Campaigning for Access to Medical Abortion in the Global South: a guide for south-based organizations and activists
Access to safe abortion services is crucial to protecting and realizing fundamental human rights — this remains true during the current COVID-19 pandemic. This public health crisis exacerbates the risks for women and girls to sexual and other forms of violence, lack of access to contraception, and unintended pregnancy. In contexts where the healthcare system is poor, the pandemic overwhelms the already limited capacity to respond to such risks as financial, human, and technological resources are diverted to pandemic response.

Regardless of the challenges, women will always need sexual and reproductive health services, including safe abortion services. In the midst of a pandemic, medical abortion may be the most viable option for women seeking to end unintended and unwanted pregnancies. However, for many women in the global south, access to quality medical abortion commodities and information remains a challenge.

On September 4, the Safe Abortion Advocacy Initiative – A Global South Engagement (SAIGE) and the South Asia Reproductive Justice and Accountability Initiative (SARJAI) held a webinar entitled “Access to Medical Abortion: Global South Perspectives” and launched the call to ensure access to medical abortion in global south countries. This call is our contribution as south-based SRHR organizations and activists to ongoing conversations that have been prompted by the September 28 campaign and its thematic focus this year on self-management of abortion. After all, without access to information and commodities, there can be no abortions to manage.

While challenges revolve around a common theme of access, the lived experiences of women in accessing medical abortion can be very diverse, influenced by their age, socio-economic status, ocation, and physical health, among other factors. Moreover, countries in the global south operate according to varying legal frameworks, socio political and economic conditions, and religious and cultural contexts, producing their own sets of barriers and facilitators to access. Lastly, social measures in response to the pandemic also vary and may introduce additional barriers such as mobility restrictions and bureaucratic layers that prevent the entry of goods. This is happening amid many disruptions in the global supply chains of sexual and reproductive health commodities because of the pandemic.

According to a recent report by Guttmacher, reduced access due to COVID-19 will result in additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies over the course of a year. Now, more than ever, governments should continue to prioritize the delivery of essential sexual and reproductive health information and services, especially to marginalised populations, e.g. disability inclusion in medical abortion is key in saving the lives of girls and women with disabilities. Availability and accessibility of a range of safe abortion services, including medical abortion, could reduce both maternal mortality and morbidity from unsafe abortion and expand the reproductive rights of women.
This September 28, SAIGE and its partners support the International Safe Abortion Day with the theme: Self-managed Abortion by focusing our demands around access to medical abortion as an important method for women seeking to end pregnancies. We come from an understanding that the lived realities of the global south are unique and our lived experiences need to be centered in the discourse on access to medical abortion. We hope to contribute ongoing conversations by reflecting our concerns and voices while demanding a reproductive justice approach and lens to medical abortion, thus, reclaiming our epistemologies that are often erased or subsumed under the dominant narrative. Through this year’s campaign, we strive to retain a focus on feminist solidarity during this difficult time. We will stay focused, energized, reflective, and motivated, for which taking care of ourselves and each other is essential. We will bring out the stories, our stories from the Global South.

ABOUT SEPTEMBER 28

September 28 is part of campaigning and advocacy activities undertaken to build an international movement for universal access to safe and legal abortion, from a human rights and reproductive justice approach. September 28 has been a regional campaign for the decriminalization of abortion in Latin America and the Caribbean for nearly thirty years before being taken on by SRHR activists all over the world as a Global Day of Action in 2011.

For more information on September 28, go to september28.org.

ABOUT THIS GUIDE

This reference was developed by the Women’s Global Network for Reproductive Rights (WGNRR) in partnership with the Safe Abortion Advocacy Initiative - A Global South Engagement (SAIGE). SAIGE is a platform for Global South advocates, activists, academics and services providers committed towards realising safe abortion as a human right. Find their work at: https://arrow.org.my/tag/safe-abortion-advocacy-initiative-a-global-south-engagement-saige/

WHAT IS MEDICAL ABORTION?

“Medical management of abortion generally involves either a combination regimen of mifepristone and misoprostol or a misoprostol-only regimen. Medical abortion care plays a crucial role in providing access to safe, effective and acceptable abortion care. In both high- and low-resource settings, the use of medical methods of abortion have contributed to task shifting and sharing and more efficient use of resources. Moreover, many interventions in medical abortion care, particularly those in early pregnancy, can now be provided at the primary-care level and on an outpatient basis, which further increases access to care. Medical abortion care reduces the need for skilled surgical abortion providers and offers a non-invasive and highly acceptable option to pregnant individuals.”

- Medical Management of Abortion, World Health Organization
WHAT ARE KNOWN COUNTRY EXPERIENCES RELATED TO MEDICAL ABORTION?

In Bolivia, where abortion is restricted except in cases of rape, incest, or when pregnancy is a threat to the woman’s life, many women turn to clandestine and unsafe methods of abortion. Of those who induce abortion through misoprostol, many were documented to have an incorrect or mistimed dosage.

In Nigeria (West Africa), where misoprostol is also not registered, clandestine sellers are rampant and do not give adequate or accurate information. This is a problem because many women do not know about misoprostol prior to contacting the seller.

In Pakistan, misoprostol is registered for postpartum hemorrhage but over the counter prescriptions which lack adequate or accurate information are common. In addition, wrong dosage and lack of access to comprehensive care lead to complications.

In East Africa, abortion continues to be restricted despite having clauses in various constitutions that allow access to abortion in the health of the mother is in danger. Medical abortion continues to be challenge to access due to the cost of it and myth and misconceptions around medical abortion.

In South Asia, women from Bhutan, Sri Lanka & Maldives travel to India to get the abortion services. However, travel restrictions and sealed borders have closed the option to seek safe abortion services across the borders.

In India, where medical abortion has been legal since 2002, a study found that most rural women did not know about medical abortion. But, once they were counselled on the method, they were able to see its benefits, such as safety, and compatibility with everyday responsibilities.

In Kenya, Misoprostol is not registered as an abortion pill and is only sold in private facilities at very high costs.

In Nepal, where abortion services were first provided in 2004 and medical abortion was introduced in 2009, a study found that women who were less educated, from lower castes and lived in rural areas were not adequately informed regarding medical abortion.

In the Philippines, the presence of clandestine and unregistered sellers are exposing women to risks such as complications and incomplete abortions.
UPCOMING EVENTS

• South to South Conversations: Reproductive Justice and Abortion Rights - Join SAIGE, WGNRR, and SheActs in an exploration and framing session on reproductive justice from a Global South perspective.

• South to South Twitter Rally - Join young feminists from the global south in a twitter rally for #MedicalAbortionNow and let everyone know why #AbortionIsEssential!

More events to join at www.september28.org!

JOIN US

Are you a south-based SRHR organization or activist? Would you like to join or organize activities this September 28? Feel free to ask support by emailing us at info@september28.org. Send us information about activity and we will share it on www.september28.org, social media and in the September 28 final report. Feel free to adapt or share existing materials on the website as well.

Follow our partners on social media! In the coming days, they will be sharing graphics on stories of women across the global south as well as useful information on WHO guidelines and telemedicine hotlines for medical abortion in the region. Help us spread our key messages, share our graphics and use our hashtags! Make your voice heard and tell us why you think #AbortionIsEssential and why we need #MedicalAbortionNow!
Women’s experiences with medical abortions are diverse and influenced by age, socio-economic status, location, physical health, and access. #AbortionIsEssential #MedicalAbortionNow

Our response and demands should reflect the lived realities of women from the Global South which are different and diverse, and where access still remains a huge challenge for women especially living in rural areas. #AbortionIsEssential #MedicalAbortionNow

Global south countries operate according to varying legal frameworks, socio-political and economic conditions, and religious and cultural contexts, producing their own sets of barriers and facilitators to access. #AbortionIsEssential #MedicalAbortionNow

Governments should provide accurate information on medical abortion to help women make informed decisions and minimize risks to women’s health. #AbortionIsEssential #MedicalAbortionNow

The public sector has an obligation to ensure body literacy for women and girls and provide accurate information. #AbortionIsEssential #MedicalAbortionNow

Medical abortion drugs need to be provided through public facilities, ensuring proper regulation, to encourage improved access to abortion services. #AbortionIsEssential #MedicalAbortionNow

Healthcare providers should be encouraged to provide sound private counseling on the relative safety of abortion methods, including medical abortion. #AbortionIsEssential #MedicalAbortionNow

Safe abortion hotlines can play an important role in reducing unsafe abortion and providing information to women even in restricted settings. #AbortionIsEssential #MedicalAbortionNow

Community-based telemedicine services and hotlines should be strengthened to make reliable information accessible to women. #AbortionIsEssential #MedicalAbortionNow

Accurate information on medical abortion regimens and supportive provider’s referral network, in case of emergency, save women’s lives. #AbortionIsEssential #MedicalAbortionNow

With proper information and guidance, medical abortion is a life-saving healthcare service. #AbortionIsEssential #MedicalAbortionNow

In the midst of a pandemic, medical abortion may be the most viable option for women seeking to end unintended and unwanted pregnancies. #AbortionIsEssential #MedicalAbortionNow

Medical abortion, an important advancement in technology, is part of our right to enjoy the benefits of scientific progress! #AbortionIsEssential #MedicalAbortionNow

It is our right to be properly informed about the benefits of medical abortion as a safe abortion option. #AbortionIsEssential #MedicalAbortionNow

Medical abortion should be understood from a reproductive rights and justice perspective, and in the context of bodily autonomy. #AbortionIsEssential #MedicalAbortionNow
Share these postcards from SAIGE and Young Activist Network for Abortion Advocacy (YANAA) featuring young people and their experience of abortion.
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Illustrations and patterns by Maanya Dhar