

# STRATEGIES TO ADVANCE ABORTION RIGHTS AND ACCESS IN RESTRICTIVE SETTINGS: A CROSS-COUNTRY ANALYSIS

**TECHNICAL BRIEF**  
**MAY 2016**

Globally, myriad organizations recognize the importance of understanding how best to advance abortion access as an essential element of sexual and reproductive health and rights. Where that right is violated, women's health and security suffers. Despite this truth, legal restrictions, stigma, and lack of enforcement to uphold abortion rights have ensured that access to safe abortion remains varied, worldwide. As such, there is a need for advocates and implementers who support women's comprehensive reproductive health and rights to identify strategies to navigate the diversity of contexts in which women live and, thus, in which advocates and implementers must work. In 2015, Pathfinder undertook a cross-country stakeholder analysis to identify key characteristics of strategies adopted to advance abortion rights and access, focusing on four countries—Mozambique, Burkina Faso, Tanzania, and Democratic Republic of the Congo—in which we and our partners have collaborated toward this end. This technical brief explores key themes from these four countries, each representing differing profiles of legal and social abortion restrictiveness. Findings from this analysis intend to offer lessons for advocates and implementers working in similar contexts to advance abortion rights and access.



## Context

Health and human rights are bound together, inextricably.<sup>1</sup> Where States fail in their obligation to respect, protect, and fulfill the human rights of their citizens, or where human rights are violated, health suffers as a consequence. Health is a fundamental human right, meaning it is required to enjoy all other human rights.<sup>2</sup> A woman's right to health, inclusive of sexual and reproductive health, and to make decisions about her body, are codified in several international human rights treaties.<sup>3</sup> Over the past few decades, the right to abortion has been defined and upheld internationally, including in low and middle income countries as in the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, better known as the Maputo Protocol.<sup>4</sup>

Despite international and regional recognition of women's rights, many women still lack access to abortion, with serious consequences for their health and security. Though a medical procedure, access to abortion is often influenced by the justice system—specifically, by national penal codes. According to the Center for Reproductive Rights, legal restrictiveness of abortion falls within four categories: 1) to save the woman's life or prohibited altogether; 2) to preserve health; 3) socioeconomic grounds; and 4) without restriction as to reason.<sup>4</sup> In Africa specifically, countries span this spectrum, with twelve countries prohibiting abortion with no specific exception made for the life of a woman,<sup>b</sup> 39 countries permitting abortion under certain conditions, and three countries upholding the right to abortion without limitation.<sup>5</sup> Although 36 nations have signed and ratified the 2003 Maputo Protocol, 15 have signed but not ratified, and 3 have neither signed nor ratified.<sup>6</sup> This is not only a failure to uphold women's rights, but also a failure to protect public health.

Studies show that legal restrictions on abortion negatively impact health.<sup>6</sup> Among complications from unsafe abortion are: excessive blood loss, infection, septic shock, perforations of the intestines, and physical trauma. Long-term effects may include anemia, chronic pain, prolonged weakness, and pelvic inflammatory disease.<sup>4,7</sup> Nicholas J. Kassebaum et al. estimated there were 43,684 maternal deaths due to abortion-related causes in 2013.<sup>8</sup> The negative consequences of unsafe abortion extend beyond the woman and to the security of the family unit as a whole. Research from the Guttmacher Institute suggests that the costs associated with unsafe abortion and post-abortion care in Uganda, for example, impact childhood nutrition and school attendance. Further, complications from abortion negatively impact household productivity and income generating activities.<sup>9</sup>

As global advocates for women's comprehensive sexual and reproductive health and rights (SRHR), Pathfinder and its global partners have a shared interest in developing strategies to advance abortion rights and access in these contexts of varying degrees of restrictiveness. Recognizing that successfully advancing abortion rights and access requires the collaboration of many individuals, organizations, and institutions, Pathfinder sought to understand the constellation of factors that have contributed to positive change in the abortion landscape, focusing on four countries—Mozambique, Burkina Faso, Tanzania, and Democratic Republic of the Congo (DRC)—in which we and our global partners work, each representing differing degrees of restrictiveness. What follows is an exploration of key themes from these four countries to generate lessons about strategies found most useful in fomenting positive change in the abortion landscape in restrictive settings.

## Methods

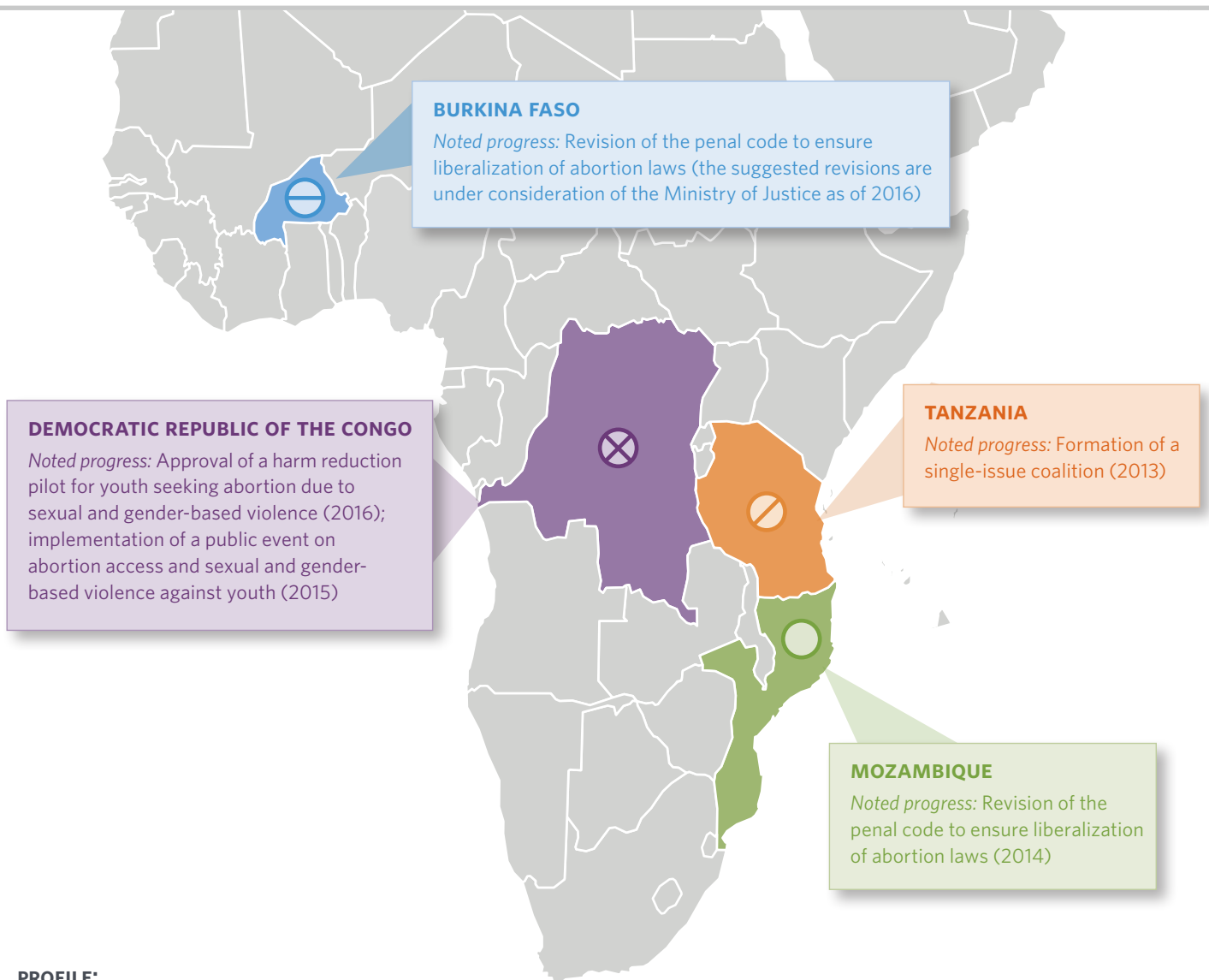
In 2015, Pathfinder undertook a cross-country analysis to explore the key factors relevant to our and our partners' joint strategies to advance abortion in varied settings hostile to full rights and access. Using semi-structured interviews and primary and secondary source review, the purpose of this inquiry was to derive lessons for future abortion rights advocacy and implementation relevant to the diverse settings in which we and our partners work.

Building on the Center for Reproductive Rights' articulation of abortion restriction categories, we selected four countries on which to focus our analysis. In Mozambique, stigma persists among providers and community members, creating barriers to abortion access. Abortion was liberalized in Mozambique in 2014 and the country is now facing operationalization. In Burkina Faso, abortion is permitted to preserve the life or health of the woman, in cases of rape, fetal impairment, or incest, yet society lacks knowledge of current exceptions permitting abortion, and stigma persists in communities. In Tanzania, abortion is permitted to preserve the life and health of a woman. Stigma is expressed by government, communities, and providers and there is widespread confusion about current abortion-related legislation. In DRC, abortion is illegal under any circumstance and there is significant stigma and harmful gender norms that further impede access to abortion.





Stakeholder mapping in these four countries prioritized identification of a variety of influential actors involved in advocacy and decision making related to abortion, including: those from professional associations such as obstetric and gynecological groups; journalists; Ministry of Health and related government officials; civil society organizations; and local and international nongovernmental organizations, including Pathfinder. Between October 2015 and February 2016, a total of 15 stakeholders were interviewed.

**(a)** The Maputo Protocol is a protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which states that parties to the charter shall protect, respect, and promote women's right to sexual and reproductive health (including their right to decide whether and when to have children) by authorizing abortion in cases of "sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or fetus." **(b)** The Center for Reproductive Rights explains that while laws in these countries make no explicit exception to save a woman's life, "such laws are often interpreted to permit life-saving abortions on the grounds of the general criminal law defense of "necessity." (Center for Reproductive Rights, "The World's Abortion Laws 2016." Accessed Apr. 5, 2016 at: [worldabortionlaws.com](http://worldabortionlaws.com).) **(c)** If a nation signs a human rights declaration, convention, or treaty this means that nation is promising to adhere to and honor the spirit of the document. To ratify a document means that a nation has not only committed to the provisions of the document, but has consented to be monitored, to change its laws to comply with the declaration or convention, and to submit reports on its progress. (University of Minnesota, Human Rights Resource Center, "From concept to convention: How human rights law evolves." Accessed April 5, 2016 at: [www1.umn.edu/humanrts/edumat/hreduseries/hereandnow/Part-1/from-concept.htm](http://www1.umn.edu/humanrts/edumat/hreduseries/hereandnow/Part-1/from-concept.htm).)

**INQUIRY:** How have implementing partners navigated their varied restrictive contexts to advance abortion access and rights?



**PROFILE:**

-  **Transitioning:** Abortion is legally protected up to 12, 16, and 24 weeks under certain conditions. However, stigma persists among providers and community members, thus creating barriers to abortion access.
-  **Permissive:** Abortion is legally permitted under specific circumstances (cases of rape, incest, fetal impairment, and to preserve a woman's life and health). Society lacks knowledge of current criteria permitting abortion, and stigma persists in communities.
-  **Restrictive:** Abortion is permitted to protect the life and health of a woman. Stigma is expressed by government, communities, and providers. There is widespread confusion about current abortion-related legislation.
-  **Completely illegal:** Abortion is prohibited by law with no exceptions. Significant stigma and harmful gender norms further impede access to care.

**FIGURE 1: DEGREES OF ABORTION RESTRICTIVENESS AND BENCHMARKS OF CHANGE**

*Page 2 footnotes, continued: (d)* For clarification, the WHO advises: “The persons, skills and medical standards considered safe in the provision of abortion are different for medical and surgical abortion and also depend on the duration of the pregnancy. What is considered ‘safe’ should be interpreted in line with current WHO technical and policy guidance” (Ganatra et al, “From concept to measurement: operationalizing WHO’s definition of unsafe abortion” *Bulletin of the WHO* (2014; 92:155).) Further, characteristics of unsafe abortion include circumstances before, during, and after the procedure itself (WHO, *Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality, 6th edition, 2008*). *(e)* The use of misoprostol for medical abortion has contributed significantly to the decrease in morbidity and mortality due to unsafe abortion.



Training on safe abortion under the Expanding Safe Abortion Access Project, Mozambique

who do not, but who are currently not using contraception.<sup>13</sup> Estimates of the prevalence of unsafe abortion, particularly at the country level, are difficult to ascertain. However, though Mozambique has reduced its maternal mortality rate by approximately 65 percent since 1990, it still has one of the highest maternal mortality rates in the world, with 489 maternal deaths per 100,000 live births.<sup>14</sup>

In 2011, Pathfinder International joined a pre-existing coalition—the Coalition for the Defense of Sexual and Reproductive Rights—of local civil society organizations and one international nongovernmental organization that advocated for change in Mozambique.<sup>h</sup> Though the priority of the coalition was not specific to abortion, in 2011 it began to operate with this additional and more targeted focus. With its addition to the coalition, Pathfinder brought financial resources and technical strategy to advance and advocate for safe abortion. The coalition now has an expanded membership, including members from local women’s rights groups, civil society organizations, international nongovernmental organizations, and representatives from professional groups such as obstetricians, gynecologists, and legal professionals. Since 2012, it has advocated for a less restrictive legal framework for abortion: specifically, for shifting from being permitted to preserve the life and health of a woman to legal permission in cases of rape, incest, and fetal impairment. To achieve its goal of a revised abortion law with these conditions, the coalition developed a four-year strategic plan; organized and held awareness and opinion-changing events with government bodies (such as the Commission on Legal Affairs and the Commission on Women and Social Affairs) to encourage dialogue about abortion; developed and submitted inputs to parliament for the revised penal code; organized learning exchange trips to other African countries (Kenya and Ethiopia) with more liberal abortion laws; and expanded its advocacy to other provinces by building on

To provide parameters to the semi-structured interviews, interview guides were developed that focused on strategies which contributed to recognizable achievements in abortion rights and access implementation or advocacy. In Mozambique, interviews focused on efforts leading to the 2014 change to the penal code, resulting in the now more liberal abortion law. In Burkina Faso, interviews focused on efforts that led to a local coalition’s submission of proposed revisions to the penal code to the Ministry of Justice (widely anticipated to have been accepted until delays began due to a coup d’état in 2015). In Tanzania, interviews focused on the successful formation of a coalition to address unsafe abortion—regarded as a major step in establishing a foundation for future abortion rights advancement work. And, finally, in DRC, interviews focused on strategies contributing to the development of an abortion harm reduction pilot and a public discussion in the media aimed at opinion change to reduce stigma around abortion. See Figure 1 (on page 3) for a summary of sites selected and the focus of stakeholder interviews.<sup>f</sup>

## Country cases

These four countries represent differing social and legal restrictiveness on abortion and within their respective contexts, each have seen varying degrees of progress toward change. The following section discusses each country context and summarizes efforts to advance change in order to distill recommendations from these experiences.

### Mozambique

Of the four countries included in this analysis, Mozambique has the most liberal abortion laws. Until 2014, according to the penal code, abortion was permitted to save the life of the woman and to preserve her physical health.<sup>8,10</sup> Unintended pregnancy is a significant contributing factor to the prevalence of abortion, making Mozambique’s statistics on contraceptive prevalence and unmet need particularly concerning.<sup>11</sup> Currently in Mozambique, the contraceptive prevalence rate is 12 percent,<sup>12</sup> and unmet need for contraception is 28.5 percent, suggesting there are more women who want to limit or space pregnancy than

(f) Harm reduction strategies look for practical ways to address harm caused by social and health-related phenomena. An example of a possible harm reduction strategy for unsafe abortion may include engagement of private pharmacy attendants, many of whom sell misoprostol for abortion purposes in an off-label modality without any medical prescription. (g) Though abortion was limited per the penal code, Dr. Pascoal Mocumbi (Minister of Health, 1980–1987, Prime Minister of Mozambique, 1994–2004) issued a directive in the 1980s to permit access to abortion in certain hospitals. (N. Gasman, M.M. Blandon, and B.B. Crane “Abortion, social inequity, and women’s health: Obstetrician-gynecologists as agents of change,” *International Journal of Gynecology and Obstetrics* 94 (2006): 313.) (h) Pathfinder’s role in the Coalition for the Defense of Sexual and Reproductive Rights took place under its Expanding Safe Abortion Access in Mozambique project (2007–2016), funded by the International Planned Parenthood Federation.

coalition members' partnerships.<sup>i</sup> Finally, the coalition implemented a comprehensive media engagement strategy that involved the targeted recruitment of journalists; training journalists in SRHR material as well as technical reporting skills; and the development of a Sexual and Reproductive Rights Journalism Award to incentivize and recognize outstanding reporting on abortion in Mozambique. A revised penal code was approved and signed into law in 2014.<sup>j</sup>

## Burkina Faso

In Burkina Faso, abortion is permitted if two medical professionals confirm that a woman's life or health is in danger; or that there is a strong chance of fetal impairment incompatible with life; or in the case of incest or rape—if sufficient evidence of such an occurrence can be presented to relevant medical professionals. Emblematic of West Africa's poor sexual and reproductive health (SRH) outcomes, Burkina Faso has a low contraceptive prevalence rate (18 percent), high total fertility rate (6 children born to a woman), and a high maternal mortality rate (400 maternal deaths per 100,000 live births).<sup>15</sup> Estimates from the Guttmacher Institute suggest that one-third of all pregnancies each year in Burkina Faso are unintended, and one-third of those pregnancies result in abortion.<sup>16</sup> Burkina Faso has an estimated annual abortion rate of 25 abortions per 1,000 women ages 15 to 49, and research suggests that most abortions are obtained through unskilled practitioners or are self-performed.<sup>17</sup> Finally, women who induce abortion in Burkina Faso tend to be young, unmarried, residing in urban areas, and without other children.<sup>18</sup>

In 2014, under the stewardship of Pathfinder International, the country's first abortion-focused coalition was formed through a targeted search for stakeholders with an interest in sexual and reproductive health and rights and abortion.<sup>k</sup> Pathfinder identified the Association de Femmes Juristes de Burkina

Faso as the coordinator for the coalition. Nine organizations joined to form what is now known as the Communauté d'Action Pour la Promotion et la Protection de Santé Sexuelle et Reproductive au Burkina Faso (the Community of Action for the Promotion and Protection of SRH in Burkina Faso, CAPSSR-BF). Since its beginnings, the coalition has grown to include 16 organizations including international organizations, local associations, professional groups, and "champions" identified from the Ministries of Justice and Health to participate. This coalition is currently advocating for a fully liberalized abortion law within the country's penal code, and also maintains a focus on supporting decision-makers to understand the connections between need for youth-friendly contraceptive services, sexual and gender-based violence (SGBV) services, and safe abortion services. The coalition has collaboratively developed an action plan, established designated roles and responsibilities for coalition members, and established a meeting schedule. The coalition has also completed an SRH environment scan to inform advocacy strategies and held advocacy workshops for diverse participants including: government officials, youth, musicians, artists, lawyers, and journalists. Further, the coalition collaborated with the Ministry of Justice to develop a communication plan and awareness-raising workshops to disseminate information on the current abortion laws in six regions—thus enabling citizens, health professionals, and law enforcement to better understand the circumstances under which abortion is currently permitted.

Notably, in June 2015, a representative from the CAPSSR-BF established a working relationship with a representative from within the Ministry of Justice. The coalition member requested that the Ministry of Justice representative invite four additional colleagues to participate in the coalition and to serve as a link between the CAPSSR-BF

and the Ministry of Justice. As a result, the coalition now has 10 champions from the Ministry of Health and Ministry of Justice who engage in coalition activities.

Today, the coalition advocates for: clarification on who within the health system is permitted to approve and perform an abortion; a time limit for deliberation in consideration of abortion requests in cases of incest or rape; a reduction in the number of doctors required to confirm medical necessity for abortion requests; and assurance that, when legal requirements are met, young women may access abortion without the accompaniment of a parent or guardian. The coalition submitted its proposed revisions to the Ministry of Justice in 2015.

Political instability as a result of the 2015 coup and an election has slowed progress in government consideration of the coalition's submission. As a result, although the coalition expected revisions to be approved in late 2015, the text is still under review with the Ministry of Justice. As of the date of this publication, it is expected that, once the Ministry of Justice completes its review, the revised code will go to the National Assembly where members will vote to approve or reject the code. Currently, the coalition anticipates these revisions to be approved. After approval of the code, the coalition plans to work once again with the Ministries of Health and Justice to develop a second communication plan to ensure that the conditions under which abortion is legal are understood by the public.

## Tanzania

In Tanzania, abortion is permitted to preserve the health and life of a woman. As a result of the legal restrictiveness, extreme stigma, and lack of clarity around the laws on abortion, the established benchmark of change was not related to policy change, but rather the establishment of a single-issue coalition with the objective of addressing the harm caused

(i) Among the coalition members are organizations such as Women in Law in Southern Africa (WLSA), Pathfinder International, and Forum Mulher. While the context in Mozambique permits some of these members to be named without causing harm to members or their cause, the context in Tanzania and DRC prevents this publication from listing coalition membership and the names of partner organizations in the efforts to advance abortion rights and access. As such, coalition membership will remain anonymous in this publication. (j) The revised penal code permits abortion within the first 12 weeks if the pregnancy subjects the woman to physical, psychological, or mental harm, or places her life at risk. In cases of rape or incest, abortion can be performed up to 16 weeks into the pregnancy, and up to 24 weeks in cases of severe fetal malformation. (k) In 2014, Pathfinder's Board approved funds for the two-year Pathfinding Safe Abortion Initiative in Burkina Faso and Democratic Republic of the Congo (2014 to 2016), which aims to implement a rights-based, youth-oriented abortion approach for countries hostile to abortion. In Burkina Faso, this initiative aims specifically to contribute to the advancement of government mechanisms to respond to infringements on young women's sexual and reproductive health and rights by implementing an abortion advocacy strategy at the national level.

by unsafe abortions and beginning to address abortion stigma while advocating for abortion access and rights. Tanzania has a maternal mortality ratio of 398 maternal deaths per 100,000 live births<sup>19</sup> and data from the 2010 Demographic and Health Survey suggests that of the births in the five years prior to the survey, 22.1 percent were poorly timed or spaced and 3.7 percent were unintended.<sup>20</sup> Recent findings from the Guttmacher Institute estimate that Tanzania has a high abortion rate of 36 abortions per 1,000 women between the ages of 15 and 49.<sup>21</sup> Though the Tanzanian government has shown commitment to reducing maternal mortality—for example, through the development of the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths, and by approving the use of misoprostol for preventing postpartum hemorrhage and incomplete abortions—women continue to lack access to safe abortion. Among the barriers to accessing safe abortion services are pervasive stigma, legal restrictions on abortion, and a lack of clarity on abortion laws. For example, while the penal code makes an exception for abortion to save a woman's life and preserve health, there is still widespread belief that abortion is completely criminalized and further, there is no guidance on who may actually perform an abortion.<sup>22</sup>

Recognizing the role a coalition could play in enabling organized change efforts in the country, in 2013 Pathfinder began a targeted search for stakeholders interested in advancing abortion access and rights and comprehensive SRH.<sup>l</sup> Pathfinder identified and invited seven organizations from diverse fields—including medical and legal professionals as well as activists for women's rights and international nongovernmental organizations—to form the Coalition to Address Maternal Mortality due to Unsafe Abortion and its Complications (CAMMAC). In its early stages, the coalition

established a Memorandum of Understanding to clarify expectations around the goals of the coalition and the roles and responsibilities of members. To engage more members, the coalition developed and utilized a questionnaire to assess interest in SRHR issues and values, and began to strengthen members' capacity to work more publicly in this restrictive environment while protecting their anonymity. The coalition conducted values clarification exercises—exercises to help individuals explore and understand their own values and become comfortable listening to opinions that differ from their own—to ensure coalition members had a common understanding of abortion-related stigma, and to support coalition members in future external communications.

The mission of CAMMAC is to contribute to the reduction of maternal mortality in Tanzania by reducing the prevalence of unsafe abortion and increasing access to safe abortion and postabortion care services. The coalition aims to accomplish this through: 1) increasing access to safe abortion services within the existing legal framework; 2) improving the legal environment for effective delivery of safe abortion services; and 3) reducing abortion stigma to allow effective utilization of legal abortion services. Among the coalition's intended activities are: training of health providers to ensure delivery of quality abortion services within the existing legal framework; capacity development to public health facilities to provide safe abortion services; advocacy and lobbying to law- and policymakers to streamline and entrench abortion laws within the national laws; sensitization of key stakeholders on the broadest possible interpretation of the existing laws and policies regarding abortion; research and documentation to monitor abortion stigma and be able to address it; behavior change communication to influence positive attitudes toward postabortion care and legal abortion services; and media engagement in addressing abortion stigma.

## Democratic Republic of the Congo

DRC is the country in this analysis with the most restrictive abortion laws. The country's penal code prohibits abortion—making no exception for the life of a woman—and states that anyone who performs an abortion may face between 5 and 15 years of imprisonment and any woman who receives an abortion, between 5 and 10 years.<sup>23</sup> However, SRH indicators in DRC suggest a critical need for increased SRH services, including access to comprehensive safe abortion services, particularly among youth. Nearly half of DRC's population is under the age of 15.<sup>24</sup> According to the DRC's 2013–2014 Demographic and Health Survey, 11.5 percent of girls ages 15 to 19 use contraception, compared to 19.3 percent of women overall.<sup>25</sup> Yet 18.9 percent of girls ages 15 to 19 had already had their first sexual encounter by age 15.<sup>26</sup> Further, 16.4 percent of girls between the ages of 15 and 19 and 27.6 percent of women between the ages of 20 and 24 have experienced sexual and gender-based violence (SGBV).<sup>27</sup>

Recognizing the need for comprehensive adolescent and youth sexual and reproductive health and for SGBV clinical services that include youth-friendly postabortion care, Pathfinder brought an abortion harm reduction strategy to its project, focused on SRH for youth, in DRC with the goal of contributing to increased access to safe abortion.<sup>m</sup> To implement a harm reduction pilot, Pathfinder established a partnership with willing government officials and first conducted a knowledge, attitude, and practice assessment of youth, ages 15 to 24, in Kinshasa. The assessment confirmed a lack of SRH services for youth, low contraceptive prevalence rates (34.4 percent of youth who had already had sexual intercourse were currently using a modern method of contraception), high incidence of SGBV (12.7 percent of girls interviewed had experienced SGBV in the 12 months preceding the assessment), and high

**(l)** Through the Advancing Abortion Rights in Tanzania project (2012 to 2016, anonymous donor), Pathfinder aims to increase access to safe abortion services as permitted under the law and to support a coalition working to advance abortion access and rights in Tanzania. **(m)** Pathfinder is currently engaged in abortion-related work in DRC in multiple projects. Relevant to this particular publication are the Pathfinding Safe Abortion Initiative (2014–2016, South Kivu) and the Sexual and Reproductive Health and Rights including Safe Abortion in response to Sexual and Gender-based Violence project (2014–2016, Kinshasa)—an expansion of the Pathfinding project, funded by the David and Lucile Packard Foundation, that aims to promote an enabling environment for young women's comprehensive SRHR through improved service delivery, increased community awareness of and responsiveness to SGBV, and advocacy for young women's rights to SRH, including abortion as a response to SGBV. **(n)** This assessment, *Étude sur les problèmes et besoins des jeunes de 15 à 24 ans en matière de santé sexuelle et de la reproduction dans les zones de santé de Masina, Ngiri-Ngiri et Matete dans la ville de Kinshasa*, was conducted by the Ministry of Health's National Program for Adolescent Health and Pathfinder International. At the time of this writing, it is unpublished. However, authors hope to publish findings in the future.

incidence of unsafe abortion (30.2 percent of girls who had already had sexual intercourse had had an abortion, 69.1 percent of youth surveyed knew a girl who had had an abortion).<sup>19</sup> Pathfinder subsequently organized a public event on September 28th—the Global Day of Action for Access to Safe and Legal Abortion—at which media, government officials, students, advocates, community organizations and members, and international nongovernmental organizations discussed study findings, unintended pregnancy and its consequences, and access to SRHR for young women, and generated ideas for policy response.

Building upon the success of the study and the televised and nationally broadcast September 28th event, Pathfinder and its government partners have collaborated to develop and implement a harm reduction pilot to reduce unsafe abortion through providing neutral and accurate pregnancy counseling for women at health facilities, including publicly available information on the use of misoprostol for self-induced medical abortion. At the time of publication, four health facilities had been selected for the pilot (one in South Kivu and three in Kinshasa), the pilot had received International Review Board approval, and training of nurses had been completed. Given the country profile and its hostility to abortion, the benchmarks of change used to focus interview discussions in this analysis were the implementation of a public event about SGBV and youth, and the development and implementation of a harm reduction pilot.

## Findings

Interviews with stakeholders across all four countries revealed that certain approaches to navigating legally restrictive settings to advance abortion rights and access were common across all countries: 1) All stakeholders considered the importance of balancing meaningful change with risk for backlash—or a conservative or negative response that could potentially impede progress.<sup>28</sup> 2) Stakeholders from each of the four countries voiced recognition of coalitions with diverse membership as an effective

mechanism for policy change; 3) the utility of leveraging the media as influencers of public and decision-maker opinion; and saw 4) the necessity of engaging the support of politicians as key influencers and resources for advocacy planning.

In addition to commonalities, though, the differences among the four countries' approaches are perhaps even more instructive in considering how advocates and implementers might navigate differing contexts toward a shared end-goal of improved rights and access. Thus for each common approach, one country is highlighted where unique lessons can be garnered in considering implementation in similar settings.

### Balancing meaningful change with risk for backlash

History and research suggest that progressive movements that threaten to unsettle the status quo are often met with conservative counter movements, or backlash.<sup>29</sup> The questions this dynamic prompts are: whether and how to claim rights or advocate for political or legislative change given the potential for backlash, and how to respond to or mitigate the impact of that backlash.

Interviews revealed, because of the particular stigma surrounding abortion, that all countries included in this analysis were concerned with

this dynamic. In Tanzania and Burkina Faso, coalitions navigated this potential for backlash by implementing incremental change and establishing support in targeted pockets of society. Illustrative of this, while explaining how CAMMAC engaged individuals for awareness-raising activities related to abortion, one member states:

***“We better start with specific groups. Later on, we will start social campaigns. We can't promote right now.”***

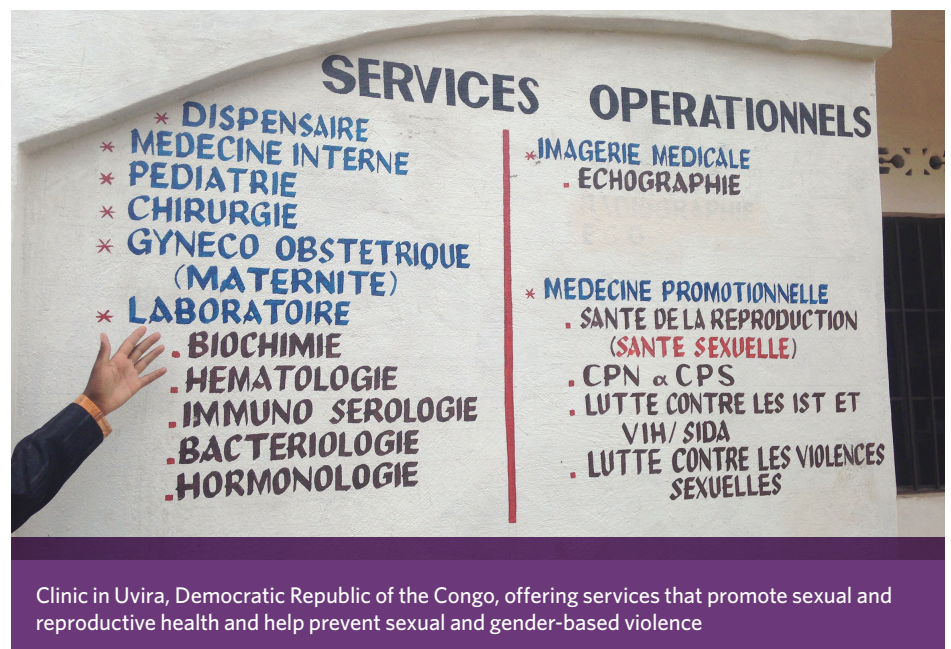
—CAMMAC MEMBER, TANZANIA

Similarly, when considering alternative approaches for opinion change, a respondent from Burkina Faso acknowledges that engaging certain stakeholders would require intentionally slow progress:

***“Maybe we could have someone, a traditional leader or village chief, who could influence other chiefs. It would also be interesting to have a religious leader. But that would take time.”***

—CAPSSR-BF MEMBER, BURKINA FASO

While an incremental or tempered approach was the method to navigate potential backlash that surfaced in interviews with Burkinabe and Tanzanian respondents, respondents from DRC highlighted their strategy of reframing their messaging to mitigate potential backlash.



**HIGHLIGHT:  
DEMOCRATIC REPUBLIC OF THE CONGO**

Interviews with DRC stakeholders demonstrated that the entrenched norms and values relating to SRHR and gender in the country—the most hostile to abortion in this analysis—make a careful and methodical approach necessary. To ensure progress within a country that completely restricts abortion, stakeholders framed their message with a public health lens that also appealed to universally-held concern for the well-being of the country's youth. One respondent explains:

***“For the moment, really [abortion] must be included as a response to pregnancies resulting from sexual violence.”***

—MINISTRY OFFICIAL, DRC

To ensure political and public support for abortion as a response to a broader public health issue, Pathfinder and its partners in DRC first gathered evidence through an assessment of knowledge, attitudes, and practices of youth related to SRH, SGBV, and abortion. Pathfinder and partners then proposed youth-friendly postabortion care and abortion harm reduction pilots (as well as developing “safety nets” for vulnerable girls and addressing harmful gender norms in

communities that feed the vulnerability) as a way to respond to the critical public health needs they had identified (specifically, SGBV and unsafe abortion among youth). Once the public need was demonstrated, stakeholders were certain that their proposed solution of a harm reduction pilot would be approved. As one respondent explains:

***“The first study showed that there are many cases of unsafe abortion among young women, and if nothing is done, the country will have a significant sexual and reproductive health problem, because the youth are the future. So, something must be done. But we need evidence to support a response, so this harm reduction pilot makes sense [...] There absolutely must be services to reduce the risks associated with these abortions.”***

—MINISTRY OFFICIAL, DRC

Interestingly, to support access to abortion, advocates emphasized the need to protect young women and girls as among those most vulnerable, alluding to and making use of arguments similar to those used by opponents of abortion (who have historically argued for the need to protect the fetus). In appealing to the same desire to protect the vulnerable, one ministry official justifies this harm reduction approach:

***“What can we do in the medical field to prevent these young girls and these mothers from dying from unsafe abortion? Because our country needs them ... we must offer them postabortion care to avoid losing the health of these young women and mothers.”***

—MINISTRY OFFICIAL, DRC

While the need to consider the pace of change and message content exists in all countries, how to respond to the potential backlash differs depending on the context. Experience from DRC suggests that in particularly hostile countries, identifying related issues that currently have government and public interest—or that appeal to the morals of society—and couching abortion access and rights within those specific issues may be an effective mode of responding to or anticipating potential backlash and of advancing rights realization. Further, countries and projects considering such an approach might also bolster their efforts with research to demonstrate how and why advancing abortion access and rights is a necessary response to the selected public health problem.

### Coalitions with diverse membership as an effective mechanism for policy change

To varying degrees, coalitions came up as an important mechanism to drive change in each of the four countries. As one coalition member explains, when individual organizations come together in the form of a coalition, they become stronger:

***“To have a coalition means that no organization will be singled out; we bring the issue as something that concerns not just one organization—which would make it easy for policymakers to say ‘you are being manipulated, [someone is] giving you money to say this.’ But as a coalition, different organizations from different regions, it is an issue of national concern and it needs to be dealt with nationally. And of course, we are trying to bring different perspectives into the debate. We have the lawyers and medical professionals, and those who are more community- or activist-oriented. We rely on each other and***



Informational materials to support advocacy for more liberalized abortion laws, produced by the Coalition for the Defense of Sexual and Reproductive Rights, Mozambique



**become stronger. People will say, 'it's not just a legal issue, it's a health issue,' and all these perspectives will strengthen the advocacy."**

—CAMMAC MEMBER, TANZANIA

Interestingly, when we look at the quality and experience of coalitions in each country and consider the different environments in which they operate, we notice some instructive differences. In Mozambique and Burkina Faso for example, the coalitions have had notable success, as suggested by the recent and anticipated liberalization of abortion laws, respectively. To explain this success, a respondent from Mozambique credits the diverse membership and the diverse support that this membership brings, while a respondent from Burkina Faso highlights the shared vision or goal that unites the diverse membership:

**"Each individual brings a constituency. Like, the OB/GYNs brought a constituency."**

—JOURNALIST, MOZAMBIQUE

**"I think that it's motivation first, and maybe others [members] came because of curiosity—I don't know, it's possible. But I think if they came because of curiosity, they would have left a long time ago. So, in my opinion, they joined because they want to engage."**

—CAPSSR-BF MEMBER, BURKINA FASO

## HIGHLIGHT: TANZANIA

In Tanzania, the lack of clarity about the actual parameters of abortion permissions in current legislation, combined with the extreme stigma surrounding abortion, affect the functioning and experience of the coalition. Emblematic of how the stigma could be experienced, one interviewee recounted being interrogated by officials at an airport for carrying abortion advocacy materials, despite the legality of abortion in Tanzania. As interviews demonstrated, the coalition had to contend with more obvious challenges than what was highlighted in interviews with respondents from other more permissive countries. These challenges, in turn, have had mitigating influence on the pace of change the coalition

has been able to achieve. Illustrative of the ways in which this restrictive environment influenced the coalition, during its formation, CAMMAC used a questionnaire to verify potential members' interest in and support for abortion access and rights before inviting them to participate in coalition meetings. The rationale for this step was to ensure protection of coalition members from unnecessary or potentially harmful exposure to opponents of abortion—who might otherwise be able to come to coalition meetings and thus learn the identities of the coalition's members. As one member explains:

**"There was a very precise screening ... the questionnaire has been used to reach out to those organizations ... That was one of the points for recruiting some members for the coalition."**

—CAMMAC MEMBER, TANZANIA

Not only do stigma and resulting fear impact the coalition's outward communication and recruitment process, interviews suggest that these factors can impact the inner workings and morale of the coalition itself. Possibly as a result of the pervasive stigma and restrictive context, member organizations' leadership have had to alter how openly ambitious about forward movement they can be, which some members perceived as a sign of the coalition's wavering commitment—thus further impacting morale. Illustrative of this, one coalition member reflected on the experience of getting a Memorandum of Understanding on coalition members' roles and responsibilities:

**"Sometime last year, the coalition convened a meeting for directors. They had to sign an MOU. By the end of the year, I think three out of seven organizations had signed. The others had not. That put me in a position where I kind of lost my motivation."**

—CAMMAC MEMBER, TANZANIA

In contrast, respondents also recognized progress among leadership, suggesting the constancy of shifts between tempering expectations due to the restrictive environment and ability to achieve and see progress.

One coalition member explains:

**"There has been this internal capacity building, sufficient attitude transformation within the coalition. These are strengths. [The current secretariat of CAMMAC], I have seen her change over the course of this coalition. She has really become an activist."**

—CAMMAC MEMBER, TANZANIA

The Tanzania example suggests that, particularly in restrictive environments, it is not just the women seeking abortion who are at risk, but those who work to advance abortion access and rights themselves. The restrictiveness of the Tanzanian context provides more challenges for a coalition to contend with, when compared to less restrictive settings, and further, this restrictiveness may impact the magnitude or ambitiousness of the goals established by coalition leadership. Coalition strategies in such contexts should consider the impact the environment might have on its goals and membership morale, and should explore context-appropriate ways to mitigate these impacts.

## Leveraging the media as influencers of public and decision-maker opinion

Studies suggest that over the past few decades, media has been leveraged worldwide by public health campaigns to educate large populations through expertly-crafted health messages.<sup>30</sup> Leveraging the media for advocacy can expand the role of media from "conduit of information" to that of influencing public opinion, inciting public discussion, and thus putting pressure on decision-makers such as ministry officials.<sup>31</sup> All countries included in this analysis determined that leveraging the media was strategic to address not only legal but also social barriers to access and rights realization. For example, in DRC, the media was invited to participate in question-asking at the September 28th Global Day of Action event to amplify the messages of participants and hosts. Media participation resulted in a nationally televised broadcast of an event at which people discussed a topic rarely discussed in public.

In Tanzania, the media was not identified as a strategic element for the benchmark of success (coalition-building), but the coalition recognized it early on as crucial for garnering public support. In Burkina Faso, leveraging the media was a strategy to stimulate public discussion and thus pressure decision-makers. In both Tanzania and Burkina Faso, the media was invited to partake in educational workshops to ensure they produced stories that supported the intentions of the coalition. A respondent from Tanzania explains this particularly well:

***“So I think, if we have this strategy in hand, and we identify a journalist on our own, and they are very, very knowledgeable about the sexual and reproductive health issues including abortion, I think they will understand it in the right way, and they will try to report it in such a way that they do not oppress or pose more effects on [those seeking] abortion...”***

—CAMMAC MEMBER, TANZANIA

Though DRC, Tanzania, and Burkina Faso all successfully leveraged the media, interviews suggest the Mozambique coalition made the most comprehensive investment in the media.



PHOTO: Mercedes Savagues

Activist with sign, Mozambique  
(Translation: “Legalizing abortion is a duty of the house of representatives.”)

### HIGHLIGHT: MOZAMBIQUE

Through collaboration with a journalist on a fellowship in Mozambique, the Coalition for the Defense of Sexual and Reproductive Rights established a mechanism to educate, incentivize, and provide material to journalists such that the journalists became vehicles for abortion rights and access advocacy themselves. This mechanism included targeted recruitment of journalists with interest in SRHR and abortion access, a five-day training with emphasis on technical journalism skills as well as education on SRHR and abortion-related issues, an award program for outstanding reporting on abortion, and connections with expert sources in the field of public health and SRH.

The approach resulted in the creation of journalists who are knowledgeable advocates for abortion access and rights. As the partner journalist explains, reflecting on the impact of training on participants:

***“You should see their faces. Their faces are like ‘Wow! I’ve never thought in that way’ and all those structures that say ‘No, abortion is a crime,’ all those structures start crumbling.”***

—JOURNALIST, MOZAMBIQUE

Through this comprehensive approach, respondents explained that they had, in essence, created additional stakeholders that they could rely upon to support the objective of the coalition. One respondent explains:

***“If you don’t have a person, you can create a person ... to assume that role and to mobilize and have ideas and find allies and to just keep it up.”***

—JOURNALIST, MOZAMBIQUE

The Mozambique experience suggests that, where possible, mechanisms to engage the power of the media as arbiter of public opinion—through education, training, and provision of sources—should be considered to address legal and social barriers to access and rights realization.

### Engaging the support of politicians as key influencers and resources for advocacy planning

In Mozambique and DRC, stakeholders engaged with ministry officials because the influence of these officials would simultaneously facilitate stakeholder progress toward change and reduce barriers to change. In Mozambique, cultivating support from the Ministry of Health likely influenced the approval of the revised penal code, as suggested by one respondent:

***“The fact that there were Ministry of Health people behind [the revised penal code], I think that it was maybe more solid for the parliamentarians. The fact that it was people from the health sector and important people supporting that, it was really important.”***

—COALITION FOR THE DEFENSE OF SEXUAL AND REPRODUCTIVE RIGHTS MEMBER, MOZAMBIQUE

In other words, Ministry of Health sanctioning of the revised penal code was a facilitator of change. In DRC, the harm reduction pilot—the mechanism through which stakeholders are advancing abortion rights—was approved, likely because it was submitted by a government official. A government official explains:

***“Myself, I’m lucky because I am a director within the Ministry of Health and all of the studies that I lead pose no problem. When I have the study protocol, I go to the secretary general of health, I present a technical note, I pose the problem, and then I go forward with the study.”***

—MINISTRY OFFICIAL, DRC

In both Mozambique and DRC, the power and influence of ministry officials lent credibility to stakeholders and facilitated progress towards their established benchmarks of change—and thus towards access and rights realization. However, in Burkina Faso, the coalition reached beyond the politicians as a source of support to include them as critical and active members of the coalition.

## HIGHLIGHT: BURKINA FASO

In Burkina Faso, rather than being a recipient of support or influence from politicians, the coalition engaged ministry officials as members of the coalition, which resulted in not only advocacy support for expanded legal permissions, but a clear pathway to operationalizing expanded legal permissions for abortion. Illustrative of this, one ministry official explains:

**“I play two roles because I am a member of the coalition, but I am also a resource from the Ministry of Justice ... I am a focal point from the Ministry of Justice because the coalition needs legal officials. So, I am there and can be an entry point to the Ministry of Justice.”**

—CAPSSR-BF MEMBER, BURKINA FASO

As partners within the coalition, ministry officials and other coalition members developed and began implementation of a communication plan to clarify current abortion laws and, perhaps more importantly, a communication plan to clarify the operationalization of the more liberalized law once the penal code is changed, thus taking the first steps to ensure a meaningful change and not a change in name only.

Further, the relationship with the Ministry of Justice allowed coalition members to be current on their knowledge of what stage the revisions were in and how much time they had to devote efforts to lobbying elsewhere.

Because the coalition knew when the Ministry of Justice would submit the proposed revisions to the National Assembly for approval, it knew it had a specific amount of time it could dedicate to ensure that the National Assembly would facilitate approval. As one coalition member explains:

**“There are two stages: First we put the focus on the Ministers to integrate our arguments into the revised version ... and we now transfer our attention to the Assembly ... We need to be sure that the deputies in the Assembly vote a resounding yes.”**

—CAPSSR-BF MEMBER, BURKINA FASO

As a result of the way the CAPSSR-BF leveraged its political connections, members are hopeful that the revised and liberalized penal code will be approved in the near future.

Experiences from Mozambique, Burkina Faso, and DRC highlight the ways in which political support can facilitate progress towards rights realization in transitioning, permissive, and extremely hostile settings. The experience in Burkina Faso further suggests that engaging political stakeholders in the advocacy process itself may inform future coalition advocacy strategies, as well as establish important allies who can influence the operationalization of the law so that abortion becomes accessible in reality, and not in legal text only.

## Conclusion

Bringing about change—particularly social change that upsets a long-standing status quo—is an extremely challenging task, and requires collaboration from multiple stakeholders. The experience of Pathfinder and its partners in these four countries suggests considering how to mitigate potential backlash, leveraging the media, engaging politicians, and employing coalitions are important elements of this change process.

Pathfinder continues its efforts to be an effective partner in each of these four countries, addressing the social determinants that threaten women’s autonomy as we work to advance abortion access and rights. Today, Pathfinder is expanding the reach of these efforts through new abortion service delivery projects in Mozambique, Tanzania, and Burkina Faso, and the development of an advocacy tool to support strategy development for varied contexts hostile to abortion. Drawing from experience in Tanzania, Burkina Faso, Mozambique, and DRC, Pathfinder will develop targeted advocacy and implementation to inform future efforts in additional countries with restrictive contexts. Findings from this analysis will support development of these tools in the future.

## ENDNOTES

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## ABOUT THE PROJECTS

### BURKINA FASO



The Pathfinding Safe Abortion Initiative (2014–2016), funded with Pathfinder Board-designated funds, aims to implement a rights-based, youth-oriented sexual and reproductive health and rights approach, which includes abortion, for countries hostile to abortion.

### DEMOCRATIC REPUBLIC OF THE CONGO



The Pathfinding Safe Abortion Initiative (2014–2016), funded with Pathfinder Board-designated funds, and the Sexual and Reproductive Health and Rights including Safe Abortion in response to Sexual and Gender-based Violence project (2014–2016), funded by the David and Lucile Packard Foundation, both aim to reduce maternal mortality and morbidity due to unsafe abortion by building the capacity of health providers to deliver clinical SGBV services, including youth-friendly postabortion care; increasing community awareness of youth SRH and SGBV service needs; and supporting local partners' capacity to advocate for young women's rights to SRHR, including abortion as a response to SGBV.

### MOZAMBIQUE



The Expanding Safe Abortion Access in Mozambique projects (2007–2016), funded by the Safe Abortion Access Fund (a multi-donor mechanism administered by the International Planned Parenthood Federation), aims to reduce maternal morbidity and mortality due to unsafe abortion by increasing access to abortion services and advocating for a less restrictive legal framework. This project is currently led by WLSA Mozambique, in collaboration with Pathfinder International. The Bolstering Multisectoral Action to Address Gender-Based Violence and Advance Sexual and Reproductive Health and Rights project (2014–2016), funded by the Norwegian Ministry of Foreign Affairs, aims to increase the number of women and girls benefiting from gender-based violence and unsafe abortion prevention services in Mozambique, as well as to strengthen the Coalition for the Defense of Sexual and Reproductive Rights' capacity to advance abortion access and rights.

### TANZANIA

The Advancing Abortion Rights Project in Tanzania (2012–2016), funded by an anonymous donor, supports an established safe abortion advocacy coalition of local organizations to address maternal mortality and morbidity caused by barriers to safe abortion access and rights.

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