

Doctors as advocates
improving access to
safe abortion care

Insights from FIGO's member
societies and partners in Africa,
Latin America and beyond



“FIGO is a critical ally in the delivery of time-sensitive essential health care to women, girls and newborns. FIGO’s unique ability to leverage its obstetricians and gynaecologists members, research, first-hand insights and clinical best practice, founded on human rights standards, is ever more critical if we are to give oxygen to the words ‘access to sexual and reproductive health a reality for all’.”

Dr Bela Ganatra, Head of the Prevention of Unsafe Abortion Unit, World Health Organization



FIGO and safe abortion care

Our vision is that women and girls of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives.

The change we seek

FIGO seeks the total decriminalisation of safe abortion and the existence of universal access to abortion, post-abortion care and evidence-based, non-biased abortion-related information, free of force, coercion, violence and discrimination. Abortion should be removed from criminal law and regulated by laws consistent with every other medical procedure. The wellbeing of women and girls must be placed at the centre of their care.

Laws and all other barriers need to be removed, and a better enabling environment created, within which health systems function and health care professionals are empowered to meet the needs of the women and girls they serve. All possible efforts must be taken so that women and girls may fully enjoy their reproductive rights and benefit from the overall strengthening of gender equality.

“Abortion is an essential component of universal health coverage and a time-sensitive procedure. Any delay has the potential to profoundly impact the health and wellbeing of women and girls. As global sexual and reproductive health providers, OBGYNs know the inevitable result. We know that restricting access to safe abortion makes the procedure more complex and more dangerous. Each year, 35 million women endure dangerous and unsafe methods to end their pregnancy, and OBGYNs and other health care workers worldwide witness and deal with the terrible consequences of this every day.

FIGO is committed to strengthening global resolve and ending the preventable pandemic of unsafe abortions. We know change is possible, and we have seen it happen. Our track record of delivering concrete results, fuelled by our dedication to improving health outcomes for women, girls and newborns, is the backbone of our perseverance. We will never, ever give up.”

Dr Jeanne Conry, President, FIGO

How we're getting there

Through our [Advocating for Safe Abortion Project \(ASAP\)](#), FIGO is achieving change in collaboration with national member societies of obstetricians and gynaecologists (OBGYNs). We work with member societies to enhance their skills and support their work to improve access to safe abortion care. We help them to fulfil their potential as leaders in sexual and reproductive health and rights (SRHR).

OBGYNs and their member societies are in a unique position to be national SRHR advocates. They can support and enact change through their respected technical expertise, frontline health care insights, and close relationships with other partners including ministries of health.

FIGO works with our member societies to amplify their evidence and critical insights. We support them to translate this evidence to inform and influence international advocacy policy making and clinical practices. Together, we aim to urge accountability among governments to ensure they deliver on SRHR obligations.



Why safe abortion matters

Common

Abortion is common: 6 out of 10 unintended pregnancies and 3 out of 10 of all pregnancies end in induced abortion.^{1a} If performed in line with best practice, an abortion is safer than continuing a pregnancy and childbirth.^{1b}

Lawful

Abortion is lawful in most countries; to strengthen access it must be regulated like other essential health care procedures (and not through penal codes).²

Exclusion

Lack of access to safe abortion disproportionately impacts women and girls of colour, indigenous groups, adolescents, and those living in poverty and in rural areas – these groups are at heightened risk of maternal death and disability.⁷

60%

of nurses and physicians who provide SRHR care that includes safe abortion report experiencing abuse and intimidation.⁸

120 million

girls (under the age of 20) – slightly more than 1 in 10 – have experienced forced intercourse or other forced sexual acts at some point in their lives.³

33 million

Each year around the world, 33 million contraceptive users are expected to experience accidental pregnancy while using contraception.⁴

39,000

Every year, nearly 39,000 preventable maternal deaths occur due to unsafe abortion – the equivalent of the population of Monaco.⁷

US \$553m

is spent on post-abortion treatments related to unsafe abortion in LMICs each year. US \$922 million of household income is lost every year due to long-term disability related to unsafe abortion.⁹

35 million

women each year have abortions in unsafe conditions.⁵

3 out of 4

In Latin America and Africa, 3 out of every 4 abortions are unsafe.⁶

9 million

women each year do not receive the necessary care for complications after an unsafe abortion.¹⁰

Telemedicine

and self-managed medical abortions have revolutionised access to safe abortion care.¹¹

Sources:

1^a https://www.who.int/health-topics/abortion#tab=tab_1

1^b <https://www.rcog.org.uk/media/geify5bx/abortion-care-best-practice-paper-april-2022.pdf>

2 <https://abortion-policies.srhr.org/>

3 <https://www.unicef.org/mena/press-releases/nearly-one-in-four-adolescent-girls-experience-physical-violence>

4 https://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf?sequence=1

5 <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

6 www.who.int/news-room/fact-sheets/detail/abortion

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

8 <https://gh.bmj.com/content/7/4/e008867>

9 www.who.int/news-room/fact-sheets/detail/abortion

10 <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

11 <https://www.figo.org/FIGO-endorses-telemedicine-abortion-services>

Advocating for Safe Abortion Project: Our theory of change

VISION For women of the world to achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives		PROBLEM Reproductive choice, including access to safe and quality abortion care, is not available to millions who require it	
ASAP approach			
Working with national societies			
	Pillar 1 Strengthening society	Pillar 2 Advocacy	FIGO International
Strategies	Strengthen organisational and technical capacity of national societies	National societies advocate for safe and quality abortion care	FIGO advocates for safe abortion care in international and regional forums
Activities	Strengthen capacity of national societies and institutionalise safe abortion advocacy	Conduct research, trainings, sensitisation sessions targeting health professionals and policymakers alongside partners	Share guidance and evidence to inform abortion policies and practices, and support regional OBGYN networks and groups
Outcomes	Strengthened societies are equipped to act as national advocates for improving access to safe abortion care	Target stakeholders demonstrate improved knowledge and attitudes towards safe abortion and adapt policies and behaviour	Societies are supported to implement FIGO recommendations and best practice to strengthen access to safe abortion care
Goals	Societies become leaders in SRHR, and drive positive change by influencing policies, attitudes and knowledge	Incremental positive changes in safe abortion care through the society's influence on policies, attitudes and knowledge	Ministries of Health and others apply best practice to improve access to safe abortion care in their health systems
Impact	Improved access to safe and quality abortion care, more people exercising their reproductive right to safe abortion and reduction in preventable maternal mortality and morbidity		

Our pillars of change

Pillar 1: Institutional strengthening

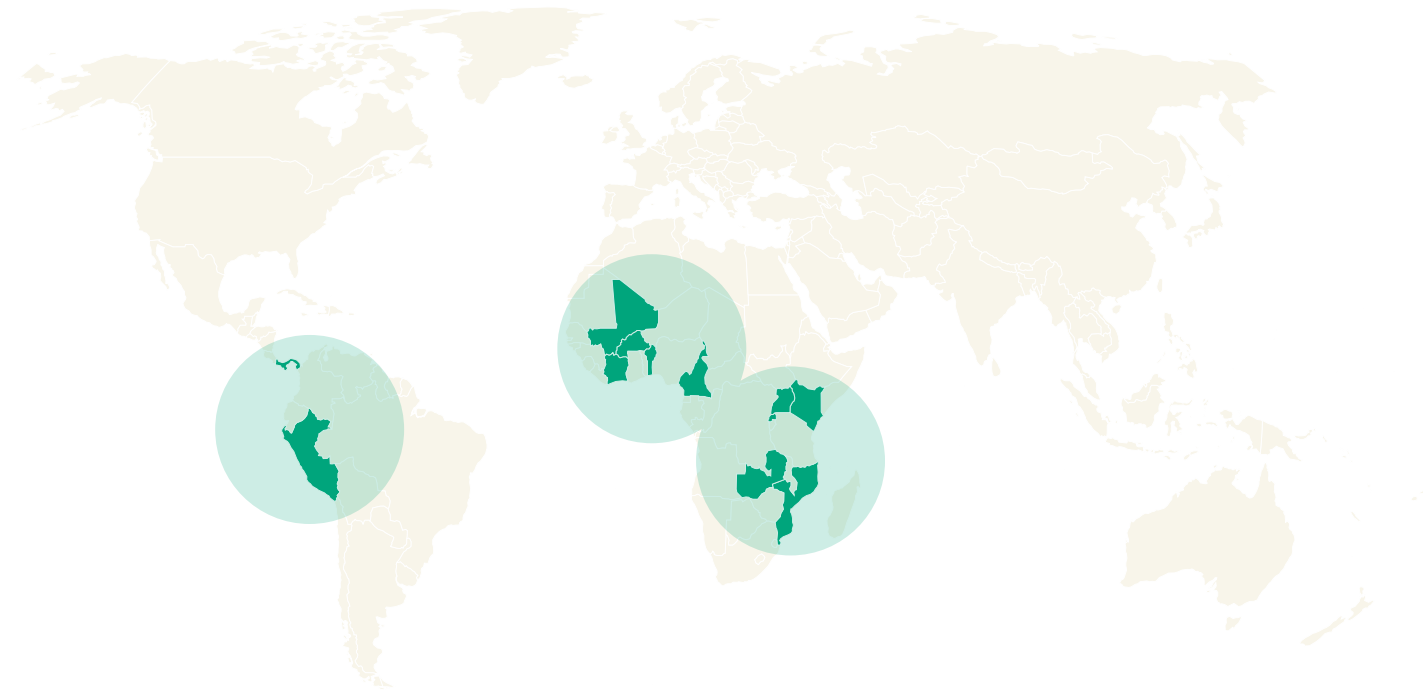
- Support societies to strengthen organisational structures to deliver their objectives effectively. Areas include: office management and human resources, governance and leadership, project and financial management, advocacy and communications, and partnerships and influencing.
- With this base, leverage their position and expertise to be national leaders on SRHR.

Pillar 2: Safe abortion advocacy

- Harness the pivotal role of member societies to engage with their governments and deliver on advocacy objectives as part of national SRHR networks.
- Work with health care professionals to enable them to be advocates and better providers by increasing their knowledge of the issues linked to safe abortion care and deepen their understanding of national and international legal obligations and standards to deliver safe abortion care.
- Remove stigma related to abortion among health care workers and decision-makers using values clarification and attitude transformation tools and through dissemination and interaction with science-based evidence.
- Work in partnership with multidisciplinary stakeholders including UN agencies, and in south-south collaborations between regions and sub-regions.



National societies



Since 2019, FIGO has worked with the following member societies through ASAP.

West Africa

- Collège National des Gynécologues Obstétriciens du Bénin
- Society of Gynecologists and Obstetricians of Cameroon
- Société de Gynécologie et d'Obstétrique de Côte d'Ivoire
- Société Malienne de Gynécologie Obstétrique
- Société de Gynécologues et Obstétriciens du Burkina (since 2022)

East, Central, Southern Africa

- Rwanda Society of Obstetricians and Gynecologists
- Kenya Obstetrical and Gynaecological Society
- Associação Moçambicana de Obstetras e Ginecologistas
- Association of Obstetricians and Gynaecologists of Uganda
- Zambia Association of Gynaecologists & Obstetricians

Latin America

- Sociedad Panamená de Obstetricia y Ginecología
- Sociedad Peruana de Obstetricia y Ginecología

"The Collège National des Gynécologues Obstétriciens du Bénin (CNGOB), together with our partners, are proud that our government has considered our clinical evidence and our first-hand insights to address the impact of unsafe abortions – a leading cause of maternal deaths and disability in Benin. CNGOB's evidence contributed to achieving a new legally binding (October 2021) amendment positioning our country at the forefront of nations committed to strengthening women and girls' sexual and reproductive health care."

Dr Emmanuel Ewanignon, CNGOB Vice-President



"There is a saying in Africa that many ants can defeat the lion of injustice. My fellow OBGYNs and health care workers: may you never forget your power and duty to stand as allies to defend the right of all women and girls to access safe abortion – time-sensitive essential health care."

Dr Anne Kihara, President Elect, FIGO, and President, African Federation of Obstetricians and Gynaecologists

ASAP in action: the impact of national societies and their partners

Mozambique

We rise together: delivering best-practice mentoring systems for health care workers.

After successful advocacy from Associação Moçambicana de Obstetras e Ginecologistas (AMOG) in collaboration with its partners, Mozambique's safe abortion law was liberalised in 2014, with further progressive revisions made in 2020. To improve the delivery of abortion care among health care professionals, AMOG developed a single standard of assessment, founded on clinical best practice, which was previously lacking.

The development of the 'Comprehensive Abortion Care Mentoring Checklist' was approved by AMOG's partners and validated by Mozambique's Ministry of Health in 2021. It resulted in a unified standard for the delivery of safe and high-quality abortion care.

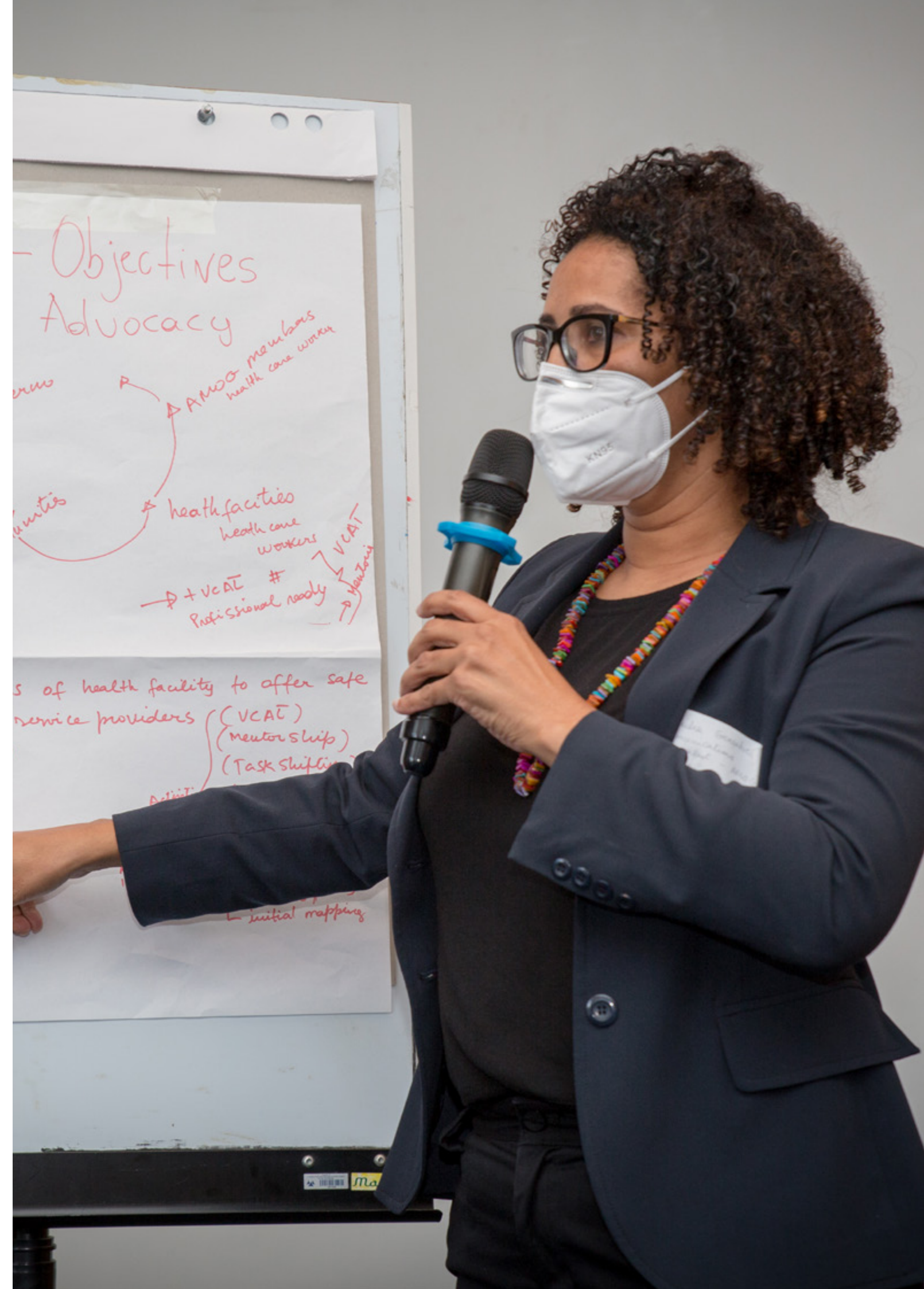
"Our experience [prior to approval of the 'Comprehensive Abortion Care Mentoring Checklist'] demonstrated that local and programmatic supervision of comprehensive abortion care (CAC) was a challenging area for both AMOG and our partners. Organisations that provided CAC and clinical support operated in a dispersed and inconsistent way due to the lack of a standardised instrument. Because of this gap, compliance with health policies, norms, guidelines and protocols was not guaranteed.

"Now, with the development of the Comprehensive Abortion Care Mentoring Checklist, we are enabled to provide quality mentorship and support to health care professionals, while also ensuring our health systems have improved log books and facilitated data collection that leads to better decision making."

Dr Alda Mahumana Govo, Former Head of Sexual and Reproductive Health, Family Planning and Safe Abortion Division, Ministry of Health



Dr Emilia Goncalves, OBGYN, shares AMOG's advocacy strategy with OBGYNs from across East, Central and Southern Africa



Zambia

OBGYNs nurture capacity of marriage counsellors.

When women and girls are denied access to safe abortion care, they are forced to resort to unsafe conditions. In Zambia, the majority of unsafe abortions take place at home, where a traditional birth attendant, and at times a marriage counsellor, may conduct such abortions.

The Zambian Association of Gynaecologists and Obstetricians (ZAGO) has responded to the influential role of marriage counsellors by working to train and build their knowledge on safe abortion. ZAGO has provided training on comprehensive abortion care and legal frameworks to more than 30 marriage counsellors across four provinces, which include those living in rural areas in Copperbelt, Eastern, Luapula and Southern provinces.

As a trusted authority on SRHR, ZAGO’s approach was to “make noise silently” and focus on the prevention aspects of unsafe abortion. The “silent noise” approach has created a tidal wave calling for change: ZAGO’s training is now requested by diverse stakeholders that include the church, school authorities and community groups. The latter include youth groups, through which young people have been educated and trained as advocates and sign-posters for their peers.

“Marriage counsellors never used to talk about abortion... Participants shared with ZAGO that “...some of the marriage counsellors are even the ones that administer herbs and poke with sticks to administer an illegal abortion to girls.

“[However,] marriage counsellors have learnt that hospitals provide safe abortion services at no cost. With this knowledge, marriage counsellors are now able to discuss [safe] abortion.”

Marriage counsellor, Kitwe, Copperbelt Province



Uganda

Transforming perceptions of health care workers to provide better abortion care to adolescents and women.

Abortion-related stigma remains a key challenge to delivering safe abortion care, even among health professionals. Such stigma restricts women – specifically adolescents and single women – from accessing non-judgemental, high-quality and safe abortion care services. Such restrictions heighten the risk of women and girls resorting to unsafe abortions, which lead to preventable disability and, in the most tragic cases, death.

Through capacity-building training, which included value clarification and transformation of attitudes, the Association of Obstetricians and Gynaecologists of Uganda (AOGU) supported and trained health care professionals to address individually held perceptions, beliefs, attitudes and behaviours that stigmatised abortion. This led to better understanding among health care workers of how judgemental beliefs harm women and girls’ right to access essential health services. Such knowledge has resulted in a reduction in the number of health care professionals who are denying these essential health services – including safe abortion – through “conscientious objection”.

“We have seen in a short space of time an increase in abortion care services... Before our engagement with the health care workers, abortion care services were sought and received by two people between December 2019 and February 2020. After our engagement, the number of women seeking and receiving abortion care services had increased to 14 between March and June 2020. Changes in perception of abortion care services by health care workers is thought to have contributed to this increase in access to safe abortion services.

“The move by health care workers to discuss abortion care, offer abortion harm reduction counselling, and provide access to health care services to manage complications arising from unsafe abortion without apportioning any blame, stigma and judgement to the client with an unwanted pregnancy, is a great stride towards ensuring universal access to comprehensive abortion care services. This vital step will lead to a greater reduction in preventable maternal deaths and disability, due to unsafe abortion related complications, and suffering for the people of Uganda.”

Dr Simon Peter Kayondo, Project Focal Point, AOGU



Kenya

Strengthening leadership of health care workers to prevent maternal mortality by tackling stigma.

Due to hostile and restrictive legal environments, working on safe abortion and post-abortion care in Kenya can often be a stigmatising experience, which is further compounded by some health care workers holding stigmatising beliefs or indifference to assuring safe abortion care.

The Kenya Obstetrical and Gynaecological Society (KOGS) held quarterly seminars on value clarification and attitude transformation (VCAT) to tackle abortion-related stigma among health care workers. Participants of the training included KOGS's members, obstetrics and gynaecology residents, undergraduate doctors, clinical officers and nurses. In addition, KOGS engaged Ministry of Health officials at the county government level.

“Our VCAT trainings were tailored to respond to our local context, and our educational materials centred on improving knowledge, attitude and behaviour intentions related to abortion care, often using real life scenarios. Prior to the delivery of our VCAT trainings many gynaecologists and health care practitioners were hard pressed talking about abortion. However, we have monitored a shift in attitude among gynaecologists, clinical officers, doctors, and midwives, many who are now able to self-reflect and differentiate from their own personal beliefs/attitudes and those of the women/girl who have a right to safe abortion.

“Health care workers are now more confident and enabled to refer women for abortion care, in compliance with legal, clinical and human rights standards, when providers refuse to provide safe abortion those who exercise ‘conscious objection.’”

Dr Moses Obimbo Madadi, Project Focal Person on The prevention of maternal mortality arising from unsafe abortion, and enhancing access to post-abortion care through advocacy, KOGS



KOGS workshop with the Maasai community on unsafe abortion





Cameroon

Securing buy-in from diverse governmental ministries to improve access.

To support the Cameroon government's commitment to prevent maternal death and disability resulting from unsafe abortions, the Society of Gynecologists and Obstetricians of Cameroon (SGOC) set up the Safe Abortion Network, which brought together the main stakeholders to address gaps, barriers and opportunities to enable stronger joined-up delivery of safe abortion care services.

The Safe Abortion Network includes active engagement from the Ministry of Justice, Ministry of Public Health and Ministry of Women's Empowerment and the Family, in addition to more than 18 other members, from community organisations working on SRHR to media groups, and national and international non-governmental organisations (NGOs) that provide diverse perspectives. The network simultaneously works to challenge abortion-related stigma and facilitate accessibility to services through media-awareness campaigns with the general public and decision-makers.

"Prior to the Safe Abortion Network (platform) there was no single place where ministries could engage in the topic of safe abortion.

"Significantly, the engagement from the ministries provides additional credibility to our discussions on safe abortion as an essential time-sensitive health care need. We are now also better aware of opportunities on how we can influence governmental policy development (on SRHR including safe abortion), in order to deeply root the availability of safe and quality abortion care."

Dr Filbert Eko, Focal Point for ASAP, SGOC



Mali

Collaborating with religious leaders in the fight against preventable maternal death and disability.

Through a needs assessment on how to effectively work on the issue of safe abortion with its OBGYN members (majority of Muslim faith), the Société Malienne de Gynécologie Obstétrique (SOMAGO) recognised that working in collaboration with religious leaders who would be open to discussing the issue of safe abortion care was a requisite if SOMAGO were to achieve its project objectives.

"Our collaboration with an Imam who also represented the Réseau Islam, Population et Développement (RIPOD) was extremely fruitful. The Imam participated in five workshops that SOMAGO conducted with its OBGYN members and with other key groups of stakeholders, particularly trainings on advocacy for safe abortion. The Imam spoke at the beginning of each workshop to put participants at ease with the topic of discussion, and he was instrumental in helping to change the positions of some members of SOMAGO, who were initially extremely reluctant to discuss safe abortion.

"From the exchanges of the meetings, it was clear that certain members of the network were changing their mind about the issue of safe abortion. There were commitments from the members to bring up the subject with others, as well as a commitment from RIPOD to join the network of partners working on this project."

Professor Youssouf Traore, President, SOMAGO

Imams and faithbased advocates advocate to end preventable maternal deaths due to unsafe abortion



Benin

Contributing to increased access to safe and legal abortion.

Benin's new legal amendment (enacted in December 2021) was a giant leap forward in addressing unsafe abortions in Benin. The vote in parliament in favour of the changes was facilitated by the critical clinical evidence and first-hand insights shared by the Collège National des Gynécologues Obstétriciens du Bénin (CNGOB) and its partners.

CNGOB raised the devastating consequences of unsafe abortion in the lived realities of women, girls and their families and communities. It also highlighted how regressive abortion laws prevented OBGYNs and health care workers from delivering essential health care due to fear of harassment, arrest, fines and imprisonment.

"CNGOB will continue to work with the government and our partners to strengthen awareness and implementation of the new Sexual Health and Reproduction law. As health care workers, we see first-hand the devastating suffering that women and girls and their families in our country experience when they cannot access safe abortion and are forced to seek unsafe abortion services. We also know that this suffering is completely avoidable if women and girls have access to the safe abortion care they desperately need."

Dr Emmanuel Ewagnignon, Vice-President, CNGOB

Dr Gerard Semassa, Youth Health Workers for Safe Abortion, Benin



Côte d'Ivoire

Improving knowledge to break down barriers.

Stigma and hesitation around the provision of safe abortion services by health care professionals can be a barrier for patients wishing to access safe abortion care.

To combat this challenge, the Société de Gynécologie et D'Obstétrique de Côte d'Ivoire (SOGOCI) led sessions to raise awareness of international guidelines on safe abortion and increase knowledge on the existing legal framework for safe abortion in Côte d'Ivoire among gynaecologists, midwives, general practitioners and nurses. At the same time, SOGOCI strengthened its regional presence across the whole country via regional sections of the society.

Many health care professionals within the SOGOCI network have become increasingly open to topics relating to reproductive health and comprehensive abortion care, with the vast majority agreeing that care should be provided to the best of their knowledge and ability to patients in need. Regional sections of SOGOCI have organised their own advocacy activities on safe abortion, including interviews on the issue on local radio stations.

"Now we no longer need to refer our clients to a gynaecologist for comprehensive abortion care. Just imagine, many of us practice daily, all over the territory, now that we have done a work of clarifying values and that we have been trained in the technique of manual intrauterine aspiration: it is a real relief for our patients, who will no longer have to travel miles. As far as I am concerned, I am now ready to receive and provide this [abortion] care to all women in need. And many of us want to do it – my sisters and I."

Midwife member, SOGOCI



Rwanda

Strengthening access through telemedicine and task sharing.

In collaboration with its partners, the Rwanda Society of Obstetricians and Gynaecologists (RSOG) is advocating with the Ministry of Health to strengthen access to telemedicine and task sharing by enabling nurses and midwives, with support from OBGYNs, to deliver safe abortion care at health centres.

"While abortion care is legally permitted for five specific conditions in Rwanda, our health care evidence demonstrates that access to safe abortion care can be increased through telemedicine and task sharing, thus contributing to the prevention of maternal deaths and injury/disability resulting from unsafe abortion."
Dr Eugene Ngoga, President, RSOG

Burkina Faso

Empowering OBGYNs to provide services within the full scope of the law and standards.

The Société de Gynécologues et Obstétriciens du Burkina (SGOB) is working with partners to align abortion policies with the revised penal code, to ensure that all health care professionals are informed and empowered to offer safe abortion services within the full scope of the current law and standards.

"Burkina Faso has been facing a security challenge for many years. In that conflict context where the whole population is affected, young girls, women and children are especially vulnerable. Cases of sexual violence place girls and women at risk to unwanted sex and forced pregnancies. Each of us is called upon, starting with the government, the law and policy makers, [and] health practitioners. Together, we must facilitate women and girls to access safe, abortion care and to avoid unsafe abortion."
Professor Der Adolphe Somé, President, SGOB



Midwife shows the success of Telemedicine & Task-sharing study, Rwanda



Peru

Spreading wings: educating a new generation of OBGYNs.

The Peruvian Society of Obstetrics and Gynaecology (SPOG) developed an initiative to address the knowledge gap among OBGYN resident physicians. In a ground-breaking step, they partnered with the National University's (UNMSM) Faculty of Medicine to sensitise and train first-year OBGYN resident physicians on the importance of women's sexual and reproductive health and rights (SRHR). The training encompasses ethics, legal and normative behaviours on SRHR, abortion and therapeutic abortion, gender-based violence, contraception, adolescent health and sexually transmitted infections.

"OBGYN resident physicians will now be able to provide a better quality of care having acquired better understanding on the concepts [and linkages] of SRHR and better access to safe abortion, to post-abortion and post-partum contraception, [and] to gender-based violence in their respective hospitals. This will influence the quality of care provided to their patients in their training hospitals, and enable transfer of these practices and learnings to different hospitals when they finish. Armed with these new concepts, they may also influence medical interns, students, and non-medical health personnel, such as nurses, midwives, nursing technicians, and social workers in their work."

Dr Enrique Guevara Ríos, General Secretary of SPOG, and Project Manager of ASAP

"I want to thank the teaching doctors for the quality of methodology they employed in this training. In addition to strengthening my knowledge on potentially controversial issues, such as the management of safe abortion, I leave with more updated theoretical resources thanks to this course."

Fiorella Ivette Pardo Piñashca, Resident Physician of Gynaecology and Obstetrics, Course Participant

Panama

Integrating technology to harmonise data collection on reproductive, maternal and newborn health care.

Panama has two health care systems – Ministry of Health (MINSA) and Social Security Fund (CSS) – which makes it possible for a pregnant woman to receive care in different facilities, belonging to the same or different systems. Each one is governed by completely independent policies, regulations and laws for registering medical records.

"With the support of the project, the inclusion of the CSS and its respective care centres and hospitals in the use of the Perinatal Information System (SIP) – used until now only by MINSA – was achieved. The integration of the platform will allow unifying the information of the Perinatal Clinical History of the women who come for care in any of the systems, avoiding the duplication of information and data. This improvement in the data will reflect a 'more real' situation of pregnant women in Panama; and the use of evidence would allow better care, individually and through the establishment of public policies."

Dr Ruth De León, Former President of SPOG and Focal Point for ASAP



28 Sept. international safe abortion day solidarity of health advocates



Our international partners

FIGO works with a broad array of international partners on ASAP, in addition to regional partners – the East, Central and Southern Africa College of Obstetrics and Gynecology (ECSACOG), and the Societe Africaine des Gynecolgues Obstetriciens (SAGO).

“SAGO brings together the national OBGYN societies of 20 French-speaking countries of North, Central and West Africa and Madagascar. We believe that refusing, delaying or restricting access to safe abortion care is a violation of the right to health and of women’s rights and the Universal Declaration of Human Rights.

“This is why our association is delighted to work in partnership with FIGO to support women to benefit from equitable and safe health care, including the right to access safe abortion care, free from discrimination.”
Professor Namory Keita, Former SAGO President

“ECSACOG is pleased to have partnered with FIGO to bring a new focus on SRHR including safe abortion as an essential element of the College’s work. Through enhancing regional collaboration, especially with our newly formed SRHR Community of Practice, ECSACOG and FIGO are building a strong community of advocates across the East, Central and Southern Africa region, who not only can share experiences and strategies, but work together at both national and regional level to effect positive change.”
Professor Annettee Nakimuli, ECSACOG President



SAGO meeting on strengthening access to safe abortion care, 2022



“FIGO is a global force committed to strengthening implementation for women and girl’s health and human rights. FIGO’s evidence, technical expertise and unique insights are indispensable in decision-making forums the world over. Thanks to its grassroots power base of OBGYN member societies across 130+ countries, FIGO’s credibility is built on the amplification of the realities faced by OBGYNs, health care workers more broadly, and crucially, women and girls. FIGO is a key partner in our global campaign ‘Defending Frontline Defenders of SRHR’, and the energy, commitment and urgency it brings is essential, inspiring and contagious.”

Kate Gilmore, Co-Founder of ‘Defending Frontline Defenders of SRHR’ global campaign and United Nations Deputy High Commissioner for Human Rights (2015–2019)

Upholding and expanding access to safe abortion through advocacy

FIGO and its partners mobilises nearly 300 health care organisations, across 80+ countries, to condemn the reversal of the Roe v Wade



2007

FIGO launches the Prevention of unsafe abortion and its consequences initiative. The project was initiated by Dr Dorothy Shaw, FIGO President (2006–2009). A FIGO Working Group was established.

2011

FIGO's clinical evidence is cited by judges in their judgement – R.R. v. Poland, European Court of Human Rights.

2018

FIGO established a Safe Abortion Committee.

2019

April FIGO launches the three-year Advocating for Safe Abortion Project (ASAP).

2020

March FIGO swiftly raises the alarm that safe abortion care must not be denied during the COVID-19 pandemic and provides guidance to its 130+ OBGYN member societies.

September FIGO celebrates 100 years of legalisation of safe abortion law and urges governments and health systems to strengthen investment and commitment in telemedicine/self-managed abortion care.

December At FIGO's Africa Regional Congress in Kigali, women's organisations commend FIGO's commitment to safe abortion care.

"FIGO brings over half a century of trusted clinical evidence and insights. FIGO's expertise is valued in the human rights field, including in advocacy and strategic litigation. I have used FIGO's ethical guidelines in both strategic litigation and international advocacy, to strengthen accountability for the delivery of SRH services. In international advocacy forums such as the UN, and in regional human rights bodies, I have observed first-hand how policy makers and judges are influenced by FIGO's much respected knowledge."

Christina Zampas, International Human Rights Lawyer and Advisor to counsel (during her time as Regional Director for the Europe Programme at the Center for Reproductive Rights) on R.R. v. Poland, European Court of Human Rights

2021

March FIGO and its partners advocate with UN members on the need to "spread the revolution of telemedicine self-managed abortion care" and endorse the permanent adoption of telemedicine.

April FIGO organises a global webinar with OBGYN member societies, to share how member societies, including the national society in Peru, are working to leverage Argentina's 'Green Wave' victory.

September FIGO launches its position statements on various aspects of abortion care.

November FIGO's guidance is used by OBGYNs in Slovakia to successfully prevent rollback of access to legal abortion in the country.

December FIGO files an amicus brief in the US to challenge the rollback of safe abortion care.



Dr. Laura Gil – FIGO files an amicus brief in Honduras

2022

February FIGO and its partner's – the Center for Reproductive Rights' – evidence is used by the Office of the United Nations High Commissioner for Human Rights, to strengthen SRHR for women and girls in humanitarian situations.

March FIGO promotes the WHO's updated safe abortion guidelines with its OBGYN member societies.

March FIGO partners with SAGO and ECSACOG to create communities of practice to further strengthen access to safe abortion care in more countries across Africa.

April FIGO collaborates on the launch of the global Defending Frontline Defenders of SRHR and Healthcare workers' campaign.

April FIGO supports the launch of sub-regional OBGYN communication committees in West Africa and East, Central and Southern Africa.

May FIGO files an amicus brief in Honduras to challenge the rollback of safe abortion care.

June FIGO and its partners mobilise nearly 300 health care organisations, across 80+ countries, to condemn the reversal of the Roe v Wade judgement in the US and call on all governments to strengthen access to safe abortion.

August FIGO shares with the UN Committee to Eliminate Racial Discrimination its clinical evidence on the impact of racism on the right to health outcomes.

November FIGO's Regional Latin America Congress of Gynecology and Obstetrics, Colombia – addresses how access to safe abortion care can be strengthened.

Ongoing efforts

The Advocating for Safe Abortion Project (ASAP) team works closely with the FIGO Committee on Safe Abortion on communications and advocacy campaigns, statements, training and implementation of WHO's Abortion care guideline.

FIGO is embracing advancements in technology to enhance the skills and experience of OBGYNs and to facilitate shared learning. FIGO has launched an engaging online learning platform to maximise connection and outreach with OBGYNs and our member societies.

To further enable the delivery of ASAP's Pillar 1 – Institutional Strengthening – FIGO will use its online learning platform to:

- support societies to strengthen organisational structures to deliver their objectives effectively, across areas including office management and human resources, governance and leadership, project and financial management, advocacy and communications, and partnerships and influencing
- leverage the position and expertise of member societies to support them to become sustainable national leaders on SRHR
- access resources, tools and tips that will facilitate the integration of processes and systems into their organisational practice, such as strategic planning; effective management of human, material and financial resources; and improving the planning, implementation, monitoring and evaluation of programmes and projects.

A key ingredient to delivering the Pillar 1 pathway is FIGO's Institutional Capacity Assessment Tool – a self-assessment that society leadership teams can undertake to identify which areas of organisational capacity they may need to focus on. The tool will then guide them to the relevant modules of the online course, so that they receive guidance and a clear action plan on how to bolster their capacity.



FIGO's commitments

FIGO commits to working with member societies and stakeholders to:

- fully decriminalise abortion care and ensure it is regulated as any other health care provision. Decriminalising abortion refers to the removal from the law of specific criminal and/or civil sanctions against abortion, so that no one is punished for having, providing or supporting access to abortion
- work to create and protect legal and regulatory environments that support health care professionals to provide access to safe and affordable abortion care. Access to safe abortion care should be protected and supported as a non-alienable reproductive right
- utilise the full benefit of the safety and efficacy of abortion medication, as well as the advancement of technology, to promote telemedicine and self-management access to abortion, as recommended by the WHO's 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
- ensure approaches are linked to reproductive and social justice movements and address the needs and rights of communities that have been historically discriminated against.



About FIGO

FIGO's vision is that women and girls of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives.

FIGO is the only organisation that brings together professional societies of obstetricians and gynaecologists, working in both the private and public sector, on a global basis. We are dedicated to the improvement of women's health and rights and to the reduction of disparities in health care available to women and newborns, as well as to advancing the science and practice of obstetrics and gynaecology.

FIGO brings together OBGYNs, member societies, partners and other health care professionals through capacity building, advocacy, research and education to deliver improvements in the health and rights of women and girls.

FIGO is committed to achieving a radically different world. One in which all women and girls can access safe and equitable health care services, and are enabled to actively participate in and influence decisions that impact their lives.

Resources



International Journal of Gynecology & Obstetrics – publishing articles on all aspects of basic and clinical research in the fields of obstetrics and gynaecology and related subjects, with emphasis on matters of worldwide interest



Statements – sharing the global voice for women's health



Events – mobilising FIGO's OBGYN power base



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Registered charity number 1113263

Registered company number 05498067

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