28th SEPT
INTERNATIONAL SAFE ABORTION DAY
#iManageMyAbortion

TOOLKIT

ABORTION IS ESSENTIAL HEALTHCARE
Welcome!

We are thrilled to have you on board in joining activists around the world speaking out and taking action for access to safe and legal abortion! This toolkit is designed to support advocates and organisations participating in the 28 September Campaign, providing information on different means of engagement at local and regional levels, and through social media.

In solidarity,
The 28 September Campaign Working Group

WHAT YOU WILL FIND IN THIS CAMPAIGN TOOLKIT:
- What is 28 September?
- The 2020 Theme
- Getting Involved
- Key Messages

CONTACT INFORMATION

If you have any questions about the 28 September Campaign, please email us at news@safeabortionwomensright.org
The serious effects of COVID-19 have put the need for access to safe abortion into sharp relief and reiterated the necessity to ensure that abortion is treated as essential health care. With the poorest and most marginalised women and girls being worst affected, the pandemic has restricted access to safe abortion and all other sexual and reproductive health services. Disruptions in production and supply chains have also affected access to abortion pills and contraceptives. National lockdowns including quarantine, travel bans and closed borders have made physical access to safe services increasingly challenging or impossible. Health-seeking behaviour has also been affected, causing many to be reluctant to go out or seek help, for fear of becoming infected by COVID-19 (including at abortion clinics), and when pathways to care are uncertain, complex and time-consuming. Abortion care is a case in point, among many others.

Every day around the world, 150,000 unwanted pregnancies end in an induced abortion. There is substantial evidence that self-managed abortion is extremely safe. An increase in cases of domestic violence and abuse have already been recorded in many countries. These will result in increasing demand for contraception and abortion services. Access to abortion is extremely time-sensitive, and delay may push women over legal time limits, especially after 12 weeks. Where abortions are required to take place in hospitals, there has been added strain on hard-pressed services. It also exposes patients and healthcare providers to the risk of Covid-19 infection.

As a result of to these problems, new ways to access care have emerged, such as using telemedicine for consultations and allowing pharmacists to provide medications, but these need approval from governments. The pandemic has also accelerated discussions and calls for self-managed abortion and delivery of medications through the post or local pharmacies.

So this year’s International Safe Abortion Day is about challenging the barriers women face both in health systems and in the minds of policymakers and providers. This theme pushes the envelope. Abortion methods have been greatly simplified over the last century, when many of the current laws were framed, which are now based on out-of-date procedures. It’s time to leave them in history.
WHAT IS TELEMEDICINE?

Telemedicine to arrange and follow-up an abortion in the first trimester can take place with the woman at home and the healthcare provider either at home or in a clinic. Telemedicine is a valid use of widely available technology for abortion care.\(^4\)

WHAT IS SELF-MANAGED ABORTION?

Self-managed abortion refers to the self-use of abortion pills. The self-use of abortion pills at home, not in a medical setting. Even the notion arouses concern for many people, even though there is ample evidence that it is safe and effective. Self-management approaches can be empowering for certain individuals.\(^5\)


OUR DEMANDS

We call on all governments to set aside laws and policies restricting access to safe abortion and allow the use of telemedicine and self-managed abortion in line with WHO guidance.

Universal access to safe abortion should be guaranteed by every State, during and after the Covid-19 pandemic. This requires full decriminalisation of abortion.

Telemedicine and self-managed abortion with pills should be adopted everywhere where the conditions in which the abortion will take place are feasible and safe, and where there is access to support (such as counselling and healthcare referral network) during the process and in case of complications.

KEY MESSAGES

1. Abortion is essential healthcare, as WHO has confirmed in its guidance for the Covid-19 pandemic.
2. Provision of health services, access to health services, and access to pills and medications have been seriously affected during the Covid-19 pandemic, including abortion care, creating an urgent need to revise how services are delivered and obtained.
3. Telemedicine is already being widely used in healthcare provision to allow appropriate services to be delivered without the risks of in-person consultation and delivery.
4. Safe abortion hotlines can play an important role in reducing unsafe abortion and providing information to women, especially in settings where abortion is legally restricted. Community-based telemedicine services and hotlines should be strengthened to make reliable information accessible to women.
5. Pharmacists and pharmacy workers can be trained to do consultations and provide abortion pills for first trimester abortions safely and effectively.
6. Medical abortion pills (mifepristone and misoprostol) are on the WHO Essential Medicines List. They should be included on all national Essential Medicines Lists and approved for use as abortifacients.
7. Governments should provide accurate information on medical abortion to help women make informed decisions and minimize risks to women’s health.
8. Telemedicine and self-managed abortion have been shown to be both safe and effective for the first trimester abortions. Both ongoing support and back-up in case of complications (which have been rare) should be available if needed.
9. Allowing telemedicine and self-managed abortion with pills in safe conditions upholds and protects reproductive rights.
10. Policy change is long overdue, in order to prevent an increase in unwanted pregnancies, births, and unsafe abortions.
11. Universal health coverage should be expanded to cover safe abortion care and post-abortion care in all settings. Governments have committed to the SDGs, which should include safe abortion policies and programmes.

SUSTAINABLE DEVELOPMENT GOALS

The SDGs directly related to sexual and reproductive health including safe abortion care are:

SDG 3: Ensure healthy lives and promote wellbeing for all at all ages

3.1 Reduce global maternal mortality ratio to less than 70 per 100,000 live births
3.7 Ensure universal access to sexual and reproductive health care services
3.8 Achieve universal health coverage (access to quality essential health care services, access to safe, quality and affordable essential medicines)

SDG 5: Achieve gender equality and empower all women and girls

5.6 Ensure universal access to sexual and reproductive health and reproductive rights


GET INVOLVED!

- Join a local group or start your own activity
- Contact regional networks to find out what is happening where you are (see details on page 7)
- Write a statement to key decision-makers (government, local hospital, faith leaders)
- Share one of the regional statements
- Join our online activities and use the dedicated hashtags
- We would love to hear from you to promote your activity on all our channels. Report your activity here

SOCIAL MEDIA HASHTAGS

PRIMARY: #iManageMyAbortion
SECONDARY: #28Sept | #Sept28 | #AbortionisHealthcare

28 SEPTEMBER CAMPAIGN LOGO & POSTERS
FOLLOW THE 28 SEPTEMBER WORKING GROUP

Asian-Pacific Resource & Research Centre for Women (ARROW)
Twitter: @ARROW_Women
Facebook: /ARROW.Women
Instagram: @ARROW.Women
Website: https://arrow.org.my

Asia Safe Abortion Partnership (ASAP)
Twitter: @asapasia
Facebook: /AsiaSafeAbortionPartnership
Instagram: @safeabortion_asap
Website: http://asap-asia.org/

ASTRA - Central and Eastern European Network for Sexual and Reproductive Health and Rights
Twitter: @ASTRANetwork
Facebook: /astraorganization
Website: http://astra.org.pl/

CLACAI (Latin American Consortium against Unsafe Abortion)
Twitter: @InfoClacai
Facebook: /clacai
Website: clacai.org

The Eastern Europe and Central Asia Abortion Network
Instagram: @cidsr.md/
Website: https://www.avort.md/en/

International Campaign for Women’s Right to Safe Abortion
Twitter: @Safe_Abortion
Facebook: /safeabortionwomensright
Instagram: @safeabortion
Website: www.safeabortion-womensright.org/

Ipas Africa Alliance
Twitter: @IpasOrg
Facebook: /ipas.org
Instagram: @ipas.org
Website: https://www.ipas.org/where-we-work/africa-alliance

Right and Access for Women to Safe Abortion in the Middle East & North Africa Region Network (RAWSA MENA Network)
Twitter: @Rawsanetwork
Facebook: /rawsanetwork

Women’s Global Network for Reproductive Rights (WGNRR)
Twitter: @WGNRR & @wgnrr_africa
Facebook: /WGNRR
Instagram: @WGNRR & @wgnrr_africa
Website: www.wgnrr.org
Thank you for supporting 28 September, International Safe Abortion Day. With your support, we will work towards making access to safe abortion universal and free from restrictions!

ABORTION IS ESSENTIAL HEALTHCARE