



Asia Safe Abortion Partnership

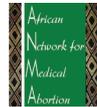


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Latin American Consortium  
Against Unsafe Abortion



Eastern European Alliance  
For Reproductive Choice



African Network  
for Medical Abortion

## Why do we think abortion country profiles are important? Experience of Eastern European Alliance of Reproductive Choice (EEARC)

*Galina Maistruk, EEARC Coordinator and Tamar Tsereteli, EEARC Steering Committee member*

EEARC was established in June 2008. One of the major activities that were launched by its Steering Committee was the elaboration of country abortion profiles by the networks' members. These country profiles synthesize current situation of the abortion topic and have been an important tool for the identification of general and common problems regarding access to mifepristone-misoprostol medical abortion as an option for unwanted pregnancy termination in Eastern European countries, as well as the barriers to accessibility and expansion of medical abortion services. Most of the member countries were part of the former Soviet Union and neighboring "socialist camp", with similar health care systems and values. Along the two decades after gaining their independency and health care reforms following their own agenda family planning services -which were absent during soviet period- were introduced. All these changes have brought in a different scenario, but safe abortion is still a big issue of public policy and women's rights despite the decreasing of the abortion rates observed during the same period in these independent countries.

Representatives of the networks' member countries have elaborated 13 country profiles including information about legislation regulating access to abortion, epidemiological and social statistics, current practices, service provision, supportive activities from local professional and Ob/Gyn societies and government, and also barriers to safe abortion

services and challenges for improving access. At present, all these country profiles are available in Russian and English on EEARC website ([www.reprochoice.org](http://www.reprochoice.org)).

These documents have helped to identify common trends and current problems in the whole region. Among the most important data there gathered, the following should be highlighted. Firstly, in all countries -with the exception of Poland- abortion has been legal for more than 50 years on request during the first 12 weeks of gestation. Reliance on abortion as a means of fertility regulation is still high, abortion rates are high in all countries -except in the Baltic States-, and abortion is still contributing to maternal mortality in some countries (Ukraine, Russian, Azerbaijan). Surgical intervention (D&C) remained to be the most widespread method and the one mostly used, especially in rural areas. Abortion services have low quality: limited choice of method, lack of counseling and post-abortion services, poor infection prevention, and use of general anesthesia for pain control. Worth highlighting is the fact that in private sector, quality of service provision is better but at higher prices.

Access to abortion services has been challenged in recent years. Concerns about declining birth rates, along with the pressure of religious and conservative political groups and public officials (especially in Russian Federation, Slovakia, Poland, Azerbaijan) have further reduced the support for family planning and abortion services. Nevertheless, a strong demand for abortion services and for the improvement of access and quality of care still remains.

Country profiles' information show similar problems in almost all the Eastern European countries thus making future strategies expected to be similar, along with some country-specific interventions to tackle specificities at country level scenarios. It should also be acknowledged that as abortion services are legally permitted in all countries there exists a supportive environment for the enhancing the quality of safe abortion provision through the introduction of new technologies and capacity building interventions.

Based on the country profiles, EEARC Steering Committee has elaborated a list of key major strategies that should be implemented to ensure better health and the well-being of all women in the region as follows:

- Design country- specific training agenda and conduct training activities for medical providers.
- Assist local governments in each country to strengthen the surveillance and epi-statistical data systems.
- Support local policy makers and key stakeholders to develop and adopt evidence-based national standards and protocols for safe abortion.
- Upgrade the capacity of health service providers through the introduction of new technologies.
- Collaborate with local policy makers to

establish an efficient distribution system for medical abortion drugs.

- Design and conduct KAP surveys to assess the degree of awareness of medical abortion among women and medical providers.
- Design and implement consciousness raising campaigns.
- Implement advocacy activities as a tool for the achievements needed.

As a first step, EEARC developed a website ([www.reprochoice.org](http://www.reprochoice.org)) for raising awareness among providers and women about safe abortion methods and strategies implementation at country level. Several informational materials were developed

for that purpose too. EEARC members participated in different international meetings and conferences to make needs and problems of the region visible.

The key message of EEARC is that despite the abortion legal status in the region there are unresolved problems regarding accessibility, quality of services, along with a growing abortion opposition movement. This scenario might have a negative impact on

women's reproductive health, so urgent actions should be developed by local activists and donors.

Unfortunately, due to the longstanding presence of the "soviet system" civil society, the Eastern European region has limited experience and low

capacities for the use of advocacy strategies to foster political and policy changes. As a consequence, EEARC has identified the development of advocacy strategies and tools as a priority goal for the near future. For this purpose, EEARC is currently supported by European Society of Contraception to facilitate the development of evidence-based advocacy strategies and tools; develop advocacy skills among its members; and foster international networking. All these strategies are meant to promote the effective use of contraceptives and –if needed– safe abortion services in Eastern European countries.

Given the usefulness of the country profiles and in order to monitor changes, EEARC keeps the updating of these documents with a special emphasis on policy, legislation and quality of services.

## Argentina good news: The recent United Nations Commission on Human Rights Judgment to the Argentine State on the LMR case

*Mariana Romero, ICMA Chairperson*

### Case summary

LMR, 20 years old, with permanent mental disability (mental age between 8 and 10 years old), who lives with her mother, in a humble half-built house, was raped by her uncle, husband of her father's sister. Her father has started another family and for years he has not communicated with his daughter and does not provide any kind of help. Upon feeling sick, her mother takes her to hospital, where physicians confirm that she is pregnant, and so she asks for the pregnancy interruption. The hospital denies this option, and sends her to the police station to file a police report and to another provincial hospital. Once the police report has been filed, LMR's mother takes her, 14.5 weeks pregnant, to another hospital where she is hospitalized, on July 2006, for the relevant studies, and a meeting of the Bioethics Committee is urgently called.

Given that it was a case of non punishable abortion, and after performing the pre surgical studies for the surgery, a court order from a juvenile judge was received demanding that procedures be stopped. Thus begins a legal proceeding to prevent the abortion. The case is appealed in the Civil Court, which rules confirming the first instance one. The defense appeals and the case is taken to the Supreme Court of Justice of Buenos Aires Province, which leaves the judgment appealed without effect and rules article 86 subs. 2 of the Penal Code, which allowed the young woman to interrupt the pregnancy was constitutional and therefore the abortion could be performed. It informs the hospital that the medical practice which they were going to perform is legal and does not require a court authorization. But it is useless.

The family begins a long pilgrimage, with the

support of women's organizations, at different hospitals in this province and others, but no one wanted to perform the abortion. Catholic fundamentalists groups and the State itself threaten the hospital and put pressure on the family so that they will not proceed with the interruption. Then, in view of the denial, the family is compelled to have the pregnancy interrupted in a clandestine facility. Despite the fact that LMR had the legal recourse to decide about her reproductive rights, she could not have access to it. LMR was discriminated in the access to reproductive health, her right to privacy and to intimacy was violated, as well as her access to a safe abortion within the health system.

### Civil society organizations' advocacy strategy

For these reasons, on May 2007, three women's rights organizations, INSGENAR (Institute on Gender, Rights and Development), ACDD (Catholics for Free Choice-Argentina), and CLADEM (Latin American and Caribbean Committee for the Defense of Women's Rights) file a complaint about the case before the CDH/ONU, on the basis of violations to articles 2, 3, 6, 7, 17, y 18 of the International Covenant on Civil and Political Rights. The State challenges the admissibility and the merit of the communication, the petitioners express themselves. At the same time a negotiating table is set up between the State and the petitioners to seek a possible acknowledgment of the violations of rights, and measures of reparation and non repetition.

The case of LMR illustrates how Argentine women cannot access the medical procedure, although the right to it has been stated in the Criminal Code for over 90 years. On April 21st, 2011 the UN Committee on Human Rights issues a ruling sentencing the Argentine State. The Committee founded that the case touched

upon articles 2, 3, 7 and 17 of the ICCPR. The Committee stated that Argentina's omission to provide safe abortion services in a case where abortion was legal according to the Criminal Code, caused moral and physical pain, amounting to a violation of article 7; particularly in this case, since the victim had been raped and was mentally disabled. The Committee clearly affirmed that article 7 not only refers to physical pain, but also moral pain. The Committee also considered that, by impeding the access to legal abortion, the Argentine State interfered with LMR's right to privacy, in violation of art. 17. The Committee finally said that, although, formally, LMR could access the domestic jurisdiction, the whole proceeding was cumbersome and delayed, being, in fact, an ineffective remedy, and, hence, amounting to a violation of articles 2.3 in relation to articles 3, 7 and 17. Accordingly, the Committee granted Argentina 180 days to pay damages to LMR and to implement measures to impede future violations.

As Mercedes Cavallo states in a recent article "It is hoped that this ruling would help to improve access to safe and legal abortion, as complications from unsafe abortive practices in Argentina have been the main cause of maternal mortality in the last twenty years and represent a third of total maternal deaths".

**For more information:**  
<http://tiny.cc/gqnkf> (in Spanish)

Mercedes Cavallo, "Argentina sentenced by the United Nations Human Rights Committee for Not Providing a Legal Abortion" REPROHEALTHLAW-L Reproductive and Sexual Health Law Listserve, International Reproductive and Sexual Health Law Programme, Faculty of Law, University of Toronto, June 2, 2011.

Online: <http://tiny.cc/9qbx>

# ANMA Regional TOT Workshop on Medical Abortion and MVA for Francophone Africa

Selma Hajri, ANMA coordinator

The regional Training for Trainers (TOT) workshop on medical abortion (MA) and manual vacuum aspiration (MVA) was organized by the African Network for Medical Abortion (ANMA) -the regional network affiliated to ICMA- in close collaboration with the "Comité d'Organisation des Journées Scientifiques de CMNRT", Gynuity Health Projects, Ipas Africa Alliance, in Tunis, Tunisia between May 22nd and June 1st, 2011. Fourteen participants from Francophone African countries (Cameroun, Gabon, Mauritania, Morocco, Senegal, and Tunisia) attended the workshop bringing their respective experiences in MA and showed a great willingness to expand their knowledge about MA and MVA.

The main goal of the TOT was to improve health-care workers' and doctors' knowledge and skills to provide medical abortion to women who request and are eligible for this abortion method. Current situation of sexual and reproductive health and rights policies and service delivery in Africa was discussed, and the participants have the opportunity to learn about how Tunisia and other African countries have introduced medication abortion (MA) into existing family planning, abortion/PAC and women's health services in both urban and rural settings. Demonstration of effective presentation and facilitation methods for MA, MVA

and PAC, and the description of MA, MVA (for legal abortion and for M-PAC) service delivery successes, challenges and recommendations from other African country experiences were also assessed. Counseling on abortion provision and contraceptive services, clinical assessment, uterine evacuation using Ipas MVA Plus® aspirator or medication abortion, post-procedure care, follow up care and management of complications, and MA / M-PAC regimens and protocols were also topics included in this training.

At the end of the workshop, participants were expected to be able to facilitate orientations and training to health care providers and other stakeholders on values clarification and comprehensive, woman-centered and effective abortion care and service delivery interventions. They were also asked to develop action plans that include policy, programmatic and clinical issues in the short and long-term for their countries. Finally, participants were asked to envisage how they to coordinate their efforts with ANMA and other teams to introduce or improve MA and MVA use for PAC and for legal indications of abortion in their countries.

The workshop was enriched by the contributions of highly skilled trainers representing different

organizations specialized in the field of reproductive health and MA: Dr. Alblas Marijke and Mrs. Makgoale Majentshu (Ipas) from South Africa; Dr. Selma Hajri (ANMA); Pr. Hela Chelli and Dr. Ben Attia Mongia from Tunisia; and Mrs. Ayisha Diop (Gynuity Health Projects) from USA.

Training and visits to clinical facilities were planned every day to improve participants/trainees' practical experience in MA, MVA techniques, and in post abortion contraception (including IUD and implant insertion). During this practical training all participants had the opportunity to perform several procedures for first trimester abortion with the supervision of experienced trainers.

ANMA wants to deeply acknowledge Gynuity Health Projects who contributed in the training for MA for PAC with misoprostol, and financially supported the participation of 3 professionals from Senegal. Also to Ipas who facilitate the sets of MVA which were supplied by the distributors (Women Care Global), and the Comité d'organisation des Journées Scientifiques de CMNRT from Tunisia who played as a full partner in this training.

For more information:  
<http://www.anma-africa.org/Activities>

## Forthcoming ICMA and Women on Web international meeting: Using hotlines to improve women's access to information in legally restricted settings, Bangkok, Thailand, 2-3-4 November, 2011

Medical abortion offers a unique opportunity to expand access to safe abortion for women across the world by making abortion care more accessible and providing a safe alternative to many unsafe methods currently in use in countries where abortion is less accessible and/or legally restricted. It has emerged as a woman-friendly option for women seeking abortion – it requires lesser dependence on facilities equipped for surgery, can be provided at a low cost and allows women greater control over the process of abortion. Medical abortion methods are highly safe and effective as well as confidential and non invasive means for delivering both abortion and post-abortion care services. They are also effective for both first and second trimester abortions as well as extremely early abortions.

Due to rising demand for information on safe abortion, recent years have seen the rise of civil society initiatives using new communication strategies, such as hotlines, email lines, mobile phones, SMS, twitter, internet forums, as part of their mix to reach out to and empower hard to reach women and improve their access to reproductive rights and safe abortion. Major challenges facing these novel initiatives include their

documentation, scientific validation, and the reporting on and impact of these (virtual) interventions in terms of women satisfaction, public health outcomes, as well as legal implications.

Given this scenario, ICMA and Women on Web are organizing a small international meeting to assess the emerging innovative communication strategies which are used to expand access to safe abortion through the provision of high quality information and counseling on medical abortion directly targeting women in legal and legally restrictive settings.

Participants will include organizations and groups working with new communication strategies in the delivery of medical abortion information to target women, working with hotlines and other strategies, which are interested in expanding their scope to include medical abortion information, and working at expanding access to medical abortion at regional levels, as well as experts in topics which provide the main political and technical support to these kinds of strategies. Participation in the meeting is by invitation only.

The objectives of the meeting will be:

- To share the experiences of setting up hotlines in Asia, Africa, Latin America which give information to women on safe abortion in legally restricted settings
- To share experiences of existing new communication strategies to get this inform to women
- To discuss how to strengthen the provision of information to women based on their expressed needs
- To share strategies on how to cope with opposition and threats within the social and political environment
- To discuss mechanisms of documenting and evaluating the work of hotlines.

Presentations and discussions taken place at this meeting will be available on ICMA and WoW websites and specific materials will be disseminated through ICMA's next Newsletter.

# Abortion access in Japan: a situation analysis

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## Legal situation

Abortion has been criminalized under the Penal Code (Act No. 45 of 1907), which stipulates that "when a pregnant woman causes her own abortion by drugs or any other means, imprisonment with work for not more than 1 year shall be imposed." This article was used as a tool for singling out defiant women for punishment during wartime.

Without abolishing the above article, the Eugenic Protection Law, which admits justification on some grounds and conditions of abortion, was enacted in 1948. The original purpose of the law was population control in the postwar period. This law requires a woman who wants to have an abortion to get the authorization of her male partner.

In 1996, the eugenic condition for abortion was deleted from the law and the name of the law was changed to the Maternal Protection Law... This law stipulates "a doctor who is designated by the medical association of the prefecture is authorized to perform the medical procedure of abortion for the following women, after obtaining the consent of the woman and authorization of her husband.

- 1) A woman for whom pregnancy or delivery could cause damage to her health for physiological or economical reasons.
- 2) A woman whose pregnancy is caused by violence or intimidation, during which she could not have resisted or refused."

Thus, while all abortions are punishable under the Penal Code, abortions on the grounds of medical/economic reasons and rape are justified under the Maternal Protection Law.

## Facts and figures

According to the statistics by the Ministry of Health, Labour and Welfare of Japan, about 240 thousand cases of abortion were reported per year, while the number of childbirths was 1.1 million. 95 % of them took place during the first trimester. About 40% of them took place in women in their 20s and 30% among women in their 30's. The ratio of abortions in the teenage population was around 10 to 1,000 females. There is no data what percent married women accounts for of the total number. Also it is estimated that there are a lot of unreported cases as they didn't meet the requirements of the Maternal Protection Law and are thus illegal.

## Changes around these laws

The above article of the Penal Code which punishes all abortion has not changed for more than 100 years. Due to the Maternal Protection

Law, the number of prosecution for abortion is very few these days. Due to high standard of medical services and low maternal mortality rate, unsafe abortion is rare. Unfortunately, this results in the movement for decriminalizing abortion being weak. What is worse, the concern among women's groups tends to incline towards anti-eugenic-concept, anti-technologies and anti-medicine, and this sometimes causes conflict with those advocating for liberalizing abortions... For example, the anti-selective-abortion groups don't want to recognize the "right" to abortion and do not consider the cost of abortion services as an issue. Anti-medicalization and anti-westernization women's groups criticize all kinds of pills for women, including medical abortion. These groups have a loathing not only for medicalization and westernization but for "rights", because they believe that the concept of "rights" has been thought to be used for denying "Others". Nevertheless, as a result of the efforts of the women's movement, such as lobbying for decriminalizing abortion through the UN CEDAW reporting process by "Space Allies", we succeeded in including abortion in the list of issues for the Japanese government and finally, the committee announced in its concluding observations: "The Committee recommends that the State party amend, when possible, its legislation criminalizing abortion in order to remove punitive provisions imposed on women who undergo abortion, in line with the Committee's general recommendation No. 24 on women and health and the Beijing Declaration and Platform for Action" in August 2009.

However, things have not developed very much, despite our efforts. The Japanese government released the third national basic plan on gender equality, which outlines the basic policy for five years starting from 2010. Its only reference to abortion is-- "with the low birthrate and progress in science and technology, as legal system on abortion and assisted reproduction technologies should be considered from many points of view, the government plans to obtain information for the discussion, if needed."

Now, we are still struggling for the revision of the law regarding abortion. We have been working on a One Million signatures campaign for decriminalizing abortion

See and sign up at <http://www.petitiononline.com/Allies12/petition.html>

## Problems in domestic violence cases

The Japanese laws on abortion cause difficulty especially for women suffering domestic violence, as the Maternal Protection Law requires a woman who wants to have an abortion to get the authorization of her male partner. DV offenders often

use pregnancy as a tool of control over their wife and often rape their wife or do not want to use condom, specifically that the pregnant wife will not then escape from them. Women in shelters or during estrangement experience difficulty in obtaining the authorization of their partner and therefore in accessing abortion services.

Neither abortion, nor delivery is covered by health insurance coverage in Japan. It costs 1,000 US\$ for abortion in the first trimester (Medical abortion is not approved in Japan, and D&C is considered the standard method for the first trimester) and 3,000 to 100,000 US\$ for abortion in the second trimester. Poor women including DV survivors, migrant women and young women have difficulty in accessing to such expensive services.

## Medical abortions

The government is unwilling to introduce medical abortion into Japan. Instead the Ministry of Health, Labour and Welfare stressed the fact that medical abortion was not approved in Japan and called for voluntary restraint of importing medical abortion in their announcement in 2004, without studying what medical abortion was and how it is being used globally.

According to media reports, the Shinjuku Police Office arrested a 22-year-old woman who had had an abortion using Mifepristone and Misoprostol. She was sent to the prosecutor office as a criminal on November 19th 2010. The woman had obtained the pills from China through the internet in May 2009, and took them at her house at 20 weeks of gestation. She had heavy bleeding and was taken to a hospital by ambulance in June 2009. A doctor at the hospital reported it to the Shinjuku Police Office. According to the women, she decided to have an abortion, as her partner asked her to do so and he said he would not date unless she chooses to abort. She also said she did not want to burden her parents with the cost for surgical abortion, which was more than ten times as expensive as medical abortion.

In this case, although finally the woman was not prosecuted, her suffering is an example of the tragic situation in which women find themselves as a result of the lack of adequate information and the criminalization of abortion.

A Japanese-based NGO "Space Allies" announced in their press release that 1) the crime of abortion should be abolished immediately, 2) Mifepristone and Misoprostol should be approved as a legal method of abortion especial for early abortion, and 3) the government should review the cost for the abortion and work for elimination of the stigma of abortion.

# Third Small Grant Program for local initiatives to promote access to safe abortion in the Latin American region

*Rossina Guerrero, Technical Staff, CLACAI Secretariat*

With the purpose to foster the implementation of national actions, CLACAI launched in 2011 its third call for the development of local initiatives. This competitive contest was opened to its organization members with the objective to contribute to the strengthening of the abortion advocacy agenda in the countries of the region. Five proposals were approved.

In Argentina, a project conducted by Phone lines – Argentina aims at deepening the work that has been carried out in the prevention of unsafe abortion practices. It seeks to improve access to information on safe abortion with misoprostol and post-abortion care at a community level. It includes a joint strategy with public services for pre and post-abortion care, particularly in primary healthcare services. Main actions include developing a guide for working with the community that allows the training and articulation of healthcare workers and community organizations, as well as the development of a protocol for post-abortion care with Misoprostol in primary healthcare, in conjunction with healthcare providers. A second project in this country, implemented by FUSA 2000 (Foundation for the Health of Adolescents 2000) seeks to

contribute to the consolidation of a healthcare network generated by the Reproductive Health Program in conjunction with FUSA to lead, foster, accompany or promote the adoption of the risk and harm reduction model in pertinent services. To that effect, the proposal includes working on the development of a model of care and registration tool for reducing risks and threats to the public in the City of Buenos Aires, which allows reducing unsafe abortion and its consequences. This includes the development of an agreed treatment protocol for reducing risks and harms that would apply to network services, as well as designing a data logging tool that also reduces risks and harms in network services.

In Brazil, the NGO Curumim will develop a project aimed at encouraging young women to discuss the impact of the illegality of abortion in the health and lives of women and in exercising the rights and public policies that relate to sexual and reproductive rights. Proposed actions include using media, such as the production of radio spots on abortion care and legal abortion, which are inserted into a joint effort with popular communicators.

In a Central America country, CLACAI is supporting an initiative to improve access of rural women to medical abortion with misoprostol base access and dissemination of scientific information.

In Mexico, Balance-Fondo María will develop activities to strengthen information and counseling targeting adolescents who wish to terminate a pregnancy, and who cannot resort to Legal Pregnancy Termination Services without the company of a parent or guardian, by providing training for the applicant's staff in the counseling and monitoring of drug-induced abortion in adolescents. Proposed actions include the training of counselors in addressing and monitoring drug-induced abortion specifically in adolescents as well as the use of previously developed materials known as the "toolbox" to support abortion and the development of information on sexual rights and abortion to be distributed among adolescents through the MARIA Fund.

For more information: <http://tiny.cc/5symb>

## MEDICAL ABORTION INFORMATION PACKAGE



Lack of knowledge about Medical Abortion is widespread, not only among women around the world but also among service providers, policymakers, pharmacists and the lay public. Informing these target groups

is a strategic objective of ICMA and the regional networks affiliates.

ICMA Information Package provides comprehensive information on Medical Abortion

to address the specific information needs of women, women's groups and organizations and other NGOs, policymakers, and health care providers, particularly those in developing countries. It includes a section containing resources, publications and contacts, model leaflets and examples of educational materials and personal histories. It also includes a section for women who need an abortion.

To access the information package go to: <http://www.medicalabortionconsortium.org>

For more information please visit: <http://www.medicalabortionconsortium.org>