

SAFE ABORTION AND POSTABORTION CARE

The Population Council offers policymakers and healthcare providers the evidence they need to help communities implement safer abortion and postabortion care practices, increase positive health-seeking behavior, and reduce stigma. We design evidence-based programs to ensure that abortion and postabortion care—where legally available—are accessible, safe, and affordable. Where abortion is not legal, we document the public health and cost burden of unsafe abortion by testing innovative ways to measure abortion incidence or prevalence rates, and work with stakeholders to improve the availability of postabortion care.

OUR RESEARCH

The Council conducts research, working with advocates, and educates policymakers with the goal of increasing access to family planning and comprehensive abortion services for the most underserved populations.

STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY (STEP UP)

The DIFD-funded research program consortium, STEP UP, is generating evidence about women's reproductive health needs in Bangladesh, Ghana, Kenya, India, and Senegal, with a focus on access to family planning and safe abortion services.

The Population Council conducts research and delivers solutions that improve lives around the world. Big ideas supported by evidence: It's our model for global change. popcouncil.org

© 2014 The Population Council, Inc.

From 2011–2016, the program is addressing two key themes by generating knowledge that can be used to:

- Strengthen and expand the reach of *existing* reproductive health programmes so that they function more effectively and efficiently, address women's and men's reproductive health rights, and foster increased political commitment to reproductive, maternal and child health; and



- Develop and evaluate *innovative* service delivery and financing models to increase the range of options available to policymakers and programme managers, and to address the needs of diverse sub-populations.

REDUCING MATERNAL MORTALITY AND MORBIDITY (R3M) IN GHANA

The Council is also one of five organizations working on the reducing maternal mortality and morbidity

(R3M) program in Ghana. The R3M program provides technical and financial support to increase access to family planning and comprehensive abortion services in three regions of Ghana. Since 2006, the consortium has supported the Ghana Health Service by providing financial and technical assistance to enable the government to significantly expand women's access to modern family planning (FP) and comprehensive abortion care (CAC).

The objectives of R3M are to:

- Make FP services (especially long-acting and permanent methods) and CAC routinely available in the program districts and, ultimately, at all levels of the health system in Ghana;
- Support the Government of Ghana in achieving its contraceptive prevalence goal of 39% by 2015;
- Reduce mortality and morbidity due to unsafe abortion in the three focus regions and contribute to the achievement MDG5 for Ghana.

EXPANDING ACCESS IN INDIA

Given the lack of easily accessible and trained providers, millions of Indian women undergo unsafe abortions each year, risking injury and death. This limited access has resulted in unsafe abortion becoming one of the leading causes of maternal mortality in India, with 8% of all maternal deaths attributed to complications from unsafe procedures. Women in poor, rural areas are disproportionately affected, as their access to safe abortion by trained providers is particularly limited.

The Council was one of eight partners on the Consortium for Safe Abortions (CAC) in India coordinated by Ipas. The Consortium sought to increase access to safe, legal, and comprehensive abortion services in rural India through demonstrating evidence-based models.

The Population Council evaluated the extent to which this model was effective in:

- Expanding access to abortion;
- Raising women's awareness of abortion;
- Reducing delays in seeking abortion services; and
- Increasing facility and provider readiness to provide safe abortion services.

The assessment showed that the CAC model increased the availability of safe abortion services in public-sector facilities. In both states, the model resulted in an increase in the number of trained and certified abortion

providers and improvement in the availability of functioning essential equipment in primary health centers. Provider awareness about women's abortion-related rights improved, as did the number of safe abortions provided in public-sector facilities.

Following the assessment, implementing partners have replicated aspects of the Consortium's CAC model in other areas of Maharashtra and elsewhere. Through the expansion of equipped facilities, trained providers, and community awareness that occurred during and after the intervention, the project has greatly improved the availability of safe abortion services in rural areas and increased rural women's access to safe abortion services.

ABORTION REFORM IN MEXICO CITY

Before 2007, all Mexican states permitted abortions in cases of rape, and nearly all permitted the procedure to save a mother's life. In practice, however, it was nearly impossible for women in these circumstances to access abortion because of rigid bureaucracy and long delays for approval.

In 2000, a group of organizations came together to form the *National Pro-Choice Alliance for Mexico*, dedicated to changing abortion laws in Mexico to protect women's health. The Council played a key role by providing evidence about abortion access, attitudes, and incidence. Three of the most important contributions to this effort were opinion research, documentation of barriers to abortion, and incidence of abortion.

The *National Pro-Choice Alliance for Mexico* used evidence from these and other studies to inform public officials, health providers, and the general population about the importance of increasing access to safe abortion, including the need to ease restrictions on abortion in order to safeguard women's health, reduce social stigma associated with abortion, and train health providers to offer safe and legal abortions.

On the basis of information generated by the Population Council and others, in 2007 Mexico City's legislative assembly decriminalized abortion in the first 12 weeks of pregnancy in Mexico City. Since then, the Mexico City Ministry of Health has provided more than 90,000 free, safe, and legal early abortions to women in the capital.

The legal status of abortion in Mexico's 31 states remains largely restrictive, so there is much work to be done to serve the needs of the remaining 93% of women living outside the Federal District.