

EXPANDING POLITICAL SUPPORT FOR ABORTION ACCESS AND RIGHTS

GLOBAL LESSONS FOR ADVOCATES



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Ipas works globally to improve access to safe abortion and contraception so that every woman and girl can determine her own future. Across Africa, Asia and Latin America, we work with partners to make safe abortion and contraception widely available, to connect women with vital information so they can access safe services, and to advocate for safe, legal abortion.

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Introduction

Abortion is health care—and a fundamental human right. But not everyone has access. Each year, millions of people around the world resort to having an abortion with unsafe methods. Due to global health inequities, almost all are Black or brown and live in low- and middle-income countries. Millions of women and girls suffer serious, often permanent, injuries as a result of unsafe abortion, and tens of thousands die.

Access to abortion care allows women and girls to determine their own future. It can make a difference in whether a girl completes her schooling, a woman becomes gainfully employed, or a pregnant person is exposed to gender-based violence. But despite some important milestones over the past few decades, efforts to build political support for expanding abortion access have met with disappointment in many countries.

It doesn't have to be this way. That's why Ipas works around the world to expand access to abortion and contraception. We know that if people don't have the right to make fundamental decisions about their own bodies and health, they can't fully enjoy the human rights to which we are all entitled.

But advocating for abortion access is unlike advocacy on any other global health-care issue. Opposition and barriers are driven primarily by strong cultural, political, and religious forces, rather than technical or financial challenges. Ipas works primarily in settings where abortion is highly restricted and socially stigmatized, making it extremely challenging for political leaders to champion abortion rights. The work is never straightforward or linear, and there are no easy solutions for achieving sustainable **political support**. However, change is possible, and we've seen many hard-fought successes in our decades of advocacy work.

Political support (or political priority, political leadership) is the degree to which international and national political leaders are actively giving attention to an issue, and backing up that attention with technical, financial, and human resources that reflect how crucial they believe the issue and need to be.

Why this publication?

Ipas is working toward a sustainable abortion ecosystem—a dynamic condition in which resilient local stakeholders and systems are actively accountable and committed to abortion rights and responsive to everyone’s abortion needs. Political support and leadership for abortion rights, along with laws and policies that guarantee abortion access, are an essential part of that ecosystem.

We developed this resource to share insights and lessons learned by Ipas staff and our partners around the world through decades of advocacy work to expand abortion access. This resource aims to illustrate key obstacles and opportunities that advocates encounter, plus strategies for overcoming common challenges. While we know this publication is by no means exhaustive, we hope it will prompt new thinking and creative innovation in abortion rights advocacy.

A framework for abortion rights advocacy

To develop this resource, we began with Jeremy Shiffman’s analysis of generating political priority for international health issues.¹ Shiffman’s research aims to answer why some global health initiatives receive priority from international and national political leaders, whereas others receive little attention.

Given the unique challenges facing abortion advocates, we have applied Shiffman’s framework using Ipas’s direct experiences and insights from key partners—and this publication is organized around that framework. The goal is to address the unique challenges in abortion rights advocacy and offer insight on how this work differs from advocacy on other health topics. We place particular emphasis on building strong and vocal champions for abortion—a crucial element for success.

The framework has four sections, and we address each one in this publication. While all sections are important for generating political priority, there’s no need to read through them in chronological order. We encourage readers to explore whichever sections feel most immediately relevant to their advocacy work.

We encourage readers to explore whichever sections feel most immediately relevant to their work by using the clickable [Table of Contents](#) at the beginning or the left-side navigational menu on each page.

Special thanks: The insights in this publication were collected and compiled by Charlotte Hord Smith, who helped lead Ipas’s policy and advocacy work for many years. Her depth of knowledge and decades of experience are infused throughout these pages.

¹ Shiffman, J., & Smith, S. (2007). Generation of political priority for global health initiatives: a framework and case study of maternal mortality. *Lancet* (London, England), 370(9595), 1370–1379. [https://doi.org/10.1016/S0140-6736\(07\)61579-7](https://doi.org/10.1016/S0140-6736(07)61579-7) ([full text accessible here](#))



Section 1: Understand the problem and solutions

IN THIS SECTION

- [Understanding a complex issue](#)
- [6 tips to communicate why abortion access matters](#)
- [Identifying feasible and cost-effective solutions](#)

This section explains how advocates can examine the context and size of the problem they're addressing and the range of feasible solutions. With abortion access, the overarching problem is unequal access to safe and legal abortion—and lack of recognition that women have the right to make decisions about their own bodies and health. Advocates must be able to use data to demonstrate the severe impact of denying abortion access, and we must know the range of feasible, cost-effective solutions available.

KEY TAKEAWAYS

- Each year, millions of people around the world resort to seeking abortion with unsafe methods—this is entirely preventable. But regardless of the number of people impacted, the moral imperative to stop preventable deaths and injuries is reason enough to prioritize abortion access.
- Forcing people to continue unwanted pregnancies or providing no safe options to end pregnancy is a violation of human rights.
- There are simple, affordable, well-documented solutions to eliminate unsafe abortion and expand abortion access for all—the challenges are political.
- Providing policymakers with a first-hand view of the problems caused by unsafe abortion can be an effective approach to gain their support.

Understanding a complex issue

Policymakers often want to know the exact burden of a particular disease or condition to decide whether and how to prioritize it. But for many reasons, it's impossible to know the exact number of unsafe abortions that take place, particularly where abortion is legally restricted. Stigma, fear, and clandestine abortion services all make it difficult to collect accurate information about how many people are having abortions and for what reasons. Policymakers often use that lack of information as an excuse for not acting to improve the situation.

But we do know a lot about the key components of this complex issue. Gender, racial and economic inequities in health-care systems around the world make it difficult for women, people of color, LGBTQ people and other marginalized groups to get the essential health care they need. These same structural inequities have long blocked equitable access to abortion care. This means Black and brown women living in low- and middle-income countries have a harder time accessing abortion care. Similarly, women who are poor, live in rural areas, and/or have little education face more barriers.

Abortion is basic health care—and there will always be a need for legal, accessible abortion care, even when women have access to contraception and the power to make their own reproductive health decisions. Further, the right to an abortion is not a standalone right. It depends upon people also having other human rights: to health, to equality, to privacy and to live free from violence and discrimination. That's why advocates must work to integrate abortion rights into the broader movements for health-care access, gender and racial equity, and social justice.

USE THIS TOOL TO UNDERSTAND ABORTION ACCESS IN YOUR CONTEXT

A **sustainable abortion ecosystem** is a dynamic condition in which resilient local stakeholders and systems are actively accountable and committed to abortion rights and responsive to everyone's abortion needs.

Toward a Sustainable Abortion Ecosystem: A framework for program design, action and evaluation is Ipas's human-centered approach to assessing and building this ecosystem. It helps advocates assess the current state of all facets of abortion access and identifies steps for program design, taking action and evaluating progress.

Despite abortion access being a very complicated issue, there are a few basic facts that drive all advocacy on the issue. Abortion is:

1. a common, necessary, and sometimes lifesaving health service
2. a core element of comprehensive reproductive health care
3. a fundamental human right

Beyond these three facts, here are some crucial points every advocate should understand about the complex problem of unsafe abortion and the fight for abortion access:

Women continue to suffer and die from unsafe abortion. Restrictive abortion laws don't reduce the overall number of abortions and allow no real options for safely ending an unwanted pregnancy, driving women to seek abortions with unsafe methods. Globally, unsafe abortion remains among the five leading causes of maternal death and causes significant injury and lifelong complications.

The issue is controversial. Societies remain deeply divided about whether to allow or further limit access to abortion. Whether and how to address the problem of unsafe abortion usually generates intense public scrutiny and debate, causing unnecessary stigma for those who seek or provide abortion care. Even more challenging, policymakers often purposely work *against* abortion access, enacting laws and policies that limit access and make the problem worse.

The international health and human rights community supports safe, legal abortion. Numerous studies have documented the magnitude and costs of unsafe abortion in specific countries, and the World Health Organization (WHO) reports regularly on the size of the problem at global and regional levels. Beyond the impact on health, human rights bodies have repeatedly said that forcing women to carry an unwanted pregnancy to term or giving them no option but to seek unsafe abortion violates their most basic human rights.

Inequity is a big part of the problem. We know that unsafe abortion mainly affects women and girls who are Black and brown, living in low- and middle-income countries, poor, lacking education or in other ways marginalized. Meanwhile, women with privilege and means can often find safe care regardless of what the law allows.

The harms are universal. We encounter the same issues in most places where access to abortion is restricted:

- preventable deaths and injuries
- untold difficulties for a woman's existing children and family
- unnecessary costs to health systems
- negative impacts on the economy

Abortion with pills has changed everything. Over the past decades, abortion with pills (also called "medical abortion") has been on the rise globally due to the increasing availability of simple, safe, highly effective medications that meet people's need for safe abortion on their own terms. This has meant that deaths and injuries from abortion with unsafe methods have decreased—drastically in some places, as people can often access

abortion pills even where abortion is not legal. But while the absolute number of deaths and injuries from unsafe abortion may now be considerably lower than from other public health problems, these deaths and injuries are entirely preventable and therefore unacceptable. People who choose abortion with pills have the human right to access accurate information about this method and to have an abortion with pills without risk of legal prosecution.

6 tips to communicate why abortion access matters

In the absence of concrete numbers, it's important to find other ways to demonstrate to policymakers the clear and devastating impact of unequal access to abortion. The complexity of the problem means that we must adjust some of the traditional approaches to advocacy. It's important to be aware of the type of information that will be most motivating to key stakeholders, and how best to deliver that information in compelling ways. Here are six key tips for doing that.

1 Focus on injustice rather than deaths and injuries.

Often public health advocates try to build support for their cause based on the burden of the disease or associated deaths. When generating support for abortion access, however, it may be more effective to focus on the broader social injustices of denying safe abortion access, because the absolute number of deaths or injuries from unsafe abortion may not convey the importance or ripple effects of the issue. For example, young women who do not have access to abortion may be forced to end their education, restricting their opportunities for employment. Deaths or injuries due to unsafe abortion can leave existing children motherless or disadvantaged. ❏



Don't talk about illegal induced abortion—talk about the women who need safe abortion."

Former Maternal, Newborn and Child Health (MNCH) Officer, World Health Organization, Punjab Province, Pakistan

2 Present local evidence.

Abortion has been well-documented around the world and happens in every society. We shouldn't need to replicate the same study in every country to acknowledge that denying access to safe abortion is harmful. Nevertheless, we have found that gathering and presenting **local** evidence can be more compelling to government officials and interested policymakers than readily available global data. 📌📌

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I haven't ever seen a country where they didn't have evidence. There's always a story of a woman who has died or had complications. Doctors and midwives all know it happens. Even if there's no country-level magnitude study, it's still there. It's so common.”

Medical doctor from Kenya

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I recommend that people generate local evidence, don't bring WHO evidence about global numbers to a local policymaker. When I engage with stakeholders here in our county, I show the high concentration of unsafe abortion locally and compare it with Kenya-wide data. Engaging with local data results in policymakers coming up with strategies for addressing it.”

NGO Director, Kenya

REAL-LIFE EXAMPLE

A 2012 study in Pakistan found a staggering 2.2 million abortions per year, 700,000 life-threatening complications from unsafe abortion, and stigma that created barriers for women seeking care and providers offering it. These significant findings drew the attention of reproductive health professionals and spurred action to address them.

3 Show the heartbreaking impact on women.

Seeing firsthand how unsafe abortion affects women can be life changing and spur policymakers into action. 📌

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Witnessing the situation, seeing cases—not reading about it in books—you are there! It will never be the same. If I take you to that ward for one week, you will change. When you see women, especially young women, come to the hospital with perforated uterus, sepsis, and they die in your hands when you could have prevented it, you remain haunted forever. If you are a real human being, you'll say 'wait a minute, we need to do something.'”

Nurse-Midwife, Kenya

4 Debunk the myths and misinformation.

Breaking down myths—including that restrictive laws reduce the number of abortions, or about who is having abortions and what situations lead to abortion—can help reduce the stigma surrounding abortion and make the issue more personal and relatable. For example, multi-country studies show that women most often seek abortion for socio-economic reasons or to limit childbearing—reasons that are rarely allowed in the most restrictive abortion laws. ❧

5 Engage policymakers in a hands-on approach to defining the problem.

The WHO strategic approach to strengthening sexual and reproductive health policies and programs² is an inclusive way to engage top policymakers and other stakeholders in examining the abortion situation themselves, bringing the issues to light in a close and personal way that often results in increased political will to act.

REAL-LIFE EXAMPLE

In **Sierra Leone**, a strategic assessment engaged 20–25 government and civil society organization leaders as interviewers of over 650 stakeholders from across the country to understand the current status of unwanted pregnancy and unsafe abortion. This sparked interest in the issue and identified potential government champions who became interested in revising the restrictive 1861 abortion law.

6 Include data on related issues with more support.

The problem of unsafe abortion intersects with other issues, such as gender-based violence, early/forced marriage, the impacts of climate change, and challenges faced by women in crisis or humanitarian settings. Advocacy for these issues tends to receive wider social and political support. Therefore, incorporating data on these issues when advocating for abortion access can be an effective strategy to help policymakers and the public understand the importance of abortion access. For example, you could present data on unwanted pregnancy and unsafe abortion within discussions about sexual violence and its harmful impact on communities.

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Most people don't understand that abortion laws are designed to eliminate [unsafe] abortion deaths, they think it's to do with religion. I give them the history of the law and they see that if we're trying to reduce [unsafe] abortion deaths, there's no reason we should keep an abortion law that's resulting in the opposite.”

Former Head of Reproductive Health, Malawi Ministry of Health

² World Health Organization (WHO). (2007). *The WHO Strategic Approach to strengthening sexual and reproductive health policies and programmes*. WHO: Geneva. Available at: https://apps.who.int/iris/bitstream/handle/10665/69883/WHO_RHR_07.7_eng.pdf;jsessionid=4E8C77A6035CC124CFA7F5EAABEECA36?sequence=1. Also see: Rashid, S., et al. (2017). Evaluating implementation of the World Health Organization's Strategic Approach to strengthening sexual and reproductive health policies and programs to address unintended pregnancy and unsafe abortion. *Reproductive Health* vol. 14,1 153. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5697396/>

Identifying feasible and cost-effective solutions

The damaging impact of unsafe abortion on women's health and lives is evident anywhere that abortion laws restrict access to care. The solutions are simple, clear, and well-documented. Expanding abortion access, therefore, is more of a political than a technical challenge. Here are five things to consider when exploring the best solutions for your setting:

1 Removing legal restrictions to abortion is critical.

Restrictive laws in many countries do not permit abortion for the full range of reasons women seek them, limiting health facilities to offer legal services for only a few circumstances. In such settings, some advocates choose to work toward law change to guarantee the legal right to abortion.

Advocacy in action 🌐 **Malawi's** abortion law dates to 1861 and punishes women, girls and service providers who obtain or provide abortion in virtually all circumstances. The country's maternal mortality rate is among the highest in the world, with unsafe abortion a major contributor. Beginning in 2010, several nationwide studies assessed the state of unwanted pregnancy and unsafe abortion, documented the incidence of unsafe abortion, and measured health system costs of treating it. The policy community recognized that safe abortion would be difficult to provide without amending the law to allow abortion in more circumstances.

2 Legal solutions are not enough.

In countries where laws are less strict, rather than trying to change the law, advocates seek policy solutions that expand how those laws are interpreted so more women will qualify for services.

REAL-LIFE EXAMPLE

In **Uruguay**, even before the law changed to allow legal abortion, the government took steps to reduce the harm of unsafe abortion by authorizing medical providers to counsel women about abortion with pills and by making abortion pills accessible without a prescription. This allowed women to self-manage abortions safely without having to visit a health center.

3 Sometimes it's best to focus first on improving existing legal abortion services, however limited.

Stigma and opposition will inevitably surround any effort to expand legal abortion access. Therefore, it can be beneficial in some settings to start by improving the quality of existing abortion services—and/or treatment for complications of unsafe abortion (also known as postabortion care)—and

by ensuring women can access this care. This can in turn open the door to further changes and help build vocal champions for abortion rights.

Few health systems systematically collect data on abortion-related cases, making it difficult to pinpoint the exact burden unsafe abortion causes and to monitor any improvements. But working with individual health facilities can provide insight into the need for care and for specific service improvements—and it can also motivate health-care providers to take action.

Advocacy in action 🌐 In **India**, while many groups advocated for improvements in the existing abortion law, Ipas Development Foundation complemented that effort by working with the health system to ensure the law was properly implemented. This entailed sensitizing officials at all levels—from federal government to individual health facilities—to establish training systems, service delivery, recording and reporting mechanisms. These efforts have resulted in an expanded base of abortion providers, improved availability and quality of abortion care at the lowest levels of the health system, a shift to safer abortion technologies, and better monitoring of abortion care.

Advocacy in action 🌐 In **Pakistan**, the policy community recognized the importance of improving abortion-related care and decided to pursue a health systems approach, rather than trying to amend the abortion law. Ipas hosted provincial stakeholders in 2012 to discuss the impact of unsafe abortion and how the health system was contributing to the problem, including abortions being performed by untrained health workers and use of outdated methods. Evidence from national studies was key to identifying solutions, including shifting to WHO-recommended methods and training additional types of health professionals to provide abortion.

HEALTH SYSTEM SOLUTIONS TO EXPAND ABORTION ACCESS

The World Health Organization (WHO) recommends these evidence-based solutions focused on health systems:

- Ensure that treatment for complications of unsafe abortion (known as postabortion care) is available and accessible.
- Eliminate the use of the outdated sharp curettage method for uterine evacuation (also known as dilatation and curettage, or D&C) and replace it with manual vacuum aspiration (MVA) or medical abortion (abortion with pills).
- Train and authorize additional cadres of health professionals in abortion-related care, so services are not dependent on the availability of a doctor.
- Expand care to the lowest possible level of the health system, so abortion care is available in community health centers and not just larger facilities and hospitals.
- Support women to safely self-manage abortion with pills by making information and medications widely available.

4 The law may not be known—or may not need to be changed.

In most countries, policymakers and the general public have little or no knowledge of the specifics of the laws governing abortion access. In that case, you can build awareness of legal provisions and the impact of abortion restrictions with the intention of spurring debate about the need to review or reform outdated or harmful laws.

In many countries, laws and policies already allow for legal abortion access, but the government is taking no action to implement the law. In that case, you can use a government process to interpret the law more broadly or to develop abortion guidelines for health professionals to help legitimize abortion access. These efforts tend to also reduce abortion stigma and help normalize abortion as health care. Visible improvements in health outcomes that result can in turn lead to more progressive policy change.

Advocacy in action 🌐 Advocates and policymakers in the Democratic Republic of Congo realized that the Maputo Protocol's Article 14 on Health and Reproductive Rights obligated the government to provide legal abortion services in several circumstances. They therefore took action to fulfill that legal obligation. Abortion guidelines are now being developed for health workers.

ADVOCACY TIP

Showing reluctant policymakers how existing legal texts don't reflect current political or societal priorities can convince them to make changes:

- Advocates in the **Democratic Republic of Congo (DRC)** publicized a law prohibiting contraceptive use, even though national programs existed to expand access to contraception, as a way to argue for updated laws.
- African Human Rights Commissioners who were reluctant to consider abortion laws were convinced to change their minds when exposed to laws in their own countries that included abortion provisions.

5 5. Improving abortion access is cost-effective for health systems.

Studies in numerous countries have illustrated the health-care cost savings of providing safe abortion rather than treating complications from unsafe abortion. Purchasing abortion-related commodities is also a modest investment when it guarantees that safe services can be available.

REAL-WORLD EXAMPLE

In **Pakistan**, district health managers found that the cost of purchasing manual vacuum aspirators (MVA) and misoprostol was relatively small compared to the positive impact it brought. By 2015, the Punjab Department of Health had procured 10 million misoprostol pills using government budget funds.

6 **Funding is a huge challenge.**

Agreeing on abortion policy requires more deliberation and debate and more partners than most other issues do, and therefore more funding is usually needed to get even basic policies passed. Even when simple solutions are identified, it is usually difficult to get government funding allocated because the issue is so stigmatized. In contrast to less controversial health issues, budget commitments for abortion training, services, commodity purchases, guidance documents, or other expenses tend to come from external funding sources rather than being allocated from government budgets. 🗨️



Money is needed to mobilize partners and bring them together to deliberate about abortion. Not many organizations, even government, want to allocate money for that. Money isn't usually allocated for abortion in the government budget so additional outside resources are an added need. This isn't usually the case for other health topics, which are covered."

Advocate in Kenya

Section 2: Position the issue to attract political support

IN THIS SECTION

- [To stay on message, start with your policy community](#)
- [Barriers to support for abortion access](#)
- [6 tips to successfully frame the issue](#)

This section addresses how well the problem and its solutions are understood, both internally by the policy community and advocates working on it, and externally by the public and by policymakers who control resources.

KEY TAKEAWAYS

- Your local context should determine the pros and cons of framing abortion access as a public health issue, a human rights issues, or folding it into a broader initiative.
- A consistent communications strategy is necessary from the start to guide how you frame the issue for external audiences.
- The media can be an important partner to improve public awareness, reduce stigma and normalize discussion of abortion.
- Opposition groups can and will spread misinformation and threaten initiatives to expand abortion access.

The **policy community** for abortion access is the network of individuals and organizations who care about and are working to prioritize the issue. This could include both governmental and non-governmental actors, legislative leaders, community influencers, and even the media.

To stay on message, start with your policy community

First, understand how the policy community views abortion access. To make sure the issue resonates with key stakeholders, you must position it publicly in ways that attract political support. But an important first task is to ensure that the policy community you're working within has a common understanding of the problem and its solutions. This will ensure that you can stay united and on message.

Second, determine the best way to frame abortion access for external audiences. Once the policy community is working with a common understanding of the issue, you're ready to work together to determine the best framing of the issue for external audiences such as the public, religious leaders and political leaders who control resources.

Common barriers to support for abortion access

Gaining support for abortion access is particularly challenging because of the way the topic has been misrepresented in both public and private spheres. Advocates must overcome several barriers, among them:

- Myths and misconceptions about abortion, often spread by anti-abortion opposition groups, including about abortion safety, who has abortions and why, and stages of fetal development.
- Silence from governments and inaction by partners who are discouraged from or denied the ability to work on abortion access by donors with anti-abortion policies.
- Stigmatizing social norms, especially religious views that oppose abortion and gender norms that do not support women's self-determination and reproductive autonomy.
- The perception that abortion is a Western or foreign agenda.

6 tips to successfully frame the issue

Just as solutions to expand abortion access can vary with the setting, your framing of the problem will need to be customized to gain political support for solving it. You'll want to consider these six tips:

1 Think carefully about your context to determine whether to frame abortion access as a health or human rights issue.

Abortion is clearly both a health and a human rights issue. High rates of unsafe abortion are a preventable public health crisis. Access to safe abortion has been recognized as a right by numerous human rights bodies, including the UN Human Rights Committee, the African Commission on Human and Peoples' Rights, and the UN Committee Against Torture. But health workers and policymakers often reject a rights framing because "women's rights" or "women's issues" still aren't prioritized in many societies. In such settings, the message may be more acceptable when unsafe abortion is framed as a public health issue. ❏

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In emerging democracies, human rights are seen as a foreign concept, only slowly gaining momentum. Duty bearers find it easier to protect some and overlook others and unfortunately sexual and reproductive health and rights are among those that are less respected.”

Zambian human rights lawyer

2 Choose words carefully to increase support for abortion access.

Even when abortion is discussed as a life-saving health issue, specifically referencing abortion can be too controversial or stigmatizing for policymakers. This means you may choose to fold abortion access into broader initiatives to expand reproductive health or prevent maternal deaths. A broader focus can make stakeholders feel "safer" politically and may be a strategic way to allow politicians to deflect or avoid abortion-related challenges in some settings. However, folding abortion access into a broader initiative can also backfire by lessening or losing the focus on abortion. Still other times, the choice to use the word "abortion" can represent an important shift in acceptance of abortion as an essential part of reproductive health care. ❏

Advocacy in action 🌐 In the **Democratic Republic of Congo (DRC)**, the Coalition Against Unwanted Pregnancy purposely left the word "abortion" out of the group's name to focus on the root cause of the problem and avoid public backlash against abortion. ❏

Advocacy in action 🌐 In 2010, **India** was preparing to release its first ever national guidelines on abortion training and service delivery. Thanks to a technical officer who was a champion for abortion access and a supportive bureaucracy within the federal government, the guidelines were called "Comprehensive Abortion Care Guidelines." This was a landmark in the country's

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There are so many bad reports about people who have abortions and have died—villagers don't believe abortion can ever be safe. The word 'abortion' is a problem, it immediately makes them think about dying. They think it's against the role of a woman, who should be having babies. Finding the right way to talk to people is key.”

Activist, Sierra Leone

journey to expand abortion access, representing a shift from discussing abortion as a purely medical procedure (formerly known as “medical termination of pregnancy”) to women-centered comprehensive abortion care.

3 Develop a communications strategy for your advocacy efforts.

Many advocacy efforts to expand abortion access fail because there is no consistent communications strategy to guide how the issue should be framed. Initial discussions with limited technical or policymaking groups may use the right messaging, but when the issue moves to the public sphere, the topic easily gets reframed in a negative way and stakeholders lose control of their initial message.

4 Work with the media to improve the accuracy of reporting on abortion.

This can help produce less stigmatizing coverage and help positively shape how abortion access is framed for the general public and policymakers. You can link journalists with experts on relevant topics, share briefs on the latest data and evidence, and even arrange for journalists to see firsthand the problems related to lack of abortion access. [Ipas’s Roots of Change: A step-by-step advocacy guide for expanding access to safe abortion](#) contains specific guidance on developing a communications strategy and working with the media.

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Journalists may want more than facts—they want to see the hospital where women are seeking care. In a poor country, they may be more interested in the cost of providing safe abortion services. Don’t give up, even with negative stories. We learned a lot along the way. We even branched out to include theater and released a CD with songs about abortion—so many angles to cover the topic and reach people.”

Abortion Activist, Malawi

Advocacy in action ➔ After the President of **Sierra Leone** refused to sign a bill legalizing abortion into law in January 2016, media about unsafe abortion and its toll on women increased significantly. This was spurred by one woman’s public story of being raped as a teenager by her religious leader and finding a safe abortion that saved her life and gave her a future. This changed the public narrative from abortion as a criminal act to abortion as a fundamental right and health-care service. Unfortunately, religious leaders then started sharing their opposition to abortion and this overshadowed the positive shifts in public discussion—and made key policymakers unwilling to move the bill ahead for a second vote. This series of events highlights how challenging it can be to build and maintain positive media coverage.

5 Understand how the opposition works.

Well-funded anti-abortion organizations from wealthy Western countries often work closely with local religious leaders, parliamentarians, and the media, spreading myths about abortion and threatening action against leaders who support it. Senior religious leaders involved with the opposition have intervened at the highest political levels in country after country to urge inaction

SECTION 2 Position the issue to attract political support

on abortion issues and have succeeded in stopping initiatives that could have benefited millions of women. Opposition groups work both nationally and internationally to link abortion to other locally controversial issues, such as LGBTQ rights, to increase policymakers’ discomfort and discourage them from taking action to expand abortion access. Ipas’s Roots of Change: A step-by-step advocacy guide for expanding access to safe abortion contains specific guidance on how to monitor and respond to opposition efforts. ❏

6 Be prepared to combat misinformation from the opposition.

Anti-abortion groups are the source of most misinformation on abortion and remain among the biggest threats to achieving real political leadership on abortion access. They often succeed in framing any initiative involving sexual and reproductive health and rights as a ploy to legalize abortion and same-sex marriage and thereby disintegrate families.

REAL-LIFE EXAMPLE

Kenya’s 2020 reproductive health bill has been branded the “abortion bill,” even though it covers comprehensive issues and includes nothing stronger on abortion than the constitution allows.

Combatting this damaging misinformation is not easy, but it can be done by approaching and working with key religious leaders and influencers (a strategy largely unique to advocacy on abortion)—and by ensuring policymakers know they have a broad base of support and are not exposing themselves to political risk if they take action.

REAL-LIFE EXAMPLE

Formal opposition groups invest time and money to cultivate country representatives working at UN permanent missions in New York City or Geneva. These individuals represent their country to the global community, and opposition groups influence them to oppose sexual and reproductive health and rights—and abortion access. Because these representatives live and work in New York City or Geneva, country-based advocates have to work harder to build relationships with them and help them understand the issues accurately.

“ When progress was finally being made, it only took one phone call from the Cardinal to the President to reverse it all. The President called the health minister, the health minister called the Director of Medical Services and said ‘withdraw those guidelines’, and all abortion-related training and services stopped nationwide. We were working at the level of the [Director of Medical Services] and reproductive health unit of the Ministry, but the Church was working at the level of the President.”

Reproductive health leader in Kenya

Section 3: Focus on keys to success: Clear strategy, vocal champions, grassroots support

IN THIS SECTION

- [Build a policy community that's united on strategy and solutions](#)
- [Vocal champions for abortion rights are essential](#)
- [What makes a successful abortion rights champion?](#)
- [Mobilizing grassroots support](#)

This section describes one of the most important elements for advocacy to expand abortion access: the *people* involved in addressing the problem. Even where there is clear data documenting a problem, obvious solutions, and tangible opportunities to take action, eliminating unsafe abortion and expanding abortion access require engagement and leadership from people with a common agenda and a broad base of support.

KEY TAKEAWAYS

- Working to expand abortion access is hard. Be prepared for stigma and rejection from even your closest peers. Look to your allies for support to overcome these hardships.
- Broad-based partnerships are important but may lead to disagreements in strategy. Where there are multiple interests, different groups working in a coordinated way can achieve several outcomes at the same time.
- Identifying—or building—vocal champions for abortion rights who are not afraid to risk professional or personal backlash is key to increasing political support.
- Religious leaders are usually important influencers who can be the key to success or failure in an abortion policy initiative and you should approach them as early as possible.

**SECTION 3** Focus on keys to success: Clear strategy, vocal champions, grassroots support

- There is strength in numbers, and policymakers rarely want to be the first or only ones to speak in favor of abortion access. Surrounding them with visible support is critical.
- Engaging community-based groups is not always easy but can help amplify the voices and true needs of women and girls—especially those who have the least access to information and care.

The **policy community** for abortion access is the network of individuals and organizations who care about and are working to prioritize the issue. This could include both governmental and non-governmental actors, legislative leaders, community influencers, and even the media.

Build a policy community that's united on strategy and solutions

A cohesive and collaborative policy community can be powerful. It can provide reliable strategies, consistent and trustworthy information, practical tools, and public endorsement to help guide government institutions on how to make change—and how to feel politically protected when taking necessary steps. A divided policy community can result in government taking weaker or less effective action—or no action—because policymakers and those supporting them aren't all collaborating to achieve the same goals.

The strongest policy communities for abortion access involve broad partnerships between government policymakers, health professionals, lawyers, women's rights activists, religious leaders, young people, and often the media. But even within broad-based coalitions, disagreements often exist about how to frame the issue, who should be leading the effort, and who should get credit for any success (or blame for any failures). Disagreements and power struggles among partners are not uncommon, given different interests and frequent competition for external funding.

The best strategies for building political support to expand abortion access will depend on the local context and specific needs. Agreeing to work in a coordinated way—even toward different goals—is the best way for the policy community to navigate differences.

Advocacy in action ➔ In the **Democratic Republic of Congo (DRC)**, Ipas (an international NGO) inadvertently “stepped on the toes” of an existing coalition of women activists working on abortion law reform by bringing money and attention to a different strategy without first engaging with and listening to local groups to better consolidate and align efforts.

Advocacy in action ➔ In **Sierra Leone**, after the president refused to sign a bill to legalize abortion, national-level NGOs and grassroots groups protested that they had not been involved adequately in shaping the advocacy efforts.

ADVOCACY TIP

It is sometimes desirable to undertake several strategies at the same time, and it can even be useful politically to have one group or initiative appear “too radical,” which allows other approaches to move ahead without attracting negative attention.

Common causes of disagreement

Members of the policy community have different interests, making it common for those working on abortion access to disagree about which strategies will be most effective. Issues causing disagreement might include:

- Should advocacy and action focus on *improving access to existing abor-*

tion-related services or on *reforming the law* to allow services for more reasons? Can these two strategies be undertaken at the same time?

- What types of changes in the law are most important to expand abortion access? Which changes are most likely to gain support from legislators? If those are not the same, how do you decide your advocacy priorities?
- Do communities need to support abortion access before policymakers will get involved? Or should advocacy focus on political decisionmakers and save community outreach for later, when a law or policy is ready to be implemented?
- Are national standards and guidelines for abortion care mandatory before health professionals can start offering services? Are they helpful but not required to make providers feel “safe” offering services? Or, in countries with very restrictive laws, is it a bad idea to push to develop guidelines as they will only grant further government approval to a law that restricts abortion access?

Vocal champions for abortion rights are essential

National policymakers may find it easier to actively oppose abortion access than to risk supporting it. They may perceive—rightly or wrongly—that their constituents oppose abortion, and they may fear they will lose their position or be voted out of office if they speak out in favor of progressive change. This disincentive for leaders to take a political stand is one of the biggest challenges advocates for abortion access will face.

In contrast, vocal champions who are willing to speak expertly and openly about abortion rights are one of the most crucial elements for advocacy to succeed. Vocal champions help destigmatize and normalize the issue of abortion, shift public opinion, and lend support to hesitant policymakers. Successful advocacy efforts spend time identifying or building vocal champions who are not afraid to speak out for abortion rights. Of course, even the most dedicated champions should be prepared to feel some stigma and rejection. 

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Our most important partner was from academia, a senior female gynecologist. She was part of the technical advisory group throughout and remained as a master abortion trainer. She was very vocal about the need to address unsafe abortion, strongly advocated for action. Seeing her be so vocally supportive raised my comfort level on the issue.”

Former Chair, Punjab Reproductive Health Technologies Advisory Committee, Pakistan

Advocacy in action 🗣️ After being sensitized to the issues and need for change, traditional leaders in **Malawi** signed a communiqué calling for action to address unsafe abortion and published it in a major newspaper, providing an important visual symbol of support from the highest level in society. 🗨️

Work with religious and traditional leaders

In most countries, religious and traditional leaders are important influencers and can affect policymaker willingness to address abortion issues. Engaging such leaders early in an advocacy process can help educate them on the need to expand abortion access, can help limit their opposition, and can contribute to framing solutions that work for their followers.

Advocacy in action 🗣️ Knowing that religious groups often oppose abortion, the organizers of **Malawi's** special commission studying the abortion law invited each major religious group in the country to be part of the deliberations and jointly propose a way forward. The final commission included representation from the Ministry of Health, the Malawi Council of Churches, the Episcopal Conference of Malawi, Muslim Association of Malawi, the Judiciary, the Ministry of Justice, and a Senior Chief representing traditional leaders. The group met regularly over two years, examined approaches taken by neighboring countries, studied the evidence base, and presented a report with recommendations for a more progressive abortion bill. 🗨️

Advocacy in action 🗣️ The major mistake made by advocates working toward abortion law reform in **Sierra Leone** was not engaging the Inter-Religious Council, whose members ultimately convinced the President not to sign the abortion bill into law. Sierra Leone, which is both Muslim and Christian, is known for its religious tolerance, possibly leading advocates to discount the importance of having religious leaders who understood the problem and supported the solution.



Some in my immediate professional circle didn't want to associate with me so much after I decided to work on abortion. I felt rejection from my own colleagues; they thought I didn't belong in the midwives' profession anymore. Their body language, etc. said 'we need to talk about other issues, not abortion.' But I've outgrown that feeling."

Nurse-midwife, Kenya



Working with religious leaders helped me learn that they were ready and willing to speak publicly (which was a surprise) and it was only a matter of giving them the right platform (radio, panels, etc.). They are then able to speak in their own language, using the theological teachings, to speak effectively."

Former Ipas Malawi staff

CHAMPIONS NEED INFORMATION

To become comfortable talking about abortion rights, a person often needs repeated exposure to key messages and information, such as:

- talking points from your communications strategy that strategically frame the issue of abortion access in your context
- local data about the damage caused by unsafe abortion
- personal stories from women, families, or health professionals who have been affected by unsafe abortion

Strength in numbers

Even policymakers who understand the negative impact of unsafe abortion rarely want to be the first to speak about the need for change. Having a broad-based movement can protect individuals from targeting by the opposition. And policymakers can feel “safer” taking action if they know they have a strong and vocal policy community behind them. 

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No one wants to be the first to support abortion; they want to see that academics, human rights defenders, editorialists, and opinion leaders have already spoken out favorably on the issue. Leaders need to know that what they say is echoed in the society and they’re not going to be left alone on the issue.”

Former Ipas Central America Director

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We’re able to get support from our local member of the assembly by engaging him here at the county level. But those policymakers have negative peer influence when they get higher up. When one objects, they all object. We need to engage policymakers individually and create a network of ambassadors who can represent us in assembly.”

NGO Director, Kenya

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Advocacy in action  Study tours for policymakers to countries that have liberalized laws or expanded abortion services are a powerful way to show them the options for and benefits of action on abortion access—and to build their support for progressive change. Lawmakers and government leaders from Sierra Leone visited Ethiopia, and Malawi Law Reform Commission members visited Ethiopia and Zambia to learn about why and how restrictive abortion laws were changed, how government has introduced abortion services, and what the impact has been.

What makes a successful abortion rights champion?

We interviewed several abortion rights champions who were willing to speak out for abortion access despite potential personal or professional repercussions. We spoke with two abortion providers, one activist, one senior government official, one United Nations senior leader, and one African Union leader—all of whom have been exceptionally willing to speak or act in some way in support of abortion rights. From their insights, we compiled this list of key characteristics of successful champions—along with their suggestions for how to move policymakers to support abortion access.

A successful abortion rights champion:

Often has personally experienced or seen the devastating effects of unsafe abortion and understands why actions and solutions are needed

“When you witness women, especially young women, come to the hospital with perforated uterus, sepsis, and they die in your hands when you try to save them when you could have prevented it, you remain haunted forever.”

—Nurse-midwife in Kenya

“I remember all the friends from high school and secondary school who died from clandestine abortions, camouflaged as other diseases, such as malaria or stomach aches by mothers who were ashamed and had no other recourse or assistance.”

—Legal activist from Mali

Understands the injustice of unequal abortion access

“A young lady of 16 came to the hospital with a perforated uterus and left with colostomy and no uterus. How many cases like this do we need to see before we believe we need to talk about it?”

—Abortion provider in Kenya

“As a former Magistrate, I remember criminal cases where young girls and nurses were prosecuted for abortion. They appeared at the bar, always alone and completely lost. What struck me was that society was indifferent to their fate or the public service of justice toward these mothers and their daughters, and had no respect for their rights.”

—Lawyer from Mali

Is confident in their personal and professional achievements and ready to address the challenging issue of abortion access

- “ When the pressure was growing [for me to stop working on abortion], I resigned from my job; my conscience would not allow me to put money above women’s lives.”
 —Former Ministry of Health official, Malawi
- “ My years of consultation with women and communities and analysis of the legal and administrative barriers to safe abortion culminated in my election as Special Rapporteur on the Rights of Women in Africa. This background was decisive in my taking up the issues and challenges that women face.”
 —Former Chair, African Commission on Human and Peoples’ Rights
- “ If we’re convinced ourselves, we can convince others.”
 —Former Maternal, Newborn and Child Health (MNCH) Officer, World Health Organization, Punjab Province, Pakistan

Feels a duty to take action

- “ I was presented with an opportunity and felt I should speak out. This issue had always been there in the back of my mind and I was ready to take a stand.”
 —Activist from Sierra Leone
- “ I made that decision when I trained and realized there was something I could do. I never looked back.”
 —Abortion provider in Kenya
- “ I was working for WHO and my responsibility was to improve women’s health in Africa. I had to think of strategies for addressing each cause of maternal mortality and couldn’t run away from looking at abortion.”
 —Professor of Obstetrics and Gynecology, Malawi

Mobilizing grassroots support

Policy debates about abortion are often divorced from the realities faced by women and girls living in rural communities or poor urban settings. Such women face the greatest challenges in obtaining accurate information and services to plan their reproductive lives, are often physically distant from health facilities, and lack the funds to pay for care. It's therefore essential to mobilize grassroots organizations: the community-based groups that can amplify the voices and true needs of women who face the greatest barriers to abortion care. ❧

Grassroots challenges—and opportunities

Engaging local community-based organizations is not always easy for advocacy on abortion access. These groups often lack financial and human resources, are not well-connected to political leaders, and are usually not able to participate meaningfully in political processes. They may know little about the benefits of abortion access and may never have discussed the issue openly. Yet community-based groups may also be more motivated to act because they see the impact of unsafe abortion firsthand in their communities. And they're often able to avoid the politics that can make national-level coalitions challenging. While decisionmakers don't always respond to protests or campaigns led by their constituents, mobilizing groups at the grassroots level can help to make the problem of unsafe abortion visible for both policymakers and the general public. ❧

Partnering with grassroots organizations not only helps advance national policy goals, but it also creates an opportunity to educate hard-to-reach populations about their sexual and reproductive health and rights. Informed communities will be much better prepared to access abortion services if law or policies change. ❧

Advocacy in Action In two states in **India**, the Ipas Development Foundation created and mentored a network of state-based NGOs that were close to communities. With training on how to gather evidence on barriers to abortion, these groups have played a critical and effective role advocating with local officials to address gaps in abortion services and sensitizing local media to create more accurate and less stigmatizing coverage of the topic.



Grassroots villagers think elites from capital cities don't understand the issues they face. The language the elites use doesn't 'translate' so well with villagers. You need a partnership between elites and grassroots actors—engaging the community-based organizations ... to make this work."

Women's rights advocate,
Sierra Leone



Forget about the groups in the capital and go work with CBOs at the grassroots. They may have capacity issues and lack technical know-how on reporting and budgeting, but they're living in the community. They're more motivated to get the work done since they're direct beneficiaries of what the project is bringing. It took a year to get anything started because of the power struggles in Freetown."

Activist, Sierra Leone



Just changing a law or offering services will not be enough to get rural women to change their behavior if they don't understand the existence or benefits of safe abortion."

Activist in Sierra Leone

Section 4: Seize windows of opportunity for action

IN THIS SECTION

- [Global windows of opportunity](#)
- [Regional windows of opportunity](#)
- [National windows of opportunity](#)
- [Government support and readiness for action](#)

This section examines the windows of opportunity when situations or events are conducive to moving political action forward—and the need for effective government systems that are ready to make change when the time is right.

KEY TAKEAWAYS

- Global initiatives rarely offer political windows of opportunity for expanding abortion access; action more often comes from regional or national-level initiatives
- Opportunities for national action on abortion can arise from major events, such as political change or turmoil, or by changing the mind of one influential policymaker.
- Advocates often find themselves “forcing” the window open when political leaders fail to act.
- Government institutions must be effective and ready to act for change to happen.
- While champions in important roles can be critical to create change, working through government systems offers a more durable base of political support for abortion access than relying on an individual office or person over the long term.

Global windows of opportunity

At the global level, the long-overdue but official recognition of unsafe abortion as a problem came in the Programme of Action from the 1994 International Conference on Population and Development (ICPD).³ Paragraph 8.25 urged governments to “deal with the health impact of unsafe abortion as a major public health concern.” This was an important political window that finally gave “permission” to governments and policy leaders to begin addressing the issue.

The Programme of Action also included the following compromise language, limiting government action to abortions that are not against the law: “In circumstances where abortion is not against the law, such abortion should be safe.” This has allowed governments in countries with very restrictive laws to deflect responsibility for making all abortions safe and focus instead only on those few circumstances in which abortion is legal.

Five years passed after ICPD before WHO—the world’s premier health standard-setting organization—found the political cover to develop technical and policy guidance on safe abortion. Paragraph 63iii of the ICPD+5 governmental agreement⁴ said: “... in circumstances where abortion is not against the law, *health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible.* Additional measures should be taken to safeguard women’s health” (emphasis added).

Eight more years passed until WHO approved the landmark document *Safe Abortion: Technical and policy guidance for health systems* for external release. The delay illustrates how politically difficult it is to work on abortion. Since that time, WHO has been a leader among United Nations agencies in providing technical guidance and direction to improve access to safe abortion.

Global initiatives and convening events, such as the UN’s Millennium Development Goals, are sometimes forums where advocates can build political attention for a specific issue. But when it comes to abortion, there are rarely global events focused on the issue; advocates have struggled even to get the issue included in other global and regional movements.

³ United Nations Population Fund. (1994). Programme of Action from the International Conference on Population and Development. In *International Conference on Population and Development*. Retrieved from https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf

⁴ United Nations General Assembly Resolution 21/2 *Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development* (2 July 1999). Retrieved from https://www.unfpa.org/sites/default/files/resource-pdf/key_actions.pdf

REAL-LIFE EXAMPLE

The African Union's Campaign for the Reduction of Maternal Mortality in Africa (CARMMA) never openly included unsafe abortion even though it is a major cause of maternal mortality throughout the region. This resulted in limited political priority for the issue in an otherwise well-funded regional initiative.

Regional windows of opportunity

At the regional level, primarily in Africa and Asia, conferences focused on abortion have attracted policymakers from the highest levels of government and resulted in real political openings for abortion access and opportunities to generate collective action.

Advocacy in action  Following the 2003 regional meeting on unsafe abortion in Africa held in Ethiopia, the Permanent Secretary for Health in **Ghana** authorized the development of national standards and guidelines on safe abortion for health professionals. This opened the door to a nationwide government-led program to eliminate unsafe abortion and provide safe, legal services that continues today.

In Africa, several important and successful political opportunities have helped advance abortion rights and expand access. The Maputo Protocol on Women's Rights⁵ came into force in 2006, and as of 2020 is still the only human rights treaty that recognizes the right to abortion. Article 14 of the Maputo Protocol calls on "States Parties [to] take all appropriate measures to ... protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus." Governments that have signed and ratified the Protocol are legally bound to comply with its obligations.

ADVOCACY TIP

The African Commission on Human and Peoples' Rights developed General Comment 2,⁶ which clarifies government obligations related to women's right to control their fertility and to access contraception, family planning, information and education, and abortion. Governments can use this guidance to decide what actions to take and data to collect, and advocates can use it to track progress and hold governments accountable to their abortion-related obligations.

⁵ United Nations (2003). Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Retrieved from https://www.un.org/en/africa/osaa/pdf/au/protocol_rights_women_africa_2003.pdf

⁶ African Commission on Human and Peoples' Rights (2014) General Comment No. 2 on Article 14.1 (a), (b), (c) and (f) and Article 14. 2 (a) and (c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Retrieved from <https://www.achpr.org/legalinstruments/detail?id=13>

National windows of opportunity

Moments of great political upheaval or turmoil can be openings for advocates to build priority for human rights, including the right to access abortion. But most political openings are not very dramatic. In many cases, advocates may find themselves “forcing” the window open to push decisionmakers to prioritize abortion access. A window of opportunity can also be as small as getting the attention of a single decisionmaker or influencer.

REAL-LIFE EXAMPLES

The end of apartheid in **South Africa** in 1994 marked one of the clearest examples of a political window of opportunity at the national level, ushering in leadership dedicated to human rights and justice. The new government prioritized reproductive rights and passed the Choice on Termination of Pregnancy Act soon after in 1996, authorizing abortion on request.

In **Bangladesh**, widespread rape and resulting pregnancies during the war of liberation resulted in government approval in 1979 of legal abortion services (known as menstrual regulation there).

ADVOCACY IN ACTION

In the **Democratic Republic of Congo (DRC)**, the constitution states that international treaties ratified by the government shall supersede national laws once those treaties are published in the nation’s legal gazette. Since the DRC ratified the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (also known as the Maputo Protocol) in 2008, and because Article 14 of this protocol explicitly requires signatory countries to protect women’s reproductive rights by authorizing legal access to abortion, all that remained to be done for this to effectively become the law of the land was to publish the Maputo Protocol in the legal gazette. But that didn’t happen until 2018 when an NGO coalition working to eliminate unsafe abortion pushed for publication by educating all sectors of the government and society to build support.

In **Pakistan**, the federal Ministry of Health pushed health management issues down to the provincial level, opening the door to more locally focused discussions with provincial health policymakers and concrete actions that might have been impossible or more bureaucratic if attempted at a national level. ▶

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We in Pakistan take every opportunity for advocacy. Once at an overseas conference I saw a government minister I knew to be opposed to abortion. Knowing she would be more accessible outside of typical government schedules and bureaucracy, I found the opportunity to engage her in conversation and make a follow-up appointment for when we returned home. Another time I was seated in an airplane beside a gynecologist I knew was against abortion. We talked about the situation and by the end of the flight, she was open to learning more.”

Advocate in Pakistan

In 2010, advocates in **Sierra Leone** recognized that the president was in his final term in office and might be willing to take a stand on abortion access. They pushed to reinvigorate a stalled Law Reform Commission review of the 1861 abortion law and for government to meet the requirements of human rights treaties it had ratified. As a result of this advocacy, the Maputo Protocol was ratified in 2015, which laid the groundwork for a new abortion law.

Bureaucracy and the stigma related to abortion sometimes cause progress to slow or stop, even when political action is required by law.

Advocacy in action 🔄 The **Malawi** special law commission published its 2015 report in the government Gazette, which should then have legally triggered the government to advance the bill for legislative action. However, inaction by key ministries caused the legislative clock to run out and the process had to be started again once a new parliament formed. As of 2020, the bill was still awaiting debate in parliament.

Advocacy in action 🔄 In **Sierra Leone**, although the 2015 safe abortion bill was developed primarily by the Ministry of Justice, the Ministry of Health failed to move it through Cabinet approval and into Parliament and the bill ultimately had to be presented as a private member's bill without the backing of government support.

Government support and readiness for action

To take advantage of a political window of opportunity, institutions and systems within government must be ready and able to act. It is usually important for a government institution to be the visible lead in any policy-related initiative on abortion access, even if financial and technical support and coordination comes from outside experts. Working for systemic change—rather than relying on an individual person to make change—builds credibility for the initiative, accountability within government institutions, and is an important way to create a more durable base of political support. Here are five important considerations:

1 An advocate's work is never done.

Preparing for and acting on political windows of opportunity is a never-ending process: Administrations change, parliamentarians get voted out, and a new group of people needs to be informed and sensitized. Without advocates' continued involvement in policymaking procedures and pressure on systems, commitment to ensuring abortion access can fade as time passes and leadership changes. The revolving door of political leadership also reinforces the importance of working with technocrats and not just political appointees so that informed and committed champions may still be around even after government leadership changes.

2 Leadership can and should come from multiple centers of expertise.

Research institutions can gather credible data and evidence. The health system trains and equips providers, issues policy guidance and ensures accessible services. Law reform commissions, parliaments and the court system review and pass laws. Ensuring coordination among these interested parties is key to successful advocacy and action.

REAL-LIFE EXAMPLE

In the **Democratic Republic of Congo (DRC)**, researchers from local universities who had experience working in maternal mortality and family planning and cared about the issue engaged with the Ministry of Health and technical assistance NGOs to study the problem of unsafe abortion. This mix of expertise and interest resulted in high-quality, credible results that positively influenced decisionmakers' willingness to address unsafe abortion.

Individuals from the Ministry of Health who participated in the national assessment became convinced of the need for action. They took the lead to get the [Maputo Protocol](#) printed in the national legal gazette (the last step for the Protocol's legal abortion provisions to become the law of the land in DRC). After that, the Ministry of Justice signed an order to mandate public health authorities offer comprehensive abortion care in line with provisions of Article 14 of the Protocol without delay, and experts met with high courts, provincial courts and members of the legal system to work through implementation issues, such as how to treat criminal cases against women or doctors regarding abortion.

3 Commitments are only as good as the institutions behind them.

In many countries, government commitments made at regional or international levels do not necessarily get translated into law or action at the country level. This disconnect weakens the institutional ability to act on stigmatized and controversial issues. ❖

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Signing international instruments has been a way for the **Zambian government** to be accepted by other nations. The legislature has very little say in what the Executive commits the state to, so we as a country commit in principle but when it comes to national law, the legislature, which is elected by the people and has power to establish laws, has no say or idea about what it has been committed to do.”

Human rights lawyer, Zambia

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4 Court rulings on abortion access have a role to play.

In some extreme cases, governments may only act when they are forced to do so by court decision. Rulings may actually help political leaders who are unable or unwilling to take progressive steps on their own because it takes the decision out of their hands. But if judges have not already been exposed to data and sensitized about the problem of unsafe abortion, rulings may reinforce restrictive abortion laws. Advocates should only undertake strategic litigation that won't establish or reinforce damaging legal precedents. In the most politically conservative countries, governments may be so afraid to address safe abortion that they ignore a court order.

Advocacy in action ➔ In **Kenya**, after opposition forces pressured the Ministry of Health to withdraw national guidelines for how constitutional provisions for abortion care should be implemented, civil society organizations took the government to court. After a lengthy battle, the court declared that the guidelines must be reinstated. As of late 2020, Kenya's Ministry of Health still had not complied with a court order to reinstate abortion guidelines for health workers.





Putting it all together

IN THIS SECTION

- [Advocacy success story: Pakistan](#)
- [Advocacy success story: Malawi](#)

ADVOCACY SUCCESS STORY PAKISTAN

Takeaways

- *Assess, analyze, plan, act:* In Pakistan, advocates deemed it most strategic to focus within the health system first.
- Sometimes, quiet technical accomplishments can achieve more than vocal public advocacy.
- Encourage new champions by approaching them one on one.

Each year in Pakistan, thousands of women suffer from the consequences of unsafe abortion—and some of them die. Abortion is legal in Pakistan to save a woman’s life or to provide “necessary treatment,” but it is highly stigmatized and safe abortion and postabortion care (treatment for complications of unsafe abortion) are often inaccessible.

However, with support from local technical partners, provincial governments have taken significant steps to approve abortion medications and commodities, allocate budgets, and issue policy and technical guidance for health professionals. These accomplishments have come about primarily through action within the health system, rather than advocacy with legislators or public awareness campaigns.

In 2012, the federal government unexpectedly pushed health policymaking and implementation down to the provincial level. Ipas took this opportunity to reach out to key health system stakeholders in the most populous province, Punjab, to share data on the negative impact of unsafe abortion on women and girls and the need for a solution. In response, provincial government leaders soon formed the Punjab Reproductive Health Technology Assessment Committee (PRHTAC) to assess the feasibility of integrating WHO-recommended technologies for uterine evacuation into the essential



PUTTING IT ALL TOGETHER

package of primary health services and essential medicines lists. PRHTAC is unusual in that it is a government committee in the provincial health department but includes members from other non-state actors including UN agencies and NGOs that participate as technical assistance partners. This committee model was so successful that it was later replicated in Sindh Province and Khyberpakhtunkhwa Province.

Because the issue of abortion remained sensitive and stigmatized, advocates focused on technical improvements to “uterine evacuation” (rather than “abortion”), and the committees explored a range of reproductive health technologies, not just those used for abortion-related care. This broader approach took the focus off abortion and made it more palatable to address. Advocates started small, working one on one with health-care providers, health facility managers, and senior health system decisionmakers to examine data on unsafe abortion and review the impact of improved access to services. As small changes were introduced in health facilities, those data were reviewed and additional changes made.

This advocacy approach has resulted in a number of critical policy successes that increasingly support better service access and quality. One success is the inclusion of misoprostol (the medication used for abortion with pills) and manual vacuum aspiration (a WHO-recommended method for surgical abortion) in the Essential Package of Health Services as technologies of choice for uterine evacuation. Another success is a budget allocated and used to buy millions of misoprostol pills for use in public health facilities. In addition, the Society of Obstetricians and Gynaecologists of Pakistan and the Pakistan Nursing Council have endorsed expanding the provider base for uterine evacuation, and the midwifery curriculum now includes misoprostol and manual vacuum aspiration as core skills for midwives.

After incremental achievements over the years, in 2020 the Ministry of Health developed reproductive health guidelines for pregnant women during COVID-19 which speak specifically about comprehensive abortion care as an essential service for the first time.

Key strategies

The increasing political priority for high-quality abortion-related care in Pakistan has come about through a deliberate approach that focuses on three main strategies:

- Start small, with one-on-one engagement with health system actors. Start with the health system, not legislators. And acknowledge and celebrate each small improvement with health system partners along the way.
- Share data and evidence—from the national level and also from specific facility-based services—to help people see the impact of their work. Engage in continuous outreach and always plan ahead for follow-up. One training or engagement is never enough.
- Be alert to political opportunities and take every possibility for advocacy.

ADVOCACY SUCCESS STORY

MALAWI

Takeaways

- Law reform is a long and winding process. Parliamentary schedules and elections often cause windows of opportunity for policy change to open and close rapidly, frustrating efforts to move a bill quickly through the legislature.
- Using an accepted government process to review the law and propose changes can build credibility in and acceptance of the outcome.
- Having a policy community with diverse skills and interests can allow members to work effectively on separate strategies toward a common outcome.
- Vocal champions for abortion rights who speak out despite possible disapproval from peers or community are critical in shifting understanding and opinions about the issue.

Malawi's abortion law is one of the most restrictive in Africa, as it only permits abortion to save a woman's life. This leads many women and girls to end unwanted pregnancies with unsafe methods, causing deaths and injuries.

Beginning in 2009, at the direction of the Ministry of Health, Malawi embarked on a multi-faceted approach to understanding the impact of unsafe abortion on its citizens and building support for concrete solutions. A national study documented the widespread presence and harmful effects of poor access to safe abortion, but the government was unwilling to take the lead on making changes, instead pushing civil society to educate the public about the issue and advocate for change.

In response, a civil society network formed—the Coalition for the Prevention of Unsafe Abortion (COPUA)—and eventually grew to include over 60 institutional and individual members. The group jointly developed a strategic plan for how to address the country's poor access to safe abortion and members volunteered through one of five thematic working groups: community outreach, media, health systems, legal issues, and youth.

COPUA's efforts increased public understanding of the need for abortion access and gained the support of traditional leaders and chiefs, community-based groups, and others throughout the country. Dedicated work with the media resulted in a significant shift in the quality and quantity of public discussions about abortion, moving from sensational reporting on criminal activity to a thoughtful consideration of a significant health problem that needed a solution.

Advocates also worked successfully with the government to incorporate data and reporting on unsafe abortion into periodic government reports to



global human rights committees, such as the Commission on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the African Commission on Human and Peoples’ Rights. Engagement in these global processes by high-level government leaders in Malawi helped frame the issue as a human rights violation in addition to a public health emergency and built a sense of urgency that action was needed at the highest level. The government’s willingness to address the issue in these forums put it on the record and made it accountable for making change.

In 2013, in response to civil society pressure, the Malawi Law Reform Commission took up an earlier recommendation to review the existing abortion law and determine whether and how to reform it. A special commission was created, composed of representation from key leaders and influencers, including the Ministry of Health, the Malawi Council of Churches, Malawi Law Society, the Episcopal Conference of Malawi, the Muslim Association of Malawi, the Judiciary, the Ministry of Justice, and a Senior Chief representing traditional leaders.

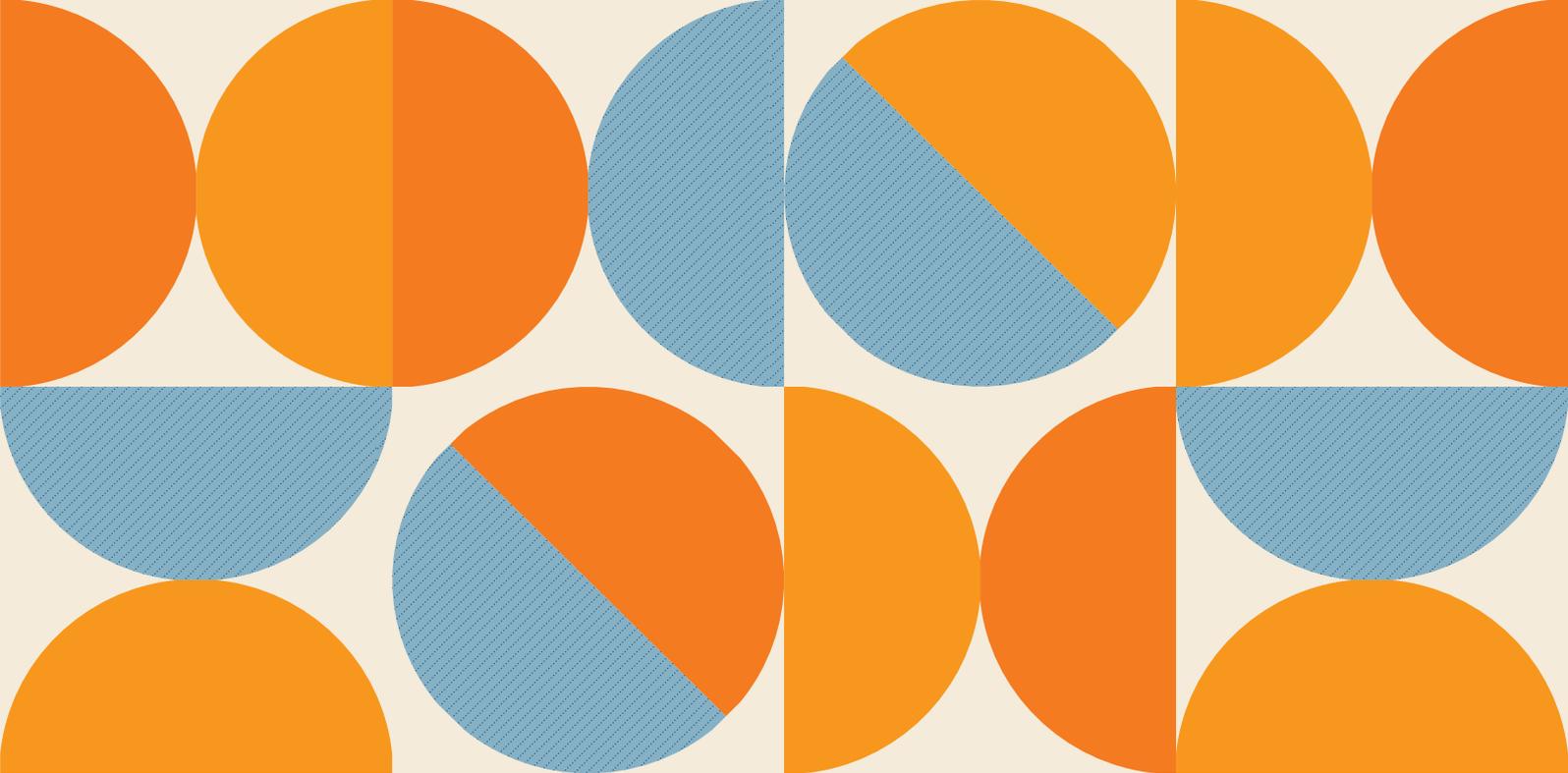
Over the next two years, the special commission met regularly to review evidence, visit other countries in the region to learn from their experiences with abortion, and debate solutions that were appropriate for Malawi. In July 2015, the commission issued its final report calling for law reform and proposed a draft bill that would legalize abortion in a number of circumstances.

Ultimately, despite widespread public support and leadership within parts of Malawi’s government, the bill did not move from Cabinet to debate in the National Assembly during one of the three parliamentary sessions in 2015. Advocacy has continued by COPUA and as of early 2021, a Private Member’s Bill that incorporates elements of the Law Reform Commission’s recommendations is awaiting debate in parliament.

Key strategies

While law reform has not yet been accomplished, many positive changes have come about through a few key strategies:

- National data on unsafe abortion has been instrumental in educating politicians, building public support for change, and helping the media improve the accuracy of its coverage of the issue.
- COPUA’s broad-based coalition of activists has created a pool of expertise in law, medicine, youth issues, and communications who can speak knowledgeably about abortion from various perspectives.
- Advocates pushed for law change while at the same time working to increase community demand for change, creating visible pressure on lawmakers to act.



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