



Global South Statement on Access to Safe Abortion

“There is no thing as a single-issue struggle because we do not live single-issue lives.”
- Audre Lorde

Marginalised women face multiple oppressions and we can only truly achieve human rights by addressing how they impact one another. For women from the Global South, abortion service is not just about having a choice but not having access to accurate information and services. We are as empowered as the most marginalized among us. We urgently require an intersectional approach to public health policy and decision-making; our society will not be free until the most marginalized people are able to access the resources and full human rights to live self-determined lives without fear, discrimination, or retaliation.

Access to quality safe abortion services is crucial to protecting and realizing fundamental human rights - this remains more true during the current COVID-19 pandemic. Regardless of the challenges, women will always need sexual and reproductive health services, including safe abortion services. Abortion is a time-sensitive service, with delays and denials leading to unsafe abortions.¹ The pandemic has made it even harder for pregnant people, especially from the Global South, to access quality medical abortion commodities and accurate information. In many South Asian countries, the travel restrictions and sealed borders have closed the option to seek safe abortion services across the borders for women, especially from countries where abortion services are severely restricted or non-existent. Anecdotal evidence from the field reveal that many women from Bhutan, Sri Lanka & Maldives travel to India to get abortion services. There is also evidence of several women from Nepal accessing the second-trimester abortion services from India”.² These issues are not isolated in Asia alone. In the Latin American region, the stay-at-home orders in place hindered traveling to the nearest city with an abortion clinic, which made it harder for women to access abortion services.³ Static and mobile clinics in the African region and in the Western Hemisphere region have shut down due to the pandemic, rendering

¹ Todd-Gher, J & Shah, P (2020). *Abortion in the context of COVID-19: a human rights imperative*
<https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1758394>

² <https://reliefweb.int/sites/reliefweb.int/files/resources/SARO%20COVID19%20Update%203%20%28Safe%20Abortion%29.pdf>

³ <https://www.npr.org/sections/goatsandsoda/2020/06/08/864970278/lockdown-limits-access-to-legal-abortion-in-colombia-telemedicine-is-now-an-opti>

underserved women unable to access sexual and reproductive healthcare services. Many of these women who experienced the greatest care burden and increased interpersonal violence were unable to access critical services, including safe abortion.⁴ In Kenya, misoprostol is not registered as an abortion pill and it is only sold in private facilities at very high costs. In Uganda, mifepristone is not registered while misoprostol is registered for postpartum hemorrhage (PPH) and can only be accessed from pharmacies with prescription. Furthermore, access to medical abortion (MA) is inhibited by inadequate and inaccurate information, counterfeit MA drugs, high prices, stigma and negative attitude from health workers, stock-outs and poor storage of these drugs. This leads to incomplete abortions, mistrust on the use of MA and further pushes women to seek unsafe abortion. In the Philippines, where misoprostol is not registered as a life-saving drug, clandestine sellers are unlikely to provide adequate or accurate information, which exposes women to risks such as complications and incomplete abortions. Lack of accurate information on how one can have safe medical abortion has led to a lot of myths and misconceptions on the use of medical abortions and has led to women being taken advantage of, harassed and not getting the correct dosage when they attempt to buy the medication over-the-counter, which made accessing medical abortion all the more challenging.

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.⁵ 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.⁶

In solidarity with abortion rights activists worldwide, in commemoration of the International Safe Abortion Day, Safe Abortion Advocacy Initiative – A Global South Engagement (SAIGE) joins the worldwide mobilisation in asserting the right to access safe and legal abortion is crucial in realising people's freedoms, real choices, dignity and self-determination. As organisations based in the Global South and working with marginalised communities, we echo and reiterate the call on Governments, private sectors, and the international community to take the following actions:

- Governments should recognize that all pregnant persons that includes trans persons, female sex workers, people with disabilities have the right to safe abortion as a human right. Decriminalise abortion where it is illegal; and where legal, remove conditionality

⁴ <https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>

⁵ Estimates of the Potential Impact of the COVID19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries, Guttmacher Institute, April 16, 2020, VOLUME 46, page 73-76

⁶ Jelinska, K & Yanow, S (2018). *Putting abortion pills into women's hands: realizing the full potential of medical abortion* [https://www.contraceptionjournal.org/article/S0010-7824\(17\)30372-4/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(17)30372-4/fulltext)

and restrictions in abortion law and ensure that legal uncertainty and bureaucracy is addressed in instances where legalisation has been achieved.

- With proper information and guidance, medical abortion is a life-saving healthcare for women. In the midst of a pandemic, it may be the most viable option for women seeking to end unintended and unwanted pregnancies. Governments should eliminate all legal barriers limiting women's access to sexual reproductive health services, commodities and information including provision of life-saving medicines such as misoprostol and mifepristone.
- Medical abortion (MA) should be understood from a rights and reproductive justice perspective, and in the context of bodily autonomy. Rights begin with our body, thus bodily integrity, body right is very basic to all other rights. The public sector has an obligation to ensure body literacy for all women and girls and provide accurate information. MA drugs need to be provided through both public and private facilities, ensure quality MA drugs to encourage improved access to abortion services.
- Regulate the health sector to provide acceptable, affordable, accessible and high quality health services in life cycle approach (Continuum of Quality Care) among others that include access to contraception, delivery, safe abortion and post abortion care services as part of the universal health coverage (UHC). Ensure dignity and respect, privacy and confidentiality, UHC of sufficient quality and without financial hardship, particularly the most marginalized to ensure 'Leaving No One Behind' in health service.
- Most importantly, the right to decide on whether to continue with a pregnancy should be lodged firmly in the hands of the pregnant person.

The Statement is Endorsed by:

1. BAPSA (Association for Prevention of Septic Abortion, Bangladesh)
2. Beyond Beijing Committee Nepal (BBC Nepal)
3. CommonHealth
4. Naripokkho
5. Reproductive of Health Association of Cambodia (RHAC)
6. Strong, Harmonized and Empowered Advocacy Alliance (SHE ACTS Alliance)
7. Women's Global Network for Reproductive Rights (WGNRR)
8. Women Spaces Africa (WSA)
9. The Community Health Rights Network (COHERINET)