafe means. Unsafe abortion occurs when a pregnancy is terminated either by those lacking the necessary skills, or in an environment that does not conform to minimal medical standards, or both.³ Lack of access to safe abortion results in 45% of all abortions globally being unsafe and accounts for approximately 13% of preventable maternal deaths worldwide.^{4,2}

Access to safe abortion is contingent on legal, regulatory, policy, programmatic and socio-economic systems, which are complex and interconnected. These systems often cause barriers, which may determine if and when women and girls can terminate their pregnancy safely. Barriers to safe abortion are far reaching and include:

- stigmatisation of those seeking care
- restrictive abortion laws
- ineffective implementation – and lack of awareness – of abortion laws
- lack of access to information about regulatory frameworks and methods of abortion
- medically unnecessary tests that delay care
- lack of social support
- lack of agency and decision-making ability
- harmful social and gender norms
- negative attitudes of providers
- poor quality of services
- refusal of care due to conscientious objection of health care provider
- third-party authorisation requirement beyond patient and health care provider
- mandatory waiting periods
- mandatory counselling
- provision of misleading information
- financial constraints.^{3,5}

FIGO position on the issue

FIGO considers reproductive autonomy, including access to safe abortion services, to be a basic and non-negotiable human right.⁶ Abortion is a time sensitive, essential medical service – one that should be provided in accordance with women and girls' preferences, and with safety, privacy and dignity at the forefront. It is an integral part of SRHR, gender equality, reproductive justice and universal access to healthcare. We demand that all governments remove the barriers that impede access to safe and effective care, management and timely provision of non-judgmental services – both during COVID-19 and afterwards.⁷

FIGO works with our national member societies to ensure that commitments towards gender equality and SRHR made in global policy spaces translate into tangible differences in the lives of women and girls. FIGO aims to reduce unsafe abortion rates and the preventable maternal mortality and morbidity associated with it by addressing and resolving barriers to safe abortion.^{8,9}

FIGO recommendations and commitments

FIGO stands with our members and other stakeholders seeking to ensure that women and girls around the world have the right to make their own reproductive choices – ones that will enable them to achieve the highest standard of health and wellbeing.^{10,11}

FIGO commits to supporting our members and partners by sharing research, building capacity and carrying out educational and advocacy activities on local, national and global stages.

FIGO urges our member societies to take the following actions to break down the barriers to safe abortion

Work with respective stakeholders, including governments, to implement abortion as a human and reproductive right and to remove legal, regulatory and policy barriers that criminalise and restrict provision of the full continuum of reproductive health care, including safe abortion.

Educate and inform women and girls about the availability of safe abortion services. Unwanted pregnancies and unsafe abortions can have a wide-ranging impact on the health of women and girls.¹² Every pregnant woman and girl who is contemplating abortion should receive evidence-based information and be offered voluntary, non-directive counselling from a trained health care professional, community health worker or volunteer with comprehensive knowledge and experience of different methods of abortion. FIGO commits to raise awareness in communities about safe and unsafe abortions, the right to safe abortion services, the availability of safe abortion services and where to access them.

Advocate for, promote and adopt new and innovative ways of providing safe abortions.

Telemedicine and task sharing with trained and competent staff are safe and private ways to have an abortion in early pregnancy without having to visit a clinic. They also reduce exposure to stigma and increase access to services for women and girls living in remote communities. FIGO recognises telemedicine and task sharing as effective tools that can ensure women and girls have access to safe, non-judgmental abortion services at all times.

Recognise and support self-care for abortions. Evidence shows that women can manage abortions with safe and effective medicines during early pregnancy. Self-care is an effective option for people seeking abortion care and is 95–97% effective up to 12 weeks of pregnancy, with rare chances of complications.^{13,14} FIGO commits to advocating for and with member societies, for changes in laws, regulations and provision of services to ensure women and girls have the option of terminating a pregnancy in the privacy of their homes using self-care.

Work with governments to include medicines for medical abortion – both mifepristone and misoprostol – on Essential Drug Lists, registered for obstetrics and gynaecological indications including abortion, and available to every woman or girl who desires it.

Work with training institutions and universities, as well as midwifery and medical schools, to teach all technical and psychosocial aspects of comprehensive abortion care, including medical abortion and self-managed abortion.

Work with key stakeholders to strengthen service delivery to ensure women and girls do not have to wait long hours to access services, are provided adequate relevant information, and are

offered counselling by a trained health care professional with comprehensive knowledge and experience of different methods of abortion. Evidence-based information must be provided, regardless of age or circumstances, in a way that can be understood, to enable women and girls to make informed decisions about whether to have an abortion and, if so, which method to choose.¹⁵

Work with respective governments to clarify and enforce the conditions under which a health care worker can refuse to provide abortion services on the grounds of conscientious objection. Ensure that this is not be permitted in emergency situations or when referral is not possible, timely or results in undue barriers.

Ensure that health care practitioners render post-abortion care within their means, without regard to whether they as individuals object to abortion. A care provider who invokes conscientious objection to participating in inducing abortion cannot invoke such objection to render clinically indicated post-abortion care. Ensure individuals understand that, by providing post-abortion care, they are not a participant nor complicit in the prior acts that caused the need for such care.

Use national-level advocacy, local civil society engagement mechanisms and local movements to call for SRHR and for the provision and access to safe abortion services for all women and girls.¹⁶

Advocate for and work with key stakeholders to increase the provision of youth-friendly services to ensure that young people have access to evidence-based information and safe, high-quality reproductive health services, including safe abortion. FIGO commits to joining forces, including with adolescents as key stakeholders of this work, and building key partnerships to advocate for the provision of non-judgmental safe services for youth globally.

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¹⁵ CRR. *Safe Abortion is Essential to Protecting Women's Human Rights*. www.reproductiverights.org/press-room/who-report-safe-abortion-is-essential-to-protecting-women's-human-rights

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About FIGO

FIGO is a professional organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those from low-resource countries through strengthening leadership, good practice and promotion of policy dialogues.

FIGO is in official relations with the World Health Organization and a consultative status with the United Nations.

About the language we use

Within our documents, we often use the terms 'woman', 'girl' and 'women and girls'. We recognise that not all people who require access to gynaecological and obstetric services identify as a woman or girl. All individuals, regardless of gender identity, must be provided with access to appropriate, inclusive and sensitive services and care.

We also use the term 'family'. When we do, we are referring to a recognised group (perhaps joined by blood, marriage, partnership, cohabitation or adoption) that forms an emotional connection and serves as a unit of society.

FIGO acknowledges that some of the language we use is not naturally inclusive. We are undertaking a thorough review of the words and phrases we use to describe people, health, wellbeing and rights, to demonstrate our commitment to developing and delivering inclusive policies, programmes and services.

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