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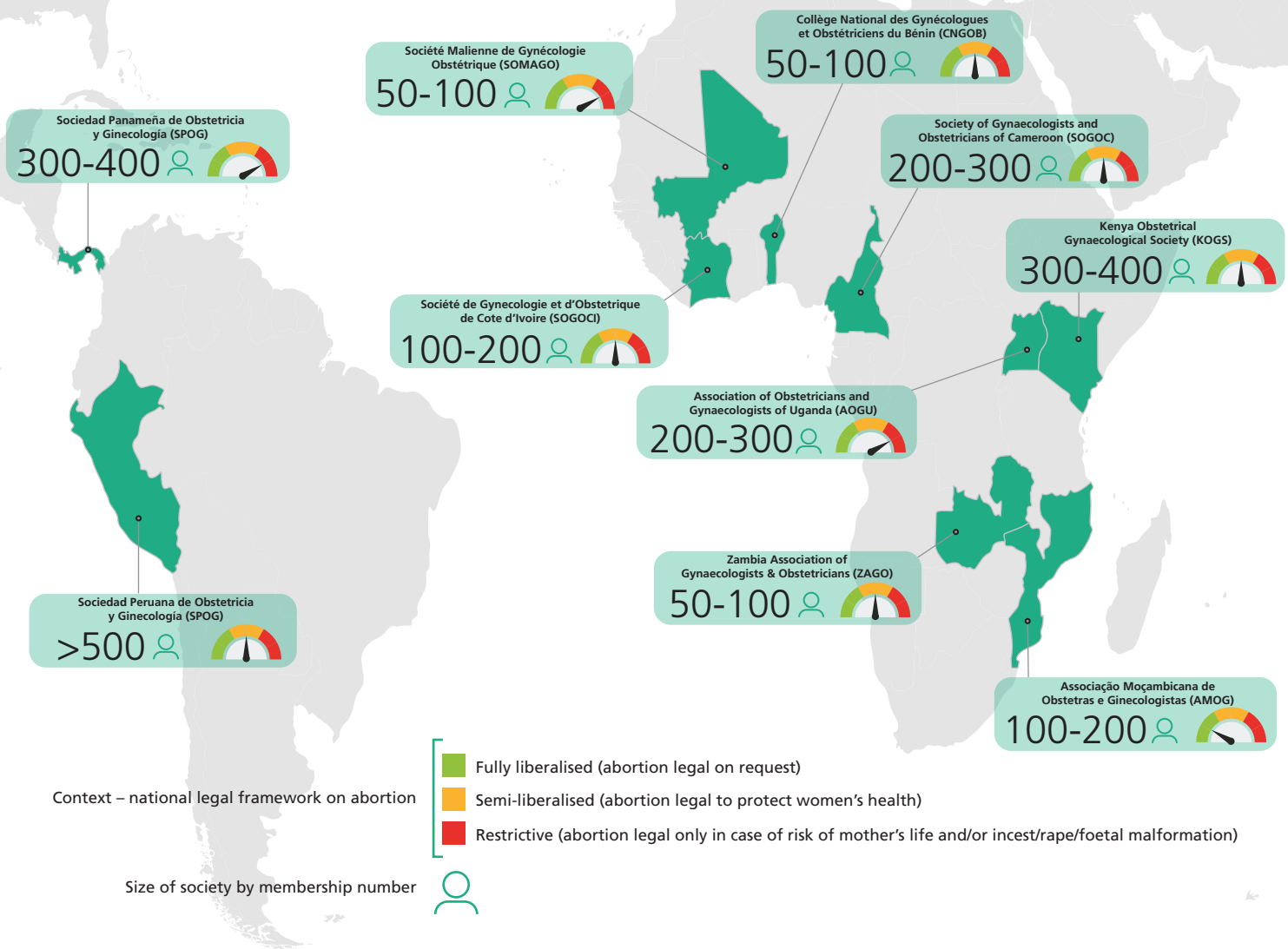
# ADVOCACY FOR SAFE ABORTION: GYNAECOLOGISTS AND OBSTETRICIANS FOR CHANGE

Synthesis of key findings across  
ten countries of the FIGO  
project on Advocating for Safe  
Abortion

Synthesis Report

# Ten countries, Five strategic pathways of change

Since April 2019, the International Federation of Gynecology and Obstetrics (FIGO) has worked with ten of its member associations – that is, national societies of obstetrics and gynaecology – to become key actors in safe abortion advocacy and national leaders in sexual and reproductive health and rights (SRHR) for women. The project envisioned reaching its objective through five pathways of change in each country. Based on these pathways, national societies developed their own country- and society-specific action plans based on local contexts and priorities.



## Five pathways of change:

- 1 To strengthen the management and organizational capacities of the national societies**
- 2 To establish or strengthen a coordinated network with like-minded stakeholders and health system partners to advocate safe abortion and improved access to comprehensive abortion care (CAC)**
- 3 To create increased acceptance of safe abortion among health workers, policymakers and the general population**
- 4 To ensure communication and sensitization about the national legal frameworks and guidelines on safe abortion and, where applicable, engage in educational non-lobbying advocacy for improved legal dimensions and guiding principles**
- 5 To advocate better generation and use of evidence on abortion in the country.**

# Introduction

The aim of the synthesis report is to discuss the main achievements and key results across the ten project countries of the Advocating for Safe Abortion Project (ASAP) and to acquire an understanding of the enabling and impeding factors in safe abortion advocacy. It is intended for the International Federation of Gynecology and Obstetrics (FIGO), implementing societies and the donor and could be used as well for partners and advocates to share lessons learned on health providers' advocacy for safe abortion.

To gain insights into what the main achievements have been across the project countries, final evaluations were conducted in the ten countries from February to May 2022. The methodology of these evaluations can be found in a separate methods appendix and the country-level details and results are described in ten country reports. A thematic cross-country analysis was conducted to identify commonalities in the key findings and to distil the lessons learned across all the countries. For this cross-country analysis, the five strategic pathways of the theory of change were used in a matrix approach to collect the key findings for each country, including key results, harvested project outcomes, main actors of change, conditions for success, sustainability and challenges plus mitigation strategies in project implementation. Subsequently, common themes were identified and described. To assess the role of the International Federation of Gynecology and Obstetrics (FIGO), data from the capacity-strengthening survey from all ten countries were used to demonstrate the project staff's perception of the capacities gained and FIGO's role, among others. Also, five qualitative interviews were conducted with international partners to get a perception of FIGO's role and its importance in the international field. This synthesis report starts with a summary of the overall analysis and then highlights specific details and evidence on the five pathways of change and the relevance of a multi-country project.

## Abbreviations

<b>ASAP</b>	Advocacy of Safe Abortion Project
<b>FIGO</b>	International Federation of Gynecology and Obstetrics
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>VCAT</b>	Value Clarification and Attitude Transformation
<b>WATOG</b>	World Association of Trainees in Obstetrics and Gynecology

## Acknowledgements

We would like to thank all of the societies and their members for their cooperation, commitment and support in the preparation of the evaluations on which this synthesis report is based.

# The FIGO project contributed to stronger leaders and partnerships and a more conducive environment

## **A broad range of stakeholders are better informed on the legal frameworks and have improved their professional attitudes towards safe abortion**

The overall analysis confirms the critical and unique role for national societies of obstetrics and gynaecology in safe abortion advocacy because of their technical expertise, respected authority and credibility. Furthermore, they have a strong potential to engage a wide variety of essential stakeholders, including at the policy level. Results at both the country and international levels point out the importance of the voice of health providers in the debates around, and advocacy for, safe abortion.

The synthesis of findings shows the importance and relevance of the pathways of the theory of change and highlights their interconnectedness. The analysis provides relevant insights in what it takes for societies to actually take on the role of advocates for safe abortion. First, to be stronger in an institutional capacity and to become effective in safe abortion advocacy, strengthening the leadership and capacity of society members has been critical, through training and, in certain countries, collaborating with partners who are more experienced in safe abortion advocacy. In addition, internal reflections on professional norms and values (such as workshops on value clarification and attitude transformation – VCAT) have substantially contributed towards positively changed attitudes on abortion within the societies. This change of attitude is a critical strategy as it may involve changes in the safe abortion practices of obstetricians-gynaecologists, but it also allows further institutionalization of advocacy on safe abortion within the societies, amplifying their voices as safe abortion advocates and leaders. The internal changes and strengthening of societies, but also the shifted attention to abortion within FIGO globally, have been shown to work as a catalysing approach to advocate safe abortion. Furthermore, the practice of decentralizing approaches and activities to regional sections in some of the societies, plus the improved communication techniques and methods have contributed to wider reach and can be taken on as good practices in other settings.

The analysis further confirmed the importance of strengthened networks and the added value of collaboration to instigate change. The findings specifically showed the importance of inclusive and equal collaborations with a diverse array of stakeholders, such as the youth, community stakeholders, healthcare professionals, civil society, women's organizations, law enforcement agents, medical and legal experts/actors, media and the

ministry of health. Successes in countries that involved younger groups indicate the importance of specifically strengthening collaborations with younger professionals and activists to leverage advocacy messages, advocate curricular changes and involve a future generation. Experiences at the international level with the World Association of Trainees in Obstetrics and Gynecology (WATOG) can serve as an example for involving younger professionals in decision-making bodies and mobilizing them as advocates. To facilitate change through a synergy of actions, joint action planning is critical in creating clarity about who does what and at which level.

An analysis of other pathways showed how sensitization about the legal framework and a reflection on personal values and professional obligations (VCAT), in combination with improved evidence on safe abortion, have contributed to changed perceptions towards safe abortion. In some countries, these influenced the willingness to provide comprehensive abortion care but also highlighted the need to ensure that skilled staff and commodities were available. The analysis demonstrates the importance and complementarity of safe abortion advocacy taking place at the global, regional and national levels through cross-country peer learning and the use of local experiences in global advocacy. Further strengthening the use of global resources for local advocacy could be beneficial to increase impact.

The wide variety of processes and outcomes within the various pathways achieved in each country demonstrates that there is no one-size-fits-all approach for safe abortion advocacy. This advocacy requires context-specific approaches, where there is space for difference and adaptation in the approach, strategies, prioritizations, and the involved stakeholders and target groups to allow for contextual fit. The relevance of context-specific approaches became visible, for example, in the importance of a contextually appropriate framing of the abortion discourse (maternal mortality, comprehensive abortion care, post-abortion care, etc.). Having a flexible approach also turned out to be crucial to deal with successes and barriers, but also to act on political momentum. Continual reflection, assessment of the context and continuous monitoring are therefore important. For example, specific monitoring and follow up is needed for the language and advocacy messages used, as advocacy messages can also cascade and evolve into inappropriate messages.

It became clear that safe abortion advocacy involves gradual rather than sudden change, and that we learn specifically from the strategies and nuances of what happens within the various complex contexts. Longer timelines, increased resources and continuous activities were identified as needed to have an even broader advocacy impact. Safe abortion advocacy is a long-term process but what has been initiated during the Advocacy of Safe Abortion Project (ASAP) has been identified as a critical start for broader change.



# **Pathways to success**

# Strong leaders in obstetrics and gynaecology can make a difference

## Key results for pathway 1: strengthen management and organizational capacities of the national societies

**Safe abortion advocacy needs strong organizational structures and supportive leadership. The project contributed to improved advocacy capacities, strengthened management and improved operations in all ten societies.**

Findings across all ten countries indicate the essence of a strong management, and leadership support as the backbone of an advocacy agenda. In various project countries, the implementation was delayed or had a slow start, or varied along the way, as internal debates on the course of the society had to be overcome. Sometimes, a slight change of the project's focus or name was needed to generate wider support within the societies and especially their leadership. Internal dialogues about professional norms and values (see pathway 3) also contributed to improved support. Once a society leadership was in support, this facilitated smoother operations. In the capacity-strengthening survey at the end of the project, 91 % of the society staff involved in the project indicated that the societies' leaderships supported the project "a lot" to "a great extent". In addition, to have a secretariat installed – often run by non-gynaecologists with capacities in other fields – was felt to be instrumental to operationalizing the project. Implementing societies had different starting points in terms of management capacity and secretariat support, ranging from none to having staffed secretariats in place. In the various countries, it was indicated that strong added value was felt by setting up project management units, which often involved a project manager, communications officer, monitoring and evaluation specialist and financing person, because the busy schedules of obstetricians-gynaecologists did not always allow for the time to organize the variety of activities needed to implement the project. In addition, specific reference was made to the high performance of the project management units and the capacity and experience they had with project management.

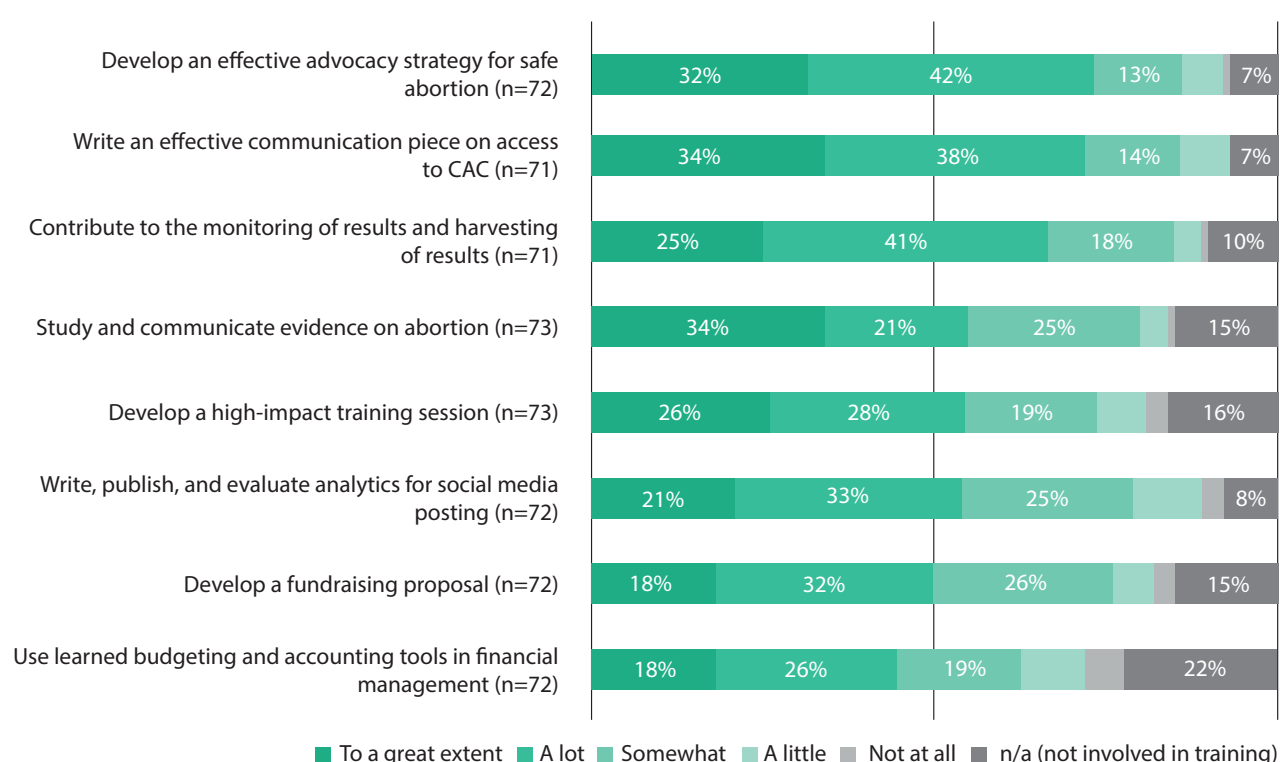
Results from surveys with the societies' memberships in all ten countries indicate that a majority of surveyed members (ranging from 51 % in Mali to 98 % in Mozambique) think their society's leadership on sexual and reproductive health and rights (SRHR) had been strengthened in the last three years, ranging from a small to a great extent, and that this change was influenced by the project. The project contributed to capacity development through the delivery of training on, among other subjects, conducting advocacy, using traditional and social media, monitoring advocacy results and collecting and using data. Society staff who received

training through the project from FIGO or others felt they had improved their knowledge and skills, as found across all ten implementation countries in the capacity-strengthening survey (Figure 1) and further supported with qualitative data. Governance was strengthened in many societies, for example in the working operations between councils and secretariats and with the establishment of committees, including on SRHR/abortion and, in some countries, on advocacy. In addition, the project provided space to operationalize various policies and systems that strengthened societies as organizations and were believed to contribute to the sustainability of their operations. Eight societies developed operational manuals and nine developed a sustainability strategy and/or business case.

*“The Zambia Association of Gynaecologists and Obstetrics is more organized, there is a structure, there are systems that have been put in place, financial things, and there is a visible secretariat, yah, you can see that something is happening. There was a change in constitution, a lot of system-strengthening activities have been done.” – executive member, Zambia Association of Gynaecologists and Obstetrics, Zambia*

Working within the context of the COVID-19 pandemic was identified both as a major challenge and an opportunity. While it delayed activities, challenged engagement of ministries of health on the matter of safe abortion and sexual reproductive health, reduced travel and restricted the possibilities of face-to-face events, the required flexibility resulted in increased online support and growing capacities in facilitating online events, often resulting in a wide reach.

**Figure 1. Confidence project staff felt to apply learning in practice. “I feel confident to...” (all countries)**

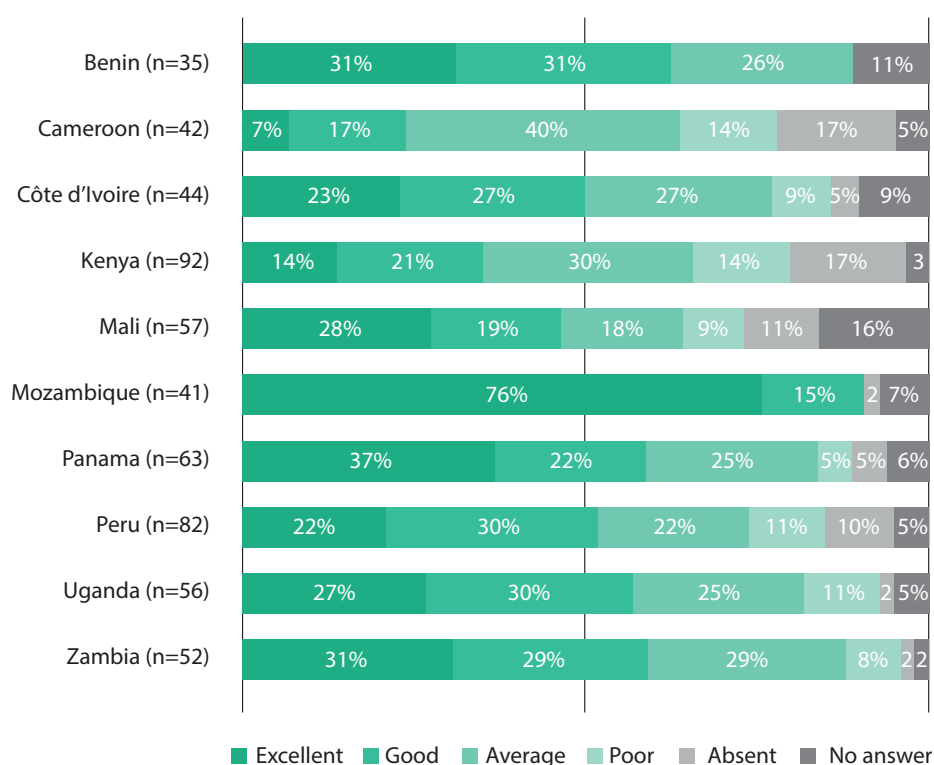




**Societies' internal and external communications improved, including on safe abortion, and eight societies worked on a formal position statement on abortion.**

In general, communications by all societies were felt to have improved, both internally and externally, including on the societies' management, activities and abortion issues. In most countries, social media engagement increased and websites were launched or reactivated. All societies developed a communication strategy. Eight developed, or were working on, a position statement on abortion, but this was not yet formally approved and disseminated in all countries at the time of the evaluation, or this was only very late in the project. The communications of the societies on their positions on abortion were generally rated as average to excellent by society members (Figure 2).

**Figure 2. Survey respondents' appreciation of society's communication on its position on safe abortion**



**The approaches to decentralization in some of the societies contributed to countrywide reach and the possibility of leveraging and strengthening the society's advocacy across its entire membership and the nation.**

National societies vary in size and regional reach. While most operate from the capitals and naturally have a stronger presence centrally, in seven countries it was noted that the project contributed to the establishment

of regional sections of the society (in Benin, Cameroon, Côte d'Ivoire, Mali and Mozambique), or their re-engagement (in Panama and Peru). This has contributed to countrywide involvement and the possibility of leveraging and strengthening the society's advocacy across the country. In other countries, such as Kenya, there was a specific focus on one region, which contributed to a strong local presence and enabled the sustainability and integration of the initiated work into existing regional systems. Scaling up and cascading to other regions requires increased collaboration with regional chapters.

A general challenge identified across most societies was on the amplification or diversification of society members and leaders to conduct advocacy, rather than having it led by a small specific group of actors. In various countries, however, this group of actors increased as a result of the project and through VCAT trainings. In most countries, a majority of the surveyed members felt (agreed or strongly agreed) that health workers had a role to play in the advocacy for safe abortion (ranging from 48% in Cameroon to 95% in Mozambique).

**The strengthening of societies, the increased number of activities, and the presence in the field and in the public domain (e.g. media) resulted in the increased visibility of national societies, including visibility to ministries of health, as reproductive health experts.**

In all countries, partners— including policymakers, advocacy partners and other cadres of healthcare professionals – saw national societies as legitimate and reliable partners in the field of SRHR that could be approached for collaborations and reliable data, among other uses. Such a reputation is of strategic importance given the authority and credibility of societies, and the sometimes long-felt need to bring the voice of health providers to the debate.

*"It is this project that has increased the visibility of this college. I knew Dr. X before, as well as other gynaecologists, but I had no knowledge of the existence of this college. It is through this project that the college became visible. The project contributed to building the capacities of its members and the institutional capacities of the Collège National des Gynécologues et Obstétriciens du Bénin."* – member of the stakeholder network, Benin

An increased visibility and presence in regional sections was also believed to have attracted more new members in some of the societies.

**The strengthening of societies contributes to organizational sustainability, but without dedicated staff or funds, the advocacy on safe abortion will slow down.**

With regard to organizational sustainability, the results of the final evaluation revealed that the strong focus of the project on society

strengthening has set a base for the sustainability of the approach and the work that the societies are doing. Strengthening capacity in various aspects and developing or strengthening internal processes and policies contributed to positive views on the organizational sustainability. The project staff was temporary, however, and, in some societies, an established secretariat or office may be lost. This was seen as a threat to continue safe abortion advocacy in some countries, as the presence of support staff was felt to be instrumental in implementation. While obstetricians-gynaecologists bring the expert voice to activities, they often do not have the time and capacity to organize them and run daily organizational procedures.

*“Sustainability is a very serious issue for organizations like ours that are small. Because the [financial] contribution of its members is very little, it is practically not enough for anything. This means that, with the contributions, I can keep the employee working for two months or three months at the most. This is what the fight we have now is: how to ensure sustainability.”* – executive member, Associação Moçambicana de Obstetras e Ginecologistas, Mozambique

Despite the development of business cases and sustainability plans, most societies have not yet reached the point where they have – or are able to mobilize – substantial resources to sustain staff and organize a wide range of activities. With regard to financial sustainability, there is strong variation across the different societies, mostly depending on their actual financial situation. Certain societies (e.g. Mali, Mozambique and Zambia) are highly dependent on financial support from external organizations as there are limited internal funds available, partly because of a relatively low number of members and therewith a low income through membership fees. However, other societies (e.g. Panama and Peru) have a more solid financial base and are able to continue with certain activities without additional support. Strengthened capacity in mobilizing resources and identifying donors has been addressed through various trainings. For the remaining extended project period, this has been identified as a key priority and, across all societies, specific emphasis has been given to resource mobilization in year four.

# Effective advocacy requires strong networks

## Key results for pathway 2: strengthen networks

### Analysis of the outcomes harvested across societies:

- Most societies strengthened collaborations by establishing a new network or strengthening an existing network or partnership with like-minded partners to advocate safe abortion. Country networks of seven to 25 partner organizations existed, often with memorandums of understanding signed. On average, they met ten times throughout the project period.
- A diversity and complementarity of partners was seen in all countries. Key actors that were commonly involved were: legal partners and human rights experts, non-governmental organizations, United Nations agencies, ministries, policymakers, journalists, medical schools, other medical or health provider associations, youth groups and student associations.
- In at least seven of the countries, outcomes were harvested that demonstrated action or change within ministries (especially ministries of health, etc.) or other governing bodies at the national or subnational level.
- In all countries, partners acknowledged the societies as important allies and key actors for safe abortion advocacy and engaged them in activities at various levels (both centrally and in the communities).
- Collaborative efforts focused on the development and conduct of training and education, the development of policy documents, participation in conferences, and commemorations of International Safe Abortion Day.

### **Effective advocacy needs strong collaborations and partnerships with a diversity of partners and joint planning.**

The pathway of strengthened networks or partnerships to advocate collectively was, by the end of the project, seen as an essential strategy for effective advocacy. What these strengthened partnerships looked like varied among the different countries. In most, it entailed the development of a new or renewed safe abortion advocacy network (in Benin, Cameroon, Kenya, Mali and Uganda), where often the societies played a key role in terms of chairing and organizing. In other countries, it entailed more of a reactivation of national working groups on SRHR, through increased dedication of time and resources resulting in joint activities and actions (in Mozambique and Panama), or the society joined an existing advocacy network where a joint advocacy strategy was developed (Côte d'Ivoire). In Zambia, the anticipated network did not operate as planned, partly due to COVID-19. Nonetheless, the society strongly collaborated with relevant partners on a more ad hoc basis to involve them in their activities.

The complementarity and diversity of partners involved in partnerships was identified as a critical factor for the success of strengthened networks. Each partner had its “specialties”, which allowed a synergy of actions. Reference was made to partnerships developed with a high variety of actors, including legal partners, non-governmental organizations, journalists, medical schools and other medical or health provider associations (of midwives, other cadres of health workers and other medical specialists). In addition, youth engagement and collaboration were identified as a successful strategy to create an enabling environment for safe abortion. Collaborations and joint actions took place for example with youth-led organizations (in Benin and Zambia) and student associations (in Benin, Panama and Peru) to reach young people and future obstetricians-gynaecologists, including the integration of safe abortion into the curriculum of medical training. In some countries, networks worked on joint action plans, while in others collaboration was more ad hoc. Joint planning to identify who did what and at which level generally led to a better synergy of actions. International days and campaigns, such International Safe Abortion Day, created momentum for joint partnership activities.

*“The Association of Obstetricians and Gynaecologists of Uganda helps to bring us together so that we see that we achieve whatever we’re supposed to achieve as partners. So it is a way for each coalition partner to give input in regard to what they feel is possible within their means, within their resources and also within a given timeline ... all coalition members were giving ideas on where to revise the plan; gave suggestions on what they feel is possible and what may not be possible to be achieved.” – partner organization, Uganda*

**Societies of obstetricians and gynaecologists have the respected authority and the ability to provide the evidence and technical input that strengthen advocacy efforts. They thus have a strong ability to engage with the policy level, such as with the ministry of health.**

It was highlighted by various partners that it was important that the societies took a lead role in partnerships because of the well-respected status they had, and therefore the power to open up the safe abortion debate. In addition, it was noted that the society’s involvement created space and ‘cover’ for other organizations to operate in the field of safe abortion. Specific importance was given by both society members and partners towards the collaboration with government actors at the national and subnational levels.

*“The problem of access to safe abortion is not so new in this country, nor even for the ministry of health. But the singular relevance of this project is precisely to have taken SOGOCI [Société de Gynécologie et d’Obstétrique*

*de Côte d'Ivoire] as the anchor and spearhead of this sensitive advocacy work aimed at the competent authorities. It was really inspiring.” – respondent from the Ministry of Health and Public Hygiene, Côte d'Ivoire*

While in some countries the already existing collaborations with the ministry of health were maintained or strengthened, in others such engagement was still at a starting point. Some partners pointed to the need of societies to lead advocacy at the policymaker level and with healthcare workers, while non-governmental and civil society organizations were better equipped to do community sensitization and outreach. At the same time, however, the link between the society and community was felt to be of importance because, in the community, the authority of health providers was also valued, while being in the community provided obstetricians-gynaecologists with a strong understanding of the driving factors of unsafe abortion.

In various countries, it was expected that the networks and partnerships developed through the project would be maintained. The societies will therefore continue to be involved or invited to activities focusing on safe abortion, strengthening the programmatic sustainability. In addition, the engagement of the ministry of health, and certain commitments that the ministry had taken throughout the project, were seen as an important first step towards the institutionalization of activities.

# Creating a more enabling environment needs improved perceptions on abortion among a wide variety of stakeholders

## Key results for pathway 3: create increased acceptance

### Analysis of the outcomes harvested across societies:

- In all countries, societies observed positive changes in professional perceptions or attitudes (e.g. acceptance and openness) towards safe abortion among society members or a broader group of health workers, including obstetricians-gynaecologists, residents, midwives, general practitioners, nurses, clinical officers, community health volunteers and pharmacists, depending on the various contexts.
- In several countries, society members expressed feeling more confident and better equipped to engage in dialogue on safe abortion.
- A broad variety of (social) public actors was targeted in pathway 3 to improve perceptions on abortion, including the media, religious leaders, the youth, traditional or community leaders, traditional healers, universities and the ministry of health.
- Those context-specific critical actors showed increased awareness or changed perceptions towards safe abortion, and their involvement was also often identified as a means to facilitate perception change towards abortion.

**In all countries, qualitative data indicated that training or workshops on professional norms and values towards legal and safe abortion contributed to an improved professional perception towards abortion among healthcare professionals. The membership survey data, however, show more diversity in professional perceptions across society members.**

The analysis showed that a change in professional perception towards safe abortion among trained health providers was mostly described as increased acceptance. It involved more openness to talk about safe abortion with colleagues and/or patients, a less judgemental approach to patients and a better understanding of the differentiation between their individual and professional role and position.

*“ ... personally, it changed my perception because, unless it came as an inevitable abortion or incomplete, that is when I would consider giving the services to the patient as an emergency but right now, that training really changed my perception. I can sit down and have a patient, I listen to them, and I never used to do that because I would see it as either right or wrong, but now we sit down and talk, reason together and come to a conclusion and it is the patient who decides, so it is patient-centred. We are there to give them support – that was not what I used to do before.” – trained healthcare provider, Kenya*

The membership survey gave a more nuanced picture in most of the countries, and highlighted the diversity among society members in their professional perceptions towards safe abortion. Only in Mozambique and Panama did more than 50% of the surveyed society members agree with the four statements of FIGO’s resolution on conscientious objection,<sup>1</sup> while less than 25% agreed with these in Cameroon, Côte d’Ivoire, Mali and Zambia. In half of the countries (Benin, Kenya, Mozambique, Panama and Zambia) at least 75% of the respondents agreed with the statement to refer women. Workshops on professional norms and values have been a key activity in all countries, but have often focused on a wider pool of healthcare workers, and a large part of the (surveyed) membership of societies was not targeted. In more than half of the countries (Benin, Mali, Mozambique, Panama, Uganda and Zambia), a majority of the surveyed members had ever completed a training session, seminar or workshop on professional norms and values towards legal and safe abortion.

Analysis of the qualitative data across countries demonstrates that the trainings have been most critical in improving the professional perceptions of society members or obstetricians-gynaecologists, other healthcare providers and curriculum owners and tutors. For example, in Uganda and Zambia, changes were witnessed among the perceptions of tutors and the integration of abortion care in teaching for healthcare workers. In Mozambique, the training included a component of task-shifting towards the primary care level and focused on strengthening human rights-centred and dignified communication among healthcare workers. The training also contributed to improved perception of the society’s leadership, which was essential to drive the project (see pathway 1). Improved knowledge of the country-specific guidelines and legal framework (see pathway 4) and the creation or use of evidence on safe abortion through the various studies executed (see pathway 5) also strongly contributed to changed perceptions.

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1. International Federation of Gynecology and Obstetrics (FIGO). Resolution on ‘conscientious objection’ (2006). London: FIGO, 2006, <https://www.figo.org/resolution-conscientious-objection-2006>, accessed 12 July 2022.



**The training on professional norms and values was a promising intervention for changed behaviour and one of the building blocks for creating a more enabling environment for comprehensive abortion care.**

During the interviews in the different countries, some examples and indications were given about various improved practices and behaviours of trained healthcare providers as a result of improved perceptions. In Kenya, Uganda and Zambia, participants explained that a less judgemental approach to patients was taken. In Mozambique, there were early signs of a reduced number of unsafe abortions reported. In Mali, examples were given of obstetricians-gynaecologists who had not been willing to perform safe abortions within the limits of the law before, but were now willing to do so. In Uganda, facilities providing post-abortion care services have increased. After the training in Cameroon, there was an increase of misoprostol uptake by healthcare workers and pharmacists.

*“Before, here where I work, when a woman came and intended to voluntarily terminate the pregnancy, she was cared for in exactly the same space, because it is an open space, where other patients who came in for other gynaecological pathologies wait. There was no aspect related to privacy, but because in this training, in this value clarification, the director of the department was present. The following week, he made available a compartment, a specific cabinet for terminating a pregnancy where at least aspects related to privacy and confidentiality are 100% guaranteed. So, for me, it’s a very big gain.”* – member, Associação Moçambicana de Obstetras e Ginecologistas, Mozambique

The survey data substantiated that, in all countries, a high number of society members were willing to provide, and/or make referrals for, safe abortion services according to the law (in eight out of ten countries, this was above 80%).

Although the data show some positive examples of behaviour change, it cannot be concluded that changes in perception among society members have substantially contributed to enabling environments for safe abortion, with, for example, increased access to safe abortion. While the willingness of providers was seen as one important building block for a more enabling environment and access to services, it was pointed out in some countries that there was a lack of availability of skilled staff and commodities and, in some countries, there was a poor implementation of the legal framework – these issues needed continual attention and stronger health system engagement. The established relationships with the ministries of health were seen as a stepping stone to work on this.

**A high variety of social actors were involved to improve the public perception of safe abortion, depending on the context and with the use of context-specific approaches.**

Pathway 3 did not focus only on enabling a change in the professional perception of healthcare workers, including society members, but also involved safe abortion sensitization activities in the public domain, facilitating improved public perceptions towards safe abortion. There was much variety, according to the different contexts, in the approaches to targeting the wider public and thus in the results. For example, in some countries (e.g. Côte d'Ivoire, Mali), activities aiming to change perceptions in the community have not been a key priority, with the focus instead being on the society members/health workers. In other countries (Benin, Cameroon, Kenya, Mozambique, Panama, Uganda and Zambia), though, the societies also implemented activities targeting the community and so saw results at this level. In Uganda and Zambia, qualitative interviews revealed that community representatives, after receiving training, took up an advocacy and information role in their communities. In some countries, specific reference was made to the importance of involving community key stakeholders during sensitization and communication activities, such as religious leaders in Benin, Côte d'Ivoire and Mali, chiefs and marriage counsellors in Zambia, traditional healers in Cameroon and cultural leaders and village health committees in Uganda.

*"For those who were reluctant for religious reasons, we had to call on enlightened imams on this subject, who met several members of the society in the context of several training sessions, as well as other people: we met professionals from the press, justice and the police. So we called on imams to come and speak on the subject. And when we listen to these religious leaders, we see a compatibility between the conditions provided for by Malian law and the conditions authorized by the Muslim religion to be able to carry out safe abortion; this is what has allowed many people to adhere to this question of safe abortion." – member of the project management unit, Mali*

Following dialogues on professional perceptions, and sensitization about the law, community representatives often demonstrated a readiness to engage on the topic and even advocate themselves.

*"When a neighbourhood, for example, had a meeting with the community, for example my neighbouring area, I always went there and asked for the floor, about ten, 15 or 20 minutes, I would talk about the subject of safe abortion, and would show the law: what it says, and not to say that it is an invented thing." – community leader, Mozambique*

The involvement of the media in sensitization and information activities – after receiving training and workshops by the societies and their networks – was taken as a critical strategy and, in several countries, delivered results. For example, in Benin, the production of a radio programme on several

channels took place in the 12 different departments of Benin to inform the population on safe abortion. In Cameroon, a television campaign was broadcast in the ten different regions on safe abortion care, with specific attention also for disabled women. In Peru, different newspapers and TV channels addressed the issues of therapeutic abortion, SPOG Panama secured new media channels to regularly publicize the legal framework for safe abortion, and in Zambia, Cameroon and Uganda, it was reported that media houses increasingly reported abortion-related stories.

The study revealed that, to sensitize a broader group of stakeholders, it was important to use context-specific approaches, which involved the use of different entry points to start dialogue and/or information sharing. In Côte d'Ivoire and Kenya, for example, it was noted that post-abortion care was often used to discuss abortion-related issues more explicitly later, and in Benin, Cameroon, Kenya, Mali, Panama, Uganda and Zambia, unsafe abortion as a contributor to maternal death or poor health was often used as key underlying argument or entry point for discussion. In Cameroon, a specific focus was given to messages contributing to improved comprehensive abortion care in cases of sexual violence, rape and incest. In some countries (e.g. Uganda and Zambia), there were sometimes inappropriate messages or images found in the field, demonstrating the importance of continually monitoring how messages cascade, and the language that is used, to ensure appropriate messaging.

# Clarity on legal frameworks and improved implementation of legal frameworks as an essential step towards improved perceptions and provision of services

## Key results for pathway 4: sensitization and implementation of legal frameworks

### Analysis of the outcomes harvested across societies:

- In all countries, society members and health workers expressed feeling better informed about the legal framework for abortion.
- Media and legal professionals and the ministry of health have been other key social actors targeted in this pathway, resulting in an increased understanding of the legal framework but also a change in perception towards safe abortion.
- Various societies in collaboration with partners took action (and in certain countries achieved results) in relation to the improvement or harmonization of guidelines, policy or laws to improve the implementation of the legal framework.
- In two countries, Benin and Côte d'Ivoire, there have been revisions of the law or penal code, broadening the conditions allowed for safe abortion.

**Trained stakeholders in all countries expressed feeling better informed on the legal framework on safe abortion through various communication and sensitization activities. However, the interpretation of the legal frameworks remains ambiguous in various settings due to the non-specificity of the framework or a lack of alignment with other relevant documents.**

According to the qualitative interviews, communication and sensitization activities implemented by the societies in the different countries resulted in a critical change in awareness and knowledge about the national legal frameworks on safe abortion. This also contributed to improved perceptions towards abortion (see pathway 3). Before the project, the needs assessment identified that, in all countries, health providers, including obstetricians-gynaecologists, were insufficiently aware of the legal framework on safe abortion. This resulted in a lack of understanding, for example, of when safe abortion was legal, or of which procedures to follow, contributing to safe abortions allowed under the law not being performed, out of misplaced fear of prosecution. The survey data

indicated that strengthening the knowledge and interpretation of the legal framework remained in need of attention, as in only five out of the ten countries (Benin, Côte d'Ivoire, Mozambique, Uganda and Zambia) did more than 50% of the surveyed members know all the legal circumstances for abortion.

Other stakeholders besides healthcare workers were involved, such as legal professionals, police officers, the media and community stakeholders. Qualitative interviews indicated that the knowledge about the legal framework among these actors substantially improved. Whether this change of knowledge has also facilitated a change in perception or behaviour towards safe abortion remains to be followed over time in most of the countries, though. For example, in Mali, the trained professionals of the police, gendarmerie and justice approved the adoption of the SRHR law within the framework of their work, but it is too early to see whether this has really been applied. In Uganda and Zambia, however, there were initial indications that police officers changed their approach in handling cases of abortion.

*"At first, before training, once a case of abortion was reported, we could rush very fast and arrest the health workers, without investigating first, but now we no longer arrest the health worker before investigations, because when you know the mother or girl approaches the health worker, it is the duty of the health worker to save the life of that person and when he carries out abortion it is his or her duty to save that person's life because it is safe." – police officer, Uganda*

Through communication and sensitization activities on the national legal frameworks, it was also seen that the laws, policies or guidelines in several countries remained as challenges to the actual implementation of the legal frameworks, indicating the need for alignment and proper implementation guidance.

**In various countries, discussions took place on the alignment with the ratified Maputo protocol and, in two countries, legal frameworks were revised, and in Benin with a key contributing role from the society.**

Different educational, non-lobbying advocacy approaches have been taken to inform relevant stakeholders on the challenges with existing legal frameworks. In Cameroon, Côte d'Ivoire and Kenya, for example, discussions have taken place with key actors on the need for alignment between the signed Maputo protocol and the existing legal frameworks.

*"... a note to all ... police stations and judicial police services, that every time there is a complaint regarding abortions, the Maputo protocol must be taken into account. Now, taking into account the Maputo protocol is already widening the scope of action – in fact, it gives a little more*

*freedom to women in terms of abortion.” – interview with member, Society of Gynaecologists and Obstetricians of Cameroon*

In Mali, it was noted that the law required more details on, for example, timelines for abortion and processes, rules for parental consent for minors, and the need to allow safe abortion in case of fetal malformation.

In Côte d’Ivoire, a reform of the penal code took place in 2019, where rape was added as an exception to the circumstances under which abortion was penalized. This legal change took place as part of a more general reform of the penal code in 2019 and was seen as an important step forward to facilitate the expansion of access to safe abortion. The project did not contribute directly to the reform itself, but the society and partners were thereafter found to contribute to the discussions on the implications of the reform, as well as the strategies and opportunities contributing to its implementation.

*“I am delighted that the debate on the revision of the legal framework has now been launched, with more and more organizations, including the Association of Women Magistrates of Côte d’Ivoire, which are beginning to take an interest in the issue, which could lead to an awakening of the Ivorian bar thereafter. In my opinion, this is all the result of the momentum created by the project.” – member of non-governmental organization project partner, Côte d’Ivoire*

Critical change in the legal framework can be noted in Benin, where in October 2021, a new sexual and reproductive health law was passed, modifying and supplementing the sexual and reproductive rights law of 2003–2004, which extended the conditions of access to safe abortion care. The society had partnered with the Association Béninoise pour la Promotion de la Famille and other members of the advocacy network on safe abortion, to strengthen the advocacy arguments for changing perceptions presented to deputies responsible for voting on the law. The advocacy network had several sessions, on invitation by the president of the parliament’s Law Commission, before the vote on the law in parliament took place. The society also received considerable media attention on the topic of safe abortion before and after the vote, which could have indirectly contributed to the sensitization of the parliament. Strong opposition messages from religious leaders were also raised in the media after the vote, however, showing the need for continued advocacy at different levels.

**Besides aiming for harmonization and more detailed legal frameworks on safe abortion, there has been a focus in several countries on improving, revising or developing guidelines for safe abortion or SRHR-related matters to improve the implementation of legal frameworks.**

Various examples demonstrate the contributions of the societies in the revision or development of guidelines, an essential requisite for the implementation of legal frameworks:

- In Peru, therapeutic abortion is now included in the ministry of health guideline on addressing sexual violence, and the guidelines for therapeutic abortion have been updated.
- In Mali, society members realized through the various discussions and workshops that safe abortion was not included in the document describing “protocols, standards and procedures for reproductive health services” and so the society took the initiative to identify what was necessary to include when the document would be revised in 2023.
- In Côte d’Ivoire, the society played a key role in the development and approval of the new national reproductive health policy, which included an explicit reference to the importance of the ratified Maputo protocol and the commitment to align the national laws with the article on safe abortion.
- The Panamanian society played a central role in the elaboration and validation of the national protocol for comprehensive care of sexual violence against women, girls and adolescents, which did not previously exist and presents the different steps in dealing with these cases. Representatives of SPOG Panama were also part of the ministry of education’s advisory committee for the elaboration of the first national technical guidelines for sexuality education, actively participating in the training of teachers and parents on the guidelines.
- In Uganda, the society contributed to the integration of post-abortion care and therapeutic abortion (for the medical reasons included under emergency obstetric care) in the policies for SRHR and adolescent health and in the essential maternal and newborn clinical care guidelines awaiting ratification.
- The Society of Gynaecologists and Obstetricians of Cameroon, together with different ministries and network members developed a manual for healthcare providers on how to manage referrals and providing medical care for rape survivors.

*“We sat down with a consultant who did this work with us and who talked about managing referrals. How do we deal with these referrals in order to shorten the procedure? That’s why this document now says to the lawyers, to the police, to everybody, to treat rape as an emergency, because the longer you wait, the more complications there are if the pregnancy is more advanced.” – interview with committee member, Society of Gynaecologists and Obstetricians of Cameroon*

During the COVID-19 pandemic, various societies contributed to COVID-19 reproductive guidelines, including on securing access to safe abortion services. The sustainable nature of the changes in guidelines, policies and laws demonstrates the importance of what the project achieved, although implementation remains critical for change to be really observable and sustainable. In Kenya, for example, the 2019 court ruling to reinstate the guidelines for reducing morbidity and mortality from unsafe abortion gave hope for a conducive environment when the project started. Yet the ruling was pulled back in 2020 and, despite actions by the society and others, the regulatory framework remains unclear for many and thus is a setback to the provision of safe services.



# Data and the use of data to support advocacy

## Key results for pathway 5: generation and use of evidence

### Analysis of the outcomes harvested across societies:

- In several countries, the generation of evidence took place through initiating new studies or by strengthening routine data collection systems.
- In some countries, actions have taken place on the establishment and strengthening of routine data collection systems/procedures. The use of evidence for advocacy will be further engaged as a next step.

**In all countries, critical first steps have been taken towards generating evidence on safe abortion in the form of actual data collection studies or the strengthening of routine data collection systems.**

On generating evidence, societies across the different countries have taken different approaches and so have achieved different results. One of the approaches taken by the societies was to generate evidence from studies on safe abortion. In Benin, Cameroon, Côte d'Ivoire, Kenya, Mozambique, Panama, Peru, Uganda and Zambia, studies were conducted on safe abortion with a focus on context-relevant issues, which resulted, for example, in the development of reports (Panama), a policy paper (Cameroon) and papers published (Peru and Uganda) or submitted and under review (Kenya and Zambia). In Mali, two research protocols were developed and data collection took place at the time of writing the report. In Uganda, 11 grants to do research on abortion-related issues were allocated to university staff and postgraduate students, breaking the taboo on abortion studies.

Another approach that was taken to generate evidence and facilitate continuous data collection on safe abortion was the training of healthcare providers on data collection. For example, in Cameroon and Mali, health workers were trained on collecting data on safe abortion in health facilities in the regions. This involved, for example, training on the registration of unsafe and safe abortion cases. In Mali, this preceded the development of a health facility-level database. In Zambia, health workers and students were given training on operational research, which was provided through a collaboration with the University of Zambia.

Lastly, another approach has been the strengthening or integration of the collection of abortion data into national registration systems. In Panama, the adoption of a new electronic perinatal registration system for the entire public health system, operated by the ministry of health and the social security fund, allows accurate, reliable, complete and immediate information. Installations at hospitals across the regions, plus training on the systems, took place, and monitoring visits were made to solve doubts and problems. As a result, the system is now up and running in most parts of the country. In Mali, following the facility-level data collection that started as part of the project, the ministry of health has expressed interest in integrating abortion indicators into its health information systems.

*“As far as data is concerned, it is really lacking in DHIS2 [District Health Information Software]. It has been found that all the data that is needed on abortion is not included. It is now important to shed light on this data because it is this data that can lead to behavioural changes. We may say that the work carried out is good, but what supports this is scientific data that shows what can happen if we do nothing. Data is the backbone for us, so integrating abortion indicators into DHIS2 is an important outcome for us scientists, policymakers, sexual and reproductive health coordinators, and others, health actors.” – ministry of health representative, Mali*

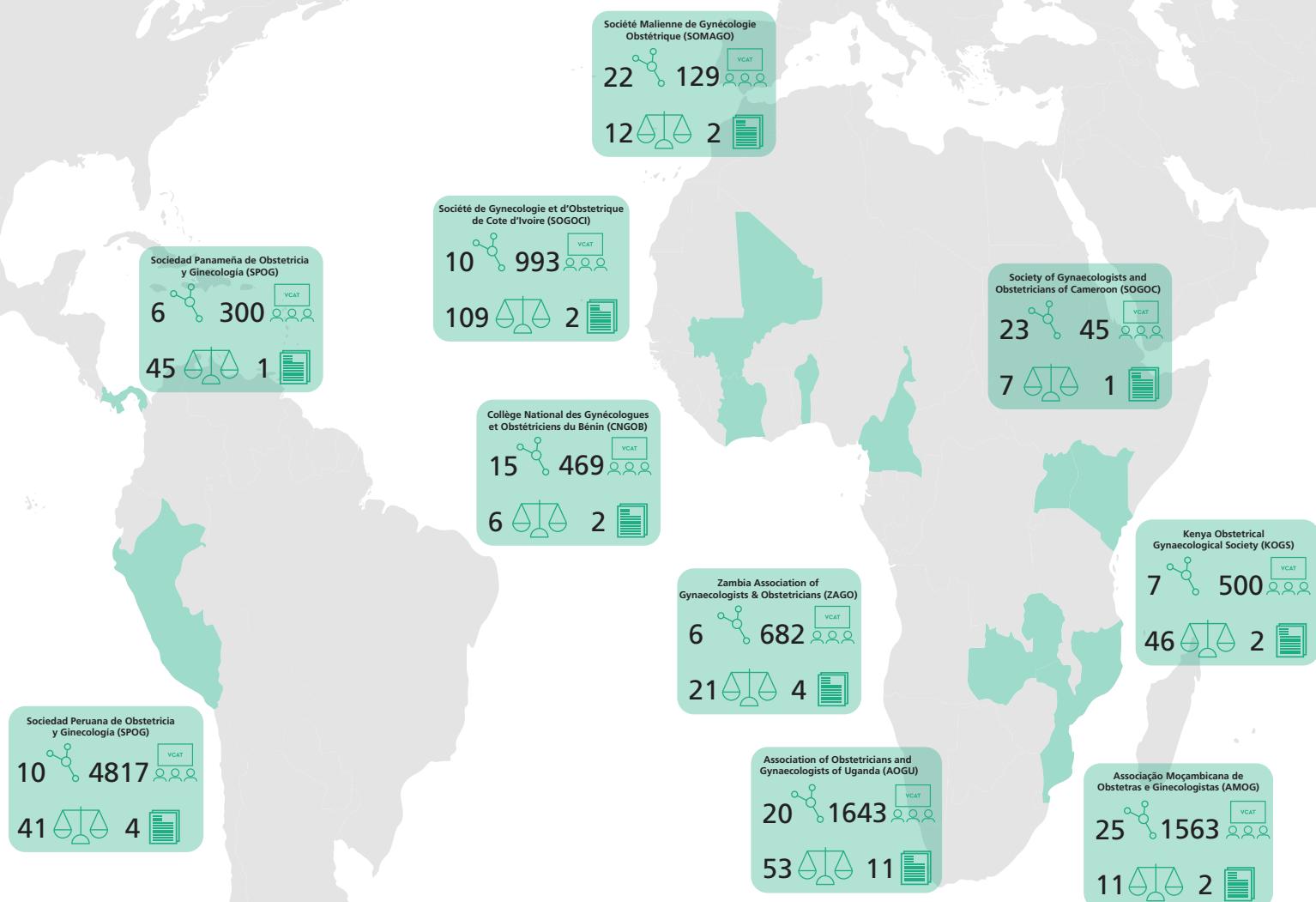
In Benin, the society had developed a virtual system to collect data from different actors (health workers, community chiefs, religious leaders, etc.) on unsafe abortion care cases, as the Demographic and Health Survey (DHS) provided only quantitative data. In Cameroon, no data on abortion are included in the DHS, and so the Society of Gynaecologists and Obstetricians of Cameroon has developed a system where health workers are registering unsafe and safe abortion cases appearing in the health facilities/clinics/district hospitals in the country's ten regions.

**During the project, important activities have taken place regarding data generation, but more attention and dedicated work are needed on how these data can be used to create an enabling environment for safe abortion.**

Although some critical first steps have taken place to generate data on safe abortion or improve regular data collection to strengthen the health information systems, the results identified in this pathway remain more at the output level (knowledge/evidence products developed) rather than the outcome level. More limited reference has been made in the different countries to how the evidence is used, for example during advocacy activities, and how it contributes to change further down the line. In Uganda, it was noted that, through studies on the magnitude and quality of abortion care, evidence was used during meetings with the ministry of health and the court as well as informing the VCAT training. A policy brief on evidence of the gaps in the curricula of health providers influenced

university tutors and staff to integrate teaching on abortion into existing curricula and the training of trainers. In Cameroon, a policy brief on providing time-sensitive abortion care to victims of rape was presented to the ministry of health. This had been developed in collaboration with the network members, and was a result of a literature review conducted by the society to support its advocacy activities relating to the ministry of health. In Zambia, the generated evidence was regularly used in media briefings to inform the wider public.

## Examples of project outputs across countries



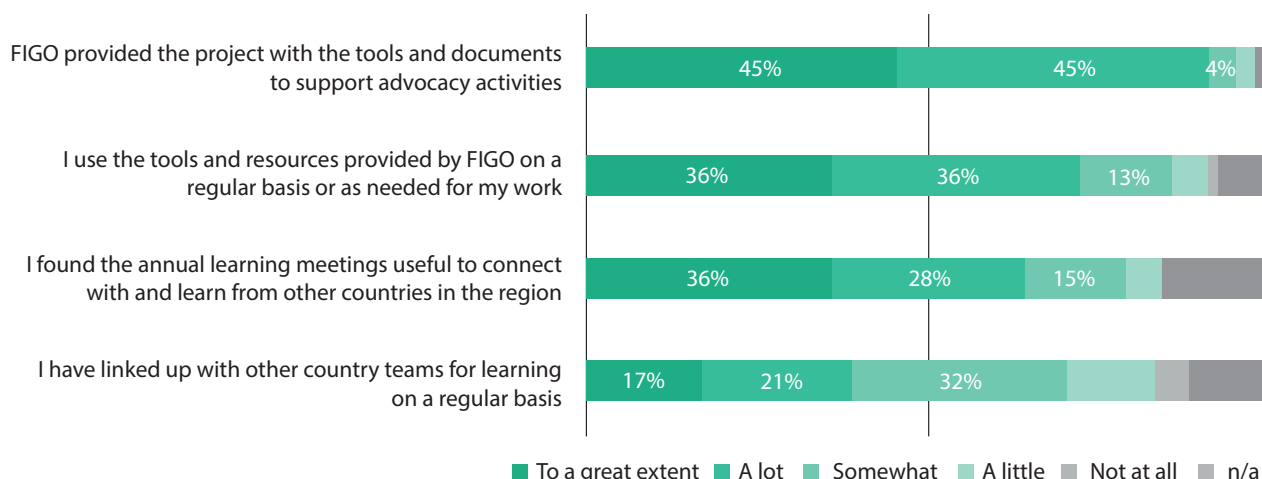
- Partner organisations collaborating in network (Panama/Peru = new partnerships. Zambia = joint activities with partners)
- Participants in VCAT workshops
- Sensitization workshops on legal frameworks
- Research protocols and studies developed/in progress/published

# Successes of a multi-country project

**FIGO is in a good position to leverage training, resources and support for advocacy at local levels and to facilitate global learning.**

FIGO has supported implementing countries throughout the project through training, management support and opportunities for cross-country and global learning via conferences and yearly regional reflection and learning meetings for the project. Overall, FIGO's technical support to project implementation was well rated, both in qualitative data and in the capacity-strengthening survey among project staff, with 89% saying the support was timely and of good quality (a lot or to a great extent). A vast majority indicated that FIGO provided the project with tools and documents to support advocacy activities a lot or to a great extent and indicated using these regularly (see Figure 3). The annual regional reflection and learning meetings organized by FIGO were found to be useful, and a majority of the national societies linked up with other country societies/teams for learning, to at least some extent. These interactions facilitated peer learning and inspiration, demonstrated by various examples of how societies leveraged on each other's work in the development of policies, statements, business cases, media strategies and VCAT training.

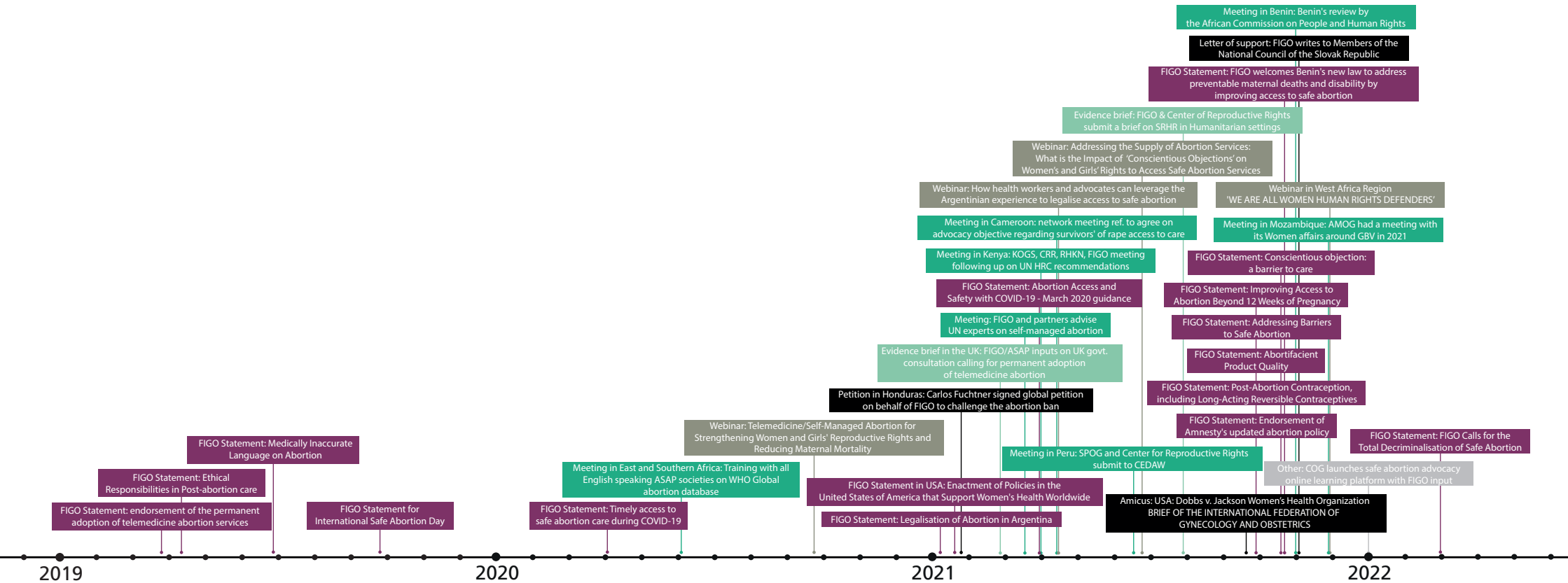
**Figure 3. Extent to which project staff valued FIGO resources and cross-country learning (n=75)**



**The take up of FIGO global advocacy resources could be strengthened at the regional and country levels, but international stakeholders emphasized their importance.**

In addition to the provision of resources, training and learning experiences, FIGO headquarters supported the country teams in specific advocacy activities such as communications on country developments via blogs, and supporting meetings with partners in response to United Nations treaty monitoring bodies (see Figure 4). FIGO also created opportunities to present at regional and global conferences and facilitated the development of blogs for societies to present their work and research outputs.

Figure 4. International Advocacy Timeline



#### **FIGO global advocacy outputs**

- 30 blogs
- 14 FIGO statements in relation to abortion
- 5 global webinars
- 3 briefs in support of strategic litigation (amicus curiae/petition/support letter)
- 2 evidence briefs
- 2 videos

At the global level, FIGO developed various outputs to support international and national advocacy of safe abortion, including statements, webinars, blogs and evidence briefs. From the analysis across countries, it appeared that global resources were little used and take up could have been improved in the respective contexts. The global events that generated the most local collaboration and activities were the International Safe Abortion Days. Vice versa, the in-country work and lessons gave FIGO first-hand experience and the ability to amplify national evidence and voices at the international level. The project worked as a springboard for FIGO to engage and raise its voice at the global level, and in other (non-project) countries, resulting for example in strategic litigation when there was political momentum in Honduras, Poland and the United States of America.

Various global partners were additionally interviewed for this synthesis. They further emphasized the importance of these international advocacy outputs, while mentioning the need to further disseminate them and improve their accessibility for regional and country stakeholders, for example via online learning platforms, using mailing lists, targeted emails and social media tagging. Other advice was, given the little resources, to put the number of outputs in line with the available capacity and expected impact, and to further mobilize the membership for the development of these.

#### **Five pathways of change at all levels, including globally.**

To some extent, though more implicitly, the five pathways of change that were applied in the project countries were also taken along at FIGO globally. Though FIGO was already considered a strong organization, the project provided it with the resources and space to become a stronger actor in the field of international advocacy, especially for safe abortion (pathway 1), leading to increased visibility in this field and resulting in partners reaching out to FIGO to synergize efforts. The use of networks and partnerships (pathway 2) also emerged strongly in the international field, where FIGO collaborated with organizations with a long track record in advocacy, such as the Center for Reproductive Rights, Ipas and the International Planned Parenthood Federation, as well as with more recent initiatives, such as WATOG and Organisation pour le Dialogue

pour l'Avortement Sécurisé, a recently launched regional network in francophone Africa that works with FIGO as a technical adviser.

### Key global outcomes from FIGO and partners in safe abortion advocacy

#### January 2022

The United Nations Office of the High Commissioner for Human Rights incorporates input by FIGO and the Center for Reproductive Rights to 'Comprehensive approach to promoting, protecting and respecting women's and girls' full enjoyment of human rights in humanitarian situations' (<https://www.ohchr.org/en/calls-for-input/calls-input/2022/comprehensive-approach-promoting-protecting-and-respecting-womens>).

#### April 2022

International Confederation of Midwives, International Federation of Gynecology and Obstetrics, Ipas, International Planned Parenthood Federation, MSI Reproductive Choices and Organisation **pour le Dialogue pour l'Avortement Sécurisé** launch Defending Frontline Defenders of SRHR ([www.defendsrhr.org](http://www.defendsrhr.org)), including the publication of a call to action in BMJ Global Health (<https://doi.org/10.1136/bmjgh-2022-008867>).

All interviewed global partners emphasized the need for the voice of health providers in the international debate on abortion, and the importance of the entry points provided by healthcare associations to wider audiences, including healthcare workers and policymakers.

*"I think it's very important that we build as many bridges between fields as we can. And I think that it makes our advocacy arguments all the more compelling. We've managed, but it has been very difficult to get states to understand that issues of maternal mortality and morbidity are human rights issues. They tend to consider these issues from the angle of public health. Which it is, but it's not just public health. And to have a body like FIGO, that is, you know, representative of health providers, that is not a human rights organization per se, come and say: from our perspective as practitioners, as health providers, this is a human rights issue and we're engaging with this as such. It adds a layer of legitimacy to our argument because then it's not just a bunch of lawyers and activists that are saying this is a human rights issue." – Paola Salwan Daher, Associate Director for Global Advocacy, Center for Reproductive Rights*

In addition, partners highlighted that FIGO's international advocacy contributed to a more protective and conducive environment for providers, who experienced a chilling effect within restrictive legal frameworks and often faced violations while standing up for human rights.

*“And FIGO being at the table is absolutely essential, not the least because some obstetricians and gynaecologists have paid for their work with their very lives. Many have paid with a loss of opportunity to advance in their careers. Many have suffered stress and trauma at a very personal level. Even their family and friends have been affected. All of it simply because in defence of our most intimate human rights they are doing what is, in fact, ethically and scientifically proper for them to do as medical professionals.”*

– Kate Gilmore, former UN Deputy High Commissioner for Human Rights, Co-Chair of the defending frontline defenders of SRHR consortium, Chair of IPPF Board of Trustees

Following the traditional role of healthcare associations to focus on labour rights and medical technical science, the additional growing angle of patients’ and providers’ rights was felt to contribute to the intersectionality of the field. FIGO was praised for making human rights part of its core values and was further encouraged to have frank conversations with its membership about values, and connecting these to defending the science. This demonstrates the importance of the three other pathways in the global field. Around the globe, societies of obstetricians and gynaecologists are not aligned on abortion, so approaches to work towards improved perceptions, as well as understanding on human rights and scientifically led professional behaviour are crucial. Therefore FIGO’s position, for example demonstrated by its statements and vocality on the topic, was seen as essential to leading change around the globe. Over the past years, FIGO has increasingly positioned itself and its vision on abortion from a human rights’ angle, rather than merely a public health angle, illustrated for example by FIGO’s endorsement of Amnesty International’s institutional policy on abortion in 2020.

A representative from WATOG explained how among trainees there was a large diversity in perspectives on abortion, which was important to address, especially as trainees are often the first line of caregivers and the future consultants. At the same time, trainees are still open to learning and are able to mobilize large groups of peers, for example for training. FIGO’s collaboration with WATOG demonstrated the need and potential to work with younger professionals, as also described at the country level. WATOG got involved in the dissemination of information and resources, and representatives were included in webinars to talk about the role of younger doctors.

*“So whenever FIGO sends out a communication, WATOG tries to echo on it and shares it with the national representatives so that they in turn can exchange it or again sharing it among the trainees in their own countries. So you could say that WATOG echoes the voice of FIGO on this and definitely supports and stands for safe abortion ... And I think that they [the information resources] do resonate. I would say that at the local level, the fact that FIGO supports, being such a big organization, and the WHO*



*[World Health Organization] also supports these and push for safe abortion does make a difference when you start to talk with other OBGYNs [obstetricians and gynaecologists] at the local level.” – Atziri Ramirez, former president of WATOG*

Recently, FIGO instituted a policy that WATOG should be represented with one seat in all FIGO committees, including on SRHR and safe abortion. This type of engagement of younger professionals could be further leveraged at the national level.

The issue of language and how advocacy messages cascade and evolve to sometimes inappropriate messages in the field was discussed with the global advocacy experts who monitor documents and resolutions for the language being used and to what extent it aligned with their agreed basic language.

*“Language in the context of global advocacy negotiation is the main issue basically. And so how that language is taken afterwards, how it’s used, how it’s manipulated, how it’s instrumentalized, also by the opposition, is also something that we are being very mindful of. So what is considered agreed language is the language that has already been included in past resolutions. This is what we absolutely will not go below of. So we see it as retrogression when we go below the agreed language. And obviously this is not in our hands because we are a civil society organization, we advocate and we advise states sometimes, but ultimately states decide.”*  
– Paola Salwan Daher, Associate Director for Global Advocacy, Center for Reproductive Rights

This type of reflection on and understanding of how images and statements may reinforce stigma and play (unintentionally) into the hands of the opposition is also useful at the country level, where inappropriate messages sometimes occurred in the field. The availability or resources to monitor messages, reflect, discuss and learn are essential.

International stakeholders interviewed generally felt that FIGO’s commitment to safe abortion advocacy was long-term and emphasized the need to continue what was started, both at the global and the local level.

*“I think just to be clear, like at the United Nations level, this is long-term advocacy. It isn’t three years. Sure, you can develop some things, but actually I think FIGO is needed in these spaces long term. Coming in and out isn’t helpful either, right? ... So you can have wonderful recommendations to Kenya, but if there’s no one at the national level to be advocating for their implementation, whether it’s lawyers or healthcare providers with the ministry of health or with the ministry of justice or with the legislature, well then they’re just recommendations from the UN [United Nations]. So you need to do all that together, and I think that’s*

*where I think the work at the UN from headquarters and connecting it to country level is helpful.”* – Christina Zampas, director for advocacy, Center for Reproductive Rights

As a result of the project, FIGO has set a base for global and national changes on safe abortion.



# Recommendations

# Key recommendations for future safe abortion advocacy projects

## **1. Advocacy of safe abortion needs flexibility in approach/focus, funding and time.**

Advocacy travels a bumpy road, and takes place in complex dynamic environments where outcomes cannot always be predicted and opportunities may emerge along the way. A sensitive advocacy project, such as on safe abortion, therefore needs flexible approaches, with long and flexible timelines and associated flexible funding.

## **2. Develop equal and inclusive partnerships and collaborations for safe abortion advocacy.**

Safe abortion advocacy needs the involvement and collaboration of a variety of stakeholders. It is therefore important to capitalize on how strategic partnerships have contributed to project implementation and resource mobilization (between the society and the ministry of health, between healthcare professionals and women's organizations, between medical and legal experts, etc.). For the implementing parties in this project, it is important to build on the synergy of work among partners of the coalition and to keep a multifaceted strategy, as was used for the project. The combined advocacy of legal, human rights and health provider perspectives to influence policies has proven to be strong, and societies can continue to play a critical role in identifying gaps and influencing guideline development, the scope of practice and teaching on abortion care. To make sure that the partnerships and collaborations leave no one behind, it is important to be inclusive and to work together with the more marginalized groups and 'unusual suspects', as in the example of the marriage counsellors in Zambia. This also highlights the importance of the involvement of people living with disabilities, a focus on underserved communities/harder-to-reach actors (e.g. indigenous people) and the involvement of men in community dialogues.

## **3. Continue, and extend the coverage of, the successful training on professional and personal norms and values.**

Training on professional and personal norms and values (such as VCAT) has been a critical factor in contributing to improved perceptions towards safe abortion among healthcare professionals. Therefore, continuing and expanding the coverage of this type of training is important. To do so, it will be important to include all elements and existing training and to develop grant proposals with partners to generate funding, and to map out which donors are able to provide

smaller grants and are more willing to accept a clear focus on safe abortion. In many countries, the training of trainers has taken place for VCAT. To ensure the quality of this training, continual monitoring is recommended, with reflection and revision to ensure the dignified, human-centred approach. In addition, consideration of the accreditation of VCAT training is recommended. To increase VCAT training coverage, a more decentralized approach can be suitable with a clear role for the regional sections of the societies. Besides finding resources to expand VCAT training coverage, it is important that continued efforts focus on creating an understanding of health workers on conscientious objection. Lastly, continuing and strengthening the local collaborations and partnerships with coalition members of United Nations agencies is recommended (such as the United Nations Population Fund, the World Health Organization and other health professional associations) to ensure that the practical skills training of doctors, nurses and midwives is linked to VCAT training.

**4. For societies to continue achieving impact on safe abortion advocacy beyond the project's lifespan, an early focus on resource mobilization is needed.**

In a high number of societies, their financial sustainability has been a concern and so an early focus on resource mobilization is important, through, for example, the strengthened relationships and networks to explore funding partnerships/consortia. When limited funding levels are available, it is important to make strategic choices on what to continue and what to stop, which needs reflection on where the added value of the society is biggest. In addition, to build on the momentum that has been created by the project, identifying and continuing to work with a safe abortion focal person within the society is recommended, especially in a country where the project implementation unit cannot be sustained.

**5. To ensure the quality and efficiency of safe abortion advocacy projects, it is important to prioritize and integrate monitoring, evaluation and learning into day-to-day practice.**

With advocacy projects, the exact results are unpredictable, so continual monitoring and reflection was felt to be relevant. In this project, the outcome harvesting approach for monitoring and evaluation enabled project implementers to embrace continual monitoring and reflection on their work. To institutionalize the outcome harvesting approach, it is important to integrate it in the planning and guidance of societies, and to create enough time for critical reflection. To also create sufficient space for deepening specific topics and/or filling certain research gaps, combining an outcome harvesting approach with operational research is recommended.

**6. Create time, space and skills for critical reflection on the approaches and messages used during safe abortion advocacy (including the sensitization approaches).**

Because of the importance of context-specific approaches, it is important to have conscious discussions and agreements about the language and approaches used at the start of the project. Thereafter, continual reflection on the messages and approaches used for advocacy and sensitization by the society and other stakeholders involved is critical, because of the sensitivity of the subject (messages can convey the wrong or unintended message). The availability of resources to monitor messages, reflect, discuss and learn is essential. This could be an agreed watchdog function of larger networks. Furthermore, developing correct information materials is recommended, in various languages, via various channels and for various audiences, including people living with disabilities.

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