Toward a Sustainable Abortion Ecosystem:
A framework for program design, action and evaluation
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The Sustainable Development Goals (SDGs) adopted by the United Nations in 2015 represent a collective vision and blueprint for world progress. From eradicating poverty and reducing inequalities to ensuring good health and well-being for all, every UN Member State agreed through the SDGs to carry forward a global call to action and to hold each other accountable for addressing challenges or barriers impeding progress on any of these goals.

One continuing challenge is the (in)ability of individuals to confidently and safely terminate an unwanted pregnancy.

To support autonomy and gender equality, the SDGs require all governments to ensure universal access to sexual and reproductive health care (SRH) by 2030. Any government which fails to ensure sustainable access to high-quality abortion care within the reach of anyone who needs it cannot claim to meet that requirement.

This sustainability framework is Ipas’s response to the urgent need to support and hold accountable those governments for whom ensuring access to safe abortion care remains a challenge—contributing to high maternal deaths, along with other problems.

Using a human-centered approach, this framework recognizes that sustainable abortion care is dynamic and requires new thinking on how to collaborate with partners to achieve goals, and how to strike a delicate balance across many factors. It means taking a new approach to meeting old challenges.
The abortion ecosystem

Our approach starts by centering the individual, with the goal of achieving a better understanding of the complexity of the environment in which people make abortion decisions—or, as we call that environment, the abortion ecosystem.

We define a sustainable abortion ecosystem as “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.”

To achieve balance and ensure a committed, responsive system for abortion care, we have identified eight key programming components for action and evaluation. Each programming component is derived from and mapped to the abortion ecosystem that exists around an individual. We believe understanding and addressing the abortion ecosystem through this approach will help program designers better understand and improve the enabling environment around an individual’s abortion decision-making. Understood this way, implementing programs can themselves be more efficient and responsive toward ensuring national ownership and sustainable access to person-centered, high-quality abortion care.
Understanding the eight components of the abortion ecosystem

In this section, we introduce the eight key programming components that map to the abortion ecosystem. For each component, we describe what the broad vision of sustainability looks like and how that component interacts with the others within the ecosystem.

INDIVIDUAL KNOWLEDGE AND AGENCY

In a sustainable abortion ecosystem, women and girls have the accurate information and understanding to inform their reproductive health decisions and can act independently to make their own choices regarding abortion. Knowledge relies on an environment where social norms support free choice and access to accurate sexual and reproductive health information, including comprehensive sexuality education. Progressive social norms, particularly around gender and power dynamics, provide an environment in which women and girls make their own decisions. Social support can create access to accurate information and contributes to women’s and girls’ agency. When community members have knowledge and agency, they can influence the political process and help shape the political landscape for abortion.

COMMUNITY SOCIAL NORMS AND SUPPORT

In a sustainable abortion ecosystem, social norms are free of abortion stigma and discrimination and are supportive of people’s ability to exercise their sexual and reproductive health and rights. Community-based and civil society organizations and other community members are informed and empowered to uphold women’s and girls’ human rights and are committed to holding duty-bearers accountable. Social norms and expectations related to abortion may affect if, where and how individuals seek information and health services. In a sustainable abortion ecosystem, women and girls seeking care have access to social support from a diverse range of community members.

POLITICAL SUPPORT AND LEADERSHIP

In a sustainable abortion ecosystem, government stakeholders demonstrate prioritization of sexual and reproductive health and rights by respecting, protecting and fulfilling human rights obligations. Prioritization of abortion means a commitment to ensuring meaningful access to comprehensive abortion care for all who need it, informed by available health information. To sustain political support and leadership, there must be effective and reliable champions for abortion access at all levels of government and the health sector (public and private) and a well-func-
tioning and effective civil society movement that is mobilized around advocacy and political accountability for abortion access.

POLICY AND LEGISLATION

Political support and leadership drives the legal and policy framework that is necessary to realize an individual’s abortion rights. Foremost, this includes laws, policies and other regulatory actions that support comprehensive and postabortion care and medical abortion, as well as overall sexual and reproductive health and well-being. Laws and policies on gender equality, public health and protection from violence are also critical aspects of the legal and policy framework for realizing abortion rights.

FINANCING

Financing for the abortion ecosystem includes mechanisms that ensure resilient, affordable, equitable access to abortion care across the entire health system. Political support and leadership are critical to ensuring that there are commitments to these financing mechanisms. As the ecosystem moves toward sustainability, there are incremental increases in allocations for abortion care in national plans and budgets in order to meet population health needs. Civil society and community groups are engaged in advocacy on financing for abortion access and have resource generation capacity.

COMMODITIES

Abortion commodities refer to the drugs and supplies required for abortion services. The sustainable supply of these commodities requires a supply chain where local systems are committed to having commodities available at the right place, at the right time, in the right quantity and in the right condition. Local systems are informed by policy and legislation and financed in a manner that gives it the ability to deliver on that commitment. Commodities are available in an uninterrupted manner over time and people have access to medical abortion drugs on their own. A person’s health decisions are based on need and preference, not on what happens to be in stock.

HEALTH WORKFORCE AND SERVICE DELIVERY

Public and private evidence-based abortion services are shaped by individual and community needs. Universal access to services is sustained and supported by policy and legislation, adequate funding and appropriate commodities. Services are free of stigma, respect human rights and are available through a trained and supported health workforce that meet clinical and service delivery standards. Ser-
service delivery outcomes inform continuous quality improvement, meet community needs and support and inform political will and action.

HEALTH INFORMATION

In a sustainable abortion ecosystem, information systems and local capacity are in place to identify, collect, document and use data on current and emerging reproductive health needs, including abortion. Civil society and community stakeholders participate in identifying data needs, and there is joint ownership of results to ensure data positively influences the ecosystem for abortion care. Health programming utilizes health outcome data to prioritize, develop and implement programs that effectively address abortion care needs.

Understanding the dynamics of the abortion ecosystem

The eight key programming components not only serve to set out programming priorities, but also describe aspects of a dynamic, interdependent abortion ecosystem. It is important to understand how these components relate to one another, and to understand the key intersections within the ecosystem surrounding abortion decision-making. The delicate and complex system described below recognizes abortion for what it is—a uniquely challenging, sometimes unpredictable yet critically important, aspect of SRH programming.
Our approach suggests that effective programs must understand and effectively navigate the relationships within the abortion ecosystem. Failing to do so undermines the possibility of sustainable abortion care. What follows is a narrative summary of the relationships within the ecosystem.

- Starting with the individual, we must understand the ecosystem based on individual knowledge and agency. What does the individual know about abortion care and how to seek it? How confident are they in asserting that knowledge? Centering the individual in the ecosystem means we can more clearly see and understand the environment in which people are making abortion decisions.

- Individuals’ attitudes are produced by, and often serve to reinforce, the community social norms and support around them. Understanding the communities around a person provides information about the social norms and support available (or not) for abortion access. These communities will directly shape the information that is available to people and the confidence they have in seeking the care they need.

- Individuals, together with their communities, directly shape the levels of political support and leadership that exist for abortion care. In a well-functioning ecosystem, policymakers respond directly to the communities and individuals they represent. Many things influence the politics of abortion care, and all too often we see abortion used as a political rallying and/or silencing tool. Our experience tells us, though, that communities have the power to transform and depoliticize abortion, where it is collectively demanded to be treated as a matter of health and human rights.

- With strong political support and leadership, there is an increased likelihood of supportive policy and legislation being in place to support broad access to abortion care. Such laws and policies, along with strong political commitment and support, will positively influence the level of financing that is allocated and available for abortion care in the public health system.

- When empowered communities and individuals with knowledge and agency demand that abortion care be available to meet their needs, it is highly likely they also have the ability to influence and pressure local systems that are responsible for supplying abortion commodities within the ecosystem, including through the private sector. Access to medical abortion drugs outside of health facilities is an important consideration for achieving supply and demand balance, both in and out of the public health system. The public health system, though, will require government to ensure supportive laws, policies and adequate financial commitments are in place to ensure a functioning public supply chain system is available and stocked to meet the needs of all individuals.
• With supportive laws and policies in place, and adequate financing and commodities procurement, the government is well-positioned to offer a **health workforce and service delivery** system for safe abortion care that meets global quality and human rights standards, and that is responsive to the needs of every individual served.

• To nurture sustainability across the ecosystem, there is also a need for a functioning and holistic **health information** system that generates and channels information about health needs and outcomes. Individuals and communities generate information about the health needs within the ecosystem; that information can serve to generate demand for abortion access in the private and public sectors, as well as meet individual demand for abortion commodities. The health system should also generate information on health outcomes as it relates to abortion care. This information is important evidence that can be used by communities and with political leaders to ensure that there is sustained, evidence-based pressure and accountability to improve health outcomes and better meet the needs of everyone when it comes to safe abortion care.

**Sustaining the abortion ecosystem**

The abortion ecosystem cannot be sustained if it is not dynamic enough to adapt to and withstand change. Our approach takes into account four essential “drivers” that propel efforts toward a more balanced and resilient ecosystem. These drivers inform how activities should be planned and implemented.

To ground the work of stakeholders in national ownership and ensure programs are most effective, all activities must be carried out in line with:
• **Human rights and equity.** Human rights are universal and indivisible. When abortion-related health rights are firmly rooted in the public health system, abortion care is more likely to be sustained over time. To accomplish this, human rights-based analyses, framing and implementation strategies must be tailored for the local context and applied regularly and consistently across all aspects of programming.

• **Partnerships and collaboration.** To ensure the ecosystem can maintain a solid network of relationships, effective partnerships, and collaboration over the long term, it is crucial to engage early and often with key stakeholders and partners for collaborative strategic planning discussions throughout implementation.

• **Local expertise.** Without local expertise to guide progress, an abortion ecosystem will not survive. All programming must therefore prioritize local ownership, which includes ensuring adequate time and commitment to this driver from the start. Programs should regularly offer technical support, assistance and capacity strengthening where it is needed.

• **Ownership and accountability.** To demonstrate their commitment, government actors must have space to engage at every major stage of work. Successful approaches involving ownership and accountability often mean working with local communities and health professional associations to educate and hold accountable policymakers and health authorities to meet the needs of the individuals being served.

All of this adds up to a new way of working on safe abortion care. It means thinking beyond any single project. It means planning for the eventual phase-out of full-scale programming. And it puts to use a holistic and systems-level approach, starting with the program design phase. This is a much-needed shift for the field—one that can improve programming, provide a pathway for scale-up, and, importantly, measure impact in relation to sustainability of the abortion ecosystem, rather than service delivery outputs.

For questions about the sustainable abortion ecosystem, please email TArequests@ipas.org.