

FIGO Congress News: Ways To Prevent Unsafe Abortion

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“Obstetricians and gynecologists are moving from being part of the problem to becoming part of the solution.”

Every year some 19 million women around the world undergo induced abortions in unsafe conditions - of these, 97 percent take place in developing countries in Latin America, Africa and South Central Asia. An estimated 68,000 women die as a result of unsafe abortions, accounting for 13 percent of annual global maternal deaths, while hundreds of thousands of women suffer long-term complications. Each year, about 46 million induced abortions take place.

Effective interventions for addressing the problem of unsafe abortion are well known: Obstetricians and gynaecologists are key actors in determining whether appropriate strategies are adopted and in the implementation of key interventions. The International Federation of Gynecology and Obstetrics (FIGO) has 113 member societies, and the capacity to influence obstetricians and gynaecologists to adopt behaviour that protects women's health and rights.

Considering the toll on women from unsafe abortions, including death, FIGO sees it as a duty, along with each of its member societies, to promote these interventions and to reduce the suffering caused by unsafe abortions. That was why FIGO created the Working Group (WG) on Prevention of Unsafe Abortion and its consequences.

The mandate of the WG is to contribute to the reduction in the number of women who have to resort to induced abortion and to reduce the maternal mortality and morbidity associated with unsafe abortion. Such a mandate could only be accomplished with the active collaboration of FIGO member societies. Accordingly, the activities of the WG started with an invitation to member societies to participate in this initiative, giving priority to societies with high rates of unsafe or induced abortions.

Fifty-four societies accepted the invitation: nine from South America; nine from Central America and the Caribbean; seven from Western Central Africa; seven from Eastern-Central-South Africa; six from North Africa/Eastern Mediterranean; eight from South-Southeast Asia, and eight from Eastern Central Europe.

At the same time FIGO prepared a project proposal and applied for support from an anonymous donor for two years. The project was approved and is being executed in two phases.

Phase One started with a situational analysis of induced and unsafe abortion in each country, followed by the preparation of a plan of action that responds to the problems identified by the analysis. Once a draft plan was ready, it was discussed and agreed upon at a national workshop. Finally, all countries from each of the seven regions met at a regional workshop, where the plans of actions were adopted.

While 54 societies accepted the initial invitation, that number was successively reduced to 50 that completed the situational analysis, and then to 43, which had a plan of action approved by both the member society and the national government. This phase lasted for 12 months from November 2007 to October 2008.

Phase Two of the project consisted of the implementation of the plans of action, which depended basically on the project's focal points, with the commitment of national governments being a fundamental requirement. As FIGO does not have funds to support the plan's activities, the collaboration of international organisations and agencies is necessary.

The specific objectives of the plans of actions varied from country to country, but in general can be classified in four groups:

1. To obtain and disseminate better data on abortion and to sensitise policy makers, authorities, and health professionals with the purpose of promoting better national policies,
2. To increase the use of modern contraceptive methods, to introduce/improve education in responsible sexual behaviour and introduce/improve adolescent-friendly reproductive health services in order to reduce the number of unplanned or unwanted pregnancies,
3. To facilitate the process of adoption in order to reduce the need to resort to abortion, and
4. To make adequate abortion services available to promote access to safe abortion and to improve post-abortion care (including post-abortion contraception), with the purpose of making the remaining induced abortion safer.

The general and regional co-ordinators sought to obtain the collaboration of various agencies through correspondence, personal contacts and monitoring visits to the countries. The purpose of the visits of the regional co-ordinators to the countries were to stimulate the implementation of the plans of action, to promote the co-ordination with several agencies/organisations that can potentially collaborate with the FIGO Initiative. Only eight of the 43 countries did not receive a monitoring visit.

About eight to nine months after the initiation of the implementation phase a series of regional follow-up workshops were organised. Their purpose was to evaluate progress in the execution of plans of actions, to establish the strategies to overcome barriers, to identify opportunities of collaboration and to ensure co-ordination with partners.

Progress has been irregular with some countries accomplishing more than 100 percent of set targets, while others have not yet initiated several of the proposed activities.

The most frequently mentioned barriers to the implementation of the plans have been a weak commitment of some obstetricians'/gynaecologists' societies, insufficient resources and infrastructure of the countries, the sensitivity surrounding abortion, and insufficient dissemination of information.

The plans of action have been fruitful where they were part of the relevant Ministries of Health and where there have been good relationships between professional obstetricians'/gynaecologists' societies, Ministries of Health and the leadership of FIGO. The strength of the project and the commitment of national and international collaborating agencies are also crucial. All regions have reported that the monitoring visits have had an impact on co-ordination.

The most important outcome of this FIGO initiative is the involvement of the obstetricians and gynaecologists of 43 developing countries in this global effort to

reduce the number of women going through the stressful process of inducing unsafe abortions and preventing the often tragic consequences of these procedures.

The support of FIGO members' societies can be a determining factor for the success of governmental programmes, with or without the collaboration of international organisations. In the words of Mahmoud Fathalla, "Obstetricians and gynaecologists are moving from being part of the problem to becoming part of the solution."

The international agencies that collaborated with the implementation of the plans of action are the Allan Guttmacher Institute, Amnesty International, Asia-Pacific Safe Abortion Partnership, Concept Foundation, DKT, EngenderHealth, and Global Doctors for Choice, Gynuity Health Project, Ibis Reproductive Health, ICMA, Ipas, and IPPF, Mary Stopes, Pathfinders, Population Council, Population Services International, UNFPA and the WHO.