

## Supporting access to safe abortion in conflict and humanitarian settings

Today, almost 80 million people are living in crisis settings or are displaced due to conflict, natural disaster or other human rights abuses.<sup>1</sup> The average time a person spends in displacement is increasing and, in many cases, extends to ten or more years. The impact of crises may last for much of a lifetime, affecting human rights, dignity and health throughout the life course.

In conflict and crisis settings, women and girls face significant hardships when trying to prevent unwanted pregnancy, including a loss of livelihoods, assets and family and social structures that they normally rely on. Chronic fragility and displacement among women and girls puts them at high risk of unintended or unwanted pregnancy by increasing their risks of sexual violence, transactional and coercive sex, human trafficking, and other forms of sexual exploitation and violence. Disruption and dislocation from health and contraceptive services also increase the risk of unwanted pregnancy and pregnancy complicated by co-existing conditions, such as malnutrition or severe anaemia. These factors may result in unsafe abortion-seeking behaviour, which can lead to maternal death and disability.

Despite a culmination of factors that place vulnerable women and girls at increased risk of unintended and unwanted pregnancy, refugees and internally displaced people are systematically denied access to safe abortion care, often even when it is legally allowed. False information and assumptions, stigmatising attitudes, a lack of prioritisation of safe abortion in service delivery, misunderstandings about the law, and policy restrictions within global organisations all contribute to a notable lack of progress in making safe abortion available to asylum seekers, refugees and displaced people.

While there is global progress towards acknowledging the deficit of attention and evidence on abortion services in humanitarian settings, increased access to safe abortion services for asylum seekers and refugees has been negligible.<sup>2</sup>

### FIGO position on the issue

FIGO recognises that safe abortion care is an evidence-based intervention and an important life-saving strategy to reduce the impact of unsafe abortion on maternal death and disability. Access is a fundamental human right and time sensitive essential health care.<sup>3</sup> Safe abortion is considered part of a comprehensive package of essential sexual, reproductive and maternal health interventions by key health agencies and organisations, including the World Health Organization (WHO), the United Nations (UN) and the Inter-Agency Working Group on Reproductive Health in Crises (IAWG).

FIGO regards reproductive choice, including access to safe abortion services, a basic and non-negotiable tool for ensuring the human rights of every woman and girl, not just in one region or country, but globally.<sup>4</sup> FIGO asserts that the right to safe abortion is an integral part of sexual and reproductive health and rights (SRHR), gender equality, reproductive justice and universal health care. FIGO recognises that abortion care, management and timely provision of non-judgmental services is essential, even in times of emergency.<sup>5</sup> As such, FIGO asserts there can be no denial

of this right to health and scientific advancement based on circumstance: access to safe abortion should be made available to asylum seekers, refugees and displaced people even in an acute emergency.<sup>6</sup>

Health care professionals and health systems must work to safeguard these rights while ensuring that women, girls and professionals are not criminalised for offering essential and timely abortion services and care.

## FIGO recommendations

Health care professionals working in crisis settings should be trained to provide high-quality, rights-based, safe abortion services. Workshops addressing attitudes, values and beliefs are almost always necessary and are best carried out in advance of technical training and service implementation.

Context-relevant and evidence-based equipment and medication should be made available in crises, and crisis-affected populations should be made aware of the types of available abortion services and under what conditions these services can be provided.

FIGO urges all national member societies to:

- include the subject of access to safe abortion in conflict and humanitarian settings in their advocacy efforts with national governments and key stakeholders
- promote this statement in their national and regional congresses and meetings, as an important means to reduce maternal death and disability from unsafe abortion.

## FIGO commitments

FIGO will:

- advocate for the decriminalisation of abortion in all settings – ending the criminalisation of women and girls and providers for assisting or supporting self-care of abortions to encourage increased access to services in humanitarian settings<sup>7</sup>
- contribute to regional and global advocacy with partner and global organisations, including the UN, that safe abortion care is an essential maternal health service
- work together with WHO, UNFPA, the IAWG and other international organisations to produce a joint recommendation on the need to include abortion care in all humanitarian responses
- take global leadership in advocating for task-sharing in abortion care and medical abortion self-care to mid-level providers and other groups of health workers where access to physicians is limited<sup>8</sup>
- speak with a unified voice that abortion services should be equally available and prioritised for all women and girls worldwide, regardless of status.

## References

- <sup>1</sup> UNHCR. *Figures at a Glance*. [www.unhcr.org/en-us/figures-at-a-glance.html](http://www.unhcr.org/en-us/figures-at-a-glance.html)
- <sup>2</sup> Radhakrishnan A, Sarver E, Shubin G. Protecting safe abortion in humanitarian settings: overcoming legal and policy barriers. *Reprod Health Matters*. 2017;25(51):40–7.
- <sup>3</sup> FIGO. *The Cartagena Declaration*. [www.figo.org/resources/figo-statements/cartagena-declaration](http://www.figo.org/resources/figo-statements/cartagena-declaration)
- <sup>4</sup> FIGO. *FIGO Statement for International Safe Abortion Day*. [www.figo.org/figo-statement-international-safe-abortion-day](http://www.figo.org/figo-statement-international-safe-abortion-day)
- <sup>5</sup> FIGO. *FIGO Statement: Abortion Access and Safety with COVID-19 – March 2020 guidance*. [www.figo.org/abortion-access-and-safety-covid-19](http://www.figo.org/abortion-access-and-safety-covid-19)
- <sup>6</sup> Fetters T, Rubayet S, Sultana S, et al. Navigating the crisis landscape: engaging the ministry of health and United Nations agencies to make abortion care available to Rohingya refugees. *Confl Health* 14, 50 (2020). <https://doi.org/10.1186/s13031-020-00298-6>
- <sup>7</sup> FIGO. *FIGO Statement: FIGO Calls for the Total Decriminalisation of Safe Abortion*. [www.figo.org/resources/figo-statements/figo-calls-total-decriminalisation-safe-abortion](http://www.figo.org/resources/figo-statements/figo-calls-total-decriminalisation-safe-abortion)
- <sup>8</sup> FIGO. *FIGO Statement: FIGO endorses the permanent adoption of telemedicine abortion services*. [www.figo.org/FIGO-endorses-telemedicine-abortion-services](http://www.figo.org/FIGO-endorses-telemedicine-abortion-services)

## About FIGO

FIGO is a professional membership organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. Our work to achieve this vision is built on four pillars: education, research implementation, advocacy and capacity building.

FIGO leads on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia. We advocate on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and wellbeing, and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation in achieving their reproductive and sexual rights, including through addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those in low-resource countries through strengthening leadership, translating and disseminating good practice and promoting policy dialogues.

FIGO is in official relations with the World Health Organization and a consultative status with the United Nations.

## About the language we use

Within our documents, we often use the terms 'woman', 'girl' and 'women and girls'. We recognise that not all people who require access to gynaecological and obstetric services identify as a woman or girl. All individuals, regardless of gender identity, must be provided with access to appropriate, inclusive and sensitive services and care.

We also use the term 'family'. When we do, we are referring to a recognised group (perhaps joined by blood, marriage, partnership, cohabitation or adoption) that forms an emotional connection and serves as a unit of society.

FIGO acknowledges that some of the language we use is not naturally inclusive. We are undertaking a thorough review of the words and phrases we use to describe people, health, wellbeing and rights, to demonstrate our commitment to developing and delivering inclusive policies, programmes and services.

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