

As the US Supreme Court overturns Roe v Wade, global health care organisations call on all governments to defend access to safe and quality abortion care

Ensuring access to safe, quality abortion is an imperative. Abortion is recognised as essential health care that must be provided by governments. Access to safe abortion is also a human right. Attacks against reproductive freedom are attacks on democracy and international human rights standards, on individual freedoms and the right to privacy, and they set back progress towards gender equality.

The United States Supreme Court decision to dismantle Roe v Wade and roll back 50 years of access to safe abortion care is a catastrophic blow to the lives of millions of women, girls and pregnant people who now face the prospect of being forced to continue pregnancies. It is a decision that will cost lives for years to come.

The US joins just a handful of countries that have actively reduced access to abortion care in recent years. This is out of step with the global community's commitment to advance human rights and fails to take into account the overwhelming global medical evidence that supports abortion as essential health care.¹

Around the world,² progress is being made to remove restrictions to care for example Latin America's 'green wave' (Mexico, Argentina, Colombia, Chile) in Africa (Benin, Mozambique, Kenya), Asia and the Pacific (Thailand, South Korea, Australia, New Zealand) and Europe (France, Ireland, England). Governments are responding to feminist grassroots movements and acting upon evidence-based findings and World Health Organization (WHO) guidelines that draw on clinical and technological advancements, including telemedicine and self-management of abortion care, in order to guarantee their populations' rights to essential health care.

As organisations dedicated to providing and supporting health care, we know that restrictive laws do not reduce the need for abortion care. Rather, such laws increase inequities in access; nurture an environment of fear, stigmatisation and criminalisation; and put women, girls and pregnant people at risk.

Abortion laws not based on scientific evidence harm health care workers. Countries with total bans or highly restrictive abortion law prevent and criminalise the provision of essential health care services and support to those that require abortion care. Many individuals supporting abortion care experience abuse, threats and even violence. In the United States, such incidents are commonplace and have even resulted in the murder of health care professionals. Further isolating these dedicated health care workers with restrictive laws will put them at even greater risk.

Lack of access to safe abortion care is one of the leading causes of preventable maternal death and disability. Each year 47,000 women in the world die as a result of unsafe abortion^{1,3} and an estimated five million are hospitalised for the treatment of serious complications such as bleeding or infection.⁴

Supporting safe and high-quality abortion care is a demonstration of a government's commitment to reproductive and social justice. Abortion care is an integral part of comprehensive health care provision – the need for this care will not go away. Limiting access to abortion care takes the greatest toll on the lives of women, girls and pregnant people; those living in poverty; those with marginalised racial, ethnic identities; adolescents; and those living in rural areas. A denial of

abortion care further exacerbates their historical discrimination and mistreatment, and places them at the greatest risk of preventable maternal death and disability.

As national, regional and global health care organisations, we urge all governments to take immediate action to:

- Create and protect legal and regulatory environments that support health care professionals to provide access to safe and affordable abortion care. Access to abortion care should be protected and supported as an inalienable reproductive right.
- Decriminalise abortion care and regulate it like any other health care provision. Decriminalising abortion refers to the removal of specific criminal and/or civil sanctions against abortion from the law, so that no one is punished for having, providing or supporting access to abortion.
- Utilise the full benefit of the safety and efficacy of abortion medication, as well as the advancement of technology, to allow telemedicine and self-management access to abortion, as recommended by the WHO Abortion Care Guideline.
- Invest in robust health systems that are human rights-centred for abortion care information, counselling and services. Prioritise training on abortion care as an essential part of professional development for health care professionals – integrate it into lifelong learning to ensure health services are universally available. Such approaches should be linked to reproductive and social justice movements, and should include actions that address the needs and rights of communities that have been historically discriminated against.

[Please show your support by becoming a co-signatory on this statement.](#)

¹ <https://www.who.int/publications/i/item/9789240039483>

² <https://reproductiverights.org/maps/worlds-abortion-laws/>

³ WHO. Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. Sixth Edition. 2011. p 27. 10

⁴ Singh S, Hospital admissions resulting from unsafe abortion: estimates from 13 developing countries, Lancet, 2006, 368(955):1887–1892.

About FIGO

FIGO is a professional membership 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. Our work to achieve this vision is built on four pillars: education, research implementation, advocacy and capacity building.

FIGO leads on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia. We advocate on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and wellbeing, and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation in achieving their reproductive and sexual rights, including through 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 in low-resource countries through strengthening leadership, translating and disseminating good practice and promoting 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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