Now that the UN conferences in Cairo and Beijing are over and the delegates have returned home, what happens next? What types of changes in policies and practices are necessary before governments and NGOs can work effectively on women’s health and development issues? What is the first step in setting priorities for action?

A useful way to start is by gathering ideas from the Programmes of Action from the International Conference on Population and Development (ICPD) and the Fourth World Conference on Women (FWCW). While UN member states are not legally bound by the commitments made and reflected in the Programmes of Action, these documents are useful summaries of the issues that a majority of the world’s governments consider to be priorities.

One of these priority issues, included after significant debate and discussion among the delegates, is reducing the negative impact of unsafe abortion on women’s health. It is widely known that unsafe abortion causes at least 70,000 maternal deaths every year and leaves countless more women with chronic health problems. Achieving the ICPD goal of a 50% reduction in maternal mortality by the year 2000 cannot be accomplished without a serious, long-term commitment to addressing the consequences of unsafe abortion. Paragraph 8.25 in the ICPD Programme of Action is the first acknowledgement in a globally recognized document that improving abortion-related care is a vital and essential strategy for improving women’s health. The Platform of Action from the Beijing FWCW reiterates this call to action in paragraphs 106(j) and (k) and adds a challenge that governments re-examine laws containing punitive measures against women who have undergone illegal abortions.

The language in Paragraph 8.25 and its reiteration in Beijing empower health professionals, policymakers, and international aid agencies around the world to take an active role in reducing unsafe abortion.

By taking action in these ten areas you can bring about real improvements in women’s health related to unsafe abortion.

1. Educate yourself and your staff about the impact of unsafe abortion and how it can be prevented.

Make sure staff at all levels of your organization—in headquarters and field offices—have the same information and data about unsafe abortion. Empower your consultants or field representatives to propose local solutions. Avoid sending mixed messages about organizational priorities; minimize the knowledge gap between the headquarters staff who set policies related to abortion and the field staff who are charged with implementing those policies.

2. Be a voice for action in the movement to prevent and reduce unsafe abortion.

Use the ICPD consensus language to support your position. Do not wait for your grantees, country partners, or donor agency representative to ask your opinion—take every opportunity to let them know that you acknowledge unsafe abortion as a problem. Do not be responsible for letting the silence about this issue continue.

3. Describe the problem of unsafe abortion accurately and consistently.

Use language that highlights the public health nature of unsafe abortion rather than concentrating on the political sensitivity that surrounds the issue. Focus attention on the ethical responsibility to provide life-saving care to women. Be a pragmatic voice for how to reduce the maternal mortality and morbidity associated with unsafe abortion.

4. Incorporate abortion care into country programs and assessments.

Authorize and mandate your staff and consultants to examine the role that unsafe abortion plays in the reproductive health of a given population; include this issue in all assessment forms and guidelines. Do not let your colleagues and consultants assume you are not interested in this problem.

Examine whether unsafe abortion fits logically within the framework of an existing program. For example, unsafe abortion is clearly a major contributor to maternal mortality, and therefore, an appropriate addition to Safe Motherhood or Postabortion Care* programs.

5. Make use of existing technical resources as you begin programming to avoid “recreating the wheel”.

Seek and use the numerous training and reference materials that have been created by agencies including the World Health Organization, Ipas, JHPIEGO, AVSC International, IPPF, and others.

6. Use appropriate technology in clinical and educational programs that address unsafe abortion.

The World Health Organization recommends vacuum aspiration (VA) as a safe, effective, and low-cost method for treating incomplete abortion. Manual vacuum aspiration (MVA) is a version of VA that can be used at decentralized, and thus more accessible, service sites. Donors must be willing to provide these instruments, as they do other medical supplies and commodities, and governments must add them to standard equipment lists.

Don’t forget printed materials! Educational and reference documents are the essential complement to medical technologies and should be provided as part of the package.
7 Increase country capacity to undertake training, service delivery, and health systems research.

With the proper training and tools, improving abortion-related care is not difficult. But because this issue has been excluded from mainstream reproductive health for so long, there are very few existing organizations with relevant experience and skill. Donors should support focused technical assistance from key agencies that can work in collaboration with country partners to introduce new technologies, recommend and help implement changes in service delivery, and build the skills necessary to continue at the local level. Governments should welcome such collaboration as a step toward building local capacity. NGOs should be involved as valuable partners in building country capacity to address unsafe abortion.

8 Look past the clinical moment and make the provision of abortion care a comprehensive reproductive health experience.

Women who seek assistance for abortion-related problems are not likely to be common users of health services and may not be willing or able to return for other care. Health professionals, donor agencies, and government-level policymakers can be key agents in expanding the definition of abortion care to include other vitally important reproductive health care services or referrals, such as testing or treatment for reproductive tract infections or STDs, counseling about domestic violence issues, or screening for reproductive cancers.

9 Be willing to measure success in a new way.

The impact that an abortion care program can make on a woman’s health cannot always be evaluated by reviewing the number of new contraceptive acceptors or tallying the couple-years of protection, as is a typical family planning program. Donor agencies should be willing to recognize that programs can demonstrate success when abortion-related health services become more available, access to care is expanded to additional service delivery points, and the quality of care improves. Consider documenting the changes in the social and economic costs of unsafe abortion and do not assume that small numbers or qualitative results reflect poor performance.

10 Make a commitment to addressing unsafe abortion and act on that commitment.

International aid agencies have the capacity to shift the direction of reproductive health programming by focusing their funding priorities in certain areas, and government policymakers can facilitate progress by creating a supportive environment for programs that address this issue. Unsafe abortion is a clear contributor to poor maternal health and significant maternal death and should become a priority for donors and governments interested in improving reproductive health.

*Postabortion care is an approach to reducing mortality and morbidity from unsafe abortion that involves strengthening the capacity of developing country health institutions to offer and sustain three specific components of health care: 1) emergency treatment services for incomplete abortion and its complications; 2) effective postabortion family planning services; and 3) links from emergency abortion treatment services to comprehensive reproductive health care services.

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Paragraph 8.25
ICPD Programme of Action

In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion* as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances in which abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Postabortion counselling, education and family planning services should be offered promptly which will also help to avoid repeat abortions.

Paragraphs 106(j) and (k)
FWCW Platform of Action

Actions to be taken by governments, in collaboration with NGOs...

(j) Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development.

(k) Paragraph 8.25 of the Programme of Action of the International Conference on Population and Development states: [8.25 repeated here]. Consider reviewing laws containing punitive measures against women who have undergone illegal abortions.

*Unsafe abortion is defined as a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both. (WHO)