

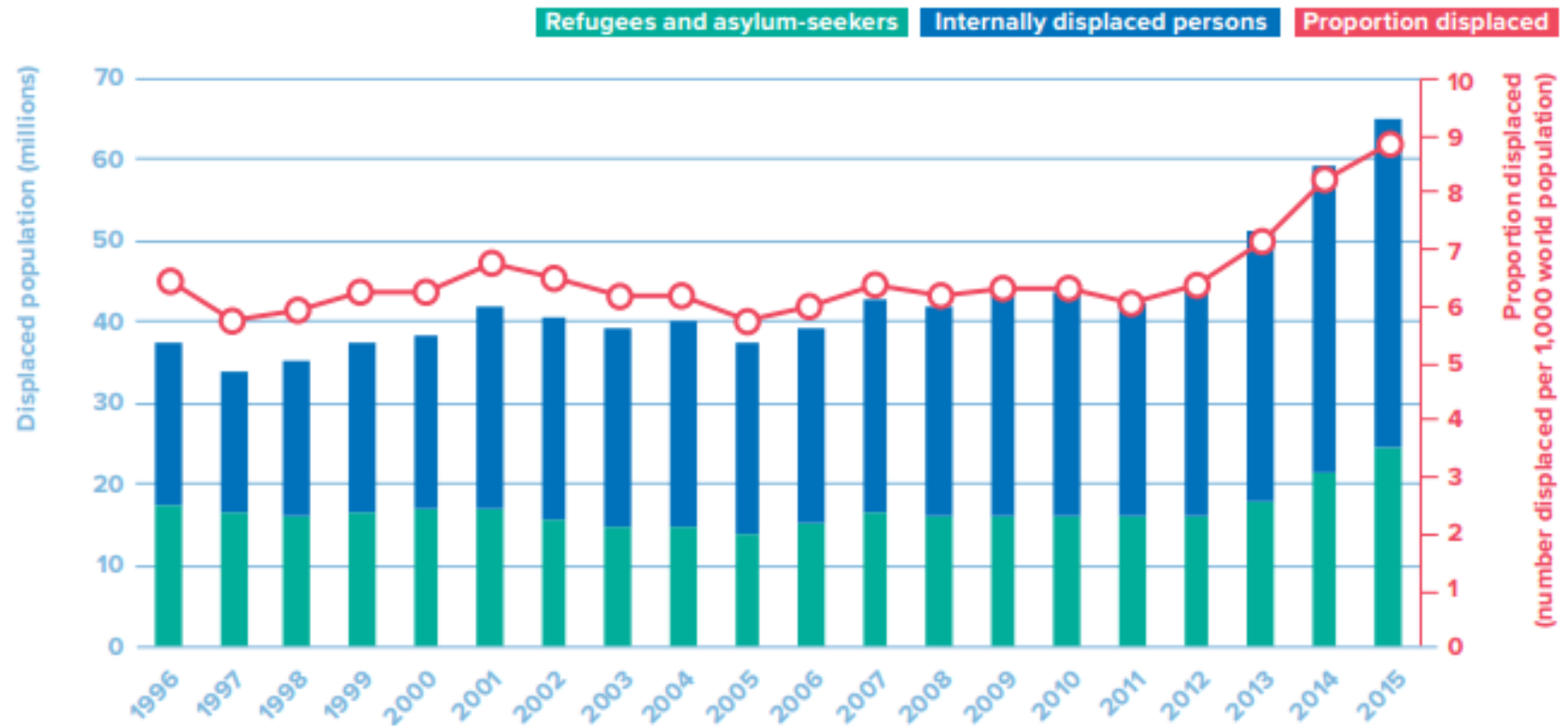


# Tragically Lacking: Safe Abortion Care in Humanitarian Emergencies

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Women's Refugee Commission



**Fig.1** Trend of global displacement & proportion displaced | 1996 - 2015 (end-year)



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UNHCR Global Trends 2015



Humanitarian crises disproportionately impact women and adolescent girls.



UNFPA © Ali Arkady/VII Mentor Program



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The majority of **preventable** deaths in women and children under 5 will occur in areas affected by crises.



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Comprehensive  
abortion  
services are  
particularly  
important in  
humanitarian  
contexts



- Assessment found no mention of safe abortion in humanitarian proposals
- Safe abortion not available in assessed facilities in South Sudan, DRC or Burkina Faso
- Lit review found no published evaluations of safe abortion care in humanitarian settings
- Limited institutional capacity and attention to safe abortion care



# Why don't humanitarian organizations provide safe abortion services?

- There is no need
- Abortion is too complicated to provide in crises
- Donors don't fund abortion services
- Abortion is illegal in these settings



## ~~“There is no need”~~

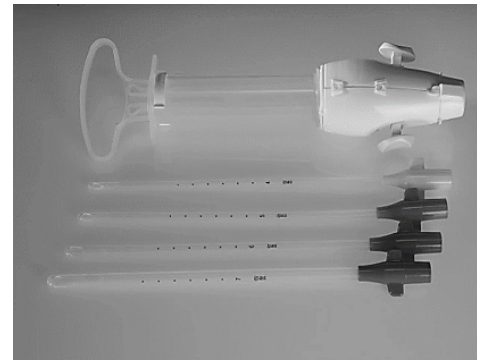
- Collapse of health systems in humanitarian crises means reduced access to:
  - Emergency obstetric care
  - Family planning
  - Post-abortion care
- Sexual violence is associated with war
  - When rape results in pregnancy, negative outcomes may be exacerbated



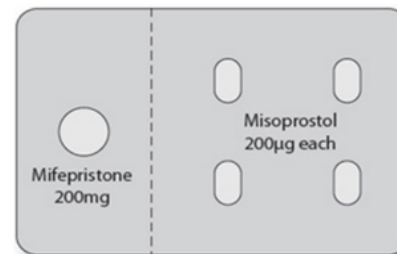


# ~~“Abortion is too complicated”~~

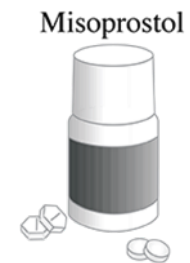
- MVA and medication abortion can be used at the “health center” level by mid-level providers
- MVA and misoprostol available in specific RH kits (not mifepristone, however)



97% - 99.5% effective



95% - 98% effective



83% - 87% effective

# ~~“Donors don’t fund it.”~~

- Helms Amendment, 1973, most often interpreted (incorrectly) to
  - restrict **all** information, education, services and referral for abortion
  - apply to **all** US foreign aid
  - apply to **all** recipients
  - apply to **all** countries regardless of national policy
  - make no exception for women’s lives, rape or incest
  - ***BUT: Does not apply to organizations’ other funds***
- Mexico City clauses (Global Gag Rule)
  - **only** applied to non-US NGOs (**not** US NGOs, foreign governments, multilaterals)
  - **only** applied to USG family planning funds (**not** any other US funding)
  - applied to **all** funds of the affected NGOs, even non-US funds
  - makes exceptions for saving women’s lives, rape and incest
  - **not in effect now**



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~~“It’s ‘illegal.’”~~

Safe abortion permitted	Woman’s life	Physical health	Mental health	Rape or incest	Fetal impair	Econ/ social	On request
Number of countries	190	132	126	99	91	69	58

Only 6 countries ban abortion entirely: Chile, Dominican Republic, El Salvador, Malta, Nicaragua and the Vatican



~~“It’s illegal.”~~

## International agreements supporting access to safe abortion care:

- **Geneva Convention Article 3**: Denial of safe abortion to a rape survivor can be considered in violation of her rights.
- **UN Security Council Resolution 2106**: Supports access to complete RH services, including safe abortion for rape survivors.
- **Maputo protocol**: Countries that ratified it (36) must authorize safe abortion in cases of rape/incest and to protect the mental health, physical health and life of the woman.



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# Why don't we provide safe abortion to women in humanitarian settings?

Rationale	True	False
There's no need.		✓
It's "illegal."		✓
It's too complicated to provide in crisis.		✓
Donors don't fund it.		✓

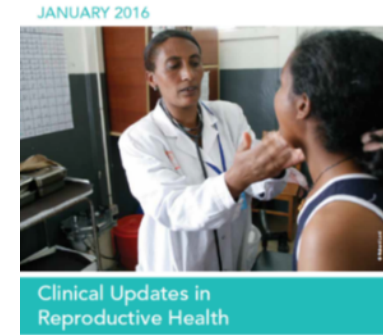
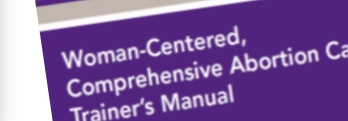
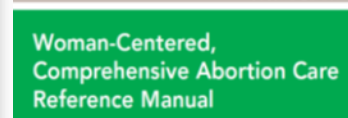
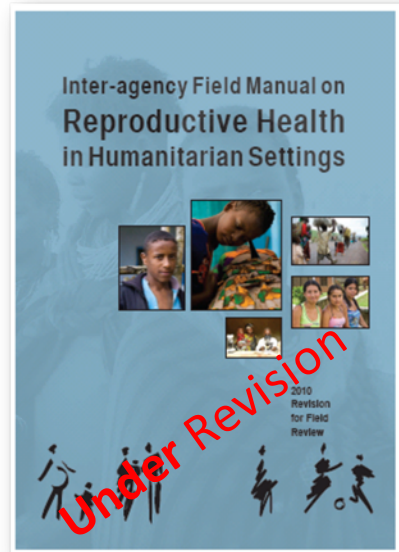


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# Resources



Please use and share widely:  
[www.ipas.org/clinicalupdates](http://www.ipas.org/clinicalupdates)  
Also available in Spanish:  
[www.ipas.org/actualizacionclinica](http://www.ipas.org/actualizacionclinica)  
For more information, email:  
[clinical@ipas.org](mailto:clinical@ipas.org)



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# IAWG Safe Abortion Care Sub-Working Group



- Access to safe abortion for all women and adolescent girls in crisis is a human right.
- Safe abortion care is an evidence-based intervention that prevents maternal mortality and morbidity.
- Access to high-quality safe abortion care for all women and adolescent girls contributes to gender equality and social justice.
- A core package of evidence-based safe abortion services should be made available to displaced women and adolescent girls in all crisis situations.

# From Agreement to Action

## SAFE ABORTION CARE

10 STEPS FOR STARTING/EXPANDING PROGRAMMING

Safe abortion care (SAC) was one of the major gaps identified in the 2014 IAWG global evaluation. The IAWG SAC sub-working group recently became active and conducted a study of IAWG member agencies in order to inform efforts to support these agencies to start or expand SAC activities. We have summarized best practices for initiating SAC programming with the following 10 steps.



**1. Have frank discussions** about advantages and disadvantages of beginning SAC programming with organization leadership



**2. Develop and disseminate an internal policy** toward SAC



**3. Create a plan** to implement the policy



**4. Develop standardized messages** for discussing SAC programming



**5. Analyze relevant laws and identify entry points** for SAC programming in the countries where you work



**6. Discuss legal context** with local authorities and staff at all levels



**7. Conduct values clarification** activities with staff at all levels



**8. Consider opportunities** to incorporate SAC into existing programs; write SAC programming into upcoming proposals; approach new donors



**9. Identify local SAC champions** and potential partners within local ministries



**10. Build SAC clinical and management capacity**



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# The need for research is greater than ever

- Operations research, demonstration projects or implementation science to demonstrate that, despite cultural, policy and political barriers, services can be provided and will be utilized.
- Formative research, stronger qualitative and participatory research giving voice to women in need of, able to obtain or denied abortions.
- Research quantifying the extent of unwanted pregnancy, the incidence of abortion, and unsafe abortion-related mortality and morbidity to justify the increased attention and demand for services.



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