



International Consortium  
for Medical Abortion

*Promoting access to medical abortion in  
the context of safe abortion worldwide...*



## International Campaign for Women's Right to Safe Abortion



# ANNUAL REPORT

## January - December 2014

Coordinated by the International  
Consortium for Medical Abortion

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# EXECUTIVE SUMMARY

This is the third annual report of the **International Campaign for Women's Right to Safe Abortion**, which was launched on 28 May 2012. The report reflects work throughout 2014 based on agreements made at a strategic planning meeting in Lisbon by Steering Committee members of the International Consortium for Medical Abortion and Advisory Group members of the Campaign, and staff from both. The report covers our six main objectives and the achievements and outcomes arising from work on them:

- To increase the membership of organizations and individuals in the Campaign and in more countries
- To increase the capacity to advocate for and advance women's right to safe abortion and to increase the visibility of the Campaign
- To increase the sharing of information on abortion, especially rights-based strategies and approaches
- To increase the number of groups and countries around the world celebrating the 28 September Day of Action
- To continue to highlight the negative consequences of laws that restrict access to safe abortion, particularly the cases of those arrested, prosecuted and imprisoned
- To improve the coordination of the Campaign

Some of our most important achievements in 2014 were:

- We invited 133 groups in 70 countries to join the Campaign and increased our membership to 946 individuals and 388 organizations in 110 countries.
- We linked people and groups within and between countries and across regions to share strategy, work together, and address successes and failures in changing abortion law and policy and services.
- We attended the most important international and regional conferences on abortion and made presentations and shared materials about the Campaign and its work.
- We drafted and disseminated an important statement on Safe Abortion and the Post-2015 Agenda, which was signed by 248 organizations from all global regions and disseminated widely, including to international leaders in the field.
- We translated and disseminated the Campaign's 2013 report on trials and imprisonment of women and safe abortion providers into three languages.
- We greatly increased the sharing of news, information and action on abortion through the Campaign website, listserv, Facebook and Twitter.
- For the third year running, the Day of Action has again grown tremendously. The number of groups organizing activities for the 28 September Day of Action was greater and the number of countries in which activities took place rose from 51 in 2013 to 65 in 2014. The mainstream media also began to cover 28 September events, more so than in previous years.
- Most importantly, there seems to be a growing activism in support of women's right to safe abortion, and more political leaders in more countries are acknowledging the problem of unsafe abortion in their countries and talking about finding ways of addressing it.

During this third year, the Campaign has again grown in numbers of members, activities and visibility. The agreed aims, objectives and principles (Appendix 1) have stood us in good stead and continue to serve as the basis of Campaign slogans and activities. The organization of national, regional and international activities for 28 September has remained a major focus of action for the Campaign because it serves to unite us around a common set of goals.

The Campaign's increasing global reach has helped to motivate changes which arise from the activities of its growing membership and their own effective action and influence at country and international level. We can particularly point to the increased energy that has gone into abortion rights advocacy work since the Campaign

was launched and the growing number of initiatives on the part of our members, to which we give visibility on a weekly and often daily basis through the Campaign's reports, statements, listserve, website and social media.

We believe that even with the small funds we have received to date, the Campaign has become a visible international force in support of women's right to safe abortion through its advocacy work, participation in the field, information dissemination, networking, calls for decriminalization of abortion and law and policy reform, and the provision of safe abortion services.

The Campaign's work is not just the work of its small staff and volunteers, but above all the work of its members, because change on abortion happens in countries and on the ground, and because the cumulative effect of what the members do in their countries and regions is central to what defines the Campaign and what it has succeeded in making happen. This report therefore includes examples of the work of some of the Campaign's members, which the staff and volunteers have showcased on the web, social media and the listserve, and in many cases participated in and worked together in and supported.

The report also presents our achievements in 2014 in the context of global and national events related to abortion and abortion rights advocacy (see Appendix 2 for highlights from each month in 2014).

Lastly, it gives a brief picture of plans we made in March 2014 in Lisbon at a combined ICMA/Campaign strategy meeting run by consultant Barbara Klugman, to rejuvenate ICMA and expand the work of the International Campaign in 2015-2017, which we have been in the process of implementing throughout the year. These plans, and the continuation and expansion of the work reported here will require the involvement of an active and rejuvenated ICMA Steering Committee and the Campaign Advisory Group, and as soon as possible, full-time staff.

# FUNDING IN 2014

We would like to thank the following donors for support for the Campaign through ICMA in Moldova in 2014:

- David and Lucile Packard Foundation
- An anonymous donor

Many thanks also to the following Campaign member organizations for donations towards the Campaign's work in 2014:

- Pathfinder International
- Catholics for Choice

**We hope this report will encourage these and other donors to support the Campaign in 2015 and beyond.**

# CAMPAIGN OBJECTIVES FOR 2014, ACHIEVEMENTS AND OUTCOMES

## 1. Increase membership in the Campaign among groups and individuals actively involved in promoting women’s right to safe abortion

In 2014, the Campaign coordinator and the staff of ICMA wrote to 133 groups in 70 countries, sharing the Campaign aims and objectives and inviting them to endorse and join the Campaign. They also participated in international and other conferences and meetings where they promoted the Campaign and invited people to join. At the end of 2014, the Campaign membership consisted of 946 individuals and 388 organizations in 110 countries, including international organizations, regional networks, women’s groups, abortion rights and human rights NGOs and a wide range of other civil society organizations. This is more than double the numbers after our first year (i.e. in May 2013) and from 19 more countries than in the previous year. The high number of individuals is due in large part to the interest of people working in organizations for whom it may not be appropriate to endorse the Campaign, such as policymakers, health service providers or managers, academics in university departments who are doing research and teaching on these issues, or those in NGOs doing work on issues other than abortion, whose interest and participation is equally important. A database of everyone who has endorsed the Campaign is maintained and regularly updated.

Africa	Asia	Pacific	Eastern Europe	Latin America/ Caribbean	Middle East/ Mediterranean	North America	Western Europe
Burkina Faso	Azerbaijan	Australia	Bulgaria	Argentina	Armenia	Canada	Belgium
Burundi	Bangladesh	Fiji	Estonia	Brazil	Egypt	USA	Denmark
Cameroon	Bhutan	New Zealand	Georgia	Bolivia	Iraq		France
Central Africa Republic	Cambodia	Papua New Guinea	Hungary	Chile	Lebanon		Finland
DR Congo	India	Tuvalu	Lithuania	Colombia	Morocco		Germany
Ethiopia	Indonesia	Vanuatu	Macedonia	Costa Rica	Palestine		Ireland
Gabon	Japan		Moldova	Ecuador	Tunisia		Italy
Ghana	Kazakhstan		Poland	Guatemala	Turkey		Netherlands
Kenya	Malaysia		Romania	Honduras			Norway
Madagascar	Mongolia		Russian Federation	Jamaica			Portugal
Malawi	Myanmar		Ukraine	Mexico			Spain
Mozambique	Nepal			Nicaragua			Sweden
Namibia	Pakistan			Paraguay			Switzerland
Rwanda	Philippines			Peru			UK
Seychelles	Singapore			Puerto Rico			
Sierra Leone	Sri Lanka			Suriname			
South Africa	Tajikistan			Trinidad & Tobago			
Sudan	Thailand			Uruguay			
Tunisia	Uzbekistan			Venezuela			
Uganda	Viet Nam						
Zambia							

Letters were sent by the coordinator and ICMA staff to Campaign members in Latin America, the Caribbean, North Africa, the Mediterranean, sub-Saharan Africa, Eastern Europe, South Asia, Southeast Asia, North America and Western Europe, aimed at motivating them to get in touch with colleagues from their region/country, so as to strengthen existing national and regional networks working for abortion rights and share lessons learned.

Campaign informational materials posted on the Campaign website have also been sent on request to Campaign members. In Africa, Pathfinder, WGNRR and Ipas regional officers contacted groups in many countries in the region to promote the Campaign and urge them to form coalitions and organise events and activities together.

While we have not had the capacity to follow up these efforts systematically to see the extent to which they bore fruit, we have seen not only an increase in Campaign membership but also an increase in the number of coalitions of NGOs working together at the national level, for example in Portugal, Spain, Kenya and Mozambique. We have also seen more groups becoming involved in organizing activities together for 28 September in 2014, e.g. in Ireland and the UK, though national events are likely to be at least as responsible for this, since threats to abortions rights (as well as positive moves by policymakers that need to be supported) tend to bring groups together to take urgent action.

## **2. Increase the capacity of the Campaign to advocate for and advance women's right to safe abortion, including medical abortion, at national and regional levels, and in international forums. Increase the visibility of the Campaign, e.g. through conferences and social media and networking**

Increasing capacity called for a paid staffperson to coordinate the Campaign. Thanks to funding from our donors, we were able to make provision for some paid staff time for the Campaign. Daniela Draghici, based in Romania, was employed by ICMA to coordinate the Campaign in 2014 (1.5 days per week), and she worked closely with Rodica Comendant, ICMA's coordinator, and the ICMA staff (all of whom were also working part-time for both ICMA and the Campaign) throughout 2014. However, the limited funding has meant we did not have the capacity to pay staff full-time or meet all our targets in terms of outputs. We also had to depend on paid staff working extra, voluntary time, and volunteers such as Marge Berer to undertake key roles, such as listserv coordinator.

One of the Campaign's most important global advocacy actions to date has been the *Statement on Safe Abortion and the Post-2015 Agenda* (Appendix 3) in May 2014, drafted by Marge Berer, in response to the resolutions from the 47th Commission on Population and Development Outcome document the previous month. Many abortion rights supporters were extremely disheartened that the text about abortion did not move beyond 1994 after 20 hard years of campaigning and wide public support, and decided a public statement was required. The drafting of the text proved controversial and a dialogue opened up between advocates closely involved in the post-2015 process in New York and others working on the ground in countries, which led to a series of edits from a wide range of people to the proposed text. The document that emerged was approved by the Campaign Advisory Group, and received widespread support from all involved parties. It was signed by 284 Campaign members and other groups and individuals. It was then disseminated through the Campaign listserv, a range of other listservs and e-newsletters of groups working on sexual and reproductive health and rights, to key leaders, and in conferences and meetings, and published in *Reproductive Health Matters*.

Daniela Draghici, Rodica Comendant and Marge Berer participated in the following international conferences and meetings in 2014, where they spoke about and promoted the Campaign:

- EuroNGOs Annual Conference and General Assembly meeting, October 2013: Daniela Draghici conducted a session on the International Campaign and distributed the Campaign's 2013 report *Abortion in the Criminal Law: exposing the role of health professionals, the police, the courts and imprisonment internationally*.
- ASTRA Network meeting, November 2013: Daniela Draghici and web manager Angela Malaniuc attended and presented the International Campaign.
- 7th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR), January 2014: Marge Berer made a presentation about the report *Abortion in the Criminal Law*. Fifty copies of the report, 200 of the Campaign's Aims, Objectives and Guiding principles, and 100 Campaign Calls for Action for 28

September 2014 were distributed at this meeting. ASAP showed a new video on unwanted pregnancy and safe abortion.

- FIGO Initiative on Prevention of Unsafe Abortion Regional Workshop, May 2014: ICMA Coordinator Rodica Comendant introduced the Campaign, talked about its achievements and invited the participants to join.
- Pro-Choice Summit, co-organized by Bpas, Catholics for Choice and AFP (Portuguese Family Planning Association), June 2014: Daniela Draghici participated and promoted the Campaign.
- IPPF-EN Regional Council meeting, June 2014: Daniela Draghici promoted the Campaign and attracted new Campaign members.
- 11th FIAPAC Conference, pre-conference sessions, October 2014: Daniela Draghici contributed information about the campaign. Rodica Comendant presented the Campaign's achievements and invited attendees to join as part of her presentation about advocacy for safe and legal abortion in Eastern Europe.
- EuroNGOs Annual Conference and General Assembly, October 2014: Daniela Draghici conducted two sessions on the International Campaign; Marge Berer moderated a panel, during which she also stressed the importance of the Campaign. Campaign materials as above and copies of the report *Abortion in the Criminal Law and the Post-2015 Statement* were distributed.

Social media were used during 2014 to:

- disseminate information, solidarity requests, and reports of Campaign members' activities,
- connect campaigners from around the world,
- draw attention to petitions, conferences, consultations and urgent solidarity actions, and
- raise the Campaign's profile.

Daniela and the ICMA web manager were able to achieve an increased presence compared to 2013 of the Campaign on social media, particularly Facebook (<http://www.facebook.com/pages/International-Campaign-for-Womens-Right-to-Safe-Abortion/271270199653809>) and Twitter (<https://twitter.com/SafeAbortion1>). ICMA staff continued to post all news carried on the Campaign listserv onto the Tumblr website, where an archive of these posts through December 2014 can be found at: <http://safe-abortion-womens-right.tumblr.com/archive>. The Campaign's Facebook page at this writing has more than 1,600 fans and the number slowly but steadily grew over the year.

Daniela also worked with ICMA staff to develop, expand and greatly improve the Campaign website (<http://www.safeabortionwomensright.org/>). For the 12 months ending 30 September 2014, the website had 9,228 visitors from 167 countries/territories.

Some of the highlights on this website are:

- a whole section with videos from 2013 and 2014 produced by Campaign members from India, Hungary, Peru and Colombia, Ireland, Argentina, Spain, USA, UK, Palestine, Australia, Nepal, Mexico, Philippines and El Salvador. These are some of the most often viewed items on the website. The highlight of these videos is one produced by the Campaign and WGNRR after 28 September, which presents photographs and messages from more than 50 of the ±65 countries where activities were organised;
- the Campaign's 2014 statement on *Safe Abortion and the Post-2015 Agenda*;
- the Campaign's 2013 report *Abortion in the Criminal Law*, which was translated in 2014 into [Russian](#), [French](#), and [Arabic](#);
- calls for solidarity from Campaign members;
- the Campaign's reports for 28 September 2012 and 2013, and our annual reports for 2012 and 2013; and
- publications by Campaign members, such as the reports by both WGNRR and the Latin America and the Caribbean regional organizers for 28 September 2013, and the Center for Reproductive Rights' updated publication on the World's Abortion Laws 2014.

Throughout the year, Campaign members were active; it would take hundreds of pages even to summarize their activities. An example of a very active regional network is the Asia Safe Abortion Partnership (ASAP), who have an active programme of campaigns, regional meetings, trainings, youth projects and initiatives, blogs and other social media activity, and in 2014 published a video in English with subtitles in five regional languages (Appendix 4).



### 3. Increase the sharing of information and news on abortion, and specifically country-specific, rights-oriented strategies and action

Marge Berer coordinated the collection and dissemination of information on the Campaign listserv in 2014. The quantity and quality of information and news on abortion in 2014 has greatly increased, to the point of concern that we were overloading people because there was so much more information and news coming out than in previous years from countries and as a result of action for the right to safe abortion being taken in countries and regions, e.g. by ASAP in Asia and CLACAI (Latin American and Caribbean Consortium against Unsafe Abortion), one of the regional networks in Latin America.

The ICMA web manager improved the readability of the growing number of listserv posts by clustering posts into groups of 6-10 per email and instead of sending out single reports more than once daily, she sent clusters of reports on a specific theme, with a maximum of one cluster per day. The grouping of items has allowed trends and common experiences and issues to be read together and compared and contrasted. This emphasized the fact that similar reports, e.g. of clinic raids or anti-abortion groups seeking to limit the abortion law in a particular way, were coming out from more than one country. Moreover, when a big news story breaks and is in the news for days or even weeks, as happened in 2014 in Spain and Ireland in particular, clustering of reports meant readers could get a more comprehensive picture than if they had received reports one at a time. Colleagues commented that this was a big improvement,

The type of information that is included on the listserv includes:

- reports of activities and actions taken by Campaign members, as well as reports of their research, publications, and articles from their own newsletters and websites
- requests for solidarity or reports of solidarity actions taken (e.g. letters, signing petitions)
- calls to participate in the 28 September International Day of Action for Decriminalization of Abortion and publicity for those activities,
- the Campaign's own goals and statements
- a wide range of newspaper articles from countries all over the world
- commentaries
- abortion in the law and the courts, including reports of arrests, trials and imprisonments
- interviews with national leaders, both medical and political and from abortion rights groups
- short descriptions of books, journal articles and other publications carrying research, reviews and discussions on abortion
- videos and a range of visual material on abortion, such as posters and infographics
- reports of national and local advocacy activities by Campaign members and others in support of abortion rights
- reports of responses to the activities of anti-abortion activists
- data on safe and unsafe abortions at national, regional and global level and the results of surveys of various kinds
- information about abortion methods, guidelines and toolkits, publications on counselling and other guidance for providers
- in-depth descriptions and discussion of individual women's abortion experiences, including women's deaths from unsafe abortions and other abuses of their rights, and the consequences for law, policy and services.



From: Conscience, Catholics for Choice, Vol 34, No 3, 2013, infographic posted on the listserv, March 2014

Specific examples of reports of Campaign members' activities, or of events that led to new activities, that were carried on the listserv in December 2014 are the following:

- in Northern Ireland the harassment of an abortion clinic director by an anti-abortion activist, which led to a large fine,
- the case of a pregnant woman in Ireland who had died but was kept on life support for weeks while the legality of keeping the fetus alive was challenged by her parents, in response to which Campaign members were very active,
- the first-ever arrest and imprisonment in Malaysia of a young Nepalese woman who had had a legal abortion, which was successfully challenged by Campaign member groups,
- high rates of suicide among El Salvadoran teens denied access to safe abortions,
- unsuccessful attempts by Peru's bishops to stop parliamentary debate on legalization of abortion following rape, a reform demanded by Campaign members in the country,
- long years of effort in Canada to have mifepristone for medical abortion approved, hopefully coming to fruition in 2015.

In March 2014, the second International Campaign Advisory Group meeting in Lisbon agreed that we should develop and disseminate relevant abortion-related messages on various international days. Two examples are:

1. *For the 16 Days of Activism against Violence against Women in November 2014, we tweeted a poster from Latin America which described illegal abortion as state violence against women and demanded the decriminalization of abortion in Latin America and the Caribbean (Appendix 5).*
2. *On International Human Rights Day, 10 December 2014, the listserv carried a call to support women's right to safe abortion in relation to the human rights of non-discrimination under the law, the right to health and the right to life - noting that since ICPD and despite its focus on reducing the serious public health problem of unsafe abortion, there have been as many as a million unnecessary deaths of women from complications of unsafe abortion since 1994 (Appendix 6).*

Each year we have posted a guideline on how to request international solidarity (Appendix 7).

Solidarity requests from Campaign member organizations were circulated to support Campaign members at national level who were seeking to reform their country's law or prevent the law being restricted due to anti-abortion campaigning, or to support individual women and protest their ill-treatment, e.g. someone who has been denied a legal abortion in very difficult and sometimes life-threatening circumstances, or someone who was tried and imprisoned for illegal abortion unjustly. In 2014, the following solidarity requests were received and disseminated on the listserv and through other international listserves and e-newsletters:

- A call to physicians around the world from *Medicins du Monde* to sign their statement: "Prohibition of abortion is killing women", August 2014

- A call for solidarity with Hungarian NGOs from the Astra Eastern European Network because of threatened restrictions to the abortion law, June 2014
- Call for solidarity with the women in Lithuania for the right to safe and legal abortion, again due to threatened restrictions, March 2014
- A request to sign an amicus letter for a court case in Guyana in which FGAP had petitioned for nurses and other midlevel health care providers to be able to provide medical abortions under the supervision of a medical doctor, as per the law, which had never been implemented, March 2014
- Solidarity protests against the threatened Spanish abortion law restrictions and others in response to abortion law reform and individual cases in Ireland throughout much of 2014
- Call for donations to support Dr Carlos Morin, an abortion provider who was facing unjust prosecution in Spain, in spite of him having been acquitted of all charges previously, January 2014

Calls to support the cases of individual women included: an 11-year-old Chilean girl / Hilda in Mexico / Beatriz in El Salvador / Luana in Brazil / Aurora in Costa Rica / and 17 women in prison in El Salvador, some of whom had been tried for child murder when they had miscarried or had a stillborn baby (see <http://www.safeabortionwomensri-ght.org/get-involved/calls-for-solidarity/>).

The numbers of posts to the listserv in 2014 in total were 558, compared to about 450 in 2013. The highest number of posts, in September-October, is due to the many reports received of activities around the world for 28 September.

2014	January	February	March	April	May	June
	75	54	16	22	12	23
	July	August	September	October	November	December
	55	48	98	69	17	22 +47 (Jan)

It is our impression from the growing number of articles we receive, that events at national level are being covered far more by the mainstream media than in previous years and that there is beginning to be more positive coverage of the reality of abortion in the mainstream media than even five years ago, though research would be needed to confirm this as an actual trend, let alone as a marker of change. We attribute this partly at least to the increased activity around abortion motivated by the Campaign and the activities carried out by its growing number of members.

The Campaign plays an important part in motivating action, disseminating information about actions taken and disseminating reporting of those actions in the mainstream media back to Campaign members. This process helps to amplify the voices of individuals and organizations campaigning in their countries; increases the overall volume of the global discussion on abortion; increasing the proportion of good quality information about abortion advocacy and boosting the morale of those working in abortion advocacy.

We continue to work on how to improve this dissemination of information. One of the issues that is as yet not fully resolved is how to deal with multiple languages. A free translation website is being used to develop summaries from French and Spanish articles and reports, for example.

Another is the fact that solidarity requests at the international level are probably not effective unless they garner thousands of signatures, since the signing of petitions has become a daily event in some countries as an easy form of protest and expressing a political opinion. We aim to work on this with some of our members in the coming years to try and improve the impact of our input to these requests. A preliminary discussion was held with RH Reality Check for this, which will be pursued in 2015.

## 4. Encourage more activities for the 28 September Day of Action in more countries than in previous years

It was agreed in the Campaign Advisory Group strategy meeting in Lisbon in March 2014 that promoting the right to safe abortion for the 28 September International Day of Action should remain a crucial activity of the Campaign in 2014, as it had been in 2012 and 2013. That meeting acknowledged the importance of the involvement of the regional network in Latin American and the Caribbean (LAC) Campaña 28 Septiembre who had initiated 28 September as a day of action more than 25 years ago and also the contribution of the Women's Global Network for Reproductive Rights (WGNRR), who began in 2011 to globalize the Day of Action. It also noted that the 2012 and 2013 Days of Action had been much larger than in the past due to the involvement of the Campaign. It was agreed that these two networks would be the Campaign's main partners in promoting activities for this day around the world on behalf of the Campaign. And all the groups in the strategy meeting committed themselves to working for action on this day, both at national and international level, and through the web and social media.

Over the months up to September 2014, the Campaign staff, listserve, website and social media began calling for action, as did those of many of the Campaign's partners and members. Slogans were developed and circulated, and the International Call for Action focused on addressing ending abortion stigma and decriminalising abortion as the main obstacles in ensuring the availability and accessibility of safe, comprehensive abortion services.

Drawing on last year's success in building a Virtual Mural for Abortion Rights, WGNRR in the Philippines partnered with Inroads to launch the Virtual Mural 2.0 "Imagine a World Free from Abortion Stigma". Six videos, 115 pictures and 48 lines were received from participants from nearly 50 countries. All contributions are displayed on the specially dedicated Virtual Mural 2.0 page on the September 28 [website](#).

As part of our role in motivating and supporting actions at country level we provided a set of suggested activities, including:

- Launch a long-term campaign for the decriminalization of abortion
- Strengthen regional connections
- Form or expand a national coalition
- Start a public campaign for the release of women and providers prosecuted and imprisoned for abortion and for an end to all such prosecutions.
- Start an abortion hotline
- Posters, stickers or graffiti
- Hold a meeting for pro-choice advocates and supporters: i) Invite women who have had abortions to come together to talk about their experiences in an informal and safe setting; ii) Invite legal experts to talk about reforming the abortion law and policy in women's favour; iii) Invite pro-choice abortion providers to talk about why they are pro-choice and decided to do abortions – invite medical students to come and listen to them; iv) Invite pro-choice politicians to talk
- Hold a public tribunal on the negative consequences of the criminalization of abortion
- Form an expert committee to draft an abortion law reform bill and launch a campaign
- Create and circulate a petition
- Launch a long-term campaign to ensure that abortion services, including medical abortion, are accessible to women who are legally eligible for an abortion in legally restricted settings
- Start a campaign for government approval of mifepristone and misoprostol as essential medicines
- Do research on women's experience of unsafe abortion – self-induced abortion, delays in receiving care, whether post-abortion care is saving lives, safety of illegal services – and publish your findings
- Do research on obstacles and barriers women experience in seeking a safe abortion
- Do a survey of public opinion about abortion with expert help
- Make one or more videos
- Organize a street demonstration, street theatre, flash mob or other action

- Organize a tweetathon
- Create how-to or training materials and develop tools that can be shared across countries based on your experience of how to do abortion advocacy or run an abortion hotline, also fact sheets, FAQs, and press kits.

The weeks around 28 September 2014 again witnessed large-scale mobilizations, including rallies, marches, street theatre, discussion fora, and art installations. There was a social media thunderstorm throughout the month of September, peaking towards September 28 with the social media outreach counted in millions of online users participating in online discussions with hashtags #Sept28, #AbortionStigma and #AbortoLegal. Some groups organised up to a week of activities, e.g. in London there was a whole Festival of Choice organized by six women's groups. For a visual recap with highlights from some 50 countries, see: [https://www.youtube.com/watch?v=Sj-Fub3UtFSg&feature=player\\_embedded](https://www.youtube.com/watch?v=Sj-Fub3UtFSg&feature=player_embedded).

The number of countries in which activities were organized went up from 51 in 2013 to 65 countries in 2014, and we believe the number of activities in the participating countries and among the international NGOs and regional networks involved in the Campaign was at least 100 altogether, and that their impact was greater. We have also seen more reports of these activities and of public speeches by nationally prominent figures being made in relation to the Day of Action, carried in national newspaper articles and in the visual media too. For example, Al-Jazeera, in conjunction with Amnesty International, made a TV programme about the 17 women in prison for abortion in El Salvador that was shown on Al-Jazeera near the day, as well as at meetings in El Salvador and a public meeting in London. International petitions to free "the 17" were circulated widely around the world.

The following is an example of a national activity to celebrate decades of advocacy and effort to reform a national law on abortion, which took place in Mozambique for 28 September:

*The Coalition for the Defense of Sexual and Reproductive Rights organized a public event to celebrate the recently approved Penal Code reformed the abortion law. The Coalition took this opportunity to pay tribute to the pioneers of the movement for the decriminalization of abortion in the country. Dr Pascoal Mocumbi, former Prime Minister and Minister of Health, prominent Mozambican obstetrician-gynaecologist and academic, Dr Fernanda Machungo, Dr Antonio Bugalho and Dr Nafissa Osman, President of the Professional Association of Obstetricians and Gynaecologists. These doctors were recognized for their dedication and courage to combat unsafe abortion, a major public health problem in Mozambique and one of the main causes of maternal mortality, particularly among adolescents and young girls. Speakers made reference to the new legal context with satisfaction but as well with some concerns, aware that the implementation of the new norms implies significant changes and investments, including introducing new health protocols; training of providers; resources in order to provide good quality, safe abortion services; disseminating information about the new law; informing the population, and particularly women and girls about their rights; reducing stigma and breaking down taboos; promoting sexual and reproductive health education as well as continuing to support women's access to contraception were some of the upcoming challenges that were mentioned. The event gathered around 80 members of civil society organizations, international organizations, and representatives of the Ministry of Health. The doctors being honoured emotionally shared some of their experiences for the elimination of unsafe abortion; there was also poetry, music and theatre related to women's rights and sexual and reproductive health issues, performed by young activists. In addition, a documentary video was showed about the "reflection day" that the Coalition had organized for 28 September 2013. It was a true moment of celebration and of hope that an important step forward was taken by the country in the advancement of women's and girls' rights.*

(From a report by the Coalition)



Dr Pascoal Mocumbi, being honoured



Youth activists' theatre performance

The [www.september28.org](http://www.september28.org) website managed by WGNRR enjoyed busy traffic during the month of September, picking up towards 28 September and reaching 5,283 sessions, of which 3,469 were unique visitors. This website continues its function as a campaigning resource, building up towards the next year's Day of Action. The success of 28 September as a Day of Action globally is a crucial indication of the importance of collaboration and working in alliances and a tribute to the members of the Campaign and of their own members in turn, who put so much work into it.

As in 2012 and 2013, we have asked all Campaign members for reports on their actions so that we can disseminate them. We have worked both with WGNRR and the Latin American & Caribbean 28 Septiembre network to prepare these reports. The final report is being finalized and will be available in February 2015.

## **5. Continue to highlight the negative consequences of laws that restrict access to safe abortions and particularly the cases of women and safe abortion providers who were arrested, prosecuted and imprisoned for having an abortion or for providing safe abortions**

In 2013, due to the increasing appearance of information about criminal action against women and abortion providers in both legally restricted and legally liberal country settings, it was agreed to form a Campaign working group on arrests, trials and imprisonment of women who had abortions and abortion providers who had provided safe abortions in legally restricted settings. GIRE in Mexico, Ipas (especially Ipas Brazil), CREHPA in Nepal, RH Reality Check, Central American Women's Network in London, the Center for Reproductive Rights and many other Campaign members - who have all been working independently on many of these cases - also sent information. Marge Berer put together all known reports of cases in a 26+ page report, entitled *Abortion in the Criminal Law – Exposing the Role of Health Professionals, the Police, the Courts and Imprisonment Internationally* for 28 September 2013 (<http://www.safeabortionwomensright.org/wp-content/uploads/2013/05/Abortion-in-the-criminal-law-16-Oct-2013.pdf>).

In 2014, the report was posted on the Campaign website and disseminated widely through the web, and at conferences. Collection of information about new cases was ongoing throughout 2014 and were posted on the listserv. For example, cases in September 2014 included:

- a mother jailed in the USA for one year for helping her daughter have an abortion by purchasing medical abortion pills on her own and giving them to her daughter
- an adolescent girl in El Salvador arrested and imprisoned for child murder in 2004 when she had had a

stillbirth

- a male nurse in Kenya who was sentenced to death following a case in which a woman he was attending died from complications of an unsafe abortion, and in which he claims he did not carry out the abortion but was trying to save her life when she came to his clinic with life-threatening symptoms, and
- an adolescent girl who miscarried who was sentenced to 27 years in prison in a Mexican state with one of the most draconian anti-abortion legislation.

In all these cases, Campaign members were (and are) actively involved in supporting the imprisoned individuals. In the Kenya case, a coalition of many NGOs working for safe abortion and human rights, such as the Federation of Women Lawyers Kenya, participated in a meeting called by the African Network for Medical Abortion and have been working together to ensure that the death sentence against the nurse is not implemented and his case is fairly heard.

Highlighting the negative consequences of laws that restrict access to safe abortions is work that must take place at the national level above all. One example of national activities by Campaign members was in the Democratic Republic of Congo, where the Observatoire de la Parité made a call for women to advocate for and demand that provincial and national policymakers should recognise and implement the Maputo Protocols, particularly Article 14 supporting the right to safe abortion, which they argued should take precedence over the country's restrictive abortion law. There was also a national public meeting on this issue organised by Campaign members for 28 September 2014, and the media carried an interview with a reproductive health expert in the country about the consequences of unsafe abortion for women. Reports of these events were published on the Campaign listserve.

Another example in 2014 came from the Federation for Women and Family Planning in Poland, who launched the report *Twenty years of anti-abortion law in Poland* containing information, statistics and analysis of several provisions of the 1993 Act on Family Planning, Protection of the Human Fetus and Conditions of Pregnancy Termination. Particular attention was devoted to the impact of restrictions to abortion access on the lives of women and girls in Poland. Not only is abortion allowed in very limited circumstances and women have to travel abroad or pay for illegal services in-country to get an abortion, there is also the so-called "chilling effect" which has resulted in multiple breaches of women's human rights as patients have been denied access to termination of pregnancy even though the law permits it on grounds of risk to the woman's life or health, fetal malformation or rape. The report additionally covers aspects of the Family Planning law, including the accessibility of modern contraception, antenatal screening and comprehensive sexuality education. The document was delivered to Members of Parliament and was very well received - one of the MPs quoted from it during a debate in the Sejm (lower chamber of Polish Parliament). Report (in English): [http://www.federa.org.pl/dokumenty\\_pdf/raporty/report\\_federa\\_20\\_years\\_polands\\_abortion\\_law.pdf](http://www.federa.org.pl/dokumenty_pdf/raporty/report_federa_20_years_polands_abortion_law.pdf)

The report was written by the Federation's staff in consultation with lawyers and doctors. The Polish language version was presented in January 2014 during a seminar on the effects of the law and possibilities for liberalization of the law in the future. The Campaign was also promoted during that event and participants were invited to engage in pro-choice activities in the future. A video with English subtitles was shown which summarized major issues around the current anti-abortion legislation: <http://youtu.be/ymqXtoFF8Po>. The Campaign disseminated information about these events and publications.

A third example comes from the Reproductive Rights Advocacy Alliance Malaysia (RRAAM), who received a three-year grant (2014-2016) from the Safe Abortion Action Fund to continue their advocacy work in Malaysia. Their activities in 2014 included:

- Two dialogues for service providers to discuss strategies for more open provision of abortion services were held. Exercises in values clarification, on interpretation of the Penal Code and discussing new tech-

nology, which were felt to be useful but did not convince them to fully support open services, which they say remains a challenge.

- The website ([www.rraam.org](http://www.rraam.org)), which received an average of 2,700 unique visits per month, and promoted the concept of sexual reproductive health and rights to counter prevailing stigma on abortion.
- A Hotline which provides abortion seekers with information and referrals to service providers who have been assessed and met their standards of care. It was managed by two coordinators and received an average of 60 calls per month.
- An Advocacy Brief for distribution on why abortion is a sexual reproductive health and right. When print media report on social issues such as teen pregnancies, child marriages and baby dumping, mention of abortion is conspicuously absent, a gap that RRAAM tries to fill.
- There was a new legal assault on the Penal Code, an unprecedented conviction of a Nepalese migrant worker for first trimester abortion, which happened in October 2014. It was initiated by a department under the Ministry of Health and was challenged in court, supported by RRAAM and several other NGOs. The outcome (the High Court set aside the conviction in January 2015) has been critical as it impacts on service providers by threatening the existing interpretation of the Penal Code, which permits abortions by registered medical practitioners.

## **6. Improve the coordination of the Campaign by ICMA, including regular evaluation and monitoring of progress, in collaboration with partners**

The Lisbon strategic planning meeting in March 2014 was attended by 26 participants, representing the ICMA Steering Committee, ICMA and Campaign staff, coordinators of three ICMA-associated regional networks (Africa, Asia, and Latin America) and members of the Campaign Advisory Group. The aim of the meeting was to evaluate the Campaign aims, structure and activities and create a theory of change framework that would direct future work and activities. The meeting focused first on categorising the Campaign's objectives and then framing short-term intended outcomes and identifying what roles the different members could play, particularly in leading on specific aspects of the Campaign. ICMA was asked to coordinate the Campaign for a further three years. Short- and long-term Campaign goals, workplans and structure were outlined, and indicators were developed to evaluate the effectiveness of the Campaign, as realistic measures of success (Appendix 8).

The ICMA Steering Committee appointed four of its members to act as a Chairing Committee to begin to implement these decisions. A consultant was engaged to prepare a plan for implementing the decisions made, and after several months of deliberations and decisions, they began to initiate changes in the last months of 2014, which will be announced in early 2015.



# INTERNATIONAL CONSORTIUM FOR MEDICAL ABORTION IN 2014

## ICMA Steering Committee

### Chairing Committee

- **Beverly Winikoff**  
Gynuity Health Projects USA
- **Kinga Jelinska**  
Women for Women, Netherlands
- **Suchitra Dalvie**  
ASAP (Asia Safe Abortion Partnership) Coordinator, India
- **Susana Chavez and George Hale**  
CLACAI (Latin American and Caribbean Consortium against Unsafe Abortion) Coordinators, Peru

### Members

- **Marge Berer, ICMA Honorary Chair**  
Reproductive Health Matters, UK
- **Emma Bowa**  
ANMA (African Network for Medical Abortion) Coordinator, Kenya
- **Galina Maistruk**  
EEARC (Eastern European Alliance for Reproductive Choice) Coordinator, Ukraine
- **Daniela Draghici**  
EEARC/EuroNGOs/IPPF-EN/WGNRR board member  
ASTRA Network Honorary Advisory Board member, Romania
- **Daniel Grossman**  
Ibis Reproductive Health, USA

### Observer

- **Bela Ganatra**  
World Health Organization, Switzerland

### ICMA/Campaign Staff

- **Rodica Comendant, Operations Coordinator**  
Reproductive Health Training Centre, Director, Moldova
- **Ludmila Sirbu, Program & Administrative Assistant**  
Reproductive Health Training Centre, Moldova
- **Angela Malaniuc, Web Manager**  
Reproductive Health Training Centre, Moldova
- **Lidia Postolache, Accountant**  
Reproductive Health Training Centre, Moldova

# INTERNATIONAL CAMPAIGN FOR WOMEN'S RIGHT TO SAFE ABORTION IN 2014

## **Campaign Coordinator**

Daniela Draghici

## **Listserve Coordinator**

Marge Berer

## **Advisory Group**

- **Emma Bowa**, Coordinator, ANMA Coordinator, Kenya
- **Joachim Osur**, Technical Director, Reproductive and Child Health, African Medical and Research Foundation, Kenya
- **Sylvia Wamugi**, Communications & Advocacy Advisor, Ipas Africa, Kenya
- **Suchitra Dalvie**, Coordinator, ASAP, India
- **Sim-Poey Choong**, Chairperson, Reproductive Rights Advocacy Alliance, Malaysia
- **Gulalai Ismail**, Chairperson, Aware Girls, Pakistan
- **Kinga Jelinska**, Women for Women, Netherlands
- **Anka Grzywacz**, Project Coordinator, Federation for Women and Family Planning, Poland
- **Duarte Vilar**, Executive Director, Association for Family Planning, Portugal
- **Lyubov Erofeeva**, General Director, Russian Association for Population and Development, Russian Federation
- **Galina Maistruk**, Coordinator, EEARC, Ukraine
- **Manuelle Hurwitz**, Senior Abortion Adviser, International Planned Parenthood Federation, UK
- **Mariana Romero**, Associate Researcher, Centro de Estudios de Estado y Sociedad, Argentina
- **Ana Cristina Gonzalez Velez**, International Consultant on SRH and abortion, and researcher, Colombia
- **Aleida Marroquin Parducci**, Nathalie Morán, Coordinators, Latin American & Caribbean, Campaña 28 Septiembre, El Salvador
- **Vanessa Coria**, Advocacy Manager, Irina Otmakhova, 28 September Coordinator, Women's Global Network for Reproductive Rights, Mexico and Philippines
- **Susana Chavez**, Coordinator, CLACAI, Peru
- **Yamila Azize**, Director, Health for Women, Department of Obstetrics and Gynecology, School of Medicine, Medical Sciences Campus, University of Puerto Rico
- **Beverly Winikoff**, President, Gynuity Health Projects, USA
- **Ellen Israel**, Senior Technical Advisor for Women's Health and Rights, Pathfinder International, USA
- **Jon O'Brien**, President, Catholics for Choice, USA
- **Katherine Turner**, Senior Advisor, Health Systems, Ipas, USA
- **Rebecca Brown**, Director of Global Advocacy, Center for Reproductive Rights, USA

# APPENDIX 1

The **International Campaign for Women's Right to Safe Abortion** was launched on the International Day of Action for Women's Health on 28 May 2012. Why? There are many organizations working worldwide to improve women's right to safe abortion. Almost everyone we talked to, however, felt there was a growing need to combine our efforts and build an international movement to improve laws and services, challenge efforts to turn back the clock, and ensure abortion is included in maternal mortality reduction and initiatives to meet the need for contraception. This Campaign aspires to become such a movement, and to become larger than the sum of its parts by uniting us across borders and constituencies. Involvement in the campaign is open to all civil society and other groups/organizations/networks/individuals who endorse its aims, objectives, and guiding principles and who support women's right to safe abortion.

In its first year, the Campaign has built a membership of over 600 groups and individuals around the world. We have responded to national requests for solidarity and shared information and news about abortion and the activities of Campaign members via a closed listserv and in many meetings. For 28 September 2012, the International Day of Action for Decriminalisation of Abortion, supporters of women's right to safe abortion organised activities in 51 countries.

## Aims

1. To build an international campaign to promote universal access to safe, legal abortion as a women's health and human rights issue.
2. To support women's autonomy to make their own decisions whether and when to have children and have access to the means of acting on those decisions without risk to their health and lives.

## Objectives

1. To bring together groups, networks, movements and organizations from around the world to work together in this campaign, to collaborate in existing initiatives and create new ones.
2. To build strategic partnerships with health professionals, governments, ministry officials, UN and human rights bodies.
3. To promote the legitimacy of the right to safe abortion in all forums addressing women's health and rights, including those reviewing the MDGs, ICPD, Beijing, the UN Secretary-General's initiative for women's and children's health, and initiatives on safe motherhood and family planning.
4. To build capacity to advocate for the right to safe abortion, especially at country level.
5. To promote young women's leadership in the campaign at all levels.
6. To make the impact of unsafe and illegal abortion on women's lives visible.
7. To increase public awareness of women's need for safe abortion, in order to increase public understanding and support.
8. To commit ourselves to the protection of women having abortions and health professionals providing safe abortions, including in legally restricted settings.
9. To promote the evidence-based guidance on abortion in the World Health Organization's Safe Abortion: Technical and Policy Guidance for Health Systems, 2011.
10. To develop and disseminate key messages to counter the influence of the anti-choice movement and reclaim the language of abortion as a moral decision.
11. To increase the availability of public funds for abortion.

## Guiding principles

**We believe in and advocate for safe and legal abortion as a woman's human right.** Women must be able to take decisions about their own bodies and health care free from coercion: this includes the decision to carry a pregnancy to term or seek an abortion. No woman should be obliged to continue an unwanted pregnancy.

**Women's human rights should be respected, protected and fulfilled.** These include women's right to life, the highest attainable standard of health, bodily integrity, the benefits of scientific progress, and to information, privacy, freedom from cruel, inhuman or degrading treatment or punishment, and equality and non-discrimination. The failure to give women access to safe abortion puts these rights at risk.

**No woman's health or life should be placed at risk because safe abortion services are not available to her.** All barriers

to women's access to safe abortion should be removed. Women should be afforded universal access to abortion, delivered according to the most up-to-date WHO guidance. Access to safe abortion is a matter of equity and should never be compromised. Abortion should be an integral part of women's health services, and should be provided as early as possible and as late as necessary.

**Abortion should not be restricted, prohibited or criminalised.** No woman who has sought an abortion, and no health care provider who has provided a safe abortion at a woman's request, and no abortion rights defender should be stigmatised, harassed, discriminated against, or prosecuted. Governments should take action to remove laws that restrict, prohibit or criminalise abortion and remove procedural barriers that restrict access to safe abortion services.

We will achieve our aims only with strong national campaigns at country level.

**TAKE ACTION!! JOIN US at:**

<https://www.surveymonkey.com/s/CHH62F5>

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c/o International Consortium for Medical Abortion(ICMA), Coordination Office  
at: Reproductive Health Training Centre, 20 Melestiu Str, MD 2001 Chisinau, Moldova  
E-mail: safeabortionwomensright@icma.md

## APPENDIX 2

LISTSERVE POST: 22 December 2014

### Campaigning for safe abortion: highlights in 2014

#### January

- The campaign in Spain to protect the current abortion law takes off and spreads across Europe.
- A court in Argentina rules that a 14-year old rape victim can have an abortion, overturning a lower court decision.
- A Uganda study finds that treating complications of unsafe abortion cost the health system an estimated \$13.9 million in 2010 and would cost up to \$20.8 million to cope with all cases.

#### February

- Pope's global survey reveals more Catholics support abortion than previously thought.
- Laboratory reports claiming to detect misoprostol in blood, which have been used in attempts to incriminate women for self-inducing abortion, shown to be false.
- Bolivia's Constitutional Court ends the requirement for judicial authorization for women seeking abortion where it is permitted by law (rape, statutory rape, incest, kidnapping not followed by marriage, risk to the woman's health and life).

#### March

- State hospitals in Turkey effectively abolished provision of legal abortion through changes in the appointments system, after the government fails to change the law openly due to protests in support of the law.
- Solidarity request in support of threats against abortion rights circulated from Lithuania.
- A high court in Guyana ruled on a case to allow nurses and other mid-level health care providers to provide medical abortions under a doctor's supervision as per the law.

#### April

- A 10-year-old Senegalese girl who became pregnant with twins after being raped by a neighbour is forced to continue the pregnancy. The rapist, at least, is arrested.
- El Salvador group Citizens for the Decriminalization of Abortion launches "We are all the 17" campaign to request pardon for 17 women in prison for illegal abortion unjustly, a campaign that has been taken up globally by many other NGOs since.
- [Probe demanded after woman aborts in hospital bathroom](#) in Rome, Italy.
- Speech of feminist member of the Polish Parliament to the UN Commission on Population & Development calls on all

parliamentarians to have the courage to take on tough issues such as abortion, as the *lives of women and girls around the world hang in the balance*.

## May

- International Campaign for Women's Right to Safe Abortion launches statement on "Safe abortion and the post-2015 agenda" signed by hundreds of groups and individuals around the world, calling on all relevant UN agencies and bodies to undertake pro-active educational efforts on women's need for safe abortion and put women's right to safe abortion on the post-2015 agenda.
- It is reported that abortion pills are being smuggled into Saudi Arabia from Bahrain, and sold illegally.
- The Kenyan Ministry of Health withdraws the national guidelines on safe abortion despite 2010 Constitutional reform that expanded grounds for legal abortion.
- Re-launch of the May 28 International Day of Action for Women's Health.

## June

- [DIGNA- A new Latin American and Caribbean campaign for abortion to be legal following rape](#) is launched.
- New Zealand Green Party calls for full decriminalization of abortion.

## July

- International Human Rights Clinic, University of Chicago, in partnership with National Asian Pacific American Women's Forum and Advancing New Standards in Reproductive Health in the USA publish "Replacing Myths with Facts: Sex-Selective Abortion Laws in the United States".
- Chilean President Michelle Bachelet faces fierce conservative opposition to allowing abortion on grounds of rape, non-viable pregnancy and life-threatening pregnancy complications, after a 17-year-old girl turned up at a Santiago public hospital near death from bleeding.
- Plea to Melinda Gates: Stop Stigmatizing Abortion!
- [India launches new initiative to improve access to safe abortion care](#) at a two-day consultation with nearly 200 representatives of federal and state governments, civil society organizations, development partners and medical professionals – a national training package on comprehensive abortion care and a mass media campaign to raise public awareness that legal, safe abortion services are available.

## August

- UN Committee on the Elimination of Discrimination Against Women cites denial of legal abortion services as human rights violations and calls on Peru to expand access to legal abortion.
- Access to abortion services, legalized in 1973, is often touted as an example of Tunisia's progressive approach to women's rights. However, activists and organizations warn that use of such services is facing increasing social stigmatization.
- [South Africa's Minister of Social Development calls for reproductive justice and access to safe abortion](#).
- Documentary "Las libres" on Mexican women incarcerated for "homicide" after abortions gain their freedom
- Ireland: case of raped young migrant denied an abortion hits the news and causes widespread protest

## September

- Speech of former President Chissano of Mozambique on the occasion of the ICPD Special Session of the UN General Assembly, at a side event convened by the Government of South Africa, says health services must be strengthened to end unsafe abortion as a major killer of women and adolescent girls; and access to safe, legal abortion services should be expanded.
- Disappearance and death of a woman in Rio de Janeiro, Brazil, who was taken by a stranger in a car for a clandestine abortion discovered.
- Website My Decision in New Zealand lists GPs who are opposed to abortion because women have a right to know who does not offer contraception or abortion referrals because of their religious views.
- Conservative Spanish Government abandons restrictive abortion law due to mass opposition. Justice Minister resigns and leaves government.
- 28 September International Day of Action for the Decriminalization of Abortion and in support of Safe, Legal Abortion has more activities in more countries than ever before!

## October

- More and more national and international women's rights advocates and organizations focus on the importance of

access to safe abortion and contraception services for young women.

- Pro-choice campaigners call for referendum on abortion in Northern Ireland.
- Following the raid of a health clinic in Penang, Malaysia, a young woman has been wrongfully arrested and sentenced to 12 months in prison for obtaining a legal abortion.

#### November

- For the 16 Days of Activism against Gender-Based Violence 25 November-10 December
- A call to mobilize for the decriminalization of abortion in Chile, Honduras, El Salvador, Nicaragua, Haiti, Suriname, Dominican Republic
- Luxemburg – abortion up to 12 weeks of pregnancy decriminalized.

#### December

- Years of efforts in Canada to get approval for mifepristone–misoprostol medical abortion may finally bear fruit.
- Australian journalist says: It's time to talk positively about abortion!!



Dominican Republic poster campaign



French collective slogan: I had an abortion and I'm fine, thank you.

**VERY BEST WISHES FOR THE HOLIDAYS AND THE COMING YEAR TO EVERYONE WHO SUPPORTS WOMEN'S RIGHT TO SAFE ABORTION!!**

## APPENDIX 3

12 May 2014

### Safe abortion and the post-2015 agenda

The International Campaign for Women's Right to Safe Abortion is a coalition of organizations and networks that support women's right to safe, legal abortion, with members in 108 countries across the globe. Our aims are to promote universal access to safe, legal abortion as a women's health and human rights issue, and to support women's autonomy to make their own decisions whether and when to have children and have access to the means of acting on those decisions without risk to their health and lives.

We would like to congratulate the 47th Commission on Population and Development (CPD) on many aspects of the Outcome Resolution, particularly the language on human rights and women's empowerment in relation to population and development. We agree with many other commentators that support for sexual and reproductive health and reproductive rights has come into its own in this Outcome Resolution, a major achievement since the 1994 ICPD.

At the same time, we believe there is more to be said on the subject of abortion, which we would like to express here.

We wholeheartedly support language taken directly from the ICPD Programme of Action for access to quality services and reliable information, expanded and improved contraceptive services to prevent unwanted pregnancies, compassionate counselling for women with unwanted pregnancies, and training and equipping health service providers and other measures to ensure that abortion is safe and accessible where it is not against the law, as outlined in the Outcome Resolution.<sup>1</sup>

<sup>1</sup> 47th Commission on Population and Development, OP12.

However, what is equally important to note in the Programme of Action is that:

- unsafe abortion is “a serious public health concern”,<sup>2</sup> and leads to “a large fraction of maternal deaths or to permanent injury to the women involved”<sup>3</sup>

and that governments should re-affirm:

- “...On the basis of a commitment to women’s health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion.”<sup>4</sup>

Moreover, the Outcome Resolution contains excellent language in numerous places that is relevant to and applies to safe abortion (i.e. as a necessary component of reproductive health and rights) and to unsafe abortion (i.e. as an important and avoidable cause of maternal mortality and morbidity). We would like to emphasise this connection, particularly in relation to the text in OP11.<sup>5</sup>

Thirdly, the Outcome Resolution mentions the need to respond to “new challenges relevant to population and development...”<sup>6</sup> We think it is important to do this in relation to abortion, which has had extensive attention globally over the past 20 years, both from within the UN human rights system, especially by CEDAW and the Special Rapporteur on the Right to Health, and on the part of UN agencies tasked with public health and health care, particularly WHO and UNFPA. Moreover, governments of many Member States have reformed their laws and policies on abortion since ICPD precisely in order to reduce unnecessary deaths and morbidity among women, and in support of women’s health and rights. We wish to recognise the incredible courage of these reforms, which have not been easy.

Although induced abortion is among the safest of all medical and surgical procedures, and up to one in three women will have at least one abortion in her lifetime, half of the 43.8 million abortions annually are still unsafe, and since 1994 at least a million women have died from unsafe abortions. The “large fraction of maternal deaths” from unsafe abortions mentioned in the ICPD Programme of Action is currently 13% globally, and as high as 18% in Eastern Africa, according to WHO. This proportion has not been reduced over time. Treatment for the complications of unsafe abortion uses up a huge amount of scarce emergency obstetric resources in public health systems in countries where abortion is legally restricted, countries which can least afford it. This would not be required if abortions were safe and legal.

Furthermore, WHO research data show that most women who suffer and die from the complications of unsafe abortions not only live in countries where abortion is legally restricted but are also living in poverty. They are therefore doubly discriminated against, despite their right to non-discrimination under the law.

Human rights are by definition universal and apply to everyone without discrimination. In that regard, women who need an abortion have the right to the highest attainable standard of health, the right to enjoy the fruits of scientific progress, and above all, the right to life.

Everyone agrees that prevention of unwanted pregnancy is desirable, but at least 220 million women globally have an unmet need for contraception, and almost all methods of contraception fail some of the time, even when used consistently and correctly. All of these facts underscore and are in line with the ICPD Programme of Action and the Outcome Resolution.

Since 1994, global, regional and national consultations have supported women’s right to safe abortion; national laws and policies on abortion and their consequences for women have been studied by a wide range of experts, including UN human rights treaty monitoring bodies; qualitative evidence of the experience of women and health professionals in regard to abortion, safe and unsafe, has been gathered worldwide; and statements in support of women’s right to safe abortion have been made in some form by all the key agencies and actors in the UN and UN human rights system.

## The following documents contain just a fraction of that evidence:

Public health and human rights evidence supporting safe, legal abortion

1. *Safe Abortion: Technical and Policy Guidance for Health Systems* (World Health Organization, 2012), which is the premier, recommended text for Member States to follow in addressing the issue of abortion.<sup>7</sup>
2. The Framework of Actions for the follow-up to the Programme of Action of the International Conference on Popula-

2 ICPD Programme of Action, Para. 8.25.

3 ICPD Programme of Action, Para. 8.19.

4 ICPD Programme of Action, Para. 8.20.

5 That paragraph talks about “areas of shortfall in the implementation of the ICPD Programme of Action... elimination of preventable maternal morbidity and mortality through strengthening health systems, equitable and universal access to quality, integrated and comprehensive sexual and reproductive health services... access for adolescents and youth to full and accurate information and education on sexual and reproductive health... evidence-based comprehensive education on human sexuality, and promotion, respect, protection and fulfillment of all human rights, especially the human rights of women and girls, including sexual and reproductive health and reproductive rights; and addressing the persistence of discriminatory laws and the unfair and discriminatory application of laws...” and more. 47th Commission on Population and Development, OP11.

6 47th Commission on Population and Development, PP10.

7 [http://www.who.int/reproductivehealth/publications/unsafe\\_abortion/9789241548434/en/](http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/).

tion and Development Beyond 2014: Global Survey Report [Report of the Operational Review of the Implementation of the Programme of Action of the International Conference on Population and Development and its Follow-up Beyond 2014. Unedited version.]<sup>8</sup>

3. Statement of the Committee on the Elimination of Discrimination against Women on sexual and reproductive health and rights: Beyond 2014 ICPD review.<sup>9</sup>
4. Comments/recommendations on abortion of three UN human rights treaty monitoring bodies:
  - Committee on the Rights of the Child (CRC) General Comment 2013. General Comment No. 15, *on the right of the child to the highest attainable standard of health*.<sup>10</sup>
  - Committee on the Elimination of Discrimination against Women (CEDAW Committee) General recommendation, *General Recommendation No. 30 on Women in Conflict Prevention, Conflict and Post- Conflict Situations*.<sup>11</sup>
  - Committee against Torture (CAT Committee) expresses concern about Peru's ban on emergency contraception and physicians reporting women to the authorities for having illegal abortions.<sup>12</sup>
5. United Nations ECLAC, First session of the Regional Conference on Population and Development in Latin America and the Caribbean, Consensus statement, Montevideo, 12-15 August 2013.<sup>13</sup>
6. Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 3 August 2011.<sup>14</sup>

## We call on:

all relevant UN agencies and bodies to undertake pro-active educational efforts on women's need for safe abortion and put women's right to safe abortion on the post-2015 agenda. We particularly call on UNFPA and the UN Population Division to ensure this issue is fully addressed as part of the 48th CPD "Realizing the future we want: integrating population issues into sustainable development, including in the post-2015 development agenda".

Finally, we urge everyone who supports women's right to safe abortion to give this matter the widest possible visibility and support at UN, as well as at regional and country level, as we move forward into future negotiations.

## Signed:

Coordination Team, International Campaign for Women's Right to Safe Abortion, and by the following 248 signatories: [LIST OF SIGNATORIES](#)

# APPENDIX 4

## A video by ASAP in 2014



From unwanted pregnancies to safe abortion

8 [http://icpdbeyond2014.org/uploads/browser/files/icpd\\_global\\_review\\_report.pdf](http://icpdbeyond2014.org/uploads/browser/files/icpd_global_review_report.pdf).  
 9 <http://www.ohchr.org/Documents/HRBodies/CEDAW/Statements/SRHR26Feb2014.pdf>.  
 10 UN Doc. CRC/C/GC/15, para. 70.  
 11 UN Doc. CEDAW/C/GC/30, para. 52(c).  
 12 CAT: Peru 15 U.N. Doc CAT/C/PER/CO/5-6 (2013).  
 13 <http://www.unfpa.org/webdav/site/global/shared/documents/news/2013/Montevideo%20Consensus-15Aug2013.pdf>.  
 14 <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/443/58/PDF/N1144358.pdf?OpenElement>.



Unplanned pregnancies are not uncommon. Unfortunately not all women who want to terminate such a pregnancy have access to safe abortion. This video shows the various social and legal barriers that women confront...

- **English version:** 2,943 views
- **Sinhalese subtitles:** 337 views
- **Nepali subtitles:** 45 views
- **Hindi subtitles:** 472 views
- **Vietnamese subtitles:** 159 views
- **Arabic subtitles:** 148 views

## APPENDIX 5

Illegal abortion is state violence: Latin American & Caribbean poster for 28 September 2014



## APPENDIX 6



# APPENDIX 7

## Requests for international solidarity: what to do when you need support TO: all International Campaign for Women's Right to Safe Abortion supporters

We are committed to sharing requests for international solidarity with everyone in the Campaign. Here is what to do if you need support from others internationally:

- I. A request must come from an abortion rights campaign group in the country itself.
- II. The group/person asking for solidarity should be part of the leadership of the action in the country concerned, and represent those who have asked for support.
- III. If that group/person is not a Campaign supporter, in case we don't know them, the request should come from a supporter of the International Campaign so that we know it is bona fide.
- IV. A request for solidarity should:
  - Give a brief description of what the political issue and national action is about - for a better law, against a restriction of the law, not imprisoning a woman or doctor, etc.
  - Spell out exactly what kind of support is asked for - Don't ask people to write their own letters or do something complicated. They won't do it. Do ask them to sign a petition or a letter that you have written. Keep it short and include a clear statement of what your campaign stands for and what your demands or goals are. Include the full text of the petition or letter in the solidarity request. Or - give a brief summary and direct people to a website where they can read the full text.
  - Provide an email or web address for people to respond to - this must be managed by the group in the country concerned who asked for the solidarity.
  - Give a date by which signatures/support are needed - if possible give people a few weeks to sign. Then they can also share the request with others.
  - Ask people to sign and forward the request to their colleagues.
  - Include something visual related to the campaign - an action photo, a placard or banner, a slogan!
  - Choose the right time to ask for solidarity - requests should be timed so that the international signatures can be ready and used at the best possible moment in your action.

Please note that not everyone wants international support, and unsolicited action from others outside the country may be counter-productive.

# APPENDIX 8

## Strategic Plan and Theory of Change for 2015-2017 Campaign Advisory Meeting, Lisbon, March 2014

### Goal:

To contribute towards a decrease in maternal mortality and increase in women's ability to achieve their rights to life and health

### Mission:

To provide a shared platform for advocacy, debate and dialogue, to bring together organizations with an interest in promoting and providing medical abortion and to disseminate factual information that can inform policy and programmes.

### Overarching Intended Outcomes:

- An increase in Campaign capacity including in membership and members' capacity for advocacy, particularly young members
- Increased availability & use of evidence-based guidance on abortion services & messaging
- Increased visibility & public awareness of the negative impact of unsafe abortion & women's right to safe abortion
- Increased attention to addressing women's right to safe abortion in key international, regional and national decision-making spaces

### **Strategy 1: Strengthening capacity of Campaign**

#### **Outcomes in addition to internal capacity developed:**

1. Linked members to opportunities to meet their needs
2. Increased capacity of young activists among member orgs & allied networks

#### **Internal output of activities:**

1. Developed a core brand; developed and implemented communications strategy
2. Raised funds & additional resources
3. Improved quality of reporting on activities & lesson-learning
4. Increased interactivity between members
5. Mapped members' interests, resources & needs

### **Strategy 2: Identifying & promoting existing evidence for advocacy including for messaging**

#### **Outputs of activities**

1. Identified existing evidence that members need (see A 5) e.g. on costs of abortion, on policy options, on messaging
2. Created (or strengthened an existing) online resource by category
3. Monitored members' use of online resource
4. Conducted & disseminated meta analyses of research on what kinds of a) evidence and b) messages have been effective in influencing what outcomes in diverse contexts
5. Monitored members' use of messages & whether evidence-based
6. Used these to develop key international & regional Campaign messages & 28 Sept messages

### **Strategy 3: Monitoring and engaging the media and health professionals' organisations**

#### **Outcomes**

1. Increase number of national & international celebrities to endorse the Campaign
2. Al Jazeera, BBC and CNN & other media increasingly carry positive coverage on abortion
3. Increase number of organisations of health professionals who engage their members on the campaign
4. Increase no of health care providers who offer safe services

#### **Activities**

1. Relationships developed with key media at international, regional and national levels; and with celebrities; engage media around other key international days (e.g. World AIDS day)
2. Members who participate in Campaign Communications group monitor media coverage & then target appropriate messages to supportive & unsupportive media
3. Recruit orgs of health professionals & support them in taking the Campaign to their members
4. Use WHO technical guidelines & IPAS updates plus various members' advocacy training to increase health provider commitment to provision of safe abortion

### **Strategy 4: Advocating to key decision-making forums at all levels**

#### **Outcomes**

1. Campaign issues are on the agenda
  - in debates at CPD, CSW, ICPD & Beijing+20
  - in deliberations of EU, African Union, ASEAN & other regional bodies as well as national and local policy-making bodies
2. The number of countries with legal access abortion does not decrease
3. Increase number of training institutions that include safe abortion in curriculum

#### **Activities**

1. Campaign members coordinate their efforts to influence agendas of key international events & processes
2. Monitor opposition & use insights from this to shape advocacy strategies

#### **Assumptions**

1. Funds can be raised for these strategies
2. Activities are not undermined by conservatives