

SAFE ABORTION CARE

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DEFINITIONS

- **Induced abortion:** Intentional loss of an intrauterine pregnancy due to medical or surgical means.
- **Safe abortion:** Abortion that meets all three criteria (i) is done with a method recommended by WHO (medical abortion, vacuum aspiration, dilatation & evaluation) (ii) is appropriate to the pregnancy duration (iii) is provided by/supported by a trained health-care provider.
- **Less safe abortion:** Abortion that (i) is done by a trained health-care provider, but with an outdated method e.g. sharp curettage (ii) is done using a WHO recommended method but without information and support from a trained individual.
- **Least safe abortion:** Abortion provided by untrained individuals using dangerous methods e.g. ingestion of caustic substances.

RATIONALE -1/2

- **Unsafe abortion is an important problem:** An estimated 5.7 million girls aged 15-19 years undergo abortions every year in LMICs, the majority of which are unsafe.¹
- **Unsafe abortions in adolescents have major health consequences:** Compared to older women, adolescents are more likely to seek abortions from untrained providers, to have a self-induced abortion, to terminate pregnancies after their first trimester, to delay seeking medical care for complications following unsafe abortions.² They are also less likely to know about their rights concerning abortion and post-abortion care, & to report having had an abortion.²

RATIONALE -2/2

- **Safe abortion carries low health risks:** While the risks differ depending on the duration of the pregnancy, the method used, and the people carrying out the method, safe abortion can have a lower risk than an injection of penicillin or carrying a pregnancy to term.
- **Abortion related-laws & policies, the provision of good quality services need attention:** Access to safe abortion services is highly restricted in many countries despite evidence that restrictive abortion laws are associated with higher levels of maternal mortality. When safe abortion is legally allowed for adolescents, it is often not adolescent friendly.

HUMAN RIGHTS OBLIGATIONS

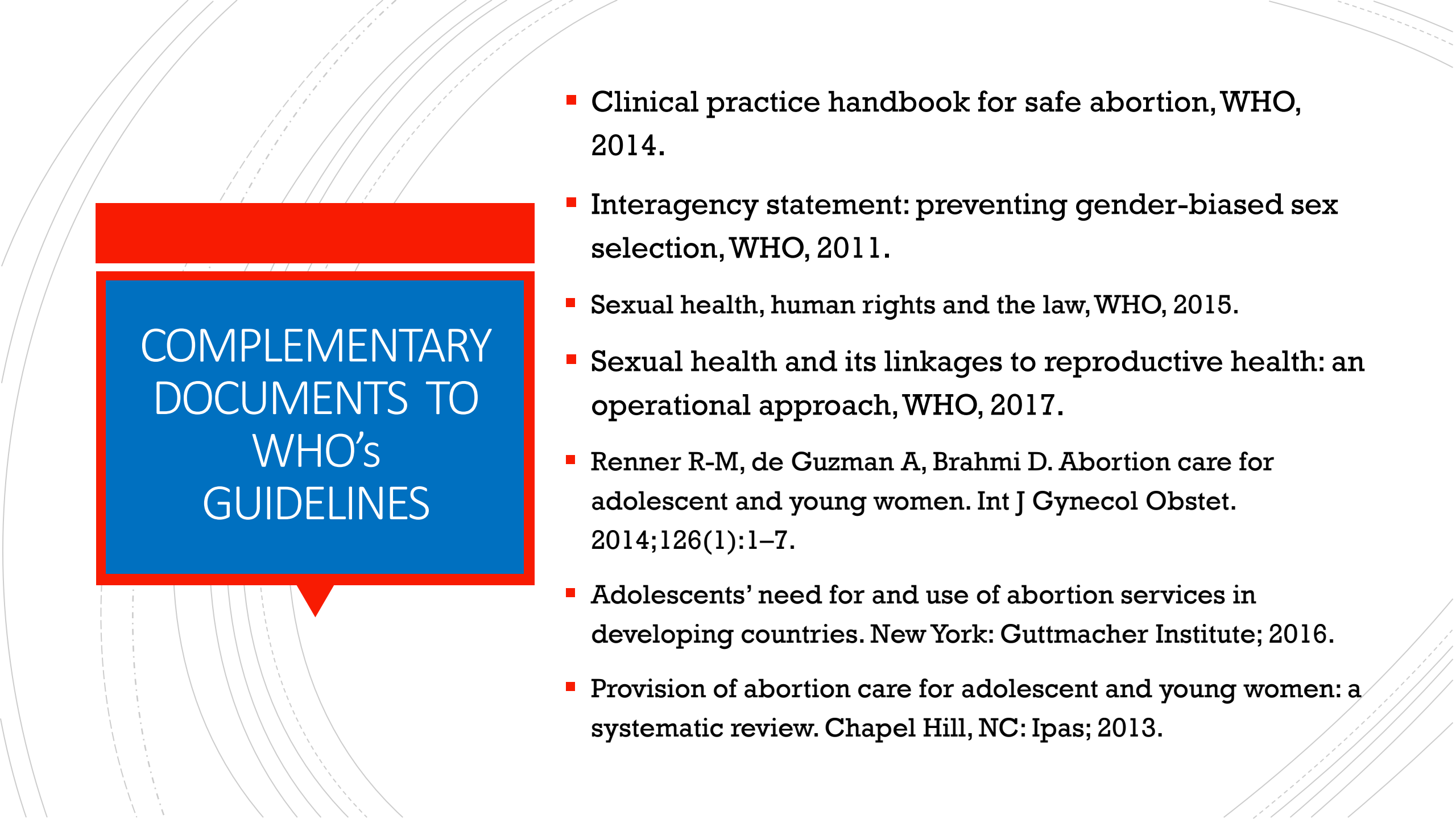
- States are obliged under human rights law to provide safe abortion care.
- Implementation of measures to prevent unsafe abortion & to provide post-abortion care are part of the core obligation of states to uphold the right to sexual & reproductive health.
- States are obliged to ensure universal access to a comprehensive package of sexual & reproductive health interventions including safe abortion care & post-abortion care (the latter whether or not abortion is legal).
- Human rights mechanisms have called for the decriminalization of abortion & removal of barriers such as third-party consent requirements.
- Denial of abortion and forced continuation of pregnancy have been identified as a form of gender-based violence.

KEY CONCEPTS TO CONSIDER

- **Restrictive laws & policies often force adolescents to seek illegal & unsafe abortions:** Laws & policies should promote the respect & protection of women & girls. This includes ensuring timely access to safe abortion & addressing stigma & discrimination against those who seek abortion services or post-abortion care.
- **Adolescents are less likely than adult women to obtain safe abortion services:** Adolescents & other stakeholders should be informed about the dangers of unsafe abortions, the safe abortion services available, & the circumstances in which they can be legally obtained.
- **Abortion services & health care providers are often not adolescent friendly:** Health care providers must be trained & supported to inform, counsel & provide services to adolescents according to their evolving capacities, & to be responsive to the needs of different groups of adolescents.

WHO GUIDELINES

- *Medical management of abortion (2018).*
- *Safe abortion: technical & policy guidance for health systems (2012).*
- *WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (2011).*
 - ❖ **Policy**- ensure laws & policies enable adolescents to obtain safe abortion services;
 - ❖ **Community**- identify & overcome barriers for the provision on safe abortion services;
 - ❖ **Health facility**- ensure adolescents have access to post-abortion care regardless of whether the abortion or attempted abortion was legal;
 - ❖ **Individual**- inform adolescents & other stakeholders about the dangers of unsafe methods of interrupting a pregnancy, safe abortion services legally available & under what circumstances they can be obtained.
- *Health worker roles in providing safe abortion care and post-abortion contraception (2015).*
- *Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations (2014).*
- *Consolidated guideline on sexual and reproductive health and rights of women living in HIV (2017).*



COMPLEMENTARY
DOCUMENTS TO
WHO'S
GUIDELINES

- **Clinical practice handbook for safe abortion, WHO, 2014.**
- **Interagency statement: preventing gender-biased sex selection, WHO, 2011.**
- **Sexual health, human rights and the law, WHO, 2015.**
- **Sexual health and its linkages to reproductive health: an operational approach, WHO, 2017.**
- **Renner R-M, de Guzman A, Brahmī D. Abortion care for adolescent and young women. Int J Gynecol Obstet. 2014;126(1):1-7.**
- **Adolescents' need for and use of abortion services in developing countries. New York: Guttmacher Institute; 2016.**
- **Provision of abortion care for adolescent and young women: a systematic review. Chapel Hill, NC: Ipas; 2013.**



Specific measures for delivery of services in the context of COVID-19 – 1/2

- Inform adolescents where and how to access comprehensive abortion care, including safe abortion to the full extent of the law and post-abortion care, through appropriate channels.
- In health facilities, ensure that comprehensive abortion care remains available for adolescents, is safe and is provided respectfully and confidentially.
- Consider relaxing policies to enable the use of telemedicine for the provision of medical abortion to adolescents to avoid unnecessary clinical visits.
- Consider reducing barriers that delay access to care and therefore increase risks of adolescents reverting to un-safe abortion practices. In particular, consider waiving restrictions (if these exist), such as on age, parental/spousal consent or marital status, and providing services subsidized or free of charge within the relevant legal framework and inline with international guidelines.



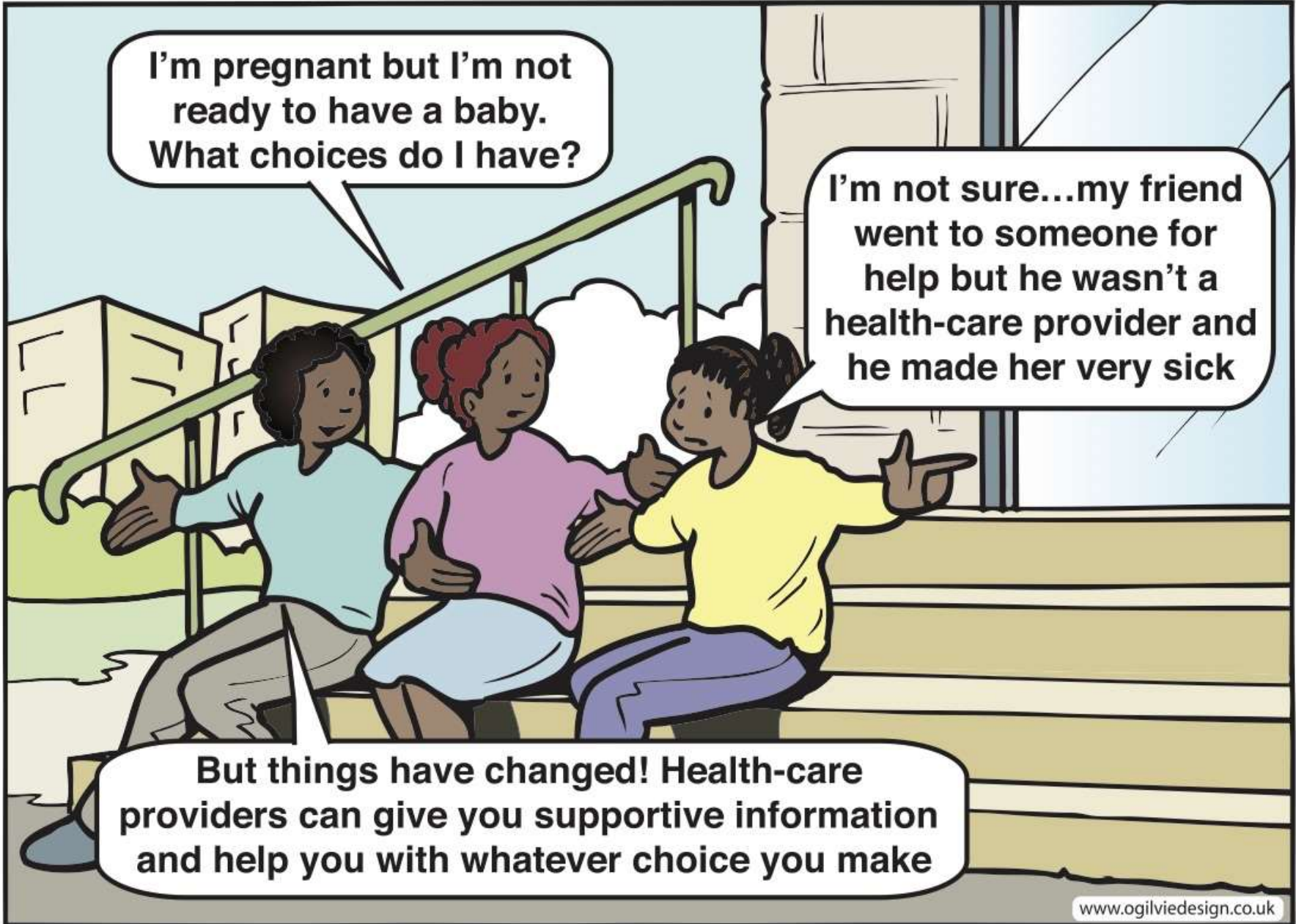
Specific measures for delivery of services in the context of COVID-19 – 2/2

- Ensure that gender-based violence prevention and treatment services are available to the adolescent during the care encounter, or that the adolescent is referred based on their individual situation.
- Ensure that sexually transmitted infection (STI) services are available to the adolescent during the care encounter, or that the adolescent is referred based on their individual situation.
- Counsel adolescents on, and provide, post-abortion contraception, where desired, to avoid rapid repeat pregnancy.



Considerations for resumption of normal services in the context of COVID-19

- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



I'm pregnant but I'm not ready to have a baby. What choices do I have?

I'm not sure...my friend went to someone for help but he wasn't a health-care provider and he made her very sick

But things have changed! Health-care providers can give you supportive information and help you with whatever choice you make

SAFE ABORTION CARE

A Regional Perspective

Access to legal, safe and comprehensive abortion care, including post-abortion care, is essential for the attainment of the highest possible level of sexual and reproductive health. (WHO)



a call for
solidarity
and action



World Health
Organization

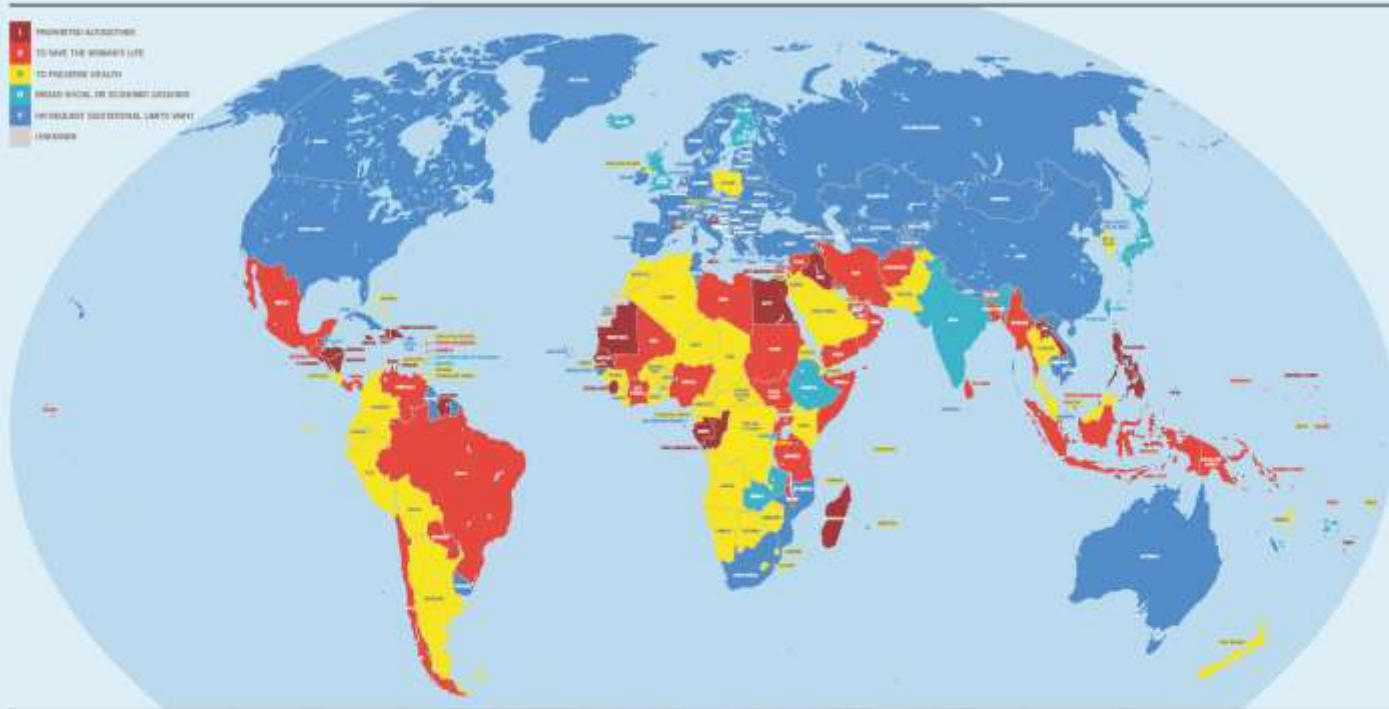
REGIONAL OFFICE FOR THE Eastern Mediterranean

Laws and policies on abortion

Current situation

Most countries of the EMR have restrictive laws/policies on abortion. However, some countries have certain provisions related to abortion. The regional Reproductive, Maternal, Newborn, Child, and Adolescent Health Policy Survey 2019 provide some information on **Abortion Policies in the member states** (1):

- I. 11 out of 16 countries include abortion as a component of their Reproductive Healthcare National Policy.
- II. 15 out of 16 countries include vacuum aspiration as supplies and equipment indicated for use in pregnancy, childbirth and postpartum care in their National Commodities List.
- III. 6 countries (Afghanistan, Bahrain, Egypt, Oman, Morocco, and Pakistan) include contraception in post-abortion care (2).



The World's Abortion Laws

How many women of reproductive age live in countries under each category?



Center for Reproductive Rights
 Created on April 26, 2019
 Map updated in real time at worldabortionlaws.org

Categories of Abortion Laws from Most to Least Restrictive

Countries in each subsequent category recognize the grounds specified in the preceding category. Additional enumerated grounds are indicated following the country name.

Category I. Prohibitive Abstinence 10 countries	Category II. To Save the Woman's Life 16 countries	Category III. To Preserve Health 14 countries	Category IV. Broad Social or Economic Grounds 24 countries	Category V. On Request (Gestational Limits Vary) 64 countries	Indicators
<p>The laws of the countries in this category do not permit abortion under any circumstances, including when the woman's life or health is at risk.</p> <p>Andorra Cuba Ecuador El Salvador Guatemala Honduras Iran Iraq Lebanon Maldives Nicaragua North Macedonia Oman Paraguay Peru Poland Romania Russia Ukraine United States of America Vatican City</p>	<p>The laws of the countries in this category permit abortion when the woman's life is at risk.</p> <p>Algeria Azerbaijan Belarus Bulgaria Czechia France Germany Greece Hungary Italy Japan Kazakhstan Latvia Lithuania Malta Moldova Netherlands Norway Poland Portugal Romania Slovakia Slovenia Spain Tajikistan Tanzania Turkey Ukraine United Kingdom United States of America</p>	<p>The laws of countries in this category permit abortion on the basis of health or therapeutic grounds. Countries in this category permit abortion to preserve the woman's physical health, to avert a risk of death, to avert serious damage to her mental or physical health, or to avert a risk of death. The World Health Organization defines that countries permitting abortion on health grounds should interpret "health" to mean "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."</p> <p>Algeria Azerbaijan Belarus Bulgaria Czechia France Germany Greece Hungary Italy Japan Kazakhstan Latvia Lithuania Malta Moldova Netherlands Norway Poland Portugal Romania Slovakia Slovenia Spain Tajikistan Tanzania Turkey Ukraine United Kingdom United States of America</p>	<p>These laws are generally interpreted flexibly to permit abortion under a broad range of circumstances. Some countries offer late-term abortion to women's self-determination, to avert serious damage to her mental or physical health, or to avert a risk of death. Some countries offer late-term abortion to women's self-determination, to avert serious damage to her mental or physical health, or to avert a risk of death.</p> <p>Algeria Azerbaijan Belarus Bulgaria Czechia France Germany Greece Hungary Italy Japan Kazakhstan Latvia Lithuania Malta Moldova Netherlands Norway Poland Portugal Romania Slovakia Slovenia Spain Tajikistan Tanzania Turkey Ukraine United Kingdom United States of America</p>	<p>All countries in Category V have gestational limits of 22 weeks unless otherwise indicated.</p> <p>Algeria Azerbaijan Belarus Bulgaria Czechia France Germany Greece Hungary Italy Japan Kazakhstan Latvia Lithuania Malta Moldova Netherlands Norway Poland Portugal Romania Slovakia Slovenia Spain Tajikistan Tanzania Turkey Ukraine United Kingdom United States of America</p>	<p>Abortion permitted in cases of rape Abortion permitted in cases of incest Abortion permitted in cases of fetal impairment National authorization required Pre-natal and/or post-natal medicine required Abortion permitted on additional enumerated grounds relating to such factors as the woman's age or capacity to care for a child Two-woman abortion prohibited Legislation explicitly permits abortion only to protect the physical health of the woman Law unclear Codes of practice in which abortion law is determined at state level, and/or where women's legal status of abortion for largest group of people</p>

EMR countries have most restrictive abortion laws (3)



Laws and policies on abortion

Implications of the current situation

According to an analysis by UN DESA, reproductive outcomes in countries with restrictive laws/policies on abortion are worse compared to countries with liberal laws/policies (4).

Reproductive outcomes	Countries with restrictive laws/policies on abortion	Countries with liberal laws/policies on abortion
The average rate of unsafe abortion	26.7/1000 women 15-49	6.1/1000 women
Rate of maternal death	223 maternal deaths/100,000 live births	77 maternal deaths/100,000 live births
Fertility rate in adolescents (15-19 years)	69/1000 births	24/1000 births

Muslim-Majority Countries Position on Abortion by Number of Abortion Rights (NAR) Based on Seven Dimensions in a Country (5)*

Table 4 Number of abortion rights in Muslim-majority countries (2011)

NAR	1	2	3	4	5	6	7
Countries:	Afghanistan L	Comoros L,PH	Algeria L,PH,MH	Burkina Faso L,PH,F,I/R			Albania
	Bangladesh L	Iran L,F	Chad L,PH,F	Guinea L,PH,F,I/R			Azerbaijan
	Brunei L	Jordan L,PH	Gambia L,PH,MH				Bahrain
	Djibouti L	Mali L,I/R	Kuwait L,PH,F				Kazakhstan
	Egypt L	Maldives L,PH	Malaysia L,PH,MH				Kyrgyzstan
	Guinea-Bissau L	Morocco L,PH	Niger L,PH,F				Tajikistan
	Indonesia L	Pakistan L,PH	Qatar L,PH,F				Tunisia
	Iraq L	Saudi Arabia L,PH	Sierra Leone L,PH,MH				Turkey
	Lebanon L	Sudan L,R					Turkmenistan
	Libya L						Uzbekistan
	Mauritania L						
	Nigeria L						
	Oman L						
	Senegal L						
	Somalia L						
	Syria L						
	United Arab Emirates L						
	Yemen L						
Total (%)	18 (38.30%)	9 (19.15%)	8 (17.02%)	2 (4.26%)	0	0	10 (21.28%)

Grounds: L: Abortion allowed to save the life of the woman; PH: Abortion allowed in cases where the pregnancy threatens the woman's physical health; MH: Abortion allowed in cases where the pregnancy threatens the woman's mental health; F: Abortion allowed in cases of foetal impairment; I/R: Abortion is allowed in cases of incest or rape; SER: Abortion allowed on additional enumerated grounds relating to such factors as the woman's age or capacity to care for a child.

Note: This table is the author's compilation. Abortion legislative data were compiled through analysing cross-country compilations of the WHO (1971); Centre for Reproductive Rights (2008); UN (UN DESA 2002, 2011); Guttmacher Institute (2012), as well as research by Roemer 1967; Cook and Dickens 1978; Rahman *et al.* 1998; and Boland and Katzive 2008.

*Please see notes for the seven dimensions of abortion rights

Barriers to adolescents' access to safe abortion care in the region

- I. **Lack of data:** Most countries in the region lack official statistics on abortion. This is especially true of official statistics on abortion among marginalized women (e.g., unmarried women, adolescent girls).
- II. **Barriers to accessing services:** Lack of information, lack of infrastructure, cost, and fear of confidentiality breaches prevent adolescents, unmarried women/girls, and women/girls with unregistered marriages from accessing safe abortion services.
- III. **Legal/policy restrictions:** Restrictive laws and policies on abortion prevent women, and especially adolescent girls, from accessing safe abortion and push some to seek unsafe abortion services (6,7). An Iranian study showed that one-third of 33% of abortions in studied population were performed by nonmedical providers (8).
- IV. **Stigma associated with abortion:** Across the EMR, there is a perception that improving access to safe abortion services will increase the abortion rate (9).

Barriers to adolescents' access to safe abortion care in the region

- V. Lack of political commitment:** Politicians refrain from engaging in efforts to expand and modernize the provision of safe abortion care (9).
- VI. Choice and competency of service provider:** Lack of availability of preferred service providers and lack of adolescent-friendliness of existing service providers discourage many girls from seeking safe abortion care. For example, an Iranian study showed that one-third of abortions in studied population were performed by a nonmedical providers (10).
- VII. Humanitarian settings:** The political conflicts in various countries increase adolescents' vulnerability to unplanned pregnancy and thus increase their possible need for abortion services.

Regional opportunities

WHO guidance on self-care:

Can be a shift towards combatting stigma and privacy challenges by removing the need for a health care personnel (HCP) middle-person.

Digital technologies:

Provide some opportunity for support and counseling and even abortion care.

REGIONAL INITIATIVE 1

Marie Stopes International in Afghanistan (11,12,13)

Marie Stopes International (MSI, an NGO) in Afghanistan is one of the largest providers of family planning services and post abortion care in the country.

Aim: By 2030, no abortion will be unsafe and every individual who wants access to contraception will have it. To accomplish this:

- Provide services where and when women and girls need them without discrimination
- Remove un-necessary stigma, legal, and policy challenges, where possible
- Ensure women and girls know their legal rights and entitlements
- Ensure the provision of affordable care
- Provide real choice in contraceptive methods and health service providers

Presence in the country:

- 36 centers offering a comprehensive range services, including contraception and post-abortion care
- 40 Marie Stopes Ladies and 10 mobile outreach teams that bring services to women and girls living in urban slums and some hard-to-reach rural areas

Impact :

- 156,000 unsafe abortions averted in 2019 (11)
- 286,000 unintended pregnancies were avoided in 2019 (11)



REGIONAL INITIATIVE 1

Marie Stopes International in Afghanistan, cont. (11,12,13)

Specific initiatives:

1. The Integrated Reproductive and Maternal Health Project: Aims to improve the availability, accessibility, quality, and acceptability of SRH information and services for vulnerable and marginalized women, girls, men, and boys in six provinces of Afghanistan. The project is aligned with the national development goals of Afghanistan and contributes to the enhancement of the rights and status of women and girls and the reduction of poverty and inequality.
2. Smash Abortion Stigma Campaign: Aims to increase community acceptance for SRH services by engaging with key stakeholders e.g. religious leaders and their wives. In 2015, an estimated 30% of clients were referred through religious leaders or religious leaders' wives.
3. Response to COVID-19: Aims to engage with partners to ensure that contraception, safe abortion, and post-abortion care are defined by governments as 'essential services' and available in the basic package of services.

REGIONAL INITIATIVE 2

IPAS initiative in Pakistan (9)

IPAS (an NGO) is the only international organization solely focused on expanding access to abortion and contraception.

Aim: To engage with the government of Pakistan to stimulate political norm change on abortion through the entry point of maternal mortality.

Approaches used from 2012-2018:

- I. Advocacy campaign: Hosted key provincial stakeholders to discuss the impact of unsafe abortion on women and girls, and to identify a solution for mitigating this impact, primarily by advocating for the use of the latest WHO endorsed uterine evacuation technologies.
- II. Establishment of coordinating committees: Supported the establishment of the Punjab Reproductive Health Technology Assessment Committee (PRHTAC) and the Sindh Reproductive Health Technologies Assessment Committee (SRHTAC).
- III. Expansion of availability of services: Supported the PRHTAC to include misoprostol and manual vacuum aspiration in the Essential Package of Health Services and essential lists as the reproductive health technology of choice for providing safe uterine evacuation and post-abortion care. As a result, **the Department of Health in Punjab procured 10 million misoprostol pills from the government's budget by 2015.**

REGIONAL INITIATIVE 2

IPAS initiative in Pakistan, cont. (9)

Approaches used from 2012-2018, cont.:

IV. Task-shifting:

- Trained midlevel providers in uterine evacuation and post-abortion care.
- Included provision of misoprostol in the midwifery curriculum, given the non-surgical and less-skilled nature of the technology.

V. Quality of services:

- Supported the implementation of a values clarification and attitude transformation (VCAT) training programme with service providers to increase support for the idea that no matter what an individual service provider's beliefs are about abortion, no woman should suffer the loss of life because of lack of access to safe abortion services.
- Contributed to the development of service delivery standards and guidelines for high-quality safe uterine evacuation and post-abortion care.

VI. Scaling up:

- To Sindh, the second most populous province with the formation of Sindh Reproductive Health Technologies Assessment Committee (SRHTAC) in 2016

VII. Spotlighting of the national situation in the global human rights arena:

- Highlighted the challenges that Pakistani women face in relation to safe abortion care in the UN Human Rights Committee.
- The service delivery standards and guidelines for high-quality safe uterine evacuation and post-abortion care, which were endorsed by the MOH in March 2018. The MOH issued a related statement **which mentioned the important needs of adolescents and disadvantaged women and girls in rural areas** in December 2017.

Lessons learned from the regional initiatives on the provision of safe abortion services, where it is allowed (14, 15)

- I. **Expand data availability:** Improve the availability of data on safe and unsafe abortion in the region (including abortion data in country's DHS and other population-based surveys, HMIS, special studies), and the quality of data that are provided.
- II. **Improve access to services:** Improve the the quality of SRH care and access to safe abortion care by addressing law/policy restrictions, strengthening providers' competencies and attitudes, exploring opportunities for task-shifting, and disseminating information about the legal status of the abortion in the country and available services, including for adolescents.
- III. **Address determinants through prevention:** Expand the availability of comprehensive sexuality education in schools to improve knowledge about SRH, prevent early marriages, increase the availability and quality of family planning services and post abortion care.

Lessons learned from the regional initiatives on the provision of safe abortion services, where it is allowed cont. (14, 15)

- IV. Create networks of supportive stakeholders for an enabling environment at the policy level:** Identify potential areas of collaboration between civil society (including religious leaders), obstetrics/gynecology professionals, midwifery and nursing associations, and policy makers to look beyond pregnancy termination and focus more on maternal death and the negative health impacts associated with unsafe abortion and its burden on health systems.
- V. Use pragmatic and health-oriented approaches:**
- Include post-abortion care, including post-abortion contraception, in the package of comprehensive reproductive health services.
 - Prevent and manage the complications of abortion in the context of health rights, to improve the status of women and girls.
- VI. In humanitarian settings:** Ensure that contraception, safe abortion and post-abortion care are defined by governments as 'essential services' and are made available in the basic package of services.

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