

Advocacy experience on decriminalization

Laura Gil, MD

Colombia

FIGO Safe abortion committee

Highly restrictive laws do not eliminate abortion.

Rather, they make the abortions that do occur more likely to be unsafe.



Abortion rates

Countries where abortion is prohibited altogether or permitted only to save a woman's life

37 per 1,000 women aged 15-44

Countries where abortion is available without restriction as to reason

34 per 1,000 women aged 15-44

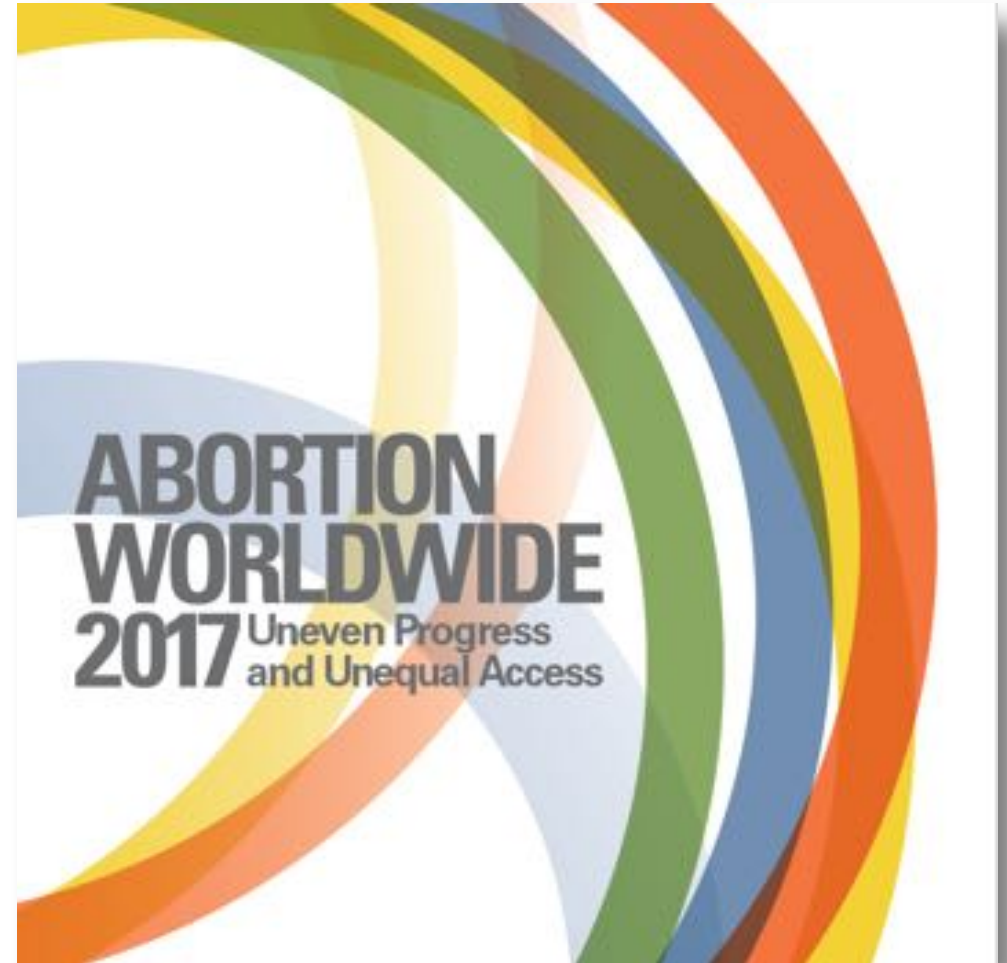
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al., 2007)

Abortion worldwide

Estimates 2010 - 2014

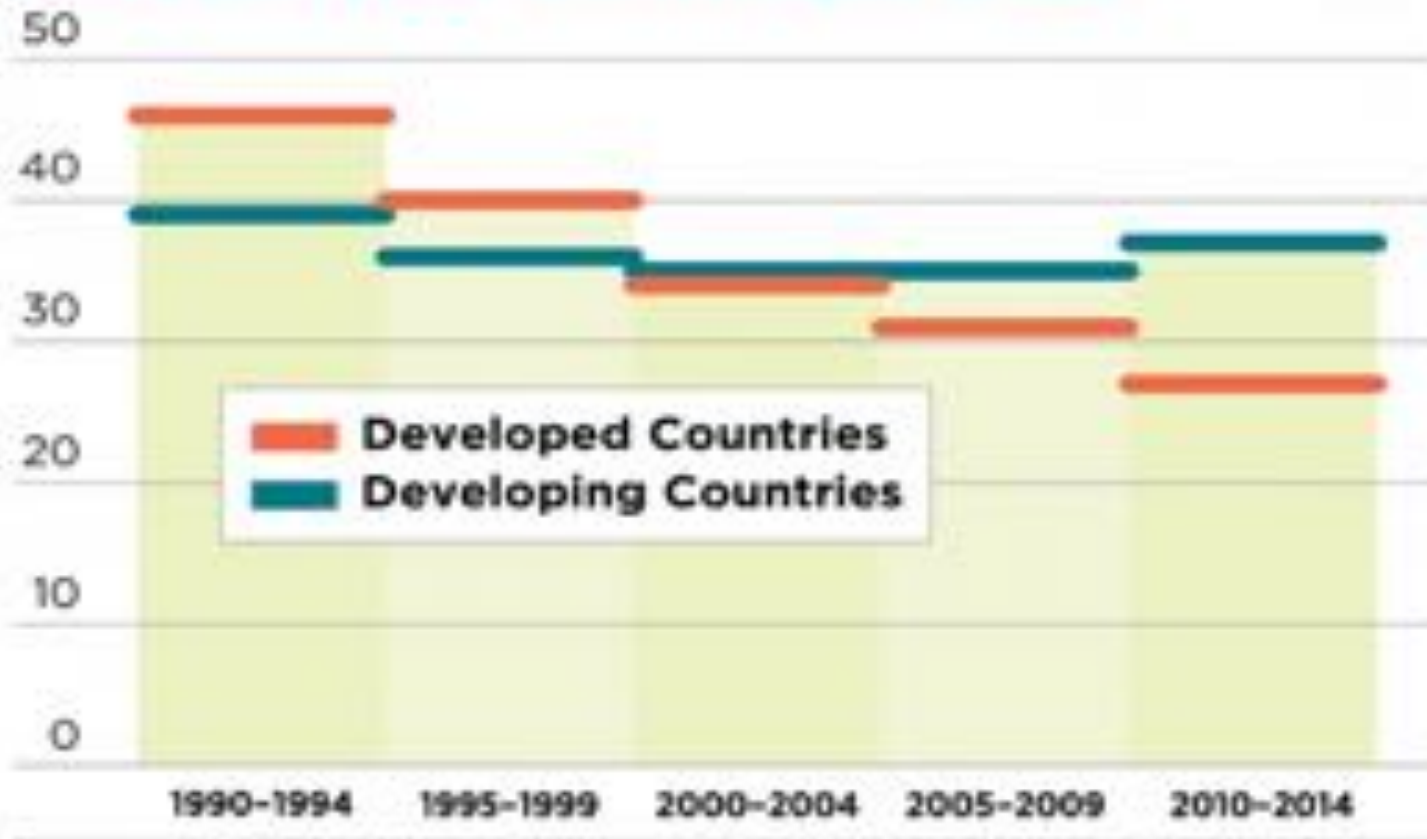
- **55,7** million/year
- **25,1** million unsafe
 - **45%** global
 - **97%** Developing countries
 - **76%** Latin America



BETWEEN 1990 AND 2014
Abortion rates declined significantly
in developed countries but remained
unchanged in developing countries.



Rates per 1,000 women aged 15-44



Colombia: 400.400 abortions/year
39 per 1000 women age 15-44



Complications

132,000/ year

Unsafe abortion 10-65 x 100
Vs

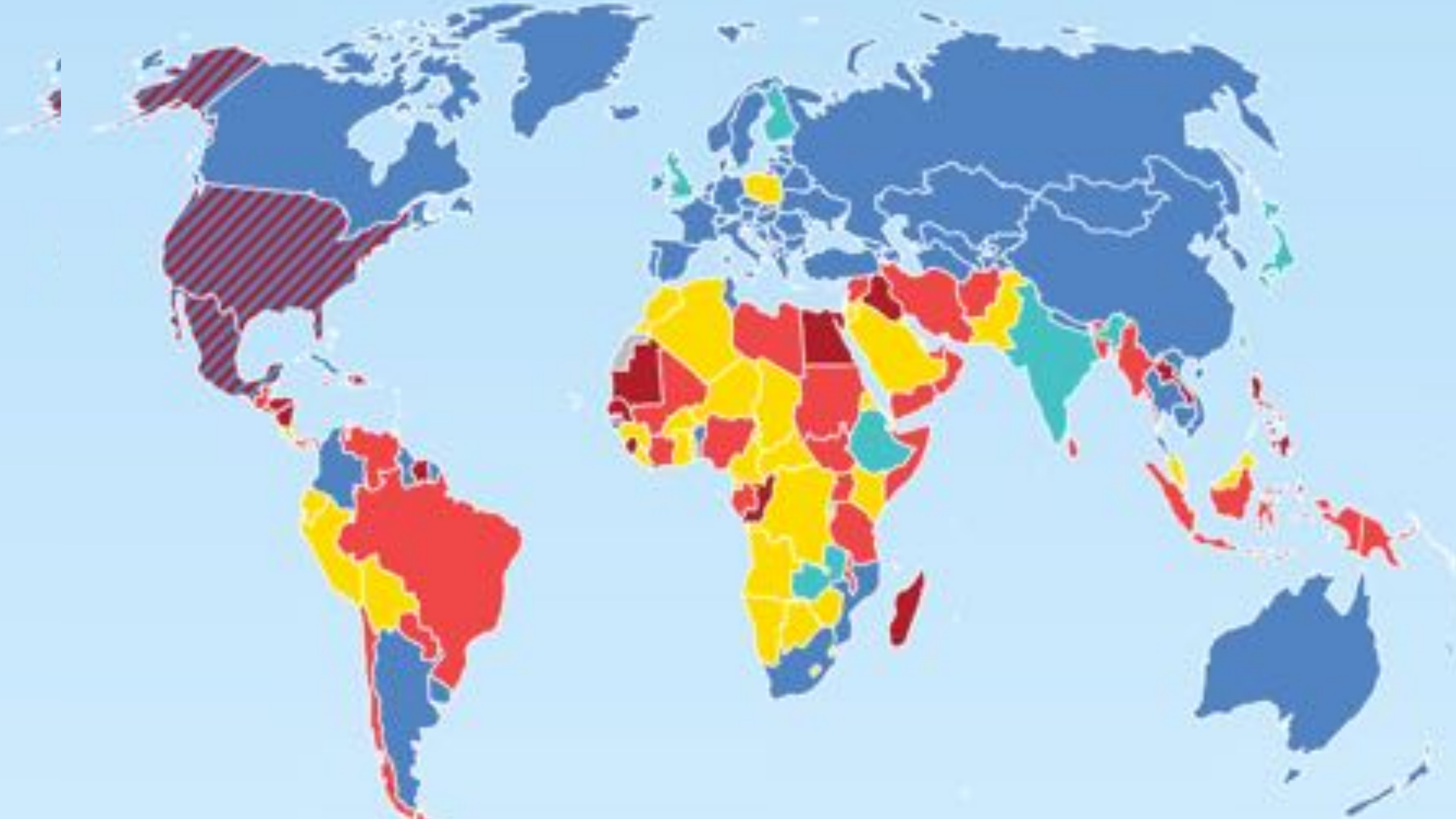
Safe abortion 2– 5 x 1000

Mortality

70 / year

Unsafe abortion 17 x 100,000
Vs

Safe abortion 1 x 1,000,000



Honduras: total ban

- Constitutional reform “shielded” against abortion
- the unborn was already regarded as born for all purposes.

“... any practice that in any way disrupts the life of the fetus will be prohibited and is considered illegal.. no law, normative instrument or constitutional reform may invalidate this article... can only be modified with a 3/4” congress majority

República Dominicana: Total Ban

Muere adolescente embarazada, Esperancita (Rosaura Almonte Hernández), por leucemia, y posiblemente, por no practicarle aborto a tiempo



La jovenita Rosaura Almonte, llamada Esperancita, hoy fallecida

- 15 y/o
- 6-week pregnancy + leukemia
- Delayed start of chemotherapy
- Bleeds to death from miscarriage at 16 weeks

Paraguay

Life exception

- 10 y/o
- Pregnant with stepfather
- Mother had reported the abuse
- Pregnancy diagnosed at 20 weeks
- Denied abortion



... Doctors said Thursday that "her life was never at risk" during pregnancy and revealed that three other 12-year-old girls hope to give birth in the coming weeks at this hospital where in 2004 she gave birth to a 10-year-old girl who conceived at nine after being raped by her step-grandfather. "She did well," he said.

Uruguay Harm reduction strategy

Iniciativas
Sanitarias



Ministerio
de Salud Pública



www.igo.org

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo



Implementation of the risk and harm reduction strategy against unsafe abortion in Uruguay: From a university hospital to the entire country



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ARTICLE INFO

Article history:
Accepted 16 June 2016

ABSTRACT

The history of the creation of the risk and harm reduction model applied to unsafe abortion is reviewed, from its initial implementation by a small group of gynecologists at the Pereira Rossell Hospital Center in Uruguay to its spread to the rest of the country. Its ethical rationale, its successful application in the hospital, the decision to

Uruguay Gestational Age Limits



Primeros en América Latina
Mortalidad materna bajó de 11 casos en 2015 a 8 en 2016 y un solo deceso por aborto en condiciones de riesgo
Publicado: 14.03.2017

Según la Organización Mundial de la Salud, Uruguay registra la menor mortalidad materna de América Latina. Los casos se redujeron de 11 en 2015 a 8 en 2016 y un solo deceso por aborto en condiciones de riesgo en el año pasado hubo un solo fallecimiento por interrupción clandestina.



Prefacio
¿Qué podemos hacer los ginecólogos para reducir el aborto inseguro y sus consecuencias?



Argentina

14 weeks

- 30 years
- National campaign
- Plurality of voices
- Political climate

Green Tide

Art. 4º- *Interrupción voluntaria del embarazo.* Las mujeres y personas con otras identidades de género con capacidad de gestar tienen derecho a decidir y acceder a la interrupción de su embarazo hasta la semana catorce (14), inclusive, del proceso gestacional.

Fuera del plazo dispuesto en el párrafo anterior, la persona gestante tiene derecho a decidir y acceder a la interrupción de su embarazo solo en las siguientes situaciones:

- a) Si el embarazo fuere resultado de una violación, con el requerimiento y la declaración jurada pertinente de la persona gestante, ante el personal de salud interviniente.

Colombia Decriminalization 24 semanas

República de Colombia



Corte Constitucional

COMUNICADO 5

Febrero 21 de 2022

Sentencia C-055-22

M.S. Antonio José Lizarazo Ocampo y Alberto Rojas Ríos

Expediente: D-13.956

CORTE DECLARA EXEQUIBLE LA TIPIFICACIÓN DEL DELITO DE ABORTO CONSENTIDO, EN EL SENTIDO DE QUE NO SE CONFIGURA EL DELITO CUANDO LA CONDUCTA SE PRACTIQUE ANTES DE LA SEMANA 24 DE GESTACIÓN Y, SIN SUJECCIÓN A ESTE LÍMITE, CUANDO SE PRESENTEN LAS CAUSALES DE QUE TRATA LA SENTENCIA C-355 DE 2006. FINALMENTE, EXHORTÓ AL CONGRESO DE LA REPÚBLICA Y AL GOBIERNO NACIONAL A FORMULAR E IMPLEMENTAR UNA POLÍTICA PÚBLICA INTEGRAL EN LA MATERIA.

cionalidad contra el artículo 122 de la

sana Ardila Trujillo, Catalina Martínez Leonor Gil Urbano, Angélica Cocomá Astina Rosero Arteaga, Aura Carolina Beatriz Helena Quintero García, María Pérez y Florence Thomas, identificadas ciudadanas en ejercicio², con fundamento en Política y en el Decreto 2067 de 1991, la Corte Constitucional, **DEMANDA DE** artículo 122 de la Ley 599 de 2000 (Código

la Ley 599 de 2000 (Código Penal), que

The just cause

causa justa

Argumentos para el debate
sobre la despenalización total
del aborto en Colombia

- **CRIMINALIZATION is ineffective and unjust:**
 - Does not prevent behavior
 - Does not protect prenatal life
 - It is inequitable
 - Abuse of criminal justice
 - Violates freedom of conscience and freedom of profession.

La Mesa por la Vida y la Salud de las Mujeres

- Freedom of profession
- Argument on the impact of access to safe abortion

Safe Abortion Impact on Public Health Oriéntame- Colombia 2006-2017



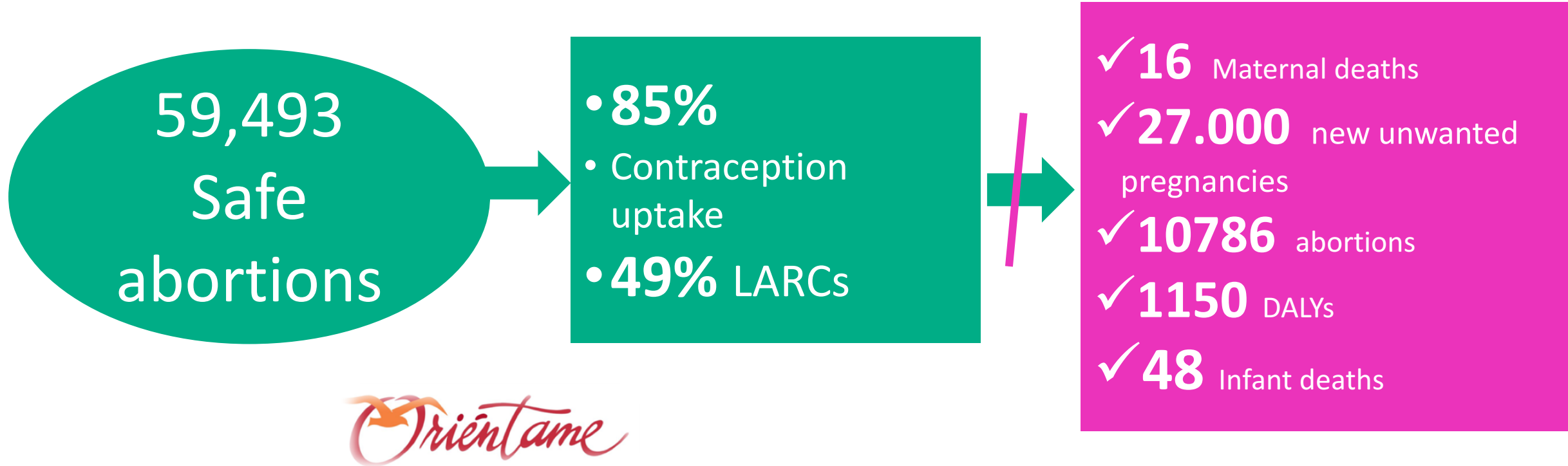
- ✓ 99% health exception
- ✓ 66% MVA
- ✓ 33% MA
- ✓ 0 deaths



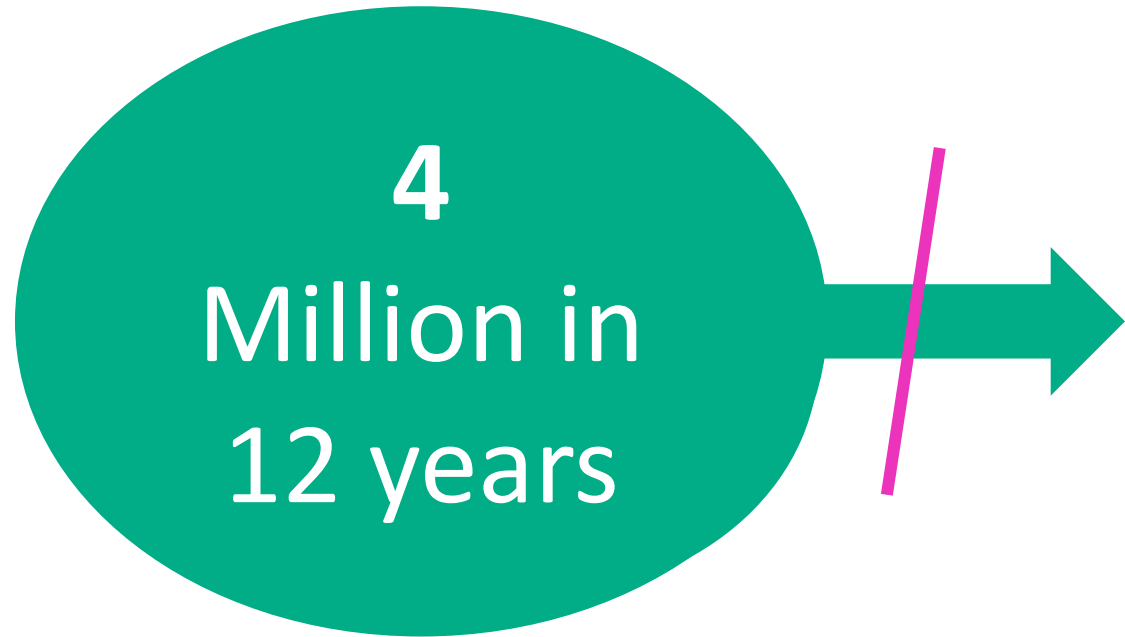
- ✓ 7 Maternal deaths
- ✓ 437 DALYs
- ✓ >300.000 USD

Oriéntame

Safe Abortion Impact on Public Health Oriéntame- Colombia 2006-2017



¿What if every woman and girl was granted access?



- ✓ 576 women alive
- ✓ 36,000 DALYs
- ✓ >33 billion USD

Barriers? Opportunities!



- **Law**

- Lack of scientific and evidence-based concepts

- **Regulatory**

- Lack of protocols, restricted interpretation

- **Services**

- Lack of routes, poor implementation, low quality

- **Knowledge-information**

- Community
 - Health Care Providers

Non-recognition of women's self-determination

Iniciativa de FIGO para la Prevención del Aborto Inseguro



Dra. Dorothy Shaw

- **FIGO 2007: Work group for the Prevention of unsafe abortion (WGPUA).**
- **FIGO initiative for the reduction of maternal mortality due to unsafe abortion asociada al aborto inseguro**
- **46 national societies 2007 – 2018**



Dr. Anibal
Faúndes

*Anibal Faúndes. Strategies for the prevention of unsafe abortion
International Journal of Gynaecology and Obstetrics 2012, 119 Suppl 1: S68-71*



the Global Voice for Women's Health

the Global Voice for Women's Health

- **2018: Safe abortion committee**
- **ASAP project: Advocating for Safe Abortion Project**



Safe abortion committee

FIGO Statement

Tagged in

Global

Safe Abortion

FIGO Calls for the Total Decriminalisation of Safe Abortion

Decriminalisation of abortion refers to the removal of specific criminal sanctions against abortion from the law. This does not mean that the provision of abortion care is not carefully regulated. It means that the law, related policies and regulations are changed so that no one is punished for providing safe abortion or for having an abortion.¹ In practice, decriminalisation means that the police and the legal system are not involved in the investigation or prosecution of safe abortions. Instead, abortion care is treated like any other essential health issue in medicine, for which the standard of care is based on best practice guidelines, training and delivery. By contrast, in those countries where abortion law has only been liberalised – not fully decriminalised – even safe abortions that follow best practice guidelines may be subject to prosecution.

Global evidence demonstrates that restricting abortion with laws does not lead to fewer abortions, but to an increase in unsafe abortions and preventable maternal deaths and disability.² Likewise, decriminalisation does not result in an increase in the abortion rate but rather to a shift from unsafe abortion to safe abortion, often accompanied by comprehensive services that allow women to receive contraceptive counselling that further prevents unwanted pregnancies.

LAW & POLICY Recommendation 1: Criminalization

Recommend the full decriminalization of abortion.

Remarks:

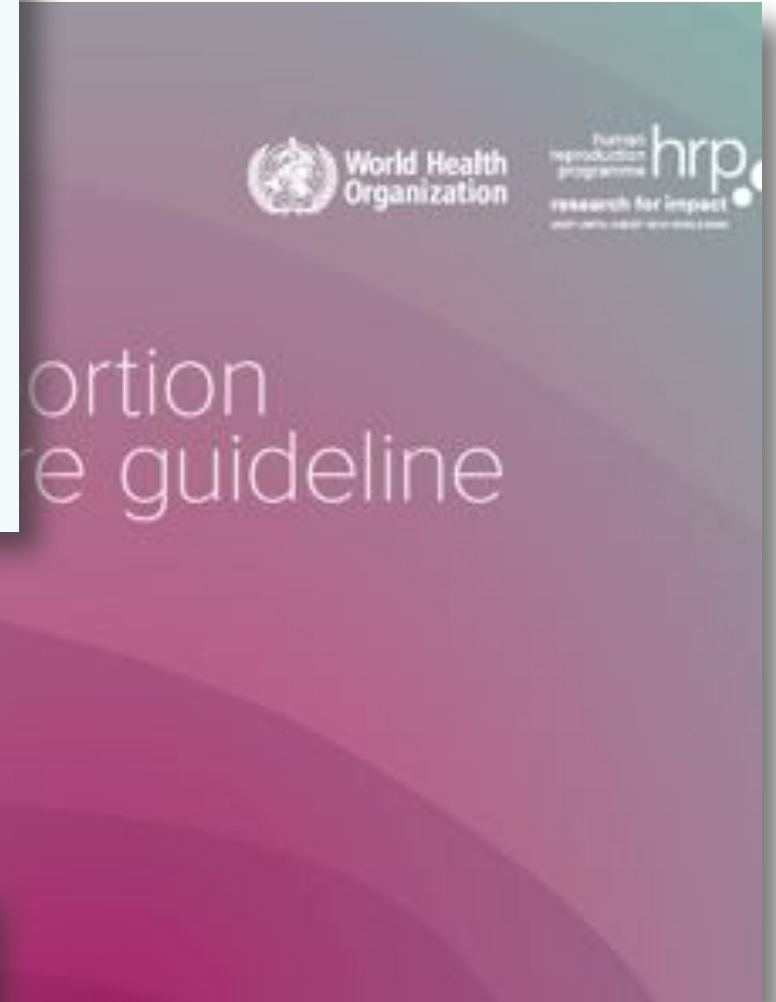
- Decriminalization means removing abortion from all penal/criminal laws, not applying other criminal offences (e.g. murder, manslaughter) to abortion, and ensuring there are no criminal penalties for having, assisting with, providing information about, or providing abortion, for all relevant actors.

LAW & POLICY Recommendation 2: Grounds-based approaches

- Recommend against** laws and other regulations that restrict abortion by grounds.
- Recommend** that abortion be available on the request of the woman, girl or other pregnant person.

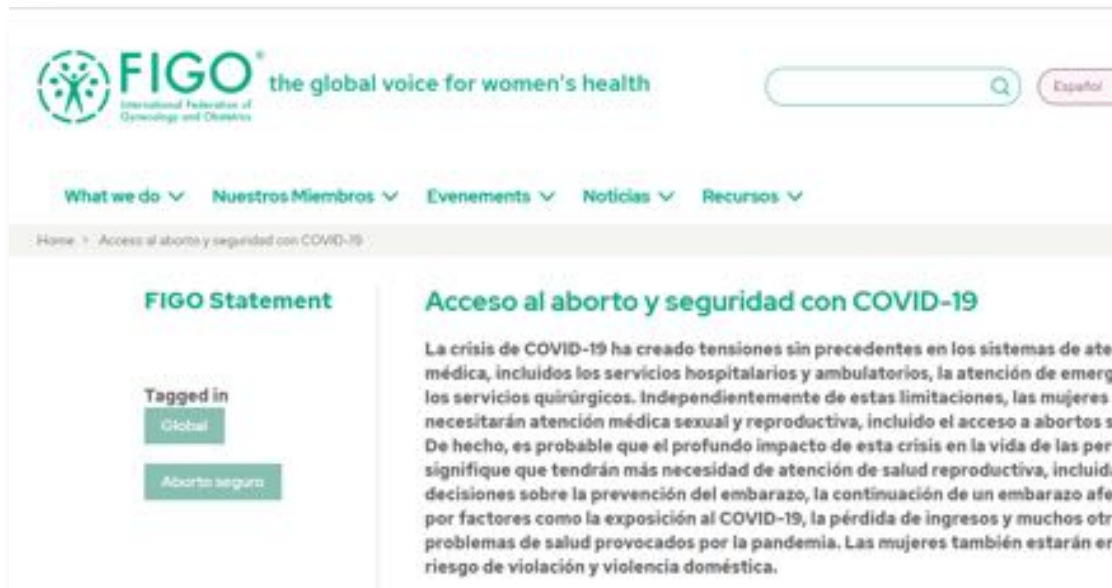
LAW & POLICY Recommendation 3: Gestational age limits

Recommend against laws and other regulations that prohibit abortion based on gestational age limits.



¿What did COVID 19 teach us?

- We do not prioritize women nor girls
- We do not make evidence based decisions
- Abortion is so simple



FIGO the global voice for women's health
International Federation of Gynecology and Obstetrics

What we do ▾ Nuestros Miembros ▾ Evenements ▾ Noticias ▾ Recursos ▾

Home > Acceso al aborto y seguridad con COVID-19

FIGO Statement

Tagged in
Global
Aborto seguro

Acceso al aborto y seguridad con COVID-19

La crisis de COVID-19 ha creado tensiones sin precedentes en los sistemas de atención médica, incluidos los servicios hospitalarios y ambulatorios, la atención de emergencias y los servicios quirúrgicos. Independientemente de estas limitaciones, las mujeres seguirán necesitando atención médica sexual y reproductiva, incluido el acceso a abortos seguros. De hecho, es probable que el profundo impacto de esta crisis en la vida de las personas signifique que tendrán más necesidad de atención de salud reproductiva, incluida la toma de decisiones sobre la prevención del embarazo, la continuación de un embarazo afectado por factores como la exposición al COVID-19, la pérdida de ingresos y muchos otros problemas de salud provocados por la pandemia. Las mujeres también estarán en riesgo de violación y violencia doméstica.



FIGO
International Federation of Gynecology and Obstetrics

Declaración de la FIGO

18 de marzo de 2021

La FIGO respalda la adopción permanente de los servicios de aborto a través de la telemedicina

La pandemia de la COVID-19 ha afectado de forma desproporcionada a las mujeres y niñas de todo el mundo, en parte debido a las restricciones temporales impuestas a los servicios de aborto en algunos países. Por su parte, la rápida adopción de la tecnología en los servicios de atención médica durante la pandemia de COVID-19 ha aumentado su potencial a la hora de proporcionar una atención médica eficaz y eficiente, en particular a los habitantes de comunidades desatendidas. El aborto a través de la telemedicina es uno de esos ámbitos que tiene el potencial de permitir a las mujeres y niñas autogestionar el aborto en sus hogares, mediante consultas en línea con los proveedores de atención médica y con medicamentos entregados a la paciente o recogidos por ella.

Claves

- Map
- Engage
- Let your medical/expert voice be heard
- Position your self as a reliable source
- Build arguments form
 - Ethics
 - Scientific evidence- statistics
 - Human Rights

Total ban

Decriminalization

**Right to
confidentiality
Medical secrecy**

**Right
to
Information**

**Right to life
to health and
equality**

**Right to
freedom of
conscience**

**Responsible exercise of conscientious objection, social
decriminalization of abortion**