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FIGO INITIATIVE FOR THE PREVENTION OF UNSAFE ABORTION

Goals and activities proposed by countries in seven regions of the world toward prevention of unsafe abortion

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ABSTRACT

This article describes the goals and activities included in the national plans of action for the prevention of unsafe abortion. With broad variability, all were in line with the initiative's purpose of contributing to reduce the number of women who have unplanned pregnancies and induced abortions, as well as the maternal mortality and morbidity associated with unsafe abortion. The interventions proposed can be classified in 5 groups: (1) *to work toward better national policies* through obtaining and disseminating accurate evidence-based data on abortion and to sensitize policy makers and health professionals on issues pertaining to unsafe abortion; (2) *to reduce the number of unplanned/unwanted pregnancies* by increasing the use of modern contraceptive methods, introducing or improving sex education, and improving adolescent-friendly reproductive health services; (3) *to make induced abortion safer* by making adequate abortion services available, within the full extent of the national laws, and promoting access to safe abortion; (4) *to improve postabortion care*, including postabortion contraception; and (5) *to reduce the need to resort to abortion by working on facilitating the process of adoption*. The proportions of plans that include each of these interventions are described, as well as some regional differences.

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1. Introduction

Sexual and reproductive health and rights issues continue to be a huge burden in many countries, especially those in low-resource regions of the world. FIGO, in its endeavor to improve women's health, continues to assist nations toward achieving universal access to comprehensive sexual and reproductive health services [1]. FIGO prioritized unsafe abortion as one of the entry points toward improving women's health and reducing maternal mortality and morbidity.

The previous articles in this Supplement have described why FIGO took the decision to work worldwide to prevent unsafe abortion and its consequences, establishment of the initiative's Working Group and its mandate, and the process followed to achieve FIGO's goals [2,3].

In this article we describe the variety of goals and activities that the countries included in their plans of action. Although there was great variability between countries and regions, all were in the line with the general purpose of the initiative, namely to contribute to reduce the number of women with unplanned pregnancies who resort to voluntary termination of pregnancy, as well as to reduce the maternal mortality and morbidity associated with abortions carried out in unsafe conditions.

Recognizing the unique circumstances of each nation, the plans of actions were drawn up by the different country teams and consideration was given to their broad and flexible needs. Each country had total freedom to adapt FIGO's general aims to meet their needs, and was not required to start afresh if they already had strategies in place; instead, countries were encouraged to review their current national plans to identify gaps and areas for improvement. At the same time, the plans and goals recognized the role of different stakeholders and collaborators within their national reproductive health programs. In addition, each plan sets indicators for monitoring progress of each of the proposed interventions.

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Table 1
Main and detailed objectives included in the plans of action of the 43 countries.

Objectives	No. (%)
To work toward better national policies	
Sensitize policy makers/authorities	30 (70)
Obtain more and better data on abortion	18 (42)
To reduce the number of unplanned/unwanted pregnancies	
Increase availability (prevalence of use) of modern contraceptives	37 (86)
Promote/introduce sex education	21 (49)
Introduce/improve adolescent-friendly sexual/reproductive health services	4 (9)
To make induced abortion safer	
Make adequate abortion services available	26 (60)
Advocate for increased access to safe abortion	9 (21)
To improve postabortion care	
Introduce/improve comprehensive postabortion care	28 (65)
To reduce the need to resort to abortion by facilitating adoption	
Facilitate the process of adoption	5 (12)

2. Results

2.1. Objectives and activities included in the plans of action of the 43 chosen countries

The interventions proposed by the countries were among those already known to be effective in reducing unsafe abortion. A broad look at the plans of action of the 43 countries distinguished 5 general objectives.

- (1) *To work toward better national policies* through obtaining and disseminating accurate evidence-based data on abortion and to sensitize policy makers and other authorities, as well as health professionals, on issues pertaining to unsafe abortion.
- (2) *To reduce the number of unplanned/unwanted pregnancies* by increasing the prevalence of use of modern contraceptive methods, introducing or improving education for responsible sexual behavior, as well as improving adolescent-friendly reproductive health services.
- (3) *To make induced abortion safer* by making adequate abortion services available, within the full extent of the national laws, and promoting access to safe abortion. This is to ensure that laws and regulations facilitate access to abortion within the limits that are acceptable for the society involved.
- (4) *To improve postabortion care* by introducing more effective and safer technologies, better provider/client interaction, and the inclusion of postabortion contraception.
- (5) *To reduce the need to resort to abortion by working on facilitating the process of adoption.*

Interventions leading to reduction of the number of unplanned/unwanted pregnancies were most frequently included in the plans of action. To increase the prevalence of use of modern contraceptives was present among the objectives and activities in the plans of action of over 85% of the countries, and promotion or introduction of sexuality education was included in the plans of almost 50% of the countries. Introduction or improvement of adolescent-friendly sexual and reproductive health programs was included in the plans of less than 10% of the countries (Table 1).

Interventions leading to better national policy on the prevention of unsafe abortion and its consequences were also frequently included in the countries' plans of action. To inform and sensitize policy makers, national authorities, and health professionals was included in 70% of the plans of actions; related to this was the need for more data, evidence-based in particular, on abortion—an objective present in 42.5% of the plans (Table 1).

To make induced abortion safer was included in the plans of action of more than half of the countries: to make adequate abortion services available within the context of the national law was an objective in 60%, and advocacy for increased access to safe abortion was included in 20% of the countries' plans.

Almost two-thirds of the countries included the introduction or improvement of comprehensive postabortion care as part of their plans of action. Finally, facilitating the process of adoption was included in the plans of 12.5% of the countries, particularly those in South America.

The objectives included in the plans of action, country by country, and by region, are summarized in the tables in Appendix A.

2.2. Regional differences in objectives and activities included in the plans of action

While the countries had similar goals and activities, there were a few regional differences regarding some of the objectives (Table 2).

To sensitize policy makers, authorities, and health professionals was an objective included in over half of the countries' plans of action in all regions. In Eastern and Central Europe (ECE) it was present in the plans of all 4 participating countries.

To obtain more and better data on abortion was an objective set out in the plans of more than half of the countries in Central America and the Caribbean (CA&C) and South-Southeast Asia (SSEA) only. In contrast, it was present in only 1 of 5 and 1 of 4 countries in Western and Central Africa (WCA) and ECE, respectively.

To improve access to modern contraceptive methods to reduce unmet need for contraception was an objective present in the plans of all countries in Eastern Central and Southern Africa (ECSA), WCA, and ECE, and in all but one country in the other regions with

Table 2
Proportion of countries that included specific objectives in their plans of action, according to region.

Objectives	SA	CA&C	WCA	ECSA	NAEM	SSEA	ECE	Total
Sensitize policy makers/authorities	5/8	5/8	3/5	5/7	4/5	4/6	4/4	30/43
Obtain better data on abortion	3/8	6/8	1/5	2/7	3/5	2/6	1/4	18/43
Increase access to modern contraceptives	7/8	7/8	5/5	7/7	2/5	5/6	4/4	37/43
Promote/introduce sex education	3/8	6/8	3/5	3/7	1/5	4/6	1/4	21/43
Introduce/improve adolescent friendly sexual and reproductive health services	0/8	0/8	1/5	1/7	1/5	1/6	0/4	4/43
Adequate abortion services available	3/8	4/8	2/5	7/7	2/5	5/6	3/4	26/43
Advocate for increased access to safe abortion	3/8	1/8	1/5	1/7	0/5	2/6	1/4	9/43
Introduce/improve comprehensive postabortion care	6/8	7/8	2/5	3/7	3/5	4/6	3/4	28/43
Facilitate the process of adoption	2/8	3/8	0/5	0/7	0/5	0/6	0/4	5/43

Abbreviations: SA, South America; CA&C, Central America and the Caribbean; WCA, Western and Central Africa; ECSA, Eastern Central and Southern Africa; NAEM, North Africa-Eastern Mediterranean; SSEA, South-Southeast Asia; ECE, Eastern and Central Europe.

the exception of North Africa-Eastern Mediterranean (NAEM), where only 2 of 5 countries included this objective in their plans of action.

The promotion or introduction of comprehensive sexuality education was an objective in more than half of the plans in the countries from CA&C, WCA, and SSEA. In contrast, this objective was included in the plans of only 1 of 5 and 1 of 4 countries in NAEM and ECE, respectively.

To introduce or improve adolescent-friendly sexual and reproductive health services was an objective that was forgotten almost completely. It was included in the plans of only 1 country from NAEM, WCA, ECSA, and SSEA, and absent in the other 3 regions.

Making adequate abortion services available to the full extent of the law was an objective given in the plans of action of more than half of the countries in all regions, with the exception of WCA and NAEM, where only two-fifths of the countries included this objective. All countries in ECSA included this objective. To advocate for increased access to safe abortion was not frequently included in the plans of action. One-third of the countries in South America (SA) and SSEA included this objective; however, none of the countries in NAEM included it.

Introduction or improvement of high quality, comprehensive postabortion care was included by more than half of the countries in 5 of the 7 regions, and close to half in the other two regions (WCA and ECSA).

Finally, the strategy of preventing abortion by facilitating the process of adoption of the unwanted baby was included in a few of the plans of action, and only among the countries in SA and CA&C.

3. Discussion

The priority given to interventions leading to the reduction of unplanned/unwanted pregnancies is in agreement with the recommendations made at the Cairo International Conference on Population and Development held in 1994, that: “All Governments and relevant intergovernmental and non-governmental organizations are urged to...deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services” [4].

With one exception, all or all but one country in each region included the increase in prevalence of use of modern contraceptives to reduce unmet need for contraception as an objective in their plans of action. It is curious that the 6 countries that omitted this objective are not necessarily those with less unmet need for contraception. Argentina and Nicaragua, for example, are countries with high induced abortion rates—indicative of a lack of easy access to effective contraceptives—but did not include expansion and improvement of family planning services in their plans of action; a reason may be that the authors of the plans understood that enough efforts toward that end were already being done and it was therefore not necessary to include this item. It is rewarding to see, however, that all countries in ECSA and WCA, some of the regions with the highest unsafe abortion rates [5], did include this objective in their plans of action.

The low proportion of countries that included education on responsible sexual behavior and adolescent-friendly reproductive health services was discouraging, showing that there is still a reluctance to accept that young people have sex, and that if they are not educated to be responsible and are not given access to protection they will continue to experience unplanned pregnancies, abortions, and the consequences of early motherhood [6]. This is an area where many plans of action can be updated in the near future.

Improved access to safe abortion in the full extent of the law was an intervention included by 60% of the countries. If all of the countries were following the recommendations of the Cairo Plan of

Action, namely that: “In circumstances where abortion is not against the law, such abortions should be safe,” only countries where abortion is illegal in all circumstances (Chile, Nicaragua, Honduras, El Salvador, Dominican Republic) should have omitted this objective [7]. We do not have a good hypothesis to explain the reason for this omission by the other 12 countries, other than the cultural difficulty of dealing with the subject of abortion or the incorrect notion that making abortion safer will stimulate the use of induced abortion for fertility regulation.

To advocate for increased access to safe abortion was even less frequently included in the plans of action. As the plans had to be sanctioned by the Governments, it is understandable that this objective could not be included unless there was an official national policy in that direction.

It was satisfactory to see that almost two-thirds of the countries included the objective of introducing or improving comprehensive postabortion care. This reflects the Cairo Conference recommendation that: “In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counseling, education and family planning services should be offered promptly, which will also help avoid repeat abortion.” Again, there is not a good reason to justify why this objective was not included in the plans of action of all countries. The barriers some women encounter to “access quality services for the management of complications arising from abortion” may be a highly relevant factor in determining the high abortion-related maternal mortality ratio in many of the participating countries [8]. Consequently, it would be advisable that interventions to improve postabortion care become part of the plans of action in all countries in the future.

Moreover, FIGO has recently released a statement on Postabortion Contraception, together with the International Confederation of Midwives, the International Council of Nurses, and the United States Agency for International Development. The statement strongly recommends the provision of postabortion family planning counseling and services and ends with: “Doctors, midwives and nurses have a special role in advocating for post-abortion patients and ensuring quality post-abortion family planning services” [9]. To include this sensible recommendation within the plans of action is one of the tasks remaining for this FIGO initiative, considering that postabortion contraception is a powerful tool to reduce the number of induced and unsafe abortions.

The inclusion of interventions to reduce the need to resort to abortion by facilitating the process of adoption only in some Latin American countries may be influenced by Catholic Church leaders. Its absence in other regions may be influenced by cultural rejection of the concept of adoption.

It can be concluded that the goals and objectives of the plans of action of the 43 countries participating in this FIGO initiative are appropriate to achieve the purpose of reducing induced and unsafe abortion and to ameliorate its consequences. It does not mean, however, that it does not give space for improvement. None of the plans are immutable and, in fact, new objectives have been added after the last Regional Workshops and dialogue with collaborative agencies, while a few have been dropped for being unrealistic. This is a dynamic process where the means can change, but the final purpose of reducing unwanted pregnancies, unsafe abortion, and the human suffering resulting from them cannot.

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Appendix A. Summary of the objectives given in the plans of action, by country and region

Table 1
South America.

Country	Increase availability (prevalence of use) of modern contraceptives	Sensitize policy makers/ authorities	Advocate for increased access to safe abortion	Make adequate abortion services available	Introduce/improve comprehensive postabortion care	Obtain more and better data on abortion	Promote/ introduce sex education	Facilitate the process of adoption
Argentina		+			+		+	
Bolivia	+	+			+			
Brazil	+			+	+	+	+	
Chile	+	+			+	+	+	+
Colombia	+		+	+				
Peru	+	+	+	+	+			
Uruguay	+	+	+					+
Venezuela	+				+	+		
Subtotal	7/8	5/8	3/8	3/8	6/8	3/8	3/8	2/8

Table 2
Central America and Caribbean.

Country	Increase availability (prevalence of use) of modern contraceptives	Sensitize policy makers/authorities	Advocate for increased access to safe abortion	Make adequate abortion services available	Introduce/improve comprehensive postabortion care	Obtain more and better data on abortion	Promote/ introduce sex education	Facilitate the process of adoption
Costa Rica	+			+	+	+	+	+
Cuba	+			+	+		+	
Dominican Republic	+			+	+		+	
El Salvador	+	+				+		
Guatemala	+	+			+	+	+	+
Honduras	+	+			+	+	+	
Nicaragua		+	+	+	+	+	+	+
Panama	+	+			+	+		
Subtotal	7/8	5/8	1/8	4/8	7/8	6/8	6/8	3/8

Table 3
Western and Central Africa.

Country	Increase availability (prevalence of use) of modern contraceptives	Sensitize policy makers/authorities	Advocate for increased access to safe abortion	Make adequate abortion services available	Introduce/improve comprehensive postabortion care	Obtain more and better data on abortion	Promote/ introduce sex education in schools	Scale up adolescent-friendly sexual and reproductive health services
Benin	+	+					+	
Cameroon	+			+				
Côte d'Ivoire	+	+	+	+			+	
Gabon	+				+		+	
Nigeria	+	+			+	+		+
Subtotal	5/5	3/5	1/5	2/5	2/5	1/5	3/5	1/5

Table 4
Eastern and Central Southern Africa.

Country	Increase availability (prevalence of use) of modern contraceptives	Sensitize policy makers/authorities	Advocate for increased access to safe abortion	Make adequate abortion services available	Introduce/improve comprehensive postabortion care	Obtain more and better data on abortion	Promote/ introduce sex education in schools	Scale up adolescent-friendly sexual and reproductive health services
Ethiopia	+	+		+	+	+		
Kenya	+	+		+	+		+	
Mozambique	+		+	+			+	
South Africa	+	+		+				
Tanzania	+	+		+			+	+
Uganda	+			+	+			
Zambia	+	+		+		+		
Subtotal	7/7	5/7	1/7	7/7	3/7	2/7	3/7	1/7

Table 5
North Africa and Eastern Mediterranean.

Country	Increase availability (prevalence of use) of modern contraceptives	Sensitize policy makers/authorities	Advocate for increased access to safe abortion	Make adequate abortion services available	Introduce/improve comprehensive postabortion care	Obtain more and better data on abortion	Promote/introduce sex education	Introduce/improve adolescent-friendly sexual and reproductive health services
Egypt	+	+			+			
Syria	+	+			+	+		
Sudan		+			+			
Tunisia		+		+		+	+	+
Turkey				+		+		
Subtotal	2/5	4/5	0/5	2/5	3/5	3/5	1/5	1/5

Table 6
South-Southeast Asia.

Country	Increase availability (prevalence of use) of modern contraceptives	Sensitize policy makers/authorities	Advocate for increased access to safe abortion	Make adequate abortion services available	Introduce/improve comprehensive postabortion care	Obtain more and better data on abortion	Promote/introduce sex education	Introduce/improve adolescent-friendly sexual and reproductive health services
Bangladesh	+	+		+	+	+	+	
India	+	+	+	+	+		+	
Nepal	+			+			+	
Pakistan	+			+	+			+
Sri Lanka	+	+	+		+		+	
Thailand		+		+		+		
Subtotal	5/6	4/6	2/6	5/6	4/6	2/6	4/6	1/6

Table 7
Eastern and Central Europe.

Country	Increase availability (prevalence of use) of modern contraceptives	Sensitize policy makers/authorities	Advocate for increased access to safe abortion	Make adequate abortion services available	Introduce/improve comprehensive postabortion care	Obtain more and better data on abortion	Promote/introduce sex education	Introduce/improve adolescent-friendly sexual and reproductive health services
Georgia	+	+	+	+	+			
Kyrgyzstan	+	+		+	+		+	
Macedonia	+	+						
Moldova	+	+		+	+	+		
Subtotal	4/4	4/4	1/4	3/4	3/4	1/4	1/4	0/4

Conflict of interest

The authors have no conflict of interest to disclose.

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