A Rights-based Model: Perspectives from Health Service Providers

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1 Introduction

Millions of women around the world have no access to reproductive health services. Many more have little or no control in choosing whether or not to become pregnant, and have little or no information about safe abortion services. As a result, each year approximately 19 million women resort to having an unsafe abortion. Many of these women die as a result; many more are permanently injured. Nearly all these women are poor and live in developing countries (IPPF 2006), a fact which renders unsafe abortion a pressing social justice, public health and development issue.

Latin America and the Caribbean not only hold the sad distinction of having the greatest level of inequality in the world (ECLAC 2005), but the region also has the highest rate of unsafe abortions. Every year, an estimated 4 million unsafe abortions occur in the region, 70 per cent of which are performed on women under the age of 30 (WHO 2007). The region's restrictive abortion laws directly contribute to the circumstances that force women facing an unwanted pregnancy to resort to unsafe and clandestine abortion practices.

Changes to abortion-related laws and policies are currently being debated across Latin America and the Caribbean. While the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) actively supports these legal reform efforts, the organisation and its member associations simultaneously have a responsibility to offer a range of options to women facing an immediate need for services for an unwanted pregnancy. In response, IPPF/WHR has developed a framework for its abortion-related work, based on three complementary strategies: promoting the right to safe and legal abortion, increasing access to abortion services, and reducing the need for abortions by promoting comprehensive sexuality education and access to contraception. Using this framework, IPPF/WHR developed a model to address unsafe abortion and to offer real options to women in the region, which includes a range of both service and advocacy components.

2 Developing a model for harm reduction

One of the primary goals of IPPF/WHR is to empower women and to support their conscious and informed decision-making. In that context, advancing service models that promote women's rights and strengthen the commitment of health professionals to defend these rights becomes an ethical obligation. To this end, IPPF/WHR initiated a strategic partnership with Iniciativas Sanitarias, a civil society organisation in Uruguay that has developed an innovative model of services for unwanted pregnancy based on a harm reduction approach. For service providers, this unique model presents an important response to the pressing needs of women as it identifies clear spaces for action and preventive measures even within restrictive legal contexts. In 2006, IPPF/WHR and Iniciativas Sanitarias began implementing the harm reduction model in several countries, each with diverse legal, social and political realities.

Iniciativas Sanitarias was founded in 2001 by a group of health professionals seeking to address high levels of maternal mortality related to unsafe abortion in the country (Briozzo *et al.* 2006). Most induced abortions in Uruguay occur in clandestine circumstances given the restrictive legislation that

criminalises abortion. While the law allows for legal exceptions in the case of rape, threat to a woman's life, and extreme poverty, it is extremely difficult for women to access services under these exceptions due to cumbersome bureaucratic procedures and a lack of willing providers (Ministry of Health 2004). In response to this urgent situation, the founders of Iniciativas Sanitarias looked for immediate solutions to protect the health of women, to reduce the risks and harm associated with unsafe abortion, to reduce the numbers of unsafe abortions, and to lower the number of maternal deaths associated with this practice (Briozzo 2007).

Iniciativas Sanitarias' harm reduction strategy is based on the bioethical principles of autonomy, justice, and patient–provider confidentiality. The strategy seeks to empower women, while also strengthening the commitment of health professionals to address the reality of women facing unwanted and/or unplanned pregnancies. Recognising that women facing unwanted pregnancies in restrictive contexts could resort to any of the options available to terminate a pregnancy (including highly risky practices such as the use of toxic chemicals or the insertion of sharp objects into the uterus), the harm reduction model encourages health professionals to acknowledge and inform women about the risks and complications resulting from unsafe abortion methods and the safer abortion methods potentially available. The model also reinforces the responsibility of health institutions to address this potentially serious clinical situation within the health system.

The harm reduction strategy is based on the concept that while induced abortion may be illegal in some contexts, the procedure has a *before* and an *after*. The intervention focuses on these 'before' and 'after' periods, recommending that women planning to have an abortion have at least one consultation before and another after the abortion if they decide to terminate their pregnancy. The intervention reinforces the notion that health professionals not only *can*, but *have the responsibility to* act in order to reduce (and in some cases eliminate) the risks and harm associated with unsafe abortion, by offering women information and counselling on options. During the initial consultation, a woman facing an unwanted/unplanned pregnancy is able to explore her different options and possible alternatives, including continuing the pregnancy, adoption and conditions for legal abortion. If she does decide to voluntarily interrupt her pregnancy, a trained multidisciplinary team provides comprehensive services and counselling, including information on the risks associated with the different means used to induce abortion, from the most unsafe practices (such as insertion of hangers or other sharp objects) to safer methods (such as the use of misoprostol); the team also provides medical examinations and psychological and legal assistance. Services after the abortion include contraceptive counselling, preventative measures against complications and other services as needed (Briozzo 2007; Briozzo *et al.* 2006).

What does this look like in practice? In Uruguay, the services are currently offered in a clinic within the main maternity hospital, which provides a range of sexual and reproductive health services, including family planning, gynaecological examinations, and harm reduction counselling. Iniciativas Sanitarias has also been working to expand the services to other public sector clinics throughout the country. The hospital clinic sees nearly 100 women each month, and most find their way to the service through word of mouth or through information presented in the media. In 2004, the Uruguayan Ministry of Health formally approved the provision of the services through the health regulation 369/04, which created provisions for the implementation of the service in all public sector facilities and established clinical guidelines for the pre- and post- consultation sessions (Briozzo 2007). Since the passage of the official health regulation, Iniciativas Sanitarias has implemented a community outreach strategy to inform and educate community members about the services. The outreach efforts bring health professionals to the communities to talk about the services from a rights-based perspective, with the goal of empowering community members to exercise their sexual and reproductive rights.

Overall, the harm reduction initiative has met with high levels of support from women and health professionals alike. During 2004–5, nearly 75 per cent of women returned for the follow-up consultation in the maternity hospital, demonstrating that the counselling service provides a necessary space for women to seek support and to talk about their concerns and fears (Briozzo *et al.* 2006). Additionally, as Iniciativas Sanitarias has continued to train health professionals and expand the model throughout the country, they have encountered little resistance on the part of providers to participate in

the counselling service. This lack of resistance is due in large part to general agreement with the model's basis in health professionals' fundamental ethical responsibility to diminish potential health risks and avoid harm.

Despite the clear health and social advantages of this model, Iniciativas Sanitarias recognises that in any context where abortion is illegal, it is not possible for women to have safe abortions; however, the harm reduction strategy allows health institutions to offer comprehensive services and options to women facing an unwanted pregnancy, thereby opening the possibility for women to have 'safer abortions' and significantly reduce the risks and complications associated with unsafe abortion methods (Briozzo 2007).

The harm reduction model focuses on women as the primary decision-makers and promotes the idea that providing women with information during an initial consultation guarantees that they will be in a better position to make a decision about their pregnancy, according to their own personal situation, life circumstances and values (Briozzo *et al.* 2006). Within this model, access to information, in conjunction with access to reproductive health services and contraceptive methods, ensures that health professionals and health institutions can help women reduce unwanted pregnancies and the need for abortions in the future. In Uruguay, the implementation of this model in the main maternity hospital has resulted in a reduction in the hospital maternal mortality rate (Briozzo *et al.* 2006). In addition, Iniciativas Sanitarias found that providers' knowledge about unsafe abortion increased, providers demonstrated a commitment to provide services to women faced with an unwanted pregnancy, and clients showed an increased demand for the harm reduction service (unpublished data).

3 Reducing harm due to unsafe abortion: a rights-based approach

The harm reduction model provides an important opportunity for IPPF/WHR and other service providers in the region to position reproductive rights as an essential part of the body of internationally recognised human rights, and to concretely apply these rights in a service provision setting. The model is based on three basic premises that are fundamental to IPPF's work: the right to information, the right to health and the concept of autonomy. The harm reduction approach enables clients to access the information they need to make educated decisions and adequately care for their own health. Additionally, this approach can empower health professionals to actively defend their patients' rights and act as agents of social and legal change by giving them a public voice in the debate over unsafe abortion.

The *right to information* is a fundamental human right and is the basis for the exercise of other rights. One of the first resolutions adopted by the United Nations General Assembly maintained that 'the freedom of information is a fundamental human right and is the touchstone of all the freedoms for which the United Nations is consecrated' (United Nations 1946). This resolution recognised that access to information is a central component of decision-making, and that individuals cannot exercise their rights or freedoms or make effective decisions if they are not adequately informed. Two years later, Article 19 of the Universal Declaration of Human Rights broadened this concept, indicating that 'everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and *to seek, receive and impart information* and ideas *through any media and regardless of frontiers*'. With changing technologies, access to information can be life-saving for women facing an unwanted pregnancy and highlights the need to ensure that all women are able to exercise this right. In many countries, women with resources and education often access information about safer abortion methods, such as the use of misoprostol, through the internet, an advantage that poorer and more marginalised women are denied.

Fulfilling the *right to health* is also crucial to the exercise of all other human rights and is one of the premises on which the harm reduction model is based. The International Covenant on Economic, Social and Cultural Rights recognises that every human being has the right to enjoy the highest attainable standard of health conducive to living a life in dignity. The Committee on Economic, Social and Cultural Rights' interpretation of this right states that in order to achieve the enjoyment of the highest standard of health, discrimination against women must be eliminated; a major goal in these efforts, 'should be *reducing women's health risks*, particularly lowering rates of maternal mortality … It is also important to undertake preventative, promotive and

remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights' (CESCR 2000). For millions of women, their right to the highest standard of health is consistently violated in circumstances where they are forced to resort to unsafe practices to terminate a pregnancy, given the wide availability of safe and affordable abortion methods.

Finally, the harm reduction model upholds *women's autonomy* and moral agency, enabling them to make responsible decisions about their own lives. Article 16 of CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) acknowledges the importance of these principles by articulating the right of all individuals to 'decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights'.

These three rights are the foundation of the harm reduction model and are undoubtedly linked to social and economic development. The model prompts health institutions to examine their role in promoting the democratisation of information and access to the benefits of scientific progress. The model necessitates that all women – not just those with greater social capital – are ensured access to life-saving information and the support of health services that will help them safely manage their health when dealing with unwanted pregnancies. For IPPF/WHR, these concepts strengthen the implementation of rights-based health services that address the problem of unwanted pregnancy and unsafe abortion within existing legal frameworks.

4 Regional experiences: opportunities and challenges

Over the past two years, IPPF/WHR has worked in conjunction with its member associations and Iniciativas Sanitarias to implement the harm reduction model in a number of health clinics throughout the region. This process involved conducting a situational analysis for each country, adapting the Iniciativas Sanitarias training model to the needs of the country, and developing an action plan with the clinic staff to ensure effective implementation and monitoring mechanisms for the services. In most of the member association clinics where the model has been introduced, staff have integrated it into existing counselling services for women facing an unwanted pregnancy. The goal of the counselling services is to provide women with information, support and options for addressing their personal situation. In general, options counselling is offered to women following a pregnancy test or to those clients soliciting information about terminating their pregnancies. As with the experience in Uruguay, most of the clients learn about the harm reduction services through friends or family members, although efforts have also been made to publicly promote the options counselling service.

In a relatively short period of time, the clinics have experienced a steady increase in the numbers of women utilising the services, and health professionals at the clinics have demonstrated interest in the model and its unique approach. Efforts are now being made to work with public health institutions in these countries to introduce the model within national health system clinics. To support the implementation of the model, IPPF/WHR and Iniciativas Sanitarias developed a quality of care tool to monitor the services and communications strategies to assist health professionals as they speak publicly about the model.

Through the expansion process, IPPF/WHR has identified three main challenges: the lack of national or local health regulations to guide the implementation of the model, the lack of adequate legal protection for its execution, and the existence of barriers to accessing abortion-related medications.

Public policies that support and codify the harm reduction model are crucial to ensuring the safety of health professionals and empowering clients to understand and request the service. The adoption of a national or local health regulation guarantees the conditions within current legal frameworks in which women can exercise their rights to information, health and autonomy. In addition, an official health regulation makes explicit the state's responsibility concerning these rights; helps to ensure the sustainability of the model over time; and facilitates the integration of the model within training curricula of future health professionals. Creating a regulation and negotiating its implementation with health

authorities also encourages different actors to take a public stance on unsafe abortion, as the case of Uruguay has demonstrated. Nonetheless, while adopting regulations serves a critical role in supporting the longer term success of the model, experience in Uruguay demonstrates that leadership from committed health professionals can catalyse successful implementation long before a specific health code is approved.

In addition to the role that both practical experience and health regulations can play in advancing the model, based on the experience in Uruguay there are other important elements to consider when introducing harm reduction services in new contexts. First, a group of committed and sensitised health professionals is essential to moving the project forward and creating a leadership base. Second, organisational backing from respected institutions, such as medical schools, professional medical societies, and ministries of health adds legitimacy to the initiative and paves the way for the institutionalisation of the service. Finally, provisions for the protection of patient–provider confidentiality and a strong prevailing code of medical ethics are critical in order to address ethical issues that might arise during the implementation of the model.

In their efforts to guarantee that these foundational conditions are in place, IPPF/WHR member associations hold the advantage of being respected voices in the sexual and reproductive health field and important contributors to public health policymaking. In many countries in the region, member associations are responsible for conducting demographic and health surveys and providing key information to promote public policies supporting women's health. The challenge lies in extending this voice to the problem of unsafe abortion as a serious health and human rights issue, advancing local processes that bring together new and old actors to this agenda, and synthesising differences to expand support for the model.

In terms of legal protection, there is a pressing need to employ all available regional and international resources to offer an adequate framework that will safeguard health professionals and institutions involved in implementation, particularly in view of the growing number of conservative groups in the region with the resources to engage legal battles over these issues. As part of these legal protections, we must clearly define – in legal terms – the concept of health professionals *informing* clients about abortion-related information as distinct from *prescribing* or *promoting*. We must also construct well-articulated and sound regional and local discourses using international human rights arguments to support the model, and establish legal teams prepared to defend the model in the region.

The final major challenge is the growing need to guarantee access to and availability of abortion-related medications. The harm reduction model is public, which offers enormous potential for change within health professionals, health institutions, and even society at large. There is little doubt that speaking publicly and confronting the injustices faced by the most vulnerable women in our region are possibly the only means to battle the double standard surrounding unsafe abortion and the stigma clients and health professionals confront. However, we still need to evaluate the risks such publicity could pose to the relatively easy access to and availability of medications proven to be lifesaving for women around the world. We must work to creatively resolve the tension between expanding access to the model and speaking publicly about its benefits, while continuing to ensure the availability of these medications.

The harm reduction model for unsafe abortion developed by Iniciativas Sanitarias is an institutional priority for IPPF/WHR; it enables us to offer a compassionate, supportive, and timely response to women facing unwanted pregnancy while concomitantly generating broader changes within health institutions. The implementation of these services in the private and public health sector provides a key opportunity to expand a rights-based approach to sexual and reproductive health, to transform the inequality currently present in the provider–client relationship and to inspire health professionals to see themselves as important advocates for legal and social change. On an even larger scale, the harm reduction model can serve as a crucial instrument for social development, as it stimulates the creation of the public policies needed to achieve the Millennium Development Goals. While recognising these transformative possibilities, we, as health and rights advocates, must continue to work for long-term social change that can only truly be achieved through universal access to safe and legal abortion.

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