Advancing Abortion Access in Hostile Environments: A Rights-based Approach

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INTRODUCTION

• Panel addresses maternal mortality
  – Unsafe abortion contributes up to 30% in some countries
  – Without addressing it, we won’t meet MDGs or EPMMs

• Several countries have liberalized their policies in recognition of the toll unsafe abortion is taking – on young women in Ethiopia, on women in general in Nepal.

• Despite advances over the past 2 decades:
  ❑ 22 million unsafe abortions performed each year
  ❑ 47,000 women die, and an additional 5 million with disabilities
  ❑ One of the 3 leading causes of maternal mortality
  ❑ 98% of unsafe abortions in developing countries
  ❑ 41% are on young women between 15-24
PATHFINDER ADDRESSES ABORTION

• Pathfinder has implemented abortion programming for over 55 years
  – In the past decade, in both countries hostile to abortion rights and countries where the law is liberal, but challenges to access are still formidable.

• Abortion is not just an issue of maternal mortality
  – A critical component of women’s Sexual and Reproductive Health and Rights (SRHR)
  – Can be an important litmus test of whether women’s rights are being addressed fundamentally or superficially in a country
ENABLING ENVIRONMENT FOR COMPREHENSIVE SAFE ABORTION CARE

**ADVOCACY**
- **Policy and Operational Change:**
  - Central, provincial, state and district levels:
    - Encourage to interpret law as broadly as possible
  - Remove barriers to access for youth and other vulnerable groups
  - Approve protocols and curricula
  - Support sustainability of services and quality
- Partner with medical associations, and professional or political advocacy groups and involve civil society

**CLINICAL SERVICES**
- **Quality:**
  - Providers, facilities and services
- **Comprehensive:**
  - Counseling
  - Provision of contraceptive methods on-the-spot
  - STI/HIV/gender-based violence risk assessment
  - Risk reduction counseling
  - Treatment and referral
  - Integration of abortion services with reproductive health services
  - Promotion of medication abortion
- **Compassionate:**
  - Stigma-free environment
  - Rights-based approach

**COMMUNITY MOBILIZATION**
- **Education, Participation, and Changing Public Opinion:**
  - Understand the law
  - Reduce stigma
  - Know where safe services are
  - Understand dangers of unskilled abortion providers
- **Work With:**
  - Community leaders, healers
  - Government paid community health workers
  - NGOs and CBOs
  - School teachers
  - Men and boys
- **Vulnerable Groups:**
  - Young women, HIV-positive, sex workers, IDPs and refugees

ACCESS TO SAFE COMPREHENSIVE ABORTION CARE
SOME LESSONS LEARNED RE: EFFECTIVE ABORTION APPROACHES

• Implementing the full continuum of care model
  – Advocacy, clinical, community
  – Example: Northern Ghana (with GHS and community)

• Coalition building for increasing SRHRs, including abortion
  – Example: Mozambique (civil society and MOH)

• Bringing youth-friendly AYSRH into clinics providing CAC
  – Improve health and fulfill rights of young women to determine their own reproductive and life paths
COMMUNITY DIALOGUE
ENSURING YOUTH-FRIENDLY ABORTION SERVICES SOUTH AFRICA
EXAMPLES OF OTHER INNOVATIVE STRATEGIES

- Mapping of KAPs (key groups)
  - Judges, health providers, women lawyers, community leaders, grassroots CBOs as ammunition for rights coalitions to form and increase effectiveness – *Women’s Link Worldwide*

- Digging into the roots of abortion stigma in particular countries and cultures
  - Design strategies for reducing stigma, a key driver of death and morbidity from unsafe abortion – *IBIS*
INNOVATIVE STRATEGIES (CONT.)

• Providing scientific proof that testing for misoprostol in the blood of women suspected of self-abortion is impossible, removing this “lie” as evidence in court to prosecute women. – Gynuity

• Distribution of simple pictorial directions on how to take misoprostol to self-abortion safely, and when to go to the clinic for follow-up (in very restrictive environments) – VSI and others
PULLING IT ALL TOGETHER
NEED FOR EFFECTIVE ABORTION STRATEGIES FOR COUNTRIES PARTICULARLY HOSTILE TO ABORTION

Q: What makes women so vulnerable to consequences of unsafe abortion?

- Many social determinants are rooted in gender inequality that drives unsafe abortion, e.g., risk for gender based violence, economic and social dependence on men, lack of legal, political, social protection

- To address unsafe abortion effectively, women’s fundamental right to self-determination must be recognized and upheld

- Need is especially acute for young women also affected by stigma around sexuality of young women and sexual rights in general
ABORTION PROGRAMMING IN DRC AND BURKINA

“If programs are to ‘turn off the tap’ on the effects of unsafe abortion and have a real impact on young women’s rights, they must combine approaches to tackle the barriers to abortion access as well as the root causes of young women’s insecurity.”

DRC

- High incidence of GBV: up to 40% of women; 65% of survivors are adolescent girls (2008); 13% had a child as a result of rape (2010)
- Abortion law: no exception for life of the mother

Burkina Faso

- 22,000 unsafe abortions/year – ranks 104 of 135 countries in the World Economic Forum’s Gender Gap Index
- Abortion law: to preserve life and health of the mother, and in cases of rape and incest
THREE PROJECT OBJECTIVES:

1. Advance government mechanisms to respond to infringements on young women’s rights and to **address the social determinants** underlying young women’s vulnerability to unsafe abortion

2. Increased access to abortion through **harm reduction** advocacy and evidence-generation in policy and community arenas

3. Expanded capacity of young women and their communities to advance young women’s access to abortion, and to address the structural barriers to **young women’s right to determine whether and when to engage in sex or have a child**
ADDRESSING POLICY BARRIERS
USG POLICY AND ACCESS TO ABORTION IN BANGLADESH

• While implementing a large, USAID-funded RH/FP program in Bangladesh, saw chilling effect of the Global Gag Rule (rescinded 6+ years ago) continues among all NGO and CBO partners, including as a barrier to PAC

• Pathfinder is developing materials to use with all entities receiving USAID funds to clarify that the Gag Rule is not in effect, what that means for them providing abortion or PAC services, and to clarify the Helms Amendment (e.g., USG funds can be used to provide abortion to save a woman’s life, and in the case of rape or incest because these are not uses for family planning)
Lastly, as an advisory board member, Pathfinder has actively supported the Global Campaign for the last 3 years. The Campaign encourages local people, groups, networks within their own countries to come together for advocacy, action, and persuasion toward greater abortion access and rights. Ideas and experiences are shared via an active and dynamic list serve and website. The current revolving chair is the Int’l Consortium on Medical Abortion.

Visit the website and see what can be done: 
safeabortionwomensright@icma.md

Last year’s Campaign: 28th September 2013 International Day of Action for the Decriminalization of Abortion
Thank you!

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