

The FIAPAC Newsletter, April 2019

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Editorial.

Dear FIAPAC Members, colleagues and friends,

The new FIAPAC board met in Brussels on 9 March 2019 and I am pleased to report that the recent congress in Nantes in September 2018, was not just a huge success but also a small financial success. As part of the board business the new executive committee was established and essentially will provide the same stable team for the next two years.

FIAPAC is now looking forward to the next congress and the board voted overwhelming that this be held in Berlin in the autumn 2020. Berlin is a vibrant city with excellent conference and leisure facilities. In addition, there is increasing pressure from providers, policy makers and civil rights groups to improve reproductive rights for women in Germany and so hosting FIAPAC in Berlin will give support to future developments in this area. The exact dates for the 2020 conference remain to be confirmed (pending availability and cost of a sufficiently large venue that can meet the requirements of a conference of our size and diversity). We will of course send news of dates to all members as soon as dates are secured.

In the meantime we are about to prepare the scientific programme and so we are asking members to send us ideas for topics, speakers, workshops or other formats for the congress that they feel may be of interest - by the end of May.

Finally, a plea to all members to keep membership up to date and to encourage colleagues to join so that FIAPAC continues well beyond 2020!

Best wishes
Sharon

Sharon Cameron
FIAPAC President

New Executive Committee

At its meeting in Brussels on 9 & 10 March 2019, the Board elected the new Executive Committee (2018 – 2020).

- President: Sharon Cameron (UK)
- Vice-President: Ingrid Sääv (Sweden)
- Honorary President: Elisabeth Aubény (France)
- Secretary General: Nausikaä Martens (Belgium)
- Assistant Secretary: Ann Furedi (UK)
- Treasurer: Christian Fiala (Austria)
- Assistant Treasurer: Kristina Gemzell Danielsson (Sweden)

Official seat, an update

A relocation of the official seat in France was requested by Honorary President Dr. Elisabeth Aubény, who until now has hosted the seat at her private address. The General Assembly (Nantes, 14 September 2018) unanimously agreed to relocate the official seat of FIAPAC to: Maison des associations du 14e arrondissement | 22 rue Deparcieux - 75014 Paris.

However, it turned out later that this new location was not possible due to technical and administrative reasons. With the great help, time and efforts of Dr. Martine Hatchuel (FIAPAC Board Member France), we were able to find an alternative: L'Equipe de la Maison De la Vie Associative et Citoyenne 7/8ème, 28 rue Laure Diebold, 75008 Paris, France.

Members can contact the Central Office at admin@fiapac.org if you have any questions about this or objections to this change.

Membership matters!

We really need to increase the number of FIAPAC members to extend the influence of our ideas and values and to remain solvent. Currently we rely entirely on membership fees and the small surplus generated by the Conference to survive.

Please recommend FIAPAC membership to your network and colleagues.

The Central Office is preparing a few promotional tools to help you in spreading the message:

- a digital flyer you may download and print in as many copies you need to take with you when attending an event;
- an email template you easily can send to your contacts;
- a ppt slide you may use at the end of your presentation at any event;
- a banner to include in your email signature.

We will publish these tools on our website soon. For assistance, contact: admin@fiapac.org

Membership 2019

Join FIAPAC or renew your 2019 membership! We need your support!

- We welcome all professionals working in the field of contraception, family planning and/or abortion.
- Membership is on a calendar year basis (from 1 January to 31 December).
- The annual fee is 60 euro or 100 euro for two years (2019 and 2020).

How to arrange your membership?

By completing and submitting the [membership form](#).



Photo by Levin on Unsplash

Next FIAPAC Conference

Autumn 2020 – Berlin

Dates and venue will be released soon.

As there were no bids at the time of the General Assembly in Nantes (14 September 2018), the members agreed that the Board would search for a venue and would decide in Spring 2019. Gaby Halder (Board Member Germany) submitted a proposal to hold the conference in Berlin. The bid received a positive advice by the Board.

Call for programme suggestions

The Scientific Committee will start preparing the program soon. We are all well aware that an attractive scientific program is essential to successfully attract delegates. It would be helpful to have your view on what we should include in the program. The program of previous conferences can be viewed at <https://www.fiapac.org/en/program/22/Nantes-intro/>

Forward your programme suggestions to admin@fiapac.org not later than mid-May.

She Decides.

Lilianne Ploumen is the former Dutch Minister for Foreign Trade and International Development which is part of the Dutch Ministry of Foreign Affairs. She took the initiative for “SheDecides”.

SheDecides is a global movement to promote, provide, protect and enhance the fundamental rights of girls and women to decide freely and for themselves about their sexual lives, including whether, when, with whom and how many children they have. A new normal where girls and women decide about their bodies, their lives, their futures. Without question.

SheDecides was created as an urgent response to US President Donald Trump’s reinstatement and dramatic expansion of the Global Gag Rule – also known as the Mexico City Policy – in January 2017. The rule prevents NGOs outside the US from receiving money from the US government if they provide safe abortions or information about abortion and has devastating effects on women, girls and their communities around the world.

This attack on women’s human rights prompted then Dutch Minister Lilianne Ploumen, along with her counterparts in the governments of Belgium, Denmark and Sweden, to launch SheDecides as a global initiative to defend those rights. They were immediately joined by other governments, organisations and individuals. SheDecides became the rallying call for leaders and citizens alike to stand up as a matter of urgency to protect the rights, health, safety and livelihoods of millions of girls and women around the world.

On 2 March 2017, the governments of Belgium, Denmark, the Netherlands and Sweden organised the first SheDecides conference in Brussels. More than 50 governments attended the conference, among 450 participants including youth leaders, parliamentarians and representatives from UN agencies, NGOs, private foundations and the private sector. This gathering enabled global leaders to raise their voices in support of girls’ and women’s rights and pledged their commitment to ensure that SheDecides. The outpouring of support included €181 million of new pledges and a new generation of champions.

In just one year, SheDecides has become a powerful global political movement with community support. It is backed by over 50,000 individuals, 300 organisations and 36 major champions from all over the world, ranging from ministers to youth leaders who alongside our friends are committed to standing up and speaking out, changing the rules and unlocking resources (€390 million so far).

January 9, 2018, Lilianne Ploumen has been awarded with the Machiavelli Prize for her campaign. The Machiavelli prize is awarded to a person or organisation which the jury considers has excelled in public communication. In particular, the jury praised the speed at which SheDecides was set up and went global.

The SheDecides manifesto can be signed individually or as an organisation at:
<https://www.shedecides.com/manifesto/>

Interesting links to read

The 2019 Contraception Atlas is now available. How does your country score?

<https://www.contraceptioninfo.eu/node/7>

WHO launches new guideline to help health-care workers ensure safe medical abortion care

<https://www.who.int/reproductivehealth/guideline-medical-abortion-care/en/>

FSRH and BASHH quality standards for online sexual and reproductive healthcare services

<https://www.fsrh.org/standards-and-guidance/documents/fsrhhbashh-standards-for-online-and-remote-providers-of-sexual/>

Guttmacher-Lancet commission on Sexual and reproductive Health and Rights including a section on abortion

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30293-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext)

MyBodyMyLife exhibition

We were pleased to welcome the My Body My Life travelling abortion story telling exhibition (<http://mybody-mylife.org>) to our 2018 Conference in Nantes. My Body My Life shares women's stories in their own words – their experiences, their emotions and their decisions.

We emailed conference participants asking for feedback on the exhibition with free posters for everyone who responds. Please look for the email and be sure to respond.

Lesley Hoggart



We want to thank FIAPAC and their members for their recent support of the prioritization process of abortion-related systematic review topics. We have included a summary of the prioritization process and the results. Please feel free to contact us with any questions at cochranefrg@ohsu.edu or find more information at <https://fertility-regulation.cochrane.org/about-us>

High quality research and systematic reviews on abortion are important for supporting safe and high quality care. In 2019, we completed a priority setting exercise to identify the highest priority abortion topics, categorize our current review titles, and determine areas of clinical importance where evidence was available but no Cochrane systematic review has been initiated (gaps in the research).

Our prioritization process was modeled after the Oxford Cochrane ENT review group's 5-step prioritization process.

- (1) Our internal governance group assessed our existing abortion-related titles utilizing the Cochrane classification system.
- (2) We searched medline and international guidelines to better understand the volume of studies published since the review was published.
- (3) We brainstormed topics and developed a preliminary framework for research and reviews.
- (4) We held a remote stakeholder meeting of the leading global organizations providing clinical care, practice guidance, health policy, patient advocacy, research, and training together to identify and prioritize evidence needs in abortion.
- (5) We asked individuals and organizations via an adapted delphi process to prioritize the output of the stakeholder meeting.

A diverse group of stakeholders participated in the final Delphi process, 168 participants from 29 countries (see Figure 1).

We are committed to supporting updates of the top 5 existing titles identified as well as generation of future reviews focused on 6 new priority topic areas within the next 2 years. The priority topic areas are as follows:

Priority Updates of Existing Reviews:

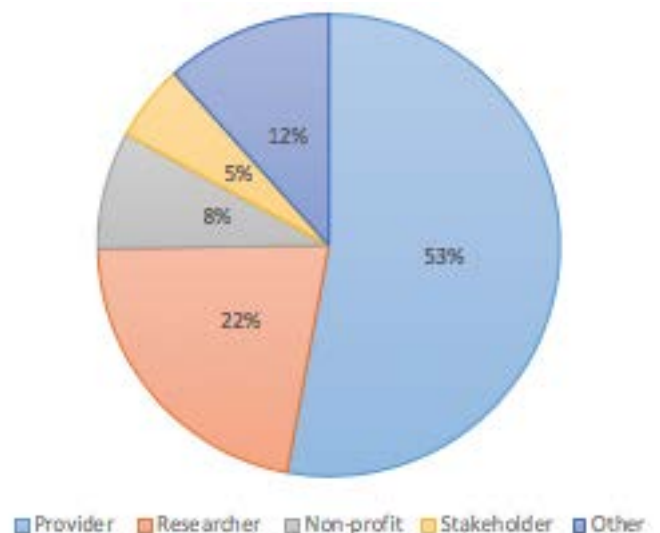
- Self-administration versus provider administration of medical abortion
- Surgical versus medical methods for second trimester induced
- Doctors or mid-level providers for abortion
- Cervical preparation for second trimester dilation and evacuation
- Medical methods for mid-trimester termination of pregnancy

Priority New Topics:

- Perioperative antibiotics versus no antibiotics to prevent infection after surgical abortion.
- Medical methods for abortions after 13 weeks
- Interventions to improve access to medical abortion (e.g self-administration, teleabortion)
- Pain management for medical abortions before 13 weeks
- Self- & out-patient management of abortion follow-up after 20-weeks gestation.
- Impact of abortion laws and policy on access, safety and health outcomes

We also asked respondents about the abortion terminology that Cochrane authors should use when discussing gestational age or the indication for abortion. Based on the majority of respondents (73%), **we will have authors specify gestational age by weeks and not by trimester.** Respondents were less unified in their choice of terminology around non-maternal or fetal health indications for abortion with 45% preferring 'induced abortion' but 15% felt that no qualifier should be used. We feel that further work is necessary before we can recommend a specific terminology but will inform our authors regarding these stakeholder preferences and look forward to working with the family planning community to further refine this terminology.

Figure 1. Participants



United States - Beverly Winikoff

The New Yorker magazine recently published a short article featuring the direct-to-patient telemedicine abortion project supported by Gynuity Health Projects in the US. This article features the reactions of the users of the service as well as insights from the providers. We would welcome comments from readers about the possibility of such services in other countries.

<https://www.newyorker.com/science/elements/the-challenges-of-innovating-access-to-abortion>

Australia - Deborah Bateson

It is a busy time in politics in Australia.

There may be large changes ahead for Australia's health system as the Federal opposition Minister of Health, Tanya Plibersek, announced that if elected in May 2019 the Labor party would implement a comprehensive sexual and reproductive health strategy. The strategy includes funding public hospitals to provide abortions as well as ensuring affordable access to long acting reversible contraception (LARC) for all Australian women.

Meanwhile, in October 2018, the Queensland parliament voted to legalise abortion and remove a 119-year-old "morality" section of the state's criminal code. Abortion is now legal until 22 weeks gestation, and thereafter with the approval of two doctors.

A bill that would decriminalise abortion in South Australia - including removing gestation limits for termination and the two-doctor rule - was introduced to the state parliament by Greens MP Tammy Franks in February this year. The issue has been referred to the South Australia Law Reform Institute, and recommendations are expected within six months.

In November 2018, a bill was put before the New South Wales (NSW) parliament that would make it a crime to cause serious harm or death to a fetus. This fetal personhood bill was first introduced five years ago by Conservative MPs however it failed due to concerns that it would severely restrict access to abortion. While abortion remains in the Crimes Act of 1900 in NSW, a recent survey found that three-quarters of the population support decriminalisation and regulation of abortion as a healthcare service. A campaign is soon to be launched to bring NSW laws in line with other states and territories.

United Kingdom - Bpas - Ann Furedi

British Pregnancy Advisory Service (Bpas) has been working with the Isle of Man (a British Crown Dependency) and Gibraltar (a British Overseas Territory) on changes to their abortion law. Both territories have long had abortion laws based on the 1861 Offences Against the Person Act which made all abortion illegal.

Earlier this year, the Isle of Man changed their law to decriminalise abortion up to 14 weeks and allow abortion under other grounds up to 24 weeks – making it the most progressive law anywhere in the British Isles. BPAS are working with the Manx Department of Health to help them introduce an on-island service and treat women who are at later gestations or with more complex needs at our clinics in England.

Meanwhile the Gibraltarian government is looking to change their law after a UK Supreme Court ruling last year to ensure that they don't contravene the human rights of women. They plan to introduce an England-style system up to around 12 weeks of pregnancy – which will see women being able to access abortions within Gibraltar for the first time. We had a meeting with the Chief Minister and Health Minister a couple of weeks ago and hope to be able to support them in designing a comprehensive and accessible system within the territory in the coming months.

United Kingdom - Mara Clarke, Abortion Support Network

Abortion Support Network (www.asn.org.uk) is pleased as punch to announce that we expanded our services to Malta and Gibraltar on 14 February and will offer women and pregnant people in these countries information on reputable providers of safe but illegal EMA pills, information on the easiest way to arrange travel to England, Spain or The Netherlands, and, where required, funding towards the cost.

We're also delighted that we will be able to offer clients in these countries, neither of which has pro-choice family planning services, a telephone pregnancy options counselling call with Bpas (www.bpas.org).



Croatia - Vesna Stepanic

In Croatia, the drug mifepristone was approved by the national Agency for Medicinal Products and Medical Devices (HALMED) in January 2019. Only medical institutions are allowed to order this drug for the purpose of medical abortion.

The new law on abortion has not been proposed yet, even though the Croatian Constitutional Court set a deadline for the end of February 2019. It is concluded that the Constitutional Court's decision is not mandatory. The existing law that regulates abortion on women's request in Croatia is from 1978 and makes no reference to medical abortion.

The Work Group on Abortion under the Croatian Ministry of Health consists of several experts, including gynecologists who are conscientious objectors to abortion and/or are from institutions in which abortion on women's request is not provided or is only provided occasionally, etc. The ESC EG on Abortion and FIAPAC member from Croatia, as well as gynecologists who perform abortions, both surgical and medical, are not included in the group.

All materials to be included in the FIAPAC Newsletter should be submitted to: admin@fiapac.org
 FIAPAC Central Office, p/a Orga-Med Congress Office, Opalfeneweg 3, 1740 Ternat, Belgium.

Chief Editor: Nausikaä Martens (Belgium)