

FIGO supports ADPF 1207 in Brazil aimed at expanding abortion care by health workers other than doctors

On 3 February 2025, the Brazilian Supreme Court received a petition – known as ADPF 1207 – to remove the restriction of the provision of legal abortion care by doctors. If approved, this measure may expand access to safe abortion while other initiatives to reform the penal code are not taken.

Around 73 million induced abortions take place worldwide each year.¹ Unfortunately, despite scientific advances that have made treatment for induced abortion one of the simplest and safest healthcare interventions to exist, almost half (45.9%) of abortions performed globally are considered unsafe.² This is mainly due to arbitrary restrictions on access to quality care, whether through restrictive abortion laws or regulations that restrict the roles of healthcare workers on providing abortion.

To date, there is a robust amount of evidence (from both high- and lower-middle-income countries) and recommendations from the World Health Organization (WHO) assuring the feasibility and safety of task shifting and task sharing for safe abortion care, particularly before 12 weeks of pregnancy.^{3–8} All health care workers whose main function relates to delivering preventive, promotive or curative health services – that is physicians, nurses and midwives, laboratory technicians, public health professionals, community health workers, pharmacists and all other support workers whose primary intent is to enhance health – can be involved, if adequately trained, in one or all of the subtasks related to abortion care, including medication abortion.⁹

Women themselves can self-manage their induced medication abortion process provided that they have access to accurate information, quality-assured medicines including for pain management, the support of trained health workers, and access to a healthcare facility and to referral services if they need or desire it.¹⁰

FIGO position on issue

Countries with restrictive laws regarding induced abortion tend to be slower to reform legislation - and often changes are not made in line with the WHO recommendations on the total decriminalisation of abortion.¹⁰ Despite this, FIGO welcomes any and all measures taken to expand access to quality abortion care, including:

- Expanding the provision of abortion care by adequately trained health care workers, not only by doctors.
- Providing abortion at the primary care level and on an outpatient basis.
- Strengthening health systems to ensure they are supportive of self-managed medication abortion.

Such measures have the potential to reduce maternal morbidity and mortality related to unsafe abortion, especially in countries with currently limited access to safe abortion care.

References

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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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