

THE LEGAL AND POLICY FRAMEWORK ON MEDICAL ABORTION SELF-CARE POLICY BRIEF - 2023

Executive summary

Access to safe and legal abortion remains out of reach for women and girls in Uganda. This inaccessibility has led to far devastating effects to the said selection of the population including procuring of unsafe abortions largely caused by the inadequate access to contraceptives, teenage pregnancies and school drop outs, community stigma and discrimination among others as documented by the Center for Health Human Rights and Development (CEHURD)¹. Despite the fact that Uganda has ratified several international and regional instruments on the right to health, Sexual and Reproductive Health and Rights, access to information, their implementation largely remains on paper. However, several developments have happened in the world that Uganda ought to emulate in order to curb some of these effects, including medical abortion self-care. This policy brief explores the legal and policy frameworks that exist on medical abortion self-care in Uganda to advance reproductive health. The paper highlights the role self-care plays to save numerous lives lost due to lack of appropriate information and skills to mitigate the risks associated with self-managed abortions and related post abortion health care when access to health facilities may not be possible.

¹ CEHURD's publication titled; "Facing Uganda's Law on Abortion: Experiences of women and service providers" – Available at <https://www.cehurd.org/publications/download-info/facing-ugandas-law-on-abortion-experiences-of-women-and-service-providers/>

Background

In 2021, the World Health Organization (WHO) reported that around 73 million induced abortions take place worldwide each year². 6 out of 10 (61%) of all unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion³. Abortion remains a complex and sensitive topic that requires a comprehensive understanding of the underlying factors contributing to its prevalence. Women choose to have abortions for a variety of reasons, including but not limited to socio-economic constraints, personal circumstances, health concerns, and unplanned pregnancies. In Uganda, most abortions are the result of unintended pregnancy which stand at 52%. Additionally, a quarter of these unintended pregnancies end in abortion each year⁴ translating to 10% contribution to Maternal Mortality as a result of unsafe abortion⁵. In 2013 an estimated 57,000 abortions took place among Ugandan adolescents

while 314,300 abortions occurred among all age-groups, and more than 93,000 women were hospitalized for complications from unsafe abortion⁶.

This policy brief highlights the urgent need to address these challenges and emphasizes the importance of ensuring universal access to legal and safe abortion services for girls and women of reproductive age worldwide.

It advances conversations on the need for comprehensive policies and interventions to ensure their reproductive health and rights thrive in a supportive legal environment. Abortion is a fundamental reproductive right that enables women to make autonomous decisions about their bodies and reproductive health. Despite its commonality, many girls and women encounter obstacles that impede their access to safe abortion services. These mainly include, insufficient availability of safe abortion services, particularly in low-income countries, restrictive abortion laws and policies

² <https://www.who.int/news-room/fact-sheets/detail/abortion>

³ Bearak J, Popinchalk A, Ganatra B, Moller A-B, Tunçalp Ö, Beavin C et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *Lancet Glob Health*. 2020 Sep; 8(9):e1152-e1161. doi: 10.1016/S2214-109X(20)30315-6.

⁴ (Guttmacher Institute 2017).

⁵ Ministry of Health (MoH) 2010 Report

⁶ Prada E, Atuyambe LM, Blades NM, Bukonya JN, Orach CG, Bankole A. Incidence of induced abortion in Uganda, 2013: new estimates since 2003. *PLoS ONE* 2016;11: e0165812.

in certain jurisdictions which further hinder women's ability to access safe and legal abortion services, societal stigma and discrimination surrounding abortion contribute to the marginalization of women seeking these services, exacerbating their vulnerability.

Context

The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to the minimum medical standards, or both⁷. Unsafe abortion is a leading cause of maternal mortality worldwide, disproportionately affecting women in developing countries. The majority of abortion-related deaths occur in these regions, with Africa experiencing the highest number of fatalities. Annually, a substantial proportion of maternal deaths, ranging from 4.7% to 13.2%, can be attributed to unsafe abortion⁸. This statistic underscores the urgent need for comprehensive strategies to reduce the incidence of unsafe abortions and prevent associated maternal fatalities. Statistics indicate that approximately 30 out of every 100,000 women who undergo unsafe abortions face fatal complications. This number escalates to 220 deaths per 100,000 unsafe abortions in developing regions and a staggering 520 deaths per 100,000 unsafe abortions in sub-Saharan Africa⁹. These alarming figures highlight the urgent need for comprehensive policies and interventions to address the risks associated with unsafe abortions and safeguard women's health and well-being.

Despite the reduction in the Maternal Mortality Ratio (MMR) in Uganda from 336 death to 189 per 100,000 live births¹⁰, women and girls in Uganda still lack access to safe and legal abortion information and services. The majority of Uganda's persistently high maternal mortality rate is attributable to unsafe abortions. Regrettably, empirical data indicates that 50% of girls and women of reproductive age who undergo unsafe abortions successfully access healthcare facilities, thereby contributing to the available statistics. It is worth noting that a significant number of women who are unable to be accounted for persist within the community. The primary factors contributing to these concerning sta-

tistics can be attributed to the stringent legal framework in Uganda. The country's Penal Code Act criminalizes providers, suppliers, women and girls seeking abortion services. However, it is important to note that the law does permit abortion in cases where it is necessary to preserve the life of the woman. The government's failure to effectively implement Article 22(2) of the Constitution, which serves as a means of regulating safe and legal abortion, has resulted into many unsafe abortions and reluctance of healthcare providers to offer services to these women and girls.

Abortion and self-care fall under the right to health and specifically under Sexual and Reproductive Health and Rights (SRHR). Uganda has ratified several International and Regional Instruments and placed a reservation on a provision within the Protocol to the African Charter on Human and People's Rights on the rights of women in Africa (Maputo Protocol) which is core for access to abortion health care for women in Africa. Consequently, the practical execution of the provisions outlined in these documents predominantly remains theoretical, while Uganda continues to confront a substantial number of fatalities among women and girls resulting from unsafe abortion practices.

The Concept of Medical Abortion Self-care and its role in mitigating harm relating to abortion related complications

The WHO 2019 Consolidated Guideline on Self-Care Interventions for SRHR¹¹ emphasizes self-care for Universal Health Coverage (UHC). The WHO defines self-care as the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability without health worker assistance. It encompasses self-care interventions such as evidence-based quality medications, devices, diagnostics, and/or digital technology being utilized wholly or partially outside of conventional health services and with or without a health provider.

Medical Abortion (MA) self-care is safe and effective, and it has the potential to improve access to abortion treatment¹². It is an evidence-based approach that enables women and girls to realize their SRHR through making their own

⁷ World Health Organization. *The Prevention and Management of Unsafe Abortion: Report of a Technical Working Group*. World Health Organization, Geneva, 1992

⁸ Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J et al. *Global causes of maternal death: a WHO systematic analysis*. *Lancet Glob Health*. 2014 Jun; 2(6):e323-33.

⁹ Ganatra B, Gerds C, Rossier C, Johnson Jr B R, Tunçalp Ö, Assifi A et al. *Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model*. *The Lancet*. 2017 Sep.

¹⁰ Uganda Health Demographic Survey Report 2022.

¹¹ WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights. Geneva: World Health Organization; 2019. PMID: 31334932.

¹² Moseson, H., Herold, S., Filippa, S., Barr-Walker, J., Baum, S. E., & Gerds, C. (2020). *Self-managed abortion: A systematic scoping review*. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 63, 87-110. <https://doi.org/10.1016/j.bpobgyn.2019.08.002>

Introduction

Uganda's laws such as the Constitution of the Republic of Uganda and the Penal Code Act restrict the provision of abortion services. The Constitution, which is the Supreme law of Uganda, provides that no one has the right to terminate life of an unborn child except as may be as authorized by law¹⁵. This means that the Constitution restricts termination of a pregnancy to what is provided for in law. The Constitution, therefore, provides an arena where exceptions can be created. The wording, "as may be authorized by law" clearly gives Parliament, as a legislative body, the leeway to enact laws that deal with abortion and MA self-care.

A comprehensive law on abortion does not exist but there are snippets of provisions in various laws that give some guidance. The available law which is the Penal Code Act, cap 120 of Uganda, that gives the most guidance, is rather archaic. This 1950 law criminalizes the provision of abortion services but also provides a defense for a health worker who provides an abortion in good faith to save the life of a pregnant woman.

The Law at this point does not look at intention to terminate but goes an extra step to protect a child that is about to be born. Despite this, the Penal Code Act under **Section 224** provides for surgical operation. The Section states that: "A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his or her benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time, and to all the circumstances of the case." This means the law permits surgically executed abortions that are intended to save a pregnant woman's life. There is therefore no absolute prohibition on termination of pregnancy in Uganda. It is permitted to preserve the life and health of the pregnant woman.

The legal and regulatory environment in many countries constitutes a major barrier to the provision of information on self-managing medical abortion. For example, despite the fact that most African countries have ratified the Protocol to the African Charter on Human and People's rights on the rights of Women in Africa (Maputo Protocol) which calls on

informed decisions to safely terminate a pregnancy and prevent mortality and morbidity associated with unsafe abortion. This approach enables women and girls to overcome legal and regulatory policy restrictions and inadequate health care systems, while simultaneously challenging harmful social norms and patriarchal structures that either limit access to preventive measures of unintended pregnancy or access to safe abortion. Health workers and health experts have been advancing and encouraging this approach for decades, and even more so as technology increasingly supports more straightforward access to information, enabling individuals to make informed decisions about their health. Information on successfully self-managing MA can be empowering for women because it assists them in safeguarding their lives and health.

Over the last decade, increased availability to Medical Abortion through pharmacies has contributed to a reduction in unsafe abortion and its accompanying morbidity and mortality worldwide¹³. Users of pharmacy-provided MA need quality goods, adequate information about the drugs and access to follow-up help when making a diagnosis of complete abortion or in the event of abortion complications. Incorporating Medical Abortion self-care into health services is an innovative way to promote Primary Health Care (PHC), increase Universal Health Care, and help maintain continuity of health services that would otherwise be disrupted due to health emergencies.

Abortion self-care demonstrates the potential of enabling abortion care, regardless of legal restrictions in any country, the availability of clinicians, or geographical or financial barriers¹⁴. Strengthening Medical Abortion self-care constitutes a paradigm shift by equipping the user with the tools and autonomy to manage their own health. Under this paradigm, health care professionals become facilitators of care, while individuals acquire higher responsibility for their own care. As such, pregnant women need to be appropriately equipped with accurate knowledge and available resources to support them before, during and after the process.

¹³ Sigdel A, Angdembe MR, Khanal P, Adhikari N, Maharjan A, Paudel M. Medical abortion drug dispensing practices among private pharmacy workers in Nepal: A mystery client study. *PLoS One*. 2022 Nov 23;17(11):e0278132. doi: 10.1371/journal.pone.0278132. PMID: 36417473; PMCID: PMC9683563.

¹⁴ Pizzarossa LB, Maziwisa M, Durojaye E. Self-Managed Abortion in Africa: The Decriminalization Imperative in Regional Human Rights Standards. *Health Hum Rights*. 2023 Jun;25(1):171-183. PMID: 37397422; PMCID: PMC10309143.

¹⁵ Article 22(2) *The Constitution of the Republic of Uganda, 1995*

governments to authorize abortion in the event of sexual assault, rape, incest, or if a woman's health is in danger [Article 14 (2) (c)], national abortion laws do not include these legal indications in many settings. As of July 2023, 44 African countries had ratified the protocol. Legal restrictions on abortion, and the perception of abortion's illegality, create barriers for the availability of quality information as pharmacists and Medical Abortion users can be nervous to speak about abortion or to carry information about Medical Abortion self-use. This impedes progress with regard to the recognition of Medical Abortion self-care.

The legal rationale and defense for MA self-care is encompassed in the fact that there are several human rights implications in self-care interventions for SRH and these include; the right to the highest attainable standard of physical and mental health; active and fully informed participation of individuals in how self-care interventions are rolled out; non-discrimination; the right to seek, receive, and impart information; informed decision making; privacy and confidentiality are important for access, use, and results of self-care interventions and accountability.

The international, regional and domestic legal and policy frameworks discussed below are applicable in relation to Medical Abortion self-care in Uganda;

International Legal Frameworks

Uganda is a party to various regional and international instruments that advance the realization of the right to health, SRHR and rights and hence self-care as an element of SRHR. These are expounded upon below;

The International Covenant on Economic, Social and Cultural Rights, 1967 which provides for the right to the highest attainable standard of physical and mental health¹⁶. Health is a fundamental human right indispensable for the exercise of other human rights. It also provides for the right of everyone to enjoy the benefits of scientific progress and its applications¹⁷. Self-care is one of the benefits of scientific progress and also, progress with regard to the development of effective medication for MA self-care ought to be included within such a right.

General Comment No. 14 of the Committee on Economic Social and Cultural Rights: Right to the Highest Attainable Standard of Physical and Mental Health

The Committee on Economic Social and Cultural Rights under Paragraph 11 defines the right to health as an inclusive

right extending not only to timely and appropriate health care but also to the underlying determinants of health including access to health-related education and information for example on SRHR. Access to information on Medical Abortion and Medical Abortion self-care is a necessary component of SRH education and information.

General Comment No. 22 of 2016 on the Right to Sexual and Reproductive Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)

explains the obligation to fulfill which includes adoption of appropriate legislation measures to ensure realization of SRHR, describes the obligation to protect and ensure that adolescents have full access to appropriate information on SRHR. This policy brief argues in tandem with this provision that information on MA and MA self-care is a part of this obligation, and the eradication of all barriers to full realization of this right.

General Comment No. 5 of 2017 on the right to live independently and be included in the community

recognizes that sexual and reproductive rights include the right to enjoy safe sexuality and keep well and healthy as well as the right to decide whether to have children or not as well as the necessary support to have healthy children. The ability to choose whether to have a self-care MA is a key component of the right to decide whether to have children or not.

The Convention on Elimination of All Forms of Discrimination Against Women, 1979.

This provides that State Parties are to take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure, on a basis of equality of men and women, access to health care services¹⁸, and to ensure access to adequate health care facilities, including information, counselling and services in Family Planning¹⁹. This policy brief contends that access to information on Medical Abortion is part of the necessary information for women to exercise their right in relation to deciding freely and responsibly on the number and spacing of their children.

United Nations Sustainable Development Goals (SDGs);

Sustainable Development Goal 3 is on good health and wellbeing. The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; Universal Health Care; and access for all to safe, effective, quality and affordable medicines and vaccines, which ought to include medication for Medical Abortion self-care.

¹⁶ Article 12 of the International Covenant on Economic, Social and Cultural Rights, 1967

¹⁷ Article 15 of the International Covenant on Economic, Social and Cultural Rights, 1967

¹⁸ Article 12 of the Convention on Elimination of All Forms of Discrimination Against Women

¹⁹ Article 14 of the Convention on Elimination of All Forms of Discrimination Against Women

African Charter on Human and Peoples Rights provides for the right to enjoy the best attainable state of physical and mental health²⁰. It requires State Parties to take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick. MA self-care ought to be one of the services states like Uganda should put into consideration as part of the continuum of care under this provision.

Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in African (Maputo Protocol) - 2003)

States parties are to ensure that the right to health of women including Sexual Reproductive Health is respected and promoted²¹. They are also obligated to take all necessary steps to protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continuation of pregnancy endangers the mother's mental or physical health or the life of the mother or the foetus²². However, Uganda, upon signing the Protocol, placed a reservation on Article 14(2)(c) of the Protocol, meaning that the State reserves the right to not abide by the obligation imposed upon States. With the developments and escalating rates of abortion in the country, as well as the doctor patient ration in Uganda, its important for the country to re-visit this reservation and ensure Medical Abortion self-care is available to women in need.

General Comment No. 2 on Article 14 (1) (a), (b), (c) and (f) and Article 14 (2) (a) and (c) of the African Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa imposes four general obligations on States parties, namely the obligation to respect, protect, promote and fulfil women's SRHR. It provides that states shall ensure the right to health care without discrimination which requires States parties to remove impediments to the health services reserved for women including abortion healthcare²³. Uganda's reservation on Article 14(2)(c) effectively constrains access to safe and legal abortion for women. This therefore creates a barrier to legal and policy support for medical abortion self-care at the domestic level insofar as cases in which abortion is legal are narrowly defined at domestic level.

²⁰ Article 16 of the African Charter on Human and Peoples Rights

²¹ Article 14 of the Maputo Protocol

²² Article 14(2)(c) of the Maputo Protocol

²³ Paragraph 25 of General Comment No. 2 on Article 14 (1) (a), (b), (c) and (f) and Article 14 (2) (a) and (c) of the African Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa

²⁴ Section 28 of the Pharmacy and Drug Act, Cap 280

²⁵ Section 5 of the Pharmacy and Drug Act, Cap 280

²⁶ Section 8 of the National Drug and Policy Act, Cap 206

²⁷ Section 13 of the National Drug and Policy Act, Cap 206

Domestic Laws

Some Acts of Parliament also highlight aspects of medical abortion self-care and these include;

Pharmacy and Drug Act, Cap 280 which imposes a duty on pharmacists to supply drugs²⁴ and establishes the Pharmaceutical Society of Uganda²⁵ which provides guidance to suppliers. This law imposes an obligation on a pharmacist to supply drugs when presented with a valid prescription to a client or to a medical profession when they request for it. This means that a pharmacist has an obligation to fulfill a prescription for Misoprostol or Mifepristone (or both) if presented with a valid prescription.

National Drug Policy and Authority Act establishes the essential drugs list²⁶ to which Misoprostol is listed for PAC, ulcers and hemorrhage and Mifepristone is listed for medical abortion. These are the major abortifacients we have in the country and a supplier can supply these without fear of prosecution as long as they do so to a medical professional or a person who has a valid prescription. There is a classification of drugs that need a prescription as restricted²⁷. This law imposes an obligation on suppliers to have the necessary skill to dispense drugs according to the regulations set by the National Drugs Authority which require the dispensation of abortifacients to be against a valid prescription. Supply of restricted drugs can be done by a licensed person and registered or enrolled under the Nurses and Midwives Act or any other authorized person in accordance with regulations made by the Minister on that behalf.

The Uganda National Bureau of Standards Act, Cap 327 establishes the Uganda National Bureau of Standards whose mandate is to ensure that products/ commodities available on the Ugandan Market including health commodities are duly certified and adhere to quality checks and standards. Where goods and commodities do not conform to the quality standards set by the Bureau, the goods are rejected accordingly and penalties for non-compliance are prescribed within the Act. There is need to ensure that quality checks of health commodities including self-care commodities are done in a timely manner so as to ensure their availability on the market.

The Electronic Transactions Act, 2011 recognizes the role of electronic transactions in accessing health commodities and services. It provides for Consumer Protection and this regulates the conduct between the buyer and seller. Increasingly, electronic transactions have been embraced for healthcare services, consultations and purchase of health commodities. This supports the concept of medical abortion self-care and there is need to have a progressive legal environment for women and girls to freely access these services and commodities.

The Data Protection and Privacy Act, 2019 seeks to protect the privacy of an individual and personal data by regulating the collection and processing of personal information; provide for the rights of the persons whose data is collected and the obligations of data collectors, data processors and data controllers and regulate the use or disclosure of personal information. This gives effect to Article 27(2) of the Constitution which provides for the protection of privacy which includes personal data and information.

Policy Framework on Medical Abortion Self-care in Uganda

Even though policies are strictly not legally binding, Uganda's policy framework on medical abortion self-care is more progressive than the legal framework. These include;

The National Policy Guidelines and Service Standards for Sexual, Reproductive Health & Rights, 2006. These Guidelines are currently under review by the Ministry of Health and they recommended that in some instances, women or girls should be assisted to terminate the pregnancy. These include severe maternal illnesses threatening the health of a pregnant woman, severe fetal abnormalities not compatible with extra-uterine life, cancer of the cervix, HIV positive women requesting for termination, and instances of rape, incest and defilement.

The Uganda National Self-care Guidelines for SRHR, 2020 which provide for self-care and elements and parameters to implement self-care which include; health promotion, disease prevention, maintaining health and coping with illness.

The Essential Medicines and Health Supplies List for Uganda (EMHSLU) a list of safe, efficacious, and cost-effective medicines and health supplies that suit the health care needs of the people. Misoprostol and Mifepristone, both major abortifacients are listed for PAC, ulcers, hemorrhage and for medical abortion respectively.

Uganda Vision 2040 aspirations in the Third National Development Plan (NDP III) 2020/21 – 2024/25 seeks to reduce neonatal mortality, maternal mortality and the unmet need for family planning, a critical step forward in Uganda's effort to eliminate preventable child and maternal deaths.

Case Law

A number of cases have been litigated on SRHR in and beyond Uganda, and these demonstrate a journey of the judicial systems embracing conversations around SRHR and self-care progressively. Amidst the challenges and setbacks in the litigation journey, some milestones have been gained as illustrated below;

Jurisprudence from Uganda:

Center for Health, Human Rights and Development (CEHURD) & 3 Others v Attorney General (Constitutional Petition 16 of 2011) [2020] UGCC 12 (19 August 2020); which recognizes that access to basic maternal health commodities and emergency obstetric care is fundamental in ensuring women's constitutional right to health, life, dignity and the rights of women.

Uganda. Kato Frederick Criminal Case No. 56 of 202028 a case which demonstrates that medical practitioners can provide post-abortion care without fear of getting prosecuted and manifests the reluctance the prosecution and the court system in Uganda have in regards to adjudicating matters of abortion and self-care hence constraining advocacy for MA self-care.

Jurisprudence from East Africa:

PAK & Salim Mohammed V. Attorney General & 3 Others Constitution Petition EOO9 of 2020 [2022] KEHC 262 (KLR) where the Kenyan High Court affirmed abortion as a fundamental right under the 2010 constitution and ruled that the arbitrary arrests and prosecution of patients and health care providers for seeking or offering abortion services was illegal. The Kenyan Parliament was ordered to enact an abortion law and policy framework accordingly.

Jurisprudence from South Africa:

Soobramoney V. Minister of Health (Kwazulu-Natal) (CCT 32/97) [1997] ZACC 17; 1998 (1) SA 765 (CC); 1997 (12) BCLR 1696 (27 November 1997) a case premised on the right to access health care services and the right not to be refused emergency medical treatment, where Court had to decide on the constitutional right to health care for

²⁸ Available at - <https://www.cehurd.org/publications/download-info/case-brief-uganda-v-kato-frederick-criminal-case-56-of-2020/>

everybody in light of the problem of scarce resources for the funding of the healthcare system.

Minister of Health & Others V. Treatment Action Campaign TAC) (2002) 5 SA 721 (CC) a decision that establishes a conceptual and remedial framework for judicial review and enforcement of the obligation to ensure access to healthcare and other ECS rights.

Jurisprudence from International/ Global Cases:

Roe V. Wade 410 U.S. 113 (1973) where Court ruled that the right to abortion is not absolute and must be balanced against the government's interests in protecting women's health and prenatal life.

Dobbs V. Jackson Women's Health Organization 597 U.S. where Court held that the Constitution of the United States does not confer a right to abortion and overturned the case of Roe V. Wade eliminating the federal constitutional right to abortion, paving way for states to ban abortion. A regression, as opposed to a progression, is observed within the American legal framework.

ABC V. Ireland (Application No. 25579/05) where Court held that failure to implement Article 8 of the Convention on abortion constituted a violation of the Convention. It also held that under the Convention, women's access to abortion is related to the right to a private life because it concerns personal autonomy, sexual life and physical and psychological integrity.

Women on the Web International Foundation (WOW) V. Administration of the State (Spanish Agency of Medicines and Health Products "AEMPS") CA No. 6147/2021 a case which challenged the action of the Spanish authorities in blocking the website of an international organization called Women on the Web. This case sought to defend the right to information on the internet about SRHR especially on safe abortion. Court considered that the information, recommendations, and opinions on SRHR that Women on the Web provided on its website is protected by the right to information and freedom of expression and therefore, under the Spanish Constitution, the website could not be blocked without judicial authorization.

Recommendations and Opportunities for addressing challenges and increasing access to Medical Abortion Self-Care:

Provision of adequate and easily understandable information on MA and self-use to individuals and communities.

Government subsidizing access to MA self-care products for poorer and marginalized populations, while allowing out-of-pocket expenses for better-off populations.

Government agencies responsible for the safety, efficacy and security of medicines to monitor online information provision on MA, and sanction misleading and inaccurate information that put individuals at risk of complications.

Utilizing hotlines/contact centers staffed by trained professionals to offer support to users of medical abortion from pharmacies and the pharmacy staff themselves.

Opportunity for researchers, practitioners, and policy makers to promote an enabling environment on what constitutes quality abortion care, considering indicators for abortion self-care beyond clinical settings. This is because under an enabling environment, abortion self-care represents a win-win for pregnant people and health systems.

Community sensitization and information provision on Medical Abortion self-care

Expert Opinion and Conclusion:

In circumstances where abortion is against the law, women should have access to quality services for management of complications arising from abortion. Post abortion counselling, education and information, and family planning services should be offered promptly, which will also help to avoid repeat abortion.

There is need to clarify the critical role of Medical Abortion self-care interventions to address fears among health workers and clients from being disconnected from health systems. A clear distinction exists between people using self-care interventions who know they can connect to a strong health system if required and people using self-care interventions because the health system is not available to them or does not meet their needs.

Self-care interventions must thus complement, rather than replace, interaction with the health system. To be safe, effective, and available to people who are hard to reach, a self-care intervention may need more, not less, support from the health system. Different ways have to be devised to provide information through non-traditional channels to populations with diverse needs, including different levels of literacy.

To best adopt Medical Abortion self-care in programs, policies and laws, development of user-friendly decision-support tools for healthcare providers and policy-makers is key, created with the input of end-users who will be engaged in the process of determining how best to translate the guidance to users and beneficiaries (2022 WHO Guidelines).



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