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AN UNSTOPPABLE MOVEMENT

A GLOBAL CALL TO RECOGNIZE AND PROTECT THOSE WHO DEFEND
THE RIGHT TO ABORTION

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GLOSSARY

WORD	DESCRIPTION
ABORTION LAWS AND POLICIES	Abortion laws and policies are specific laws and policies put in place to regulate access to and/or provision of abortion services. In most countries, abortion laws and policies involve restrictions on abortion. However, it is possible to make abortion available without specific regulation and managed as any other health service.
ABORTION-RELATED STIGMA	Abortion-related stigma results from applying negative stereotypes to people involved in seeking, obtaining, providing or supporting abortion. Abortion is often stigmatized because it can challenge social, cultural or religious norms and values. Beliefs and social norms underpinned by gender stereotypes that reduce women to reproductive and social roles of mothers and deny a woman's right to express her sexuality, alongside attribution of human rights to the foetus, are directly linked to abortion-related stigma. Abortion-related stigma can underlie and perpetuate myths around abortion and lead to shame, bullying, harassment, and physical and mental harm to those who have an abortion, their families and friends who support them, and those who provide abortion services. States have an obligation to combat misinformation around abortion and to address abortion-related stigma, which are key barriers preventing women, girls and all pregnant people from having timely access to safe and high-quality health care.
ABORTION SERVICES	Abortion services may include provision of medical or surgical abortions, post-abortion care, post-abortion contraception, as well as evidence-based abortion-related information and non-directive counselling about pregnancy options. Medical abortion involves the use pharmacological agents to terminate a pregnancy (for example, by taking mifepristone and/or misoprostol). These are sometimes colloquially called "abortion pills". Medical abortion can be self-managed. Self-management can involve the entire process of medical abortion or one or more of its component steps, such as self-assessment of eligibility for medical abortion, self-administration of medicines without the direct supervision of a health worker, and self-assessment of the success of the abortion process.
BARRIERS TO ABORTION	Barriers to abortion include financial, geographic, social, cultural and detention- and disability-related barriers, and legal and administrative requirements such as mandatory waiting periods and counselling, third-party authorizations and refusals by health-care providers to provide abortion care, that hinder access to abortion for women, girls and all pregnant persons. States have a legal obligation to remove all barriers which prevent women, girls and all people who can become pregnant from accessing lawful abortion services.
ANTI-ABORTION ACTORS	For the purposes of this report, anti-abortion actors are all those state and non-state actors who work to hinder access to safe abortions. They may be individuals or organizations, religious or political leaders or other influential

WORD	DESCRIPTION
	actors, working at national or international level. They may use disinformation to promote hostility and stigma against abortion and WHRDs and are often drivers of regressive legislation and policies.
COMPREHENSIVE SEXUALITY EDUCATION (CSE)	Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, wellbeing and dignity; develop respectful social and sexual relationships; consider how their choices affect their own wellbeing and that of others; and understand and ensure the protection of their rights throughout their lives. CSE is based on scientifically accurate, rights-based and age-appropriate information about sexuality and reproductive health.
DECRIMINALIZATION OF ABORTION	Decriminalization of abortion not only requires stopping punishment of women, girls and all pregnant people, health-care providers and others for obtaining, assisting with or providing abortion services, but removal of abortion from criminal laws. Decriminalization of abortion further requires removal of any laws or policies that directly or indirectly punish people for seeking, obtaining, providing or assisting with securing and/or obtaining an abortion. Decriminalizing abortion is not the same as legalizing abortion, which involves introduction of abortion laws and policies regulating abortion.
PREGNANT PEOPLE/ PEOPLE WHO CAN BECOME PREGNANT	This report refers to women and girls, people who can get pregnant and pregnant people or individuals. This framing recognizes that while the majority of personal experiences with abortion relate to cisgender women and girls (that is, women and girls whose sense of personal identity and gender corresponds with the sex they are assigned at birth), intersex people, transgender men and boys, and people with other gender identities may have the reproductive capacity to become pregnant and may need and have abortions.
REPRODUCTIVE JUSTICE	Reproductive justice is a social justice movement rooted in the belief that individuals and communities should have the resources and power to make sustainable and free decisions about their bodies, genders, sexualities, reproduction and lives. Reproductive justice means broadening of reproductive health and rights frameworks, expanding the focus from protecting individual rights and choices, to address broader, underlying socioeconomic factors that affect and constrain individuals' reproductive rights, actions and decisions and impact their lives.
SAFE AND UNSAFE ABORTION	Abortion is safe when it is performed by a trained provider under sanitary conditions in the case of surgical abortion, or when a person has access to high-quality medication, information and support to undergo a self-managed medical abortion. Many abortions are illegal but can be safe. Unsafe abortions are performed by un- or under-trained providers and/or under unsanitary conditions, or in situations where people are unable to safely undergo a medical abortion due to lack of access to high-quality medication, information or support.
SEXUAL AND REPRODUCTIVE RIGHTS	Sexual and reproductive rights (SRR) are human rights. They allow us to make choices about our lives and personal relationships; to choose if, when and with whom we have sex; to protect ourselves from sexual ill-health and HIV; and to enjoy our sexuality free from the threat of prosecution, discrimination, coercion or violence. They allow us to decide whether and when to become pregnant and who, when or if we marry. They ensure adequate protection from sexual violence and preventable pregnancy-related illness and death.

EXECUTIVE SUMMARY

Around the world, those defending abortion rights are under attack, including activists, advocates, educators, clinic escorts, accompaniers, doulas, and healthcare workers. They are exposed to stigmatization, physical and verbal attacks, intimidation and threats, and are criminalized through unjust prosecutions, investigations and arrests. Despite hostility and lack of recognition, they continue their work, helping countless women, girls and all people who can become pregnant access their right to abortion. They are a truly unstoppable movement.

Individuals and groups working to defend the right to abortion are Women Human Rights Defenders (WHRDs) - defined as women, girls and gender diverse people defending any human right, and people of all genders defending women's rights and rights related to gender equality, including LGBTI rights. They often face attacks not just because of the issues they work on, but also based on who they are as women, girls, LGBTI people, people who are racialised, and others who experience intersecting forms of oppression. In a world in which gender stereotypes and patriarchal norms continue to be prevalent, WHRDs are exposed to additional risks because they challenge harmful social, cultural and gender norms that dictate restrictive gender roles, heteronormative sexual orientation or gender identity, and undermine sexual and reproductive rights (SRR).¹

This report provides an overview of how WHRDs who defend the right to abortion are attacked worldwide. These attacks are not just a violation of the state obligation to protect and provide them with a safe and enabling environment, but also a powerful barrier to safe abortion for those who need or want it. As such, this report is part of Amnesty International's global campaign to promote the right to abortion for all.

Chapter one of this report outlines the obstacles to safe abortion that persist today, despite some significant advances in the past few decades. This progress has been achieved mainly thanks to the work of feminist movements, effecting change through evolving human rights standards around abortion, adoption of progressive laws, and court rulings increasingly recognizing abortion rights. Progress has also been made based on the development and roll-out of medication abortion worldwide, making abortion more accessible and acceptable for millions of women, girls and all people who can become pregnant, and giving them agency and control over their own bodies. Nonetheless there is still much work to be done. Today, abortion remains criminalized and heavily regulated in most countries, and total abortion bans persist in a handful. Even where there has been progressive law reform, access to safe and legal abortion can be difficult due to considerable barriers, particularly for those most marginalized. Moreover, there are targeted efforts by abortion opponents to reverse progress previously achieved. These efforts are gaining ground amidst a tide of anti-abortion and anti-gender public discourse, diminishing rule of law, disinformation campaigns, and attacks on civic space.

Chapter two of this report illustrates how in this context, countless WHRDs carry out their activities in antagonistic settings, and are subjected to severe hostility for the rights they defend. This chapter details the human rights violations and abuses they experience with real life examples and testimonies of close to 50 WHRDs from more than 30 countries around the world, all of them working on the frontline or advocating to make access to safe abortion a reality for all without discrimination. Information collected through interviews and research confirm that WHRDs experience stigmatization, physical and verbal attacks, intimidation, and threats, including in and around clinics, and are criminalized through unjust prosecutions, investigations,

¹ See OHCHR, WHRDs infosheet, ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_WHRD_WEB.pdf, the webpage of the WHRD International Coalition defendingwomen-defendingrights.org; and Amnesty International, *Challenging power, fighting discrimination* (Index: ACT ACT 30/1139/2019), 29 November 2019, amnesty.org/en/documents/act30/1139/2019/en

arrests and detention. Their human rights activities are also restricted and put into question, amid hostile political discourse driven by toxic narratives and disinformation. This violates their rights to live in safety and to physical integrity, their well-being as a whole, and has a direct bearing on their rights to freedom of expression, assembly and association.

As Carolina Castillo, an activist from northern Mexico put it: *“We work in a very conservative state. Our work is stigmatized because of false and wrong information spread by the authorities. I have received threats and I have been put under surveillance. So we have learnt to work under the radar for our protection. We are not doing anything bad, we are simply trying to provide support and enable human rights and social justice. It is absurd that we face reprisals for something the state should be doing.”*²

Amongst the WHRDs interviewed, healthcare workers explained how they are often isolated, unsupported, and not recognised as human rights defenders. As they determinedly provide essential health services despite hostility, they should be protected and enabled. Yet, all too often they face criminalization, harassment, stigmatization, verbal threats, and actual violence, as well as ostracization and burnout.

For example, Grace Howard, a defender from the USA observed: *“The fact that the physician is wearing a bullet proof vest and holding a gun while he's doing your abortion, [...] he's doing that because of the protesters outside that know his home address. Just that is so crazy and [...] should never happen. That's so intense and scary.”*³

Dr Guillermo Ortiz, an obstetrician who conducted life-saving work and advocacy for Beatriz, a Salvadorian woman with a high-risk pregnancy in 2013, said: *“I faced a difficult situation with attacks, stigmatization, including to my own family, just for offering treatment to a young woman who absolutely needed it. [...] They removed me from the direction [of the obstetrics department of the hospital]. When I applied for other positions, they didn't consider me [...] It was a very hard moment, a very difficult situation”*.⁴

And a gynecologist from Nigeria explained: *“I face harassment and stigmatization for the work I do. The stigma is among fellow professional colleagues who make remarks that are demeaning to me. On the basis of religion, they preach to me about the sins committed for supporting abortion care, the killing of “the unborn children” and the hellfire that awaits all murderers. [...] It makes me ask myself if I am doing the right thing, it makes me doubt what I am doing and it makes me uncomfortable, not confident and afraid to want to talk publicly sometimes!”*⁵

At the root of these attacks lie systemic oppressions, such as patriarchy and racism. Stigma is at the centre of these assaults because WHRDs challenge these oppressive systems by defending the right to access essential health care, including abortion. These systemic oppressions must be challenged to find long-term solutions.

Chapter three of the report outlines States's obligations to ensure abortion rights for all which is also key to protecting and enabling abortion rights defenders. This year marks the 25th anniversary since States at the UN General Assembly adopted by consensus the UN Declaration on Human Rights Defenders and it has been 10 years since States adopted a resolution on the particular risks and protection needs of WHRDs. Human rights law and standards are clear both on the right to abortion, and on the right of all human rights defenders, including healthcare staff, to be recognised and protected.

The report ends with a series of recommendations for States and other actors to fulfil these obligations and ensure a safe and enabling environment, so that all WHRDs, particularly those who defend the right to abortion, can engage in their activism and work without fear of being criminalized and free from threats, coercion, intimidation, or violence, and receive the necessary support and funding for their activities.

In particular, Amnesty International urges States to:

- Guarantee SRR for all women, girls and all those who can become pregnant, including by ensuring timely, safe, and effective access to abortion.
- Publicly and unequivocally recognize that the work of WHRDs to defend the right to abortion is legitimate and integral to the promotion and realization of sexual and reproductive health and rights.

² Interview with Amnesty International, November 2023.

³ Interview with Amnesty International, October 2023.

⁴ Testimony of Dr Guillermo Ortiz before the Inter-American Court of Human Rights in the case of Beatriz et al. vs El Salvador, (video), 22-23 March 2023, [youtube.com/watch?v=1A4aqi8-LYY](https://www.youtube.com/watch?v=1A4aqi8-LYY)

⁵ Interview with Amnesty International, October 2023

- Ensure WHRDs working on the right to abortion, such as activists, advocates, educators, clinic escorts, accompaniers, doulas, and healthcare workers are not criminalized, intimidated, or attacked. Those who attack them must be held to account.
- Ensure that health-care providers are protected and fully supported in their workplaces, by developing specific protection protocols.
- Ensure that all WHRDs working for the right to abortion can access necessary support and resources, including funding for their activities.

METHODOLOGY AND ACKNOWLEDGEMENTS

This report is based on questionnaires and in person interviews with 48 WHRDs working on SRR in 32 countries, most of which were carried out between August and November 2023. Due to the stigmatization and risks they face, many of the people interviewed have asked that their testimonies remain anonymous. Not all the people interviewed have been explicitly quoted, however all their testimonies have contributed to formulating this report. Amnesty International extends its appreciation to all those interviewed and to all those who facilitated contacts, for the generosity, trust, time, and effort they put into sharing their experiences and knowledge with us.

This report is also based on existing research and policy documents formulated by Amnesty International, publicly available information, and literature published by experts and organizations working on SRR, as well as on sources of international law and standards on the subject.

Some of the interviews used for this report were originally conducted in 2022 by a team led by Dr Victoria Boydell, who has been researching the issue of hostility against defenders of sexual and reproductive health, rights, and justice and, with the consent of the respondents, she has generously shared their contacts and material with us. Her research was conducted with the support of a consortium of organizations comprising the International Federation of Gynecologists and Obstetricians (FIGO), the International Confederation of Midwives (ICM), the International Planned Parenthood Federation (IPPF), MSI Reproductive Choices, Ipas, and the Organization for Dialogue and Safe Abortion (Organisation pour le Dialogue pour l'Avortement Sécurisé, ODAS). These organizations launched a call to protect frontline defenders of sexual and reproductive rights in 2022.⁶ The Royal College of Obstetricians and Gynaecologists has also provided information and connection to their global network. We thank them all for facilitating contact with many of the people interviewed for this report and for sharing their knowledge and experience in the field of abortion rights.

We also would like to thank the many WHRDs working in frontline and grassroots organizations who took the time to talk to us including: Supporting Abortions for Everyone (SAFE), Agrupación Ciudadana para la Despenalización del Aborto, Obiezione Respinta, Abortion Dream Team, Abortion Without Borders, SisterSong, Voice for Choices and Rights Coalition, Women Help Women, Movement for Abortion Rights and Access in the Mediterranean, Associació Stop Violències, Católicas para el Derecho a Decidir, Profamilia, “Nem Presa Nem Morta” campaign, Abortion Care for Tennessee, the Family Planning Association of Nepal, Groupe Tawhida Ben Cheikh, Aborto Seguro Sonora.

There are many more we are not able to name here due to security concerns.

Finally, we would like to thank the Women’s Global Network for Reproductive Rights (WGNRR) and the Latin American Consortium Against Unsafe Abortion (Consortio Latinoamericano Contra el Aborto Inseguro, CLACAI) for their help in reaching out to their members.

Special thanks to the Center for Reproductive Rights for granting permission to use the World’s Abortion Laws map.

⁶ For more information, see “Defending frontline defenders of SRHR” website, <https://defendsrhr.org>

1. ABORTION AT THE CROSSROADS

“[Whether abortion is criminalized or not], women who have money are able to get abortion services, women without money, die. There is also a very strong racial angle. Black women and Indigenous women don't have the same access to abortion services as white women. Also, the increase in conservatism means that young girls who would otherwise have the right to simply arrive at the hospital and have safe and legal abortions, are rejected: they have to go through lengthy judicial processes and may end up being told they are not allowed to have an abortion. So it's important to protect these girls and women. It is an economic and social injustice.”

Abortion advocate, Brazil⁷

“Abortion is not just an essential healthcare issue, access to abortion care directly links to delivering reproductive and social justice. The evidence starkly reveals that those that are denied abortion care are at the greatest risk of maternal death and disability, and it is not coincidental that they also represent the women, girls and pregnant people who have been historically marginalized, racialized, live in abject poverty, are from rural areas and are adolescents. FIGO is part of an unstoppable movement of abortion advocates who will not give up on our duty to deliver healthcare and social justice”

Dr Anne-Beatrice Kihara, President, International Federation of Gynecology and Obstetrics (FIGO)⁸

Access to safe abortion⁹ is essential to ensuring the bodily and reproductive autonomy of women, girls, and all people who can get pregnant, as well as control over their lives and wellbeing — each of which are enabling factors for the full realization of their human rights. Equal access to abortion is also a critical component to achieving gender, social, racial, and economic justice. Nevertheless, this essential healthcare service continues to be embroiled in social, legal, and political debates, with health and lives caught in the fray.

While most countries have taken significant steps to liberalize their abortion laws and policies and expand access to services, a few are doubling down and taking retrogressive measures to further criminalize and restrict access to much needed abortion information and services. Public health evidence confirms that where abortion is restricted or unavailable, “safe abortion has become a privilege of the rich, while poor women have little choice but to resort to unsafe providers”.¹⁰ As such, denying access and stigmatizing abortion through criminalization are contributing to a range of social, gender, racial and economic inequalities, and a violation of international human rights law.

Many of the barriers described here affect primarily rightsholders, but also abortion rights defenders, though impacts may take different forms. For example, if abortion is criminalized, this will mean it is not available as

⁷ Interview with Amnesty International, October 2023.

⁸ Interview with Amnesty International, November 2023.

⁹ See definition of safe abortion in the glossary of this briefing. For more information on safe, medical and self-managed abortions, see WHO, *Abortion Care Guideline*, 2022, www.who.int/publications/i/item/9789240039483

¹⁰ World Health Organization, *Abortion care guideline*, 2022.

a public service to those who need it, and it will create ethical, medical, and legal dilemmas for providers and activists. Similarly, stigmatization will deeply affect both rightsholders and defenders. Ultimately, attacks on WHRDs are aimed at denying access to safe abortion to those who need it most, and thus amount to another barrier to realizing this right.

This chapter explains how the right to abortion is endangered, illustrating the context in which defenders of the right to abortion operate. The next chapter will go into more detail on the direct attacks faced by those who defend this right.

1.1 ABORTION LAW REFORM WORLDWIDE

There has been a global trend towards progressive law and policy developments advancing abortion rights around the world.¹¹ In the past 30 years, over 60 countries have liberalized their abortion laws¹² with some taking incremental steps to expand access to abortion and others overturning absolute bans on abortion to recognize reproductive autonomy for women, girls and all people who can become pregnant. During the same timeframe, countries that have introduced new restrictions (e.g. removed legal grounds for allowing abortions) are just four and are outliers.¹³ Advances in medical technology, in particular, increased access to medical abortion which has also revolutionized abortion care.¹⁴ As confirmed by the WHO, abortion medication can be “safely and effectively administered at a health-care facility or self-administered outside of a facility (e.g. at home) by individuals with a source of accurate information and quality-assured medicines.”¹⁵ Medical abortion in the comfort of one’s home not only enables greater privacy, but also improves the convenience and acceptability of abortion.



Map Courtesy of the Center for Reproductive Rights - current as of 8 November 2023 – see reproductiverights.org/maps/worlds-abortion-laws/

¹¹ Center for Reproductive Rights, *The World's Abortion Laws*, reproductiverights.org/maps/worlds-abortion-laws

¹² Center for Reproductive Rights, *Abortion rights are advancing across the globe*, 31 August 2023, reproductiverights.org/abortion-rights-advancing-across-globe/

¹³ Center for Reproductive Rights, *Abortion rights are advancing across the globe* (previously cited)

¹⁴ Guttmacher Institute, “Medication Abortion Now Accounts for More Than Half of All US Abortions,” 1 December 2022 (update), [guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions](https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions)

¹⁵ World Health Organization, *Abortion care guideline*, 2022.

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Amnesty International

Many countries have introduced reforms. For example, in 2018, a referendum in **Ireland** repealed a constitutional provision that prohibited abortion in almost all circumstances.¹⁶ In 2019, the High Court in **Kenya** ruled that rape survivors have the right to legal abortion.¹⁷ **Argentina's** Congress legalized voluntary abortions up to 14 weeks with a new law approved at the end of 2020. The law maintains access to legal termination of pregnancy beyond that limit in cases of pregnancies resulting from rape, or when the life or health of the woman, girl or pregnant person is at risk.¹⁸ The **Indian** Supreme Court ruled in 2022 that all women, regardless of marital status, can obtain abortions up to 24 weeks into their pregnancies.¹⁹ The Constitutional Court of **Colombia** similarly decriminalized abortion up to 24 weeks of pregnancy in 2022.²⁰ In 2023, the **Mexican** Supreme Court ruled that federal authorities cannot criminalize those seeking abortions at federal healthcare institutions and that healthcare personnel cannot be prosecuted for providing abortion services.²¹ In South Korea, abortion was decriminalized for doctors and those seeking abortions through a 2019 order of the Constitutional Court²² which came into effect in 2021.

At the **African** level, the Protocol to the Charter on Human and Peoples' Rights on the Rights of Women in Africa (known as the Maputo Protocol),²³ a legally binding human rights instrument that explicitly guarantees the right to legal abortion in certain circumstances, was adopted in 2003. Over the past two decades it has become an important force behind the liberalization of abortion regionally and has been used by WHRDs in the region as a key advocacy tool. For example, in 2020, the **Democratic Republic of Congo**, expanded access to abortion, as the Ministry of Health approved abortion care standards and guidelines,²⁴ while **Benin's** Parliament voted in 2021 to legalize abortion in most circumstances.²⁵ Of the 55 African Union Member States, today only six States continue to prohibit abortion in all circumstances.²⁶

1.2 BACKLASH AND ANTI-ABORTION INITIATIVES

Despite the positive trend in progressive abortion law reform, anti-abortion initiatives continue to impede access to and stigmatize abortion, threatening the rights of those who seek and/or obtain abortions, those who provide abortion services, and defend access for others. For example, across **Europe** anti-abortion actors have promoted legislative and judicial initiatives to remove legal exceptions allowing abortion access on specific grounds and reduce time-limits for abortion, which increase the scope and impact of criminal penalties.²⁷ Amongst European Union (EU) member states, in the last few years **Poland** has taken steps

¹⁶ The Guardian, "Irish abortion referendum: yes wins with 66.4%" 26 May 2018, theguardian.com/world/live/2018/may/26/irish-abortion-referendum-result-count-begins-live; Amnesty International, "Ireland: One year since vote to end abortion ban", 24 May 2019 [amnesty.org/en/latest/news/2019/05/ireland-one-year-since-vote-to-end-abortion-ban-2/](https://www.amnesty.org/en/latest/news/2019/05/ireland-one-year-since-vote-to-end-abortion-ban-2/) -- the article includes a link to the short film "Repeal the 8th" which gives a timeline of the Eighth Amendment from 1983 to 2018 and tells the story of political and cultural change and the struggle for human rights in Ireland.

¹⁷ Reuters, "Kenya's rape survivors win right to abortion in landmark court ruling", 12 June 2019, [reuters.com/article/us-kenya-abortion-ruling-idUSKCN1TD2HG](https://www.reuters.com/article/us-kenya-abortion-ruling-idUSKCN1TD2HG)

¹⁸ BBC News, "Argentina abortion: Senate approves legalization in historic decision", 30 December 2020, [bbc.co.uk/news/world-latin-america-55475036](https://www.bbc.co.uk/news/world-latin-america-55475036); Boletín de la República Argentina, Acceso a la interrupción voluntaria del embarazo, Ley 27610 boletinoficial.gob.ar/#!DetalleNorma/239807/20210115

¹⁹ AP News, "India's top court gives equal abortion access to all women", 29 September 2022, apnews.com/article/abortion-us-supreme-court-health-india-reproductive-rights-98a4c54d8badc725ec68ccc86642cc38. Note, however, there has also been critique of the ableist and potentially discriminatory impacts of India's updated abortion law for persons with disabilities.

²⁰ Center for Reproductive Rights, "Colombia's Constitutional Court Rules to Decriminalize Abortion", 22 February 2022, reproductiverights.org/colombia-court-decriminalize-abortion

²¹ Center for Reproductive Rights, "Historic Decision: Mexico's Supreme Court Decriminalizes Abortion", 7 September 2023, reproductiverights.org/mexico-supreme-court-decriminalizes-abortion-federal

However, the Supreme Court of Mexico has not yet published its full decision, and it may not directly impact state level legislation.

²² Amnesty International, "South Korea: Top court orders reform of abortion laws in historic victory for women's rights", 11 April 2019, [amnesty.org/en/latest/press-release/2019/04/south-korea-abortion-ruling/](https://www.amnesty.org/en/latest/press-release/2019/04/south-korea-abortion-ruling/); The Korea Herald, "Not illegal but not legal: The murky landscape of abortion in Korea", 7 July 2022, www.koreaherald.com/view.php?ud=20220707000805

However, criminal penalties remain in place for other health providers and those facilitating self-managed abortions.

²³ African Union, Charter on Human and Peoples' Rights on the Rights of Women in Africa, 1 July 2013, au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-women-africa

²⁴ Ipas, "Legal access to abortion expands in Democratic Republic of Congo", 26 July 2018 and update in December 2020 ipas.org/news/legal-access-to-abortion-expands-in-democratic-republic-of-congo/

²⁵ Reuters, "Benin parliament votes to legalise abortion", 21 October 2021, [reuters.com/world/africa/benin-parliament-votes-legalise-abortion-2021-10-21/](https://www.reuters.com/world/africa/benin-parliament-votes-legalise-abortion-2021-10-21/)

²⁶ Center for Reproductive Rights, "Maputo Protocol at 20: Progress on Abortion Rights in Africa", 29 June 2023, reproductiverights.org/maputo-protocol-at-20/

²⁷ Center for Reproductive Rights, *European abortion laws. A comparative overview*, October 2023, reproductiverights.org/european-abortion-laws-comparative-overview-2023-report/

severely limiting abortion access,²⁸ while **Malta** continues to severely restrict the right to abortion.²⁹ Outside the EU, only **Andorra** continues to enforce a full abortion ban in Europe.³⁰

In 2022, the **USA** Supreme Court handed down a decision ruling³¹ that overturned 50 years of jurisprudence recognizing a constitutional right to abortion. This decision has had a massive impact: one in three women and girls of reproductive age now live in states where abortion access is either totally or near-totally inaccessible. Increasingly restrictive legal and policy are compelling people to travel thousands of miles for abortion care, and a climate of fear restricts women, girls, and people who can get pregnant from finding legal abortion care. The states with the most restrictive abortion laws have the weakest maternal health support, higher maternal death rates, and higher child poverty rates.³² At the same time, anti-abortion groups continue to work to criminalize abortion through further bans, bounty systems to report abortion seekers, impeding access to medication abortion, and restricting information about abortion.³³

The USA Supreme Court ruling has also had impacts beyond national borders due to the geopolitical and cultural influence wielded by the USA globally and the aid it funds.³⁴ SRR organizations and activists across the world have expressed fear about the ruling laying the groundwork for anti-abortion legislative and policy attacks in other countries, such as in **Kenya**³⁵ and **Liberia**.³⁶ Advocates have also observed the ruling's impact on progressive law reform and the stalling of the adoption and enforcement of abortion guidelines in certain African counties, such as the East African Community's sexual and reproductive health bill and abortion guidelines in **Uganda** and **Nigeria**.³⁷ In addition, the ruling has created a chilling effect in international policy spaces emboldening anti-abortion state and non-state actors to undermine human rights protections, for example during negotiations on UN resolutions.³⁸

Dr Jeanne Conry, the former President of FIGO and a **USA**-based gynecologist commented:

*"We've just lived in our bubble, believing that we can't go backwards. However, I think the most important message that has come out of the last year is that we need to strengthen the global resolve, that the USA is not an example to follow and it is in fact bucking a global trend towards liberalization."*³⁹

Anti-abortion actors have also worked to expand legal protections for medical professionals who refuse to provide abortion care on grounds of conscience or religion,⁴⁰ encouraging the increase of conscience-based refusals to a level that prevents the effective delivery of this health service even in countries where abortion is allowed.⁴¹

STRATEGIES OF ANTI-ABORTION ACTORS

- **Toxic Narratives and conspiracy theories** – Some political, religious and community leaders and social influencers circulate toxic narratives opposing gender equality and portraying advances in women's and LGBTI people's rights as threats to 'traditional' values or religious identity. For example,

²⁸ Amnesty International, "Poland regression on abortion access harms women", 26 January 2022, [amnesty.org/en/latest/news/2022/01/poland-regression-on-abortion-access-harms-women/](https://www.amnesty.org/en/latest/news/2022/01/poland-regression-on-abortion-access-harms-women/)

²⁹ Amnesty International, "Malta: Lives put at risk as parliament waters down bill seeking to partially decriminalize abortion", 28 June 2023, [amnesty.org/en/latest/news/2023/06/malta-lives-put-at-risk-as-parliament-waters-down-bill-seeking-to-partially-decriminalize-abortion/](https://www.amnesty.org/en/latest/news/2023/06/malta-lives-put-at-risk-as-parliament-waters-down-bill-seeking-to-partially-decriminalize-abortion/)

³⁰ Center for Reproductive Rights, *European abortion laws. A comparative overview*, October 2023 (previously cited).

³¹ Supreme Court of the United States, *Dobbs v. Jackson Women's Health Organization et al.*, No. 19–1392, decided June 24, 2022, [supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf](https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf); Center for Reproductive Rights, "U.S. Supreme Court takes away the Constitutional rights to abortion", 24 June 2022, <https://reproductiverights.org/supreme-court-takes-away-right-to-abortion/>; J.H. Tanne, "US Supreme Court ends constitutional right to abortion", 27 June 2022, *British Medical Journal*, BMJ2022;377:o1575, [bmj.com/content/377/bmj.o1575](https://www.bmj.com/content/377/bmj.o1575)

³² NPR, "States with the toughest abortion laws have the weakest maternal supports, data shows", 18 August 2022, [npr.org/2022/08/18/1111344810/abortion-ban-states-social-safety-net-health-outcomes](https://www.npr.org/2022/08/18/1111344810/abortion-ban-states-social-safety-net-health-outcomes)

³³ Amnesty International, *USA: One year on, overturning of Roe vs. Wade has fueled human rights crisis*, 24 June 2023 [amnesty.org/en/latest/news/2023/06/usa-overturning-roe-vs-wade-fueled-human-rights-crisis/](https://www.amnesty.org/en/latest/news/2023/06/usa-overturning-roe-vs-wade-fueled-human-rights-crisis/)

³⁴ Fós Feminista, *The Global Impact of the Dobbs Decision on Abortion Laws, Policies, Legislation, Narratives, and Movements: Findings from Colombia, India, Kenya, and Nigeria. Preliminary findings*, June 2023, fosfeminista.org/publications/dobbs-factsheet/; Foreign Policy, "How US abortion ban would impact Africa", 1 June 2022, foreignpolicy.com/2022/06/01/roe-wade-us-abortion-ban-africa-global-gag-rule/

³⁵ Byline Times, "Kenya's Pro-Choice Movement Faces Emboldened Threats in a Post-Roe World", 22 July 2022, bylinetimes.com/2022/07/22/kenyas-pro-choice-movement-faces-emboldened-threats-in-a-post-roe-world/

³⁶ Sally Howard and Geetanjali Krishna, "Roe v Wade: How its scrapping will affect women worldwide", *BMJ* 2022; 378, 11 August 2022, [bmj.com/content/378/bmj.o1844](https://www.bmj.com/content/378/bmj.o1844)

³⁷ Interview with Advocacy Advisor for Africa, Center for Reproductive Rights, September 2022.

³⁸ R. Kaufman et al, "Global impacts of *Dobbs v. Jackson Women's Health Organization* and abortion regression in the United States", *Sexual and Reproductive Health Matters*, Volume 30, Issue 1, 16 November 2022, [tandfonline.com/doi/full/10.1080/26410397.2022.2135574](https://doi.org/10.1080/26410397.2022.2135574)

³⁹ Interview with Amnesty International, September 2023.

⁴⁰ Hootor, L., Lamačková, A. & Thomasen, K., *Anti-Equality and Anti-SRRH Backlash in the EU*, Berlin: Centre for Feminist Foreign Policy, 2020.

⁴¹ At least 79 countries explicitly allow healthcare providers to conscientiously object to abortion service provision - see redaas.org.ar/conscientious-objection-map, combining countries listed under "Unlimited Recognition" and "Limited Recognition. For more discussion of the impact of conscience based refusals, see section 1.3.2 below.

AN UNSTOPPABLE MOVEMENT

A GLOBAL CALL TO RECOGNIZE AND PROTECT THOSE WHO DEFEND THE RIGHT TO ABORTION

the concept of 'gender ideology' (a patriarchal, homophobic and transphobic conspiracy theory originated within the Catholic Church and now widely used by many others)⁴² is used to demonize and challenge human rights gains related to gender and sexuality; pitching 'gender' as a destructive concept that degrades heteropatriarchal family forms and traditional and religious values.⁴³ Another narrative is that of the 'prenatal genocide', which co-opts and instrumentalizes legitimate concerns about sex-selective abortions, ableism, and medical racism, "but rather than seeking to address the structural and systemic issues that prop up these forms of oppression, anti-rights actors seek only to limit everyone's access to reproductive health and rights."⁴⁴ In the USA anti-abortion organizations have also used advertising campaigns to spread messages about the 'black genocide', targeting the reproductive autonomy of Black women,⁴⁵ misappropriating and twisting of concepts of anti-racism⁴⁶ and anti-slavery⁴⁷ movements.

- **Disinformation Campaigns** – These continue to grow exponentially through digital technologies that spread disinformation worldwide, jeopardizing democracy and human rights.⁴⁸ The disinformation around SRR issues is significant.⁴⁹ For example, there are global false information networks that target abortion access and deter people from seeking abortions.⁵⁰ False sexual and reproductive health and rights information is often designed to blur the lines between fact and opinion by using medical 'concern' to ask questions which frighten or mislead people.⁵¹ This type of disinformation not only spreads through social media, but also through Crisis Pregnancy Centers (in the USA and the UK,⁵² as well as other countries in the Global South where US-backed crisis pregnancy centers exist)⁵³ where individuals seeking pregnancy and childbirth information are provided misleading information about their pregnancy options, including abortion, and are actively dissuaded from terminating their pregnancies. The Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression found that in relation to abortion, "gendered disinformation violates women's right to health by spreading false and misleading information on sexual and reproductive health and rights".⁵⁴
- **Restricting Civil Society Space** – Authorities in many countries increasingly restrict civil society's freedom and autonomy to operate. For example, laws and policies are being passed to decrease NGOs' access to funding and increase their administrative registration requirements. These tactics

⁴² Correa Sonia, *Gender ideology: tracing its origins and meanings in gender politics today*, 2018, sxpolitics.org/es/ideologia-de-genero-rastreando-sus-origenes-y-significados-en-la-politica-de-genero-actual/3858

⁴³ "Gender ideology" has been used as a rallying cry to remove all references to "gender" in educational curriculum, to cancel pro-LGBTI rights marches as contrary to "public morals", and to justify countries' refusal to ratify international instruments to protect women from violence, such as the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). See also ABC, 'MEC prohíbe materiales sobre "ideología de género"', 10 October 2017, abc.com.py/nacionales/mec-prohibe-materialessobre-ideologia-de-genero-1639373.html; Amnesty International, 'Paraguay: Amnesty International brings unconstitutionality proceedings against resolutions that discriminate against LGBTI people', 14 October 2019, [amnesty.org/en/latest/press-release/2019/10/paraguay-resoluciones-discriminatorias-contra-personas-lgbti/](https://www.amnesty.org/en/latest/press-release/2019/10/paraguay-resoluciones-discriminatorias-contra-personas-lgbti/); Agnieszka Graff, 'Report from the gender trenches: War against "genderism" in Poland', *European Journal of Women's Studies*, 2014, Volume 21, Issue 4, journals.sagepub.com/doi/abs/10.1177/1350506814546091?journalCode=ejwa; AWID, *Rights at risk. Observatory on the universality of rights. Trends report 2017*, awid.org/sites/default/files/atoms/files/rights-at-risk-ours-2017.pdf

⁴⁴ AWID, *Rights at risk, time for action. Observatory on the universality of rights trends report*, previously cited.

⁴⁵ Shyrisa Dobbins-Harris, 'The Myth of Abortion as Black Genocide: Reclaiming our Reproductive Cycle', *The National Black Law Journal*, Volume 26, Issue 1, 2017, escholarship.org/uc/item/0988p9xp

⁴⁶ Vox, "'All Lives Matter' is now being used against abortion rights", 10 January 2016, [vox.com/2016/1/10/10745722/all-lives-matter-abortion](https://www.vox.com/2016/1/10/10745722/all-lives-matter-abortion)

⁴⁷ Colorado Newsline, "Anti-abortion 'abolitionists' take slavery rhetoric to the next level", 1 September 2023, coloradonewsline.com/2023/09/01/anti-abortion-abolitionists-take-slavery-rhetoric-to-the-next-level/

⁴⁸ Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, Irene Khan, Disinformation and freedom of opinion and expression, Human Rights Council, 47th Sess. 2021, UN Doc. A/HRC/47/25, para. 2.

⁴⁹ Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, Irene Khan, Disinformation and freedom of opinion and expression, Human Rights Council, 47th Sess. 2021, UN Doc. A/HRC/47/25, para. 27.

⁵⁰ Open Democracy, "Trump-linked religious 'extremists' target women with disinformation worldwide", 10 February 2020, opendemocracy.net/en/5050/trump-linked-religious-extremists-global-disinformation-pregnant-women/

⁵¹ MSI Reproductive Choices, *Submission: UN Office of High Commissioner - Report on disinformation*, 2023, msichoices.org.uk/wp-content/uploads/2023/08/msi-reproductive-choices-uk-submission-un-office-of-high-commissioner-false-information.pdf

⁵² MSI Reproductive Choices, "Crisis pregnancy centres in the UK: what they are, how to avoid them and where to find impartial advice", 14 April 2023, msichoices.org.uk/news/crisis-pregnancy-centres-in-the-uk-what-they-are-how-to-avoid-them-and-where-to-find-impartial-advice/

⁵³ Open Democracy, "Ecuador and Costa Rica promise to probe US-backed 'crisis pregnancy centres'", 30 March 2020, opendemocracy.net/en/5050/ecuador-and-costa-rica-promise-to-probe-us-backed-crisis-pregnancy-centres/; Open Democracy, "Top Ugandan health official condemns US-linked 'pregnancy crisis centres' for opposing contraception", 24 February 2020, opendemocracy.net/en/5050/top-ugandan-health-official-condemns-us-linked-crisis-centres-for-opposing-contraception-for-pregnant-teens/; Open Democracy, "Revealed: US-linked anti-abortion centres 'lie' and 'scare women' across Latin America", 12 February 2020, opendemocracy.net/en/5050/revealed-us-linked-anti-abortion-centres-lie-and-scare-women-across-latin-america/; Open Democracy, "Revealed: US-linked anti-abortion centres 'violating the law' in South Africa", 11 February 2020, opendemocracy.net/en/5050/revealed-us-linked-anti-abortion-centres-violating-the-law-in-south-africa/

⁵⁴ Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, Irene Khan, A/78/288, para 54.

are exported and replicated across countries,⁵⁵ and shrinking civic space is increasingly a global method of control and repression over all those actors who demand accountability and human rights or enable access to services that are denied by states.⁵⁶

- **Targeted Attacks on WHRDs⁵⁷** – When abortion defenders are attacked, the rights of women, girls and all pregnant people are also impacted as the goal of these attacks is denying them the right to safe abortion. Anti-abortion actors attack defenders’ credibility, ethics, and morality of individual activists and abortion providers, and thus they are stigmatized and face rejection in their own communities or workplaces. The ways in which WHRDs are attacked are explored in chapter 2.

1.3 BARRIERS TO ABORTION

Despite governments’ legal obligations to ensure the right to abortion free from barriers, delays or restrictions that violate human rights,⁵⁸ women, girls and all people who can become pregnant continue to face legal barriers such as criminalization of abortion, a wide range of regulations and access barriers, and intimidation and harassment when trying to access clinics, as well as the harmful effect of stigma.

1.3.1 CRIMINALIZATION OF ABORTION AND ITS IMPACT

Amnesty International’s research on abortion,⁵⁹ as well as research conducted by other NGOs and civil society groups,⁶⁰ the WHO,⁶¹ and public health institutions,⁶² document how many legal frameworks around the world seek to minimize or eliminate abortions. As such, abortion is largely criminalized and rarely addressed within health, equality, or other public health or human rights regulatory frameworks. Most often abortion is addressed within countries’ criminal laws, where a few narrow ‘legal exceptions’ are provided which allow access to abortion on certain limited grounds and/or gestational time limits. Today, most countries retain criminal penalties for abortion and 11 countries ban it completely.⁶³ The only country that has completely removed abortion from the criminal legal code is **Canada**.⁶⁴

Criminalizing abortion creates a “chilling effect” that undermines access to health services and leads to increased rates of preventable maternal mortality and morbidity.⁶⁵ Abortion criminalization forces women, girls and all pregnant individuals to attempt unsafe clandestine abortion methods placing their life and health at risk.⁶⁶ A gynecologist from **Nigeria**, observed:

“The legislation in Nigeria on abortion is restrictive. This law is largely making abortion unsafe as abortion services are provided in a clandestine manner with poor quality, morbidity and sometimes mortality. You don’t get to hear or see cases being taken to court because of the way the law is crafted, as even the woman who seeks abortion care will be punished. The law also makes access to safe abortion care difficult

⁵⁵ Antoine Buyse, “Squeezing civic space: restrictions on civil society organizations and the linkages with human rights”, International Journal of Human Rights, Volume 22, Issue 8, 2018, tandfonline.com/doi/full/10.1080/13642987.2018.1492916

⁵⁶ Amnesty International, *Laws designed to silence: The global crackdown on civil society organizations*, (Index: ACT 30/9647/2019), 21 February 2019, www.amnesty.org/en/documents/act30/9647/2019/en/; CIVICUS Monitor, *People power under attack 2022*, monitor.civicus.org/globalfindings/

⁵⁷ Amnesty International, *Challenging power, fighting discrimination. A call to action to recognise and protect women human rights defenders*, (Index: ACT 30/1139/2019), 29 November 2019, amnesty.org/en/documents/act30/1139/2019/en/; UN Special Rapporteur on the situation of human rights defenders, Report on the situation of women human rights defenders, 10 January 2019, UN Doc. A/HRC/40/60; OHCHR, Women Human Rights Defenders Infosheet, 2020, ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_WHRD_WEB.pdf

⁵⁸ For example, Human Rights Committee, General Comment 36 (Right to life), UN Doc. CCPR/C/GC/36, para. 8.

⁵⁹ For example, Amnesty International, *She is not a criminal: The impact of Ireland’s abortion laws* (Index: EUR 29/1597/2015), 9 June 2015, amnesty.org/en/documents/eur29/1597/2015/en/; Amnesty International, *On the brink of death: Violence against women and abortion ban in El Salvador* (Index: AMR 29/003/2014), 25 September 2014, amnesty.org/en/documents/amr29/003/2014/en/; Amnesty International, *The total abortion ban in Nicaragua: Women’s lives and health endangered, medical professionals criminalized* (Index: AMR 43/001/2009), 27 July 2009, amnesty.org/en/documents/amr43/001/2009/en/

⁶⁰ For example, see Center for Reproductive Rights’ website: reproductiverights.org/get-involved/featured-resources/; GIRE, *Violence without end*, 2016, aborto-por-violacion.gire.org.mx/en/assets/pdf/violence-without-end.pdf; Agrupación Ciudadana para la Despenalización del Aborto, *Del Hospital a la cárcel* (3rd edition), 2020, agrupacionciudadana.org/download/del-hospital-a-la-carcel-tercera-edicion/.

⁶¹ See WHO, *Safe abortion: Technical and policy guidance for health systems*, 2012; and the WHO global abortion policies database, abortion-policies.srhr.org/

⁶² For example, see Guttmacher Institute’s website, guttmacher.org/fact-sheet/induced-abortion-worldwide

⁶³ Center for Reproductive Rights’ world abortion laws map, www.reproductiverights.org/document/the-worlds-abortion-laws-map

⁶⁴ S. Ambast et al., *A global review of penalties for abortion related offences in 182 countries*, BMJ Global Health, Volume 8, Issue 3, 20 March 2023, gh.bmj.com/content/8/3/e010405.

⁶⁵ See, for example, *Tysiak v. Poland*, European Court of Human Rights, (App. No. 5410/03) (2007), para. 116; *ABC v Ireland*, European Court of Human Rights, (255579/05) (2010), para. 254.

⁶⁶ F. de Londras et al., “The impact of criminalisation on abortion-related outcomes: a synthesis of legal and health evidence”, BMJ Global Health, 7(12), 29 December 2022, gh.bmj.com/content/7/12/e010409

as some abortion providers charge an exorbitant fee and the client is made to feel that the provider is doing her a 'favour'. This is because the abortion service is not freely available, especially in public hospitals.”⁶⁷

When individuals seek emergency care, for example, after an attempted unsafe clandestine abortion, they can face lack of information and privacy, abuse from medical staff, poor quality care, police interrogation, prosecution and imprisonment.⁶⁸ For example, in the **USA**, a woman from South Carolina (a state with very restrictive abortion laws) was arrested in 2023 after delivering a stillborn foetus at around 25 weeks of pregnancy, past the legal time limit for abortions. The charges were based in part on a hospital staff incident report that claims the woman admitted to having taken abortion pills to end her pregnancy. At the time of writing, the woman awaits trial.⁶⁹

Criminalized approaches also create barriers to other essential sexual and reproductive health services such as miscarriage care and post-abortion care: when people know they risk being reported, prosecuted and imprisoned for having miscarriages, they can be discouraged from seeking the care they need.⁷⁰

Fear of criminal liability can also result in delays or denials of lawful abortion care and deter trained health professionals from providing abortion services entirely. It can further discourage other medically indicated treatment as patient (for example, cancer treatment, malaria or HIV medication). The cases of Beatriz in **El Salvador**⁷¹ and Savita Halappanavar in **Ireland**⁷² are emblematic. Periodically, similar shocking cases continue to come to light in the media. For example, in **Poland**, a 33-year-old woman went to a hospital in May 2023 suffering pregnancy complications and was denied treatment because hospital staff prioritized the potential life of her foetus above her own health and life.⁷³ She died a possibly preventable death days later. She is one of at least six women to have died in similar circumstances since January 2021.⁷⁴

Also in **Poland**, in July 2023 Joanna, a 32-year-old woman, spoke to the media about the distressing and humiliating treatment she faced months prior at a hospital in Krakow. According to her testimony, after taking abortion pills in April, she consulted her psychiatrist about her persistent anxiety. Shortly thereafter police showed up at Joanna's apartment. The police confiscated her laptop and cell phone and escorted her to a hospital, where female officers made her undress, squat, and cough, while she was still bleeding. Managing one's own abortion is not a crime in Poland but helping someone else with an abortion outside the limited legal grounds is. The police were looking for evidence about who helped Joanna with her abortion. Joanna filed a complaint against the treatment she suffered and a court has ruled her treatment unlawful.⁷⁵

The criminalization of abortion also means that healthcare staff are caught in the conflict between the ethical and professional duty to provide the best available care and being criminally liable if they do not follow laws that are harmful.⁷⁶ Former president of FIGO, Dr Jeanne Conry, noted:

*“Doctors aren't able to follow their best medical judgment. As clinicians we have the best knowledge about how to treat and care for a woman, but that is not allowed, because of the laws in place or intimidation around it. So a physician who's doing their best to provide the best medical care is threatened. A recent study found that less than half of clinicians surveyed offered mifepristone to help manage miscarriage simply because it was too much of a hassle to try and prescribe it and it is too hard to justify its use. You can't even use simple medications that should be appropriate and based on our scientific knowledge and information”.*⁷⁷

⁶⁷ Interview with Amnesty International, September 2023.

⁶⁸ Amnesty International, *On the brink of death: Violence against women and abortion ban in El Salvador* (Index: AMR 29/003/2014), 25 September 201, [amnesty.org/en/documents/amr29/003/2014/en/](https://www.amnesty.org/en/documents/amr29/003/2014/en/)

⁶⁹ The Guardian, “South Carolina woman arrested for allegedly using pills to end pregnancy”, 3 March 2023, [theguardian.com/us-news/2023/mar/03/south-carolina-woman-arrested-abortion-pills](https://www.theguardian.com/us-news/2023/mar/03/south-carolina-woman-arrested-abortion-pills); NPR, “Criminalization of pregnancy has already been happening to the poor and women of color”, 3 August 2022, [npr.org/2022/08/03/1114181472/criminalization-of-pregnancy-has-already-been-happening-to-the-poor-and-women-of-color](https://www.npr.org/2022/08/03/1114181472/criminalization-of-pregnancy-has-already-been-happening-to-the-poor-and-women-of-color).

⁷⁰ Amnesty International, *On the brink of death: Violence against women and abortion ban in El Salvador* (previously cited), Amnesty International, “El Salvador and ‘Las 17’”, 3 March 2017, [amnesty.org/en/latest/news/2015/03/el-salvador-and-las-17/](https://www.amnesty.org/en/latest/news/2015/03/el-salvador-and-las-17/)

⁷¹ Amnesty International, “El Salvador: ‘Shameful’ court ruling places Beatriz’s life in government’s hands”, 30 May 2013, [amnesty.org/en/latest/press-release/2013/05/el-salvador-shameful-court-ruling-places-beatriz-s-life-in-governments-hands/](https://www.amnesty.org/en/latest/press-release/2013/05/el-salvador-shameful-court-ruling-places-beatriz-s-life-in-governments-hands/)

⁷² Amnesty International, *She is not a criminal. The impact of Ireland’s abortion law*, (previously cited)

⁷³ Euronews, “Poland launches investigation into abortion-related death of pregnant woman”, 6 August 2023, [euronews.com/2023/06/08/poland-launches-investigation-into-abortion-related-death-of-pregnant-woman](https://www.euronews.com/2023/06/08/poland-launches-investigation-into-abortion-related-death-of-pregnant-woman)

⁷⁴ Human Rights Watch, “Poland: Abortion Witch Hunt Targets Women, Doctors”, 14 September 2023, [hrw.org/news/2023/09/14/poland-abortion-witch-hunt-targets-women-doctors](https://www.hrw.org/news/2023/09/14/poland-abortion-witch-hunt-targets-women-doctors)

⁷⁵ Notes from Poland, Police intervention against woman in hospital after taking abortion pills triggers outcry in Poland, 19 July 2023, notesfrompoland.com/2023/07/19/police-intervention-against-woman-in-hospital-after-taking-abortion-pills-triggers-outcry-in-poland/

⁷⁶ See for example, Physicians for Human Rights, “Dual Loyalty” and U.S. Abortion Bans, 20 June 2023, (video), phr.org/our-work/resources/video-abortion-bans-dual-loyalty/; and NPR, “For doctors, abortion restrictions create an ‘impossible choice’ when providing care”, 24 June 2022, www.npr.org/sections/health-shots/2022/06/24/1107316711/doctors-ethical-bind-abortion

⁷⁷ Interview with Amnesty International, September 2023.

Similarly, Dr Guillermo Ortiz, an obstetrician from **El Salvador**, noted as part of a witness statement before the Inter-American Court of Human Rights:

“As doctors we are trained in high-risk pregnancy precisely to identify risks and prevent harm [...] The conflict of having the technical knowledge to do something and not being allowed to do it, and then having to see a woman get to extreme consequences and see her suffer, that is what made me change.”⁷⁸

A similar conflict is that created when healthcare staff are required to report individuals they suspect of having had an illegal abortion, despite them being bound by patient confidentiality. This has led to numerous cases of individuals being criminalized, including in cases of obstetric emergencies.⁷⁹

Criminal abortion laws and other laws, policies and practices that impose legal and practical barriers on the right to abortion further have a disproportionate and discriminatory impact on the most marginalized groups, including people with low incomes, people living with HIV, children and adolescents, people with disabilities and people facing criminalization on other fronts, including sex workers, people who use drugs, and refugees and migrants.⁸⁰ Such laws and policies further bolster and perpetuate intersectional discrimination and have a disparate impact on those facing multiple and compounded forms of discrimination, as well as multiple barriers to exercising their SRR. Finally, abortion criminalization contributes to stigma around abortion and particularly on those who need, provide or assist with abortion services.⁸¹

For example, Carmen Cecilia Martínez, Associate Director for Legal Strategies in Latin America and the Caribbean with the Center for Reproductive Rights, observed that in **Latin America and the Caribbean region**, criminalization, lack of information, disinformation and stigma have severe and irreversible effects. One is the effect on girls and young women, who are kept in the dark about their rights, and often forced to bring to term their pregnancies, even when they are the result of sexual violence. Furthermore, this affects disproportionately those who:

“[L]ive in a situation of poverty and those who have been historically discriminated against. This is very clear in the case of women criminalized for obstetric emergencies in El Salvador, who are all people living in poverty or extreme poverty, often in rural areas, with no access to adequate health services. Others who are impacted are Indigenous and Afro-descendant women, but also those who are migrants or refugees. For example, people from Venezuela, where abortion is very restrictive, are not only unaware that they can access abortions when they arrive in Colombia, they are also deterred from accessing services because of prevalent stereotypes, stigma and xenophobia against them.”⁸²

The impact of criminalization is the biggest contributing factor to the estimated 35 million unsafe abortions happening every year, increasing the levels of maternal mortality and morbidity.⁸³ Regardless of the legal, social and cultural context, criminalization of abortion threatens the lives, health, and wellbeing of women, girls, and all those who can become pregnant, with those facing intersectional discrimination and poverty suffering the worst impact. This is why international human rights bodies⁸⁴ and the World Health Organization (WHO) call for the full decriminalization of abortion in all circumstances.⁸⁵

⁷⁸ Testimony of Dr Guillermo Ortiz before the Inter-American Court of Human Rights in the case of Beatriz et al. vs El Salvador, (video), 22-23 March 2023, youtube.com/watch?v=1A4aqi8-LYY

⁷⁹ For example, Inter-American Court of Human Rights, *Manuela et al. vs El Salvador*, Judgement of 2 November 2021, corteidh.or.cr/docs/casos/articulos/seriec_441_ing.pdf; Agrupación Ciudadana para la Despenalización del Aborto, *Del Hospital a la cárcel* (previously cited) Amnesty International, *On the brink of death: Violence against women and abortion ban in El Salvador* (previously cited)

⁸⁰ Amnesty International, *Body politics: a primer on criminalization of sexuality and reproduction*, (Index POL40/7763/2018, 12 March 2018, amnesty.org/en/documents/pol40/7763/2018/en/)

⁸¹ Amnesty International, *Policy on Abortion: Explanatory Note*, 2020, (INDEX: POL 30/2847/2020) p. 14; A. Norris et al, “Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences”, *Women’s Health Issues*, Volume 21, Issue 3, May 2011, whijournal.com/article/S1049-3867%2811%2900033-8/fulltext;

⁸² Interview with Amnesty International, October 2023.

⁸³ Guttmacher Institute, *Adding It Up: Investing in Sexual and Reproductive Health 2019, 2020*, guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019. WHO, “Abortion factsheet”, 2021, who.int/news-room/fact-sheets/detail/abortion

⁸⁴ CESCR, General Comment 22, paras. 34, 40, 49(a), 57; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the United Nations General Assembly, 2016, UN Doc. A/HRC/32/32; Human Rights Committee, General Comment No. 36, para. 8; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim report to the General Assembly, 2011, UN Doc. A/66/254; CEDAW Committee, General Recommendation No. 24, 1999, para. 31(c).

⁸⁵ See, for example, *Tysiac v. Poland*, European Court of Human Rights, (App. No. 5410/03) (2007), para. 116; *ABC v Ireland*, European Court of Human Rights, (255579/05), 2010, para. 254. The WHO defines decriminalization as: “removing abortion from all penal/criminal laws, not applying other criminal offences (e.g., murder, manslaughter) to abortion, and ensuring there are no criminal penalties for having, assisting with, providing information about, or providing abortion, for all relevant actors”, WHO, *Abortion Care Guideline*, 2022, p. xiii.

UN HUMAN RIGHTS COMMITTEE ON THE CRIMINALIZATION OF ABORTION

The UN Human Rights Committee has repeatedly expressed concerns about the relationship between restrictive abortion laws, unsafe abortions and maternal mortality and morbidity,⁸⁶ and urged governments to amend their abortion laws to ensure that women do not have to resort to illegal and unsafe abortions.⁸⁷ This Committee has confirmed that while governments can regulate abortion, “such measures must not result in violation of the right to life of a pregnant woman or girl, or her other rights under the Covenant[.]”⁸⁸ and that states “may not regulate pregnancy or abortion in all other cases in a manner that runs contrary to its duty to ensure that women and girls do not have to undertake unsafe abortions, and it should revise its abortion laws accordingly, and should not introduce new barriers and should remove existing barriers that deny effective access by women and girls to safe and legal abortion, including barriers caused as a result of the exercise of conscientious objection by individual medical providers.”⁸⁹

ABORTION EXCEPTIONALISED FROM OTHER HEALTHCARE

Criminalization exceptionalizes abortion by artificially placing it outside of the range of standard medical care, which adds to the barriers and the stigmatization effect around abortion care. The “use of unique rules to place limitations on why, where, and how abortion care can be provided, has the effect of labelling abortion care as ‘nonessential’, [resulting] in abortion being subject to increased regulation, supervision, and limitations on decision-making.”⁹⁰

For example, in England and Wales (with similar provisions in other parts of the **United Kingdom**), health professionals must notify the Department of Health of every single abortion, including early medical abortion (that is, medical abortion in the first 10 weeks of pregnancy). This includes filling out a six pages long form to be sent within 14 days of the procedure – no other simple medical procedure requires this level of notification.⁹¹

TRAP LAWS

There are many ways in which abortion is set apart from other healthcare. Targeted regulation of abortion providers laws, or TRAP laws, are pieces of legislation that unfairly and unnecessarily impose burdensome requirements on abortion providers, as opposed to other healthcare providers. For example, they regulate the location of abortion services, the size of rooms and corridors of clinics, licensing requirements, the type of qualifications and privileges of providers.⁹² They make it harder for abortion providers to function and thus reduce the availability of abortion care for those who need it. They are a calculated, often politically motivated attempts at reducing access to legal abortion services under the guise of legitimate regulation around women’s health.⁹³ They have been used primarily in the USA, with numerous state level initiatives to restrict access to abortion long before the constitutional right to abortion was overturned in 2022.

⁸⁶ Human Rights Committee, Concluding Observations: Chile, UN Doc. CCPR/C/CHL/CO/6, 2014, para. 15; Costa Rica, UN Doc. CCPR/C/CR/CO/6, 2016, para. 17 (referring to cases of rape, incest, and fatal foetal impairment); Malawi, UN Doc. CCPR/C/MWI/CO/1/Add.1, 2014, para. 9; Sierra Leone, UN Doc. CCPR/C/SLE/CO/1, 2014, para. 14; Malta, UN Doc. CCPR/C/MLT/CO/2, 2014, para. 13; Sri Lanka, UN Doc. CCPR/C/LKA/CO/5, 2014, para. 10; Paraguay, UN Doc. CCPR/C/PRY/CO/3, 2013, para. 13; Peru, UN Doc. CCPR/C/PER/CO/5, 2013, para. 14; Guatemala, UN Doc. CCPR/C/GTM/CO/3, 2012, para. 20; Mexico, UN Doc. CCPR/C/MEX/CO/5, 2010, para. 10; El Salvador, UN Doc. CCPR/C/SLV/CO/6, 2010, para. 10; Poland, UN Doc. CCPR/C/POL/CO/6, 2010, para. 12; Jamaica, UN Doc. CCPR/C/JAM/CO/3, 2011, para. 14; Dominican Republic, UN Doc. CCPR/C/DOM/CO/5, 2012, para. 15; Nicaragua, UN Doc. CCPR/C/NIC/CO/3, 2008, para. 13; Djibouti, UN Doc. CCPR/C/DJI/CO/1, 2013, para. 9.

⁸⁷ See, for example, Human Rights Committee, Concluding Observations: Argentina, UN Doc. CCPR/C/ARG/CO/5, 2016, para. 12 (the HRC urged Argentina to “consider decriminalizing abortion” so that women and girls are not obliged to resort to clandestine abortions); Human Rights Committee, Concluding Observations: Jamaica, UN Doc. CCPR/C/JAM/CO/3, 2011, para. 14 (urging the state to “amend its abortion laws to help women avoid unwanted pregnancies and not to resort to illegal abortions that could put their lives at risk. The State party should take concrete measures in this regard, including a review of its laws in line with the Covenant.”); Mali, UN Doc. CCPR/C/77/MLI, 2003, para. 14; Djibouti, UN Doc. CCPR/C/DJI/CO/1, 2013, para. 9; Ireland, UN Doc. CCPR/C/IRL/CO/3, 2008, para. 13. See also Human Rights Committee, General Comment 28 (The Equality of Rights between Men and Women), UN Doc. CCPR/C/21/Rev.1/Add.10, 2000, para. 10.

⁸⁸ Human Rights Committee, General Comment 36 (Right to Life), UN Doc. CCPR/C/GC/36, 2018, para. 8.

⁸⁹ Human Rights Committee, General Comment 36 (Right to Life) (previously cited), para. 8 - citing Human Rights Committee, Concluding Observations: Panama, UN Doc. CCPR/C/PAN/CO/3, 2008, para. 9; FYROM, UN Doc. CCPR/C/MKD/CO/3, 2015, para. 11; Jordan, UN Doc. CCPR/C/JOR/CO/5, 2017, para. 21; Mauritius UN Doc. CCPR/C/MUS/CO/5, 2017, para. 16. See also WHO, *Safe abortion: Technical and policy guidance for health systems*, 2nd ed., 2012, pp. 96-97.

⁹⁰ J. Parsons, C. Romanis, *Early Medical Abortion, Equality of Access, and the Telemedical Imperative*, Oxford, 2021, doi.org/10.1093/med/9780192896155.001.0001

⁹¹ Gov.uk, Abortion notification forms for England and Wales, last updated 20 December 2022, gov.uk/government/publications/abortion-notification-forms-for-england-and-wales

⁹² Guttmacher Institute, “Targeted regulation of abortion providers”, as of 31 August 2023, [guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers](https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers)

⁹³ National Abortion Federation, *The TRAP: Targeted regulation of abortion providers*, 2007, prochoice.org/pubs_research/publications/downloads/about_abortion/trap_laws.pdf

AN UNSTOPPABLE MOVEMENT

A GLOBAL CALL TO RECOGNIZE AND PROTECT THOSE WHO DEFEND THE RIGHT TO ABORTION

1.3.2 INFORMATION, PROCEDURAL AND ACCESS BARRIERS

Abortion services are inaccessible for many around the world for a variety of reasons: high costs;⁹⁴ lack of available services due to geography and poor health infrastructure; lack of healthcare providers and institutions able or willing to provide abortion services (including unregulated or inadequately regulated refusals of legal abortion care by health providers);⁹⁵ medically unnecessary administrative requirements, such as third party authorizations or consent from spouses, judges, parents, guardians, or health authorities;⁹⁶ mandatory counselling⁹⁷ and waiting periods;⁹⁸ and information barriers.⁹⁹

For example, in **Tunisia**, historically a leading country for reproductive health, allowing abortion on request and free of charge in the first trimester of pregnancy, WHRDs have documented increasing barriers to this health service in the past 15 years. Some of these barriers have been attributed to budget cuts,¹⁰⁰ but research has also shown that women have faced denials of this health service based on gestational age, health conditions, and logistical reasons.¹⁰¹ Advocates have also attributed these barriers to a diminished commitment by the authorities, and an increase in health providers who are ambivalent or oppose abortion. Some advocates believe this is linked to the rise of conservatism in society in the past decade.¹⁰²

Other barriers include disinformation, misinformation and/or lack of information about sexual and reproductive health rights, sexuality, and pregnancy prevention.¹⁰³ The Covid-19 pandemic, which led to lockdowns and overburdened national health services, also made it harder for women, girls and all pregnant people to access abortion services, and highlighted the absent or insufficient provision of abortion services via telemedicine.¹⁰⁴

During conflicts, disasters and other humanitarian crises, women, girls, and all people who can become pregnant face additional barriers and needs due to the breakdown of normal health service provision, displacement, and increased risk of sexual and gender-based violence. Despite this, sexual and reproductive health services including abortion are still not seen as a priority by many humanitarian and medical relief providers.¹⁰⁵ One midwife from **Lebanon** with experience of working in humanitarian settings said during a conference organized by the Movement for Abortion Rights and Access in the Mediterranean region:

⁹⁴ See for example, CEDAW Committee, Concluding Observations: Costa Rica, UN Doc. CEDAW/C/CRI/CO/7, 2017; Hungary, UN Doc. CEDAW/C/HUN/CO/7-8, 2013; Human Rights Committee, Concluding Observations: Pakistan, UN Doc. CCPR/C/PAK/CO/1, 2017; Ghana, CCPR/C/GHA/CO/1, 2016; CRC Committee, Concluding Observations: Slovakia, UN Doc. CRC/C/SVK/CO/3-5, 2016.

⁹⁵ See for example CEDAW Committee, Concluding Observations: Romania, UN Doc. CEDAW/C/ROU/CO/7-8, 2017; Italy, UN Doc. CEDAW/C/ITA/CO/7, 2017; Peru, UN Doc. CEDAW/C/PER/CO/7-8, 2014; Poland, UN Doc. CEDAW/C/POL/CO/7-8, 2014; Poland, UN Doc. CEDAW/C/POL/CO/6, 2007; Slovakia, UN Doc. CEDAW/C/SVK/CO/4, 2008; Slovakia, UN Doc. CEDAW/C/SVK/CO/5-6, 2015; CRC Committee: Slovakia, UN Doc. CRC/C/SVK/CO/3-5, 2016; CESCR Committee, Concluding Observations: Italy, UN Doc. E/C.12/ITA/CO/5, 2015, Romania, UN Doc. E/C.12/ROU/CO/3-5, 2014; Poland, UN Doc. E/C.12/POL/CO/6, 2016, Poland, UN Doc. E/C.12/POL/CO/5, 2009; Human Rights Committee, Concluding Observations: Argentina, UN Doc. CCPR/C/ARG/CO/5, 2016, Poland, UN Doc. CCPR/C/POL/CO/6, 2010; CAT Committee, Concluding Observations: Bolivia, UN Doc. CAT/C/BOL/CO/2, 2013; Poland, UN Doc. CAT/C/POL/CO/5-6, 2013; Human Rights Committee, General Comment 36 (previously cited), para. 8.

⁹⁶ Human Rights Committee, General Comment 36 (previously cited), para. 8; ESCR Committee, General Comment 22 (on the right to sexual and reproductive health), UN Doc. E/C.12/GC/22, 2016, paras. 41 and 43; CEDAW Committee, General Recommendation 24 (Article 12: Women and Health), UN Doc. A/54/38/Rev.1, 1999, para. 14; CRPD Committee, General Comment 1: Equal recognition before the law (Article 12: Equal recognition before the law), 2014, UN Doc. CRPD/C/GC/1, para. 35; CRPD Committee, General Comment 3 (Article 6: Women and girls with disabilities), UN Doc. CRPD/C/GC/3, 2016, para. 44; CRC Committee, General Comment 15 (on the right of the child to the enjoyment of the highest attainable standard of health), UN Doc. CRC/C/GC/15, 2013, para. 31; UN Working Group on the issue of discrimination against women in law and in practice, Report, 8 April 2016, UN Doc. A/HRC/32/44, para. 107(e); WHO, Abortion Care Guideline (2022), p. 43; CEDAW Committee, General Recommendation 24.

⁹⁷ See CEDAW Committee, Concluding Observations: Hungary, UN Doc. CEDAW/C/HUN/CO/7-8 (2013); Russian Federation, UN Doc. CEDAW/C/RUS/CO/8 (2015).

⁹⁸ CEDAW Committee, Concluding Observations: Slovakia, UN Doc. CEDAW/C/SVK/CO/5-6 (2015); Hungary, UN Doc. CEDAW/C/HUN/CO/7-8 (2013); Russian Federation, UN Doc. CEDAW/C/RUS/CO/8 (2015). See also CRC Committee, Concluding Observations, Slovakia, UN Doc. CRC/C/SVK/CO/3-5 (2016).

⁹⁹ CESCR Committee, General Comment 14 (The right to the highest attainable standard of health), UN Doc. E/C.12/2000/4, 2000, para. 34; CESCR General Comment 22, (on the right to sexual and reproductive health), UN Doc. E/C.12/GC/22/2016, para. 34.

¹⁰⁰ S. Raifman et al, "Dualities between Tunisian provider beliefs and actions in abortion care", Reproductive Health Matters, Volume 26, 2018, <https://www.tandfonline.com/doi/full/10.1080/09688080.2018.1472486>

¹⁰¹ S. Hajri, "This Is Real Misery: Experiences of Women Denied Legal Abortion in Tunisia", PLOS ONE, 2015, [journals.plos.org/plosone/article?id=10.1371/journal.pone.0145338](https://doi.org/10.1371/journal.pone.0145338)

¹⁰² S. Hajri, H. Belhadj, "The role of midwives in first-trimester abortion care: A 40-year experience in Tunisia", International Journal of Gynecology and Obstetrics, Volume 150, Supplement 1, 2020, [obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.13010](https://doi.org/10.1002/ijgo.13010)

¹⁰³ Amnesty International, *Policy on Abortion*, (Index: POL 30/2846/2020), 28 September 2020, [amnesty.org/en/documents/pol30/2846/2020/en/](https://www.amnesty.org/en/documents/pol30/2846/2020/en/); MSI Reproductive choices, Submission: UN Office of High Commissioner - Report on disinformation, 2023 (previously cited).

¹⁰⁴ Amnesty International, "Activists in Latin America battle to guarantee access to safe abortion in COVID-19 world", 7 September 2020, [amnesty.org/en/latest/news/2020/09/activists-latin-america-access-safe-abortion-covid19/](https://www.amnesty.org/en/latest/news/2020/09/activists-latin-america-access-safe-abortion-covid19/)

¹⁰⁵ T. McGinn and S. E. Casey, "Why don't humanitarian organizations provide safe abortion services?", Conflict and Health, Volume 10, article no. 8, [conflictandhealth.biomedcentral.com/articles/10.1186/s13031-016-0075-8](https://doi.org/10.1186/s13031-016-0075-8); B. Dias Amaral and D. Sakellariou, "Maternal Health in Crisis: A Scoping Review of Barriers and Facilitators to Safe Abortion Care in Humanitarian Crises", Frontiers in Global Women's Health, Volume 2, article no. 699121, 21 September 2021, [frontiersin.org/articles/10.3389/fgwh.2021.699121/full](https://doi.org/10.3389/fgwh.2021.699121/full)

“During humanitarian crises women and girls are usually impacted first. But the kind of medical staff that you see doing humanitarian medical field work are usually those who specialize in malnutrition or injuries. You rarely see gynecologists or midwives in the first phases of the response and there is a lack of health supplies including medication and equipment for sexual and reproductive health, including abortion. This has been improving in recent years, and some organizations¹⁰⁶ have raised the issue, but there is still a long way to go.”¹⁰⁷

LACK OF COMPREHENSIVE SEXUALITY EDUCATION (CSE)

Providing young people with comprehensive sexuality education,¹⁰⁸ which includes age-appropriate, scientifically accurate and rights-based information about sexuality, relationships and sexual and reproductive health, is effective in improving their health and wellbeing.¹⁰⁹ It is a key tool to avoid intended pregnancies and to inform individuals about their options and how to access safe abortions.¹¹⁰ CSE also educates about the different ways in which gender norms can influence inequality, and how these inequalities can affect the overall health and wellbeing of children and young people. CSE further contributes to gender equality by building awareness of the centrality and diversity of gender in people’s lives, examining gender norms shaped by cultural, social and biological differences and similarities, and by fostering respectful and equitable relationships based on empathy and understanding.¹¹¹

Lack of CSE increases the risk of coercion, abuse, exploitation, unintended pregnancies, HIV and sexually transmitted infections.¹¹² When CSE is unavailable, adolescent girls are disproportionately impacted, particularly those from marginalized groups, because they are at higher risk and bear the long-term consequences of child, early and forced marriages, early pregnancy and gender-based violence.¹¹³ Because it is a key tool in ensuring rights related to gender equality, sexuality and reproduction, CSE, has been targeted by anti-abortion actors who seek to paint it as an instrument to “sexualise” or “groom” children,¹¹⁴ and in some cases it has become part of highly politicized disputes. It is therefore unavailable or only partly available in many countries, and there are constant efforts to undermine CSE where it is available.¹¹⁵

¹⁰⁶ For example, FIGO, “#EmbraceEquity: Women’s access to sexual and reproductive health and rights in humanitarian settings”, 8 March 2023, figo.org/news/embraceequity-womens-access-sexual-and-reproductive-health-and-rights-humanitarian-settings

¹⁰⁷ Contribution at conference organized by the Movement for Abortion Rights and Access in the Mediterranean (MARA-Med), Paris, 12 October 2023.

¹⁰⁸ International Conference on Population and Development Programme of Action, para. 7.46-48; WHO, “Comprehensive sexuality education, Q&A”, 18 May 2023, who.int/news-room/questions-and-answers/item/comprehensive-sexuality-education. For more details, see also Center for Reproductive Rights, ‘Breaking ground 2020: Treaty monitoring bodies on reproductive rights’, 2020, reproductiverights.org/wp-content/uploads/2020/12/Breaking-Ground-2018.pdf

¹⁰⁹ UNESCO, *International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators*, 2018, unesdoc.unesco.org/ark:/48223/pf0000260770; UNFPA, ‘Comprehensive sexuality education: Advancing human rights, gender equality and improved sexual and reproductive health’, 2010, unfpa.org/resources/comprehensive-sexuality-education-advancing-human-rights-gender-equality-and-improved

¹¹⁰ For example, M.T. Mbizvo et al., “Comprehensive sexuality education linked to sexual and reproductive health services reduces early and unintended pregnancies among in-school adolescent girls in Zambia”, *BMC Public Health*, Volume 23, article no. 348, 2023, bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15023-0; E.S. Goldfarb, L.D. Lieberman, “Three Decades of Research: The Case for Comprehensive Sex Education”, *Journal of Adolescent Health*, Volume 68, 2021, Issue 1, [jahonline.org/article/S1054-139X\(20\)30456-0/fulltext](https://jahonline.org/article/S1054-139X(20)30456-0/fulltext)

¹¹¹ CEDAW Committee, Concluding Observations: Italy, UN Doc. CEDAW/C/ITA/CO/7, 2017, para. 35; Nigeria, UN Doc. CEDAW/C/NGA/CO/7-8, 2017, para. 34(e); Ireland, UN Doc. CEDAW/C/IRL/CO/6-7, 2017, para. 39(c); CRC Committee, Concluding Observations: Antigua and Barbuda, UN Doc. CRC/C/ATG/CO/2-4, 2017, para. 45(a); CESCR Committee, Concluding Observations: Benin, UN Doc. E/C/12/1/Add.78, 2002, para. 42.

¹¹² UNESCO, *International technical guidance on sexuality education*, (previously cited)

¹¹³ CRC Committee, General Comment 20 (on the implementation of the rights of the child during adolescence), UN Doc. CRC/C/GC/20, 2016, para. 59. See also M. Campbell, ‘The challenges of girls’ right to education: Let’s talk about human rights-based sex education’, *The International Journal of Human Rights*, Volume 20, Issue 8, 2016, tandfonline.com/doi/abs/10.1080/13642987.2016.1207627?journalCode=fjhr20; Amnesty International, *Coerced and denied: Forced marriages and barriers to contraception in Burkina Faso*, (Index: AFR 60/3851/2016) 26 April 2016, amnesty.org/en/documents/af60/3851/2016/en/; Amnesty International, *Shamed and blamed: Pregnant girls’ rights at risk in Sierra Leone* (Index: AFR 51/2695/2015) 6 November 2015, amnesty.org/en/documents/af51/2695/2015/en/; Amnesty International, *Lost without knowledge: Barriers to sexual and reproductive health information in Zimbabwe* (Index: AFR 46/7700/2018), 26 January 2018, amnesty.org/en/documents/af46/7700/2018/en/

¹¹⁴ Huffington Post, “Worried About Grooming? Teaching Kids Comprehensive Sex Ed Could Help”, 18 July 2022, huffingtonpost.co.uk/entry/children-groomer-fears-comprehensive-sex-ed_162cf1fdce4b0eef119c19e88; NBC News, “How can we protect kids? By knowing that sex education and grooming are not the same”, 11 May 2022, nbcnews.com/think/opinion/learning-sex-education-can-save-kids-from-groomers-rcna26931

¹¹⁵ UNESCO, *Policy paper 39. Facing the facts: the case for comprehensive sexuality education*, June 2019, unesdoc.unesco.org/ark:/48223/pf0000368231/PDF/368231eng.pdf.multi

AN UNSTOPPABLE MOVEMENT

A GLOBAL CALL TO RECOGNIZE AND PROTECT THOSE WHO DEFEND THE RIGHT TO ABORTION

Amnesty International

WHEN CONSCIENCE-BASED REFUSALS BECOME AN OBSTACLE TO ABORTION

There is no human right to refuse health services based on conscience or religion. In fact, the UN Special Rapporteur on Freedom of Religion¹¹⁶ and the Human Rights Committee¹¹⁷ have expressed concern that the growing numbers of healthcare personnel who refuse to make referrals or perform abortions on grounds of conscience are dangerously impinging on women, girls and all pregnant people's rights to health and life, particularly those who have no access to alternative sources of care, such as those on low incomes living in rural areas or small towns. Both the WHO and FIGO have clear recommendations for professionals who practice these refusals, including the requirement to ensure timely access to care and advice around all options irrespective of the individuals' beliefs.¹¹⁸ The discourse around "conscientious objection" has been promoted by anti-abortion actors as a tactic to hollow out access to legal abortions. It has emboldened a wide range of actors to refuse their services (not just gynecologists, but also anesthesiologists, general practitioners, nurses, chemists, administrators, taxi drivers) and even entire institutions such as hospitals.¹¹⁹ This discourse has resulted in increased protections for refusers. Some constitutions and domestic high courts have recognized a right to conscientious objection,¹²⁰ and some countries have codified rights to conscientious objection,¹²¹ or include conscientious objection provisions in their abortion or medical ethics laws.¹²² Along with these provisions, the failure to impose clear regulatory frameworks on such refusals and to adequately make up for the denial of healthcare, has led to a creeping, de facto denial of abortion care, even in countries where it is legal. Dr Teresa Bombas, a Portuguese obstetrician and chair of FIGO's Safe abortion committee, observed:

*"The problem with conscientious objectors is that if there are too many, then this becomes a barrier. When you look at the map of abortion laws, Europe looks good, but in reality, accessibility is low due to these barriers, especially in Southern Europe."*¹²³

For example, in **Italy**, where elective abortion is allowed up to 12 weeks of pregnancy, 64.6% of all gynecologists are registered "conscientious objectors",¹²⁴ with peaks of over 84% in certain regions, including many hospitals that employ 100% objecting staff.¹²⁵ Silvia*,¹²⁶ an Italian woman recalled:

*"Years ago I needed an abortion and waited a few weeks until I turned 18 so I didn't have to involve my parents. When I arrived at the nearest hospital, the doctor in charge said he was a conscientious objector and that I had to go somewhere else. I was almost at the end of the legally permitted limit, I lived in a rural area, I didn't have a car and I didn't know where else to go. I fell to my knees and begged him for help. He eventually agreed to do a scan - I think he thought that if I heard a heartbeat, I would change my mind. There was no heartbeat: it turned out there wasn't even a developing pregnancy. I was given a curettage by hospital staff who treated me with disdain. It was a demeaning and humiliating experience."*¹²⁷

1.3.3 STIGMATIZATION OF ABORTION

Abortion is often stigmatized because it can challenge harmful social, cultural, or religious norms and values, which are underpinned by gender stereotypes that reduce women to reproductive and social roles of mothers and deny a woman's right to express her sexuality and self-determination.¹²⁸ Stigmatization of those

¹¹⁶ Report of the Special Rapporteur on freedom of religion or belief, Gender-based violence and discrimination in the name of religion or belief, 24 August 2020, UN Doc. A/HRC/43/48.

¹¹⁷ Human Rights Committee, Concluding observations on the seventh periodic report of Poland, UN Doc. CCPR/C/POL/CO/7, 23 November 2016, paras 23-24; Concluding observations on the seventh periodic report of Colombia, UN Doc. CCPR/C/COL/CO/7, 17 November 2016, paras 20-21.

¹¹⁸ FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health, "Ethical guidelines on conscientious objection", International Journal of Gynecology and Obstetrics, 2006, Volume 9+2, Issue 3, obgyn.onlinelibrary.wiley.com/doi/abs/10.1016/j.ijgo.2005.12.020; FIGO, Conscientious objection: a barrier to care, 19 October 2021, <https://www.figo.org/resources/figo-statements/conscientious-objection-barrier-care>; WHO, Safe abortion: technical and policy guidance for health systems (previously cited).

¹¹⁹ AWID, Rights at risk, time for action. Observatory on the universality of rights trends report (previously cited)

¹²⁰ For example, Uruguay, Constitution of the Republic, Articles 5, 7, 29 and 54, impo.com.uy/bases/constitucion/1967-1967; Argentina, Supreme Court of the Nation, decision F., A. L. s/ Medida autosatisfactiva, 13 March 2012, saii.gob.ar/corte-suprema-justicia-nacion-federal-ciudad-autonoma-buenos-aires--medida-autosatisfactiva-fa12000021-2012-03-13/123456789-120-0002-1ots-eupmocsollaf; the Constitution of Ecuador grants a right to conscientious objection, but clarifies that this right "will not hinder other rights or cause harm to people or nature." Constitución de la Republica del Ecuador 2008, Art. 66, para. 12, oas.org/juridico/pdfs/mesicic4_ecu_const.pdf

¹²¹ For example, the Religious Freedom law of Peru recognizes the right to conscientious objection - Ley de Libertad Religiosa, no. 29635, 21 December 2010, leyes.congreso.gob.pe/Documentos/Leyes/29635.pdf

¹²² Uruguay, Law on the Voluntary Interruption of Pregnancy, Law. No 18987, 22 October 2012, Art. 11, impo.com.uy/bases/leyes/19286-2014; Medical Ethics Code, Law No. 19286, 17 October 2014, art. 36 and art. 40, impo.com.uy/bases/leyes/19286-2014.

¹²³ Interview with Amnesty International, September 2023.

¹²⁴ Relazione del ministro della salute sulla attuazione della legge contenente norme per la tutela sociale della maternità e per l'interruzione volontaria di gravidanza (Legge 194/78), Dati definitivi 2020, 2022, salute.gov.it/imgs/C_17_pubblicazioni_3236_allegato.pdf

¹²⁵ Collettiva, "Aborto, la verità è nei dati", 21 September 2022, collettiva.it/copertine/italia/2022/09/21/news/aborto-2352776/

¹²⁶ Pseudonym chosen by respondent - interview with Amnesty International, October 2023.

¹²⁷ Interview with Amnesty International, October 2023.

¹²⁸ Amnesty International, Policy on Abortion: Explanatory Note, 2020, p. 14 (AI INDEX: POL 30/2847/2020), Perspectives on Sexual and Reproductive Health, "Abortion stigma", Volume 4, no. 4, December 2016, [jstor.org/stable/48576829](https://www.jstor.org/stable/48576829)

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who need, provide or assist with abortion services is one of the foremost impacts of abortion criminalization.¹²⁹ Such punitive regulation fosters a “shared understanding that abortion is morally wrong and/or socially unacceptable”¹³⁰ and results in poor care, loss of status, and discrimination, which violate the human rights of women, girls and all pregnant people.¹³¹

Abortion-related stigma can also underlie and perpetuate myths around abortion, and lead to shame, bullying, harassment, and physical and mental harm to individuals who undergo abortion, their families and friends who support them, and those who provide abortion services.¹³² For example, Cats, *¹³³ an activist from **Nicaragua** who helps other women to access their SRR told Amnesty International about her terrifying experience in seeking medical care for her miscarriage shortly before the introduction of the full abortion ban in 2006:

“[Back then] I was a young pregnant woman with little access to information about sexual and reproductive health and out of fear, I never went to get myself checked by a doctor. When I started having contractions, I went to the hospital. The hospital personnel accused me of self-inducing an abortion. They told me they would perform a curettage without anaesthesia because I was bad: I had enjoyed myself and now I had to pay the price. Right after the procedure was done by a nurse, a doctor, while eating an ice-cream, interrogated me relentlessly asking whether some feminist had helped me. I didn't know of any feminist spaces at the time. I spent a whole week recovering in hospital, hearing that I had killed a baby, and I would end up in prison because a new anti-abortion law was coming.”

In **South Africa**, where elective abortion is available on request up to 12 weeks’ gestation (and further into the pregnancy under certain circumstances) and free of charge through public health care facilities, a high proportion of abortions take place outside the formal health care sector.¹³⁴ There are many reasons why this happens, with stigma playing a key role. For example, a 2017 Amnesty International report¹³⁵ raised concerns about barriers related to conscience-based refusals, inequality of access to services for the poorest and marginalized, and lack of access to information. In addition, there are many providers who end up not practicing abortions due to fear being stigmatized and victimized by colleagues,¹³⁶ while those seeking abortions may have concerns around privacy and fear being mistreated or judged by some healthcare staff.¹³⁷

A recent **Australian** study found that stigma has a direct bearing on the quality of healthcare provided. The study, based on interviews with those seeking abortion care, found that they had negative experiences due to stigmatizing behaviours by some healthcare providers. This included being given insufficient information on how to access abortion, or experiencing delays, or denials of care altogether. In some cases, those seeking abortions reported having been judged, blamed, pressured, questioned or punished, for example, by receiving inadequate pain treatment. On the other hand, the same study found that when the interactions between abortion-seekers and healthcare workers were non-stigmatizing, then this enabled a patient-centred approach and a positive impact on the quality of care received.¹³⁸

¹²⁹ Amnesty International, *Policy on Abortion: Explanatory Note*, 2020, p. 14 (AI INDEX: POL 30/2847/2020).

¹³⁰ A. M. Sorhaindo, A. F. Lavelanet, “Why does abortion stigma matter? A scoping review and hybrid analysis of qualitative evidence illustrating the role of stigma in the quality of abortion care”, *Social Science and Medicine*, Volume 311, 2022, [sciencedirect.com/science/article/pii/S0277953622005779?via%3Dihub](https://www.sciencedirect.com/science/article/pii/S0277953622005779?via%3Dihub); Alison Norris et al, “Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences”, *Women’s Health Issues*, Volume 21, Issue 3, May 2011, [whjournal.com/article/S1049-3867%2811%2900033-8/fulltext](http://www.whjournal.com/article/S1049-3867%2811%2900033-8/fulltext); A.

Jim et al, “Stigma towards women requesting abortion and association with health facility staff facilitation and obstruction of abortion care in South Africa”, *Frontiers in Global Women’s Health*, Volume 4, 15 June 2023, <https://www.frontiersin.org/articles/10.3389/fgwh.2023.1142638/full>

¹³¹ Amnesty International, *Policy on Abortion: Explanatory Note*, (previously cited), p. 14.

¹³² Amnesty International, *Policy on Abortion: Explanatory Note*, (previously cited), p. 52.

¹³³ Pseudonym chosen by respondent - interview with Amnesty International, September 2023.

¹³⁴ J. Harries et al, “Understanding abortion seeking care outside of formal health care settings in Cape Town, South Africa: a qualitative study”, *Reproductive Health*, Volume 18, 2021, reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01243-3; R.K. Jewkes et al, “Why are women still aborting outside designated facilities in metropolitan South Africa?” *BJOG An International Journal of Obstetrics and Gynaecology*. Volume 112, no. 9, 2005, <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/j.1471-0528.2005.00697.x>

¹³⁵ Amnesty International South Africa, *Barriers to safe and legal abortion on South Africa*, 2017, amnesty.org.za/research/barriers-to-safe-and-legal-abortion-in-south-africa/

¹³⁶ Amnesty International South Africa, *Barriers to safe and legal abortion on South Africa* (previously cited)

¹³⁷ J. Harries et al, “Understanding abortion seeking care outside of formal health care settings in Cape Town, South Africa” (previously cited).

¹³⁸ S. Makleff et al, “Typologies of interactions between abortion seekers and healthcare workers in Australia: a qualitative study exploring the impact of stigma on quality of care”, *BMC Pregnancy and Childbirth* Vol. 23, 2023, doi.org/10.1186/s12884-023-05902-0

2. DEFENDING THE RIGHT TO ABORTION IN A HOSTILE CONTEXT

Promoting and defending abortion rights has been a key issue for WHRDs for decades and is at the core of the struggle for equality and dignity of women, girls and all people who can get pregnant, particularly those who are marginalized and who rely on accessible and affordable health services.

The right to abortion is now well established in international human rights law and is understood as an essential part of health care (see chapter 3). Today abortion is decriminalized in some circumstances in the majority of countries around the world with varying degrees of restrictions in law and in practice. Even so, abortion is a right that continues to be contested and restricted, and is constantly at risk of being taken away, weakened, and hampered by anti-abortion forces.

This creates a hostile environment for those who defend the right to abortion, whether they are activists, advocates, companions or healthcare providers. This chapter gives a snapshot of the attacks and challenges they face and includes real life testimonies reflecting the impact of these challenges.

2.1 HUMAN RIGHTS DEFENDERS OF THE RIGHT TO ABORTION

“Everyone has the right, individually and in association with others, to promote and to strive for the protection and realization of human rights and fundamental freedoms at the national and international levels.”

Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms, Article 1¹³⁹

HRDS AND WHRDS

Human rights defenders (HRDs) are all those who, individually or in association with others, act to defend and/or promote human rights at the local, national, regional or international levels, without resorting to or advocating hatred, discrimination or violence.¹⁴⁰ HRDs come from every walk of life; they may be journalists, lawyers, health professionals, teachers, trade unionists, whistle-blowers, women’s rights and anti-racism campaigners, Indigenous leaders and their communities, victims or relatives of victims of human rights

¹³⁹ UN Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms (hereinafter the Declaration on HRDs), 1998, [ohchr.org/en/special-procedures/sr-human-rights-defenders/declaration-human-rights-defenders](https://www.ohchr.org/en/special-procedures/sr-human-rights-defenders/declaration-human-rights-defenders)

¹⁴⁰ Webpage of the Special Rapporteur on human rights defenders, “About human rights defenders”, [ohchr.org/en/special-procedures/sr-human-rights-defenders/about-human-rights-defenders](https://www.ohchr.org/en/special-procedures/sr-human-rights-defenders/about-human-rights-defenders)

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violations and abuses. Their human rights defence work may be conducted as part of their professional role or be undertaken voluntarily or on an unpaid basis.

The term “women human rights defenders” (WHRDs) refers to women, girls and gender diverse defenders (who may work on any human rights issue), and to other defenders (who may not necessarily be women or gender non-conforming people) who work on women’s rights or on a range of gender-related issues, including SRR.¹⁴¹ The concept of WHRDs was introduced to highlight the gendered aspects of defending human rights, and the particular risks these defenders face.¹⁴² WHRDs involved in defending SRR, particularly abortion, are among the groups of human rights defenders who face some of the most serious dangers, due to the taboo and stigma associated with sexuality and reproduction, exacerbated by increasingly hostile public rhetoric by anti-abortion actors.

Debates and activism led by WHRDs have expanded and deepened our understanding of SRR. Many of these debates have shone a light on the indivisibility and interdependency of human rights and the need to use an intersectional lens in human rights work. For example, the concept of reproductive justice, coined by Black women using a feminist, anti-racist and intersectional lens,¹⁴³ is rooted in the belief that individuals and communities have the right to the resources and power to make sustainable and free decisions about their bodies, genders, sexualities, and lives. This means expanding the focus from protecting individual rights and choices, to addressing broader, underlying socio-economic factors that affect and constrain individuals’ reproductive rights, actions and decisions and impact their lives. In this way, debates around SRR are connected not just to gender, but also to other forms of discrimination and inequality, for example those based on identity, race, class, disability, and income, amongst others. SisterSong, a USA based reproductive justice organization, defines this concept simply as the human right to bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. Monica Simpson, SisterSong executive director explained:

“Those of us who want the ability to make our own decisions about our bodies, our families and our futures, are under attack. Abortion bans, police brutality, and higher maternal mortality rates in our communities are all rooted in racism and are putting our bodies in danger on a daily basis. Black women are still only making 63 cents on the dollar to their white counterparts, we don’t have paid leave for folks to be able to properly heal and take care of themselves after they’ve given birth, we don’t have expanded access to health care. There is a rise in queer and trans violence in our country. All of these things impact one’s decision as to whether or not to have a child. The reproductive justice framework gives us the ability to talk about all of these issues at the same time. I live by the Audre Lorde quote that says that we can’t have single issue movements, because we do not live single issue lives. That is what drives us, as we move and operate within this reproductive justice framework.”¹⁴⁴

Others interviewed for this report also stated that what they are doing is essential to ensure the health and rights of women, girls and people who can become pregnant, and are aware that they are part of a bigger effort to fight discrimination, inequality, prejudice, and injustice. One activist from Brazil reflected:

“There’s no point in just talking about the right to abortion if you don’t also talk about the right to motherhood, about obstetric racism, humanized childbirth [...]. If you also don’t talk about access to other rights, to water, childcare. [We need to make a] political leap and articulate a rights agenda that is not just about abortion. It’s about family planning, it’s about sex education in schools[...]. We’ve been talking a lot about the need to put abortion on a public agenda[...]. Just as people don’t have access to land, it’s the same debate as people not having access to decriminalized and safe abortion. So, we need to think about this agenda more broadly and in the future we’ll have women with autonomy to decide about their rights and bodies”.¹⁴⁵

The fight for the right to abortion is thus embedded in the wider struggle against racist and patriarchal systems of oppression, for the guarantee of human rights and equality, and will continue to be a human rights issue at the centre of social and political debates. Individuals, groups and movements defending and promoting the right to abortion and reproductive justice are therefore essential actors in defending all human rights for all people and guarding against human rights backsliding. They must be protected and enabled to continue with their work without facing criminal sanction, intimidation, harassment or violence.

¹⁴¹ UN General Assembly, Resolution 68/181 Promotion of the Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms: protecting women human rights defenders, 18 December 2013, UN Doc. A/RES/68/181. Also: WHRD International Coalition defendingwomen-defendingrights.org; Amnesty International, *Challenging power, fighting discrimination* (Index: ACT 30/1139/2019), 29 November 2019, [amnesty.org/en/documents/act30/1139/2019/en](https://www.amnesty.org/en/documents/act30/1139/2019/en) OHCHR, Women Human Rights Defenders Infosheet, 2020, [ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_WHRD_WEB.pdf](https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_WHRD_WEB.pdf)

¹⁴² For more on this, see Amnesty International, *Challenging power, fighting discrimination* (previously cited)

¹⁴³ See Sistersong website, sistersong.net/reproductive-justice

¹⁴⁴ Interview with Amnesty International, September 2023.

¹⁴⁵ Interview with Amnesty International, October 2023.

2.1.1 ACTIVISTS, ADVOCATES, ACCOMPANIERERS, AND MORE

Countless people and groups take action to promote and defend access to abortion and other SRR, they may be:

- those who accompany and give orientation and support to women, girls and all pregnant people to access abortion services, including doulas, helpline workers, clinic escorts, relatives and friends, and those supporting self-managed abortions;
- educators, activists, advocates, artists, musicians, protesters who call for improvements in policies and practices, whether they are individuals or are part of institutions, civil society organizations, collectives and movements;
- lawyers who defend individuals who are criminalized or advocates who support access to abortion services;
- officials and lawmakers, politicians, journalists, and academics who raise awareness about barriers to abortion services and push for change.

Because of the activities they conduct in favour of a right that is deeply scorned and contested by anti-abortion actors, and also often because of who they are (as women, LGBTI people, people who are racialized or otherwise discriminated), they are exposed to a wide range of risks including intimidation and threats, verbal and physical attacks, criminalization and stigmatization.



↑ Activists with Abortion Dream Team and Abortion Without Borders, Natalia Broniarczyk, Justyna Wydrzyńska, Kinga Jelinska, Karolina Więckiewicz, 2022, Poland
© Grzegorz Żukowski

DEFENDERS SUPPORTING SELF-MANAGED ABORTION

Self-managed abortion refers to any action taken to end a pregnancy outside of the formal healthcare system. It includes self-managed medication abortion which is the use of medication (such as mifepristone and/or misoprostol) by those pregnant to induce their abortion, with limited or no involvement of a medical professional. Studies show that self-management of medication abortion is a safe and effective way to terminate early pregnancy¹⁴⁶ and the WHO endorses this practice if women, girls and all pregnant people who have access to accurate information, quality-assured drugs, and healthcare in case of need.¹⁴⁷ Self-management of medication abortion is increasingly necessary in the face of access-based restrictions

¹⁴⁶ N. Verma, D. Grossman, Self-Managed Abortion in the United States, *Current Obstetrics and Gynecology Reports*, Volume 12, Issue 2, link.springer.com/article/10.1007/s13669-023-00354-x; <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-01016-4>

¹⁴⁷ WHO, *Abortion Care Guideline* (previously cited), Recommendation 50.

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(including criminalization), discriminatory access to sexual and reproductive health services, and during situations of conflict, disaster and public health crises. Self-managed medication abortion also promotes autonomy and dignity when exercising one's SRR and enables equality in access to abortion. Those who share information and provide support and accompaniment for people practicing self-managed medication abortions (for example in person, online or on the phone, or by making medication available) are thus abortion rights defenders as they enable individuals to exercise their rights.¹⁴⁸ For example, feminist providers such as Women Help Women have been trailblazers in self-managed medication abortion, so much so that their protocols and counselling scripts have been adopted by providers in institutional medical settings.¹⁴⁹ According to Lucia Berro Pizarro, an advocate with Women Help Women:

*"Abortion activists working on self-managed abortion are crucial actors in the constellation that enables safe trajectories to abortion care. They not only meet people's immediate needs for access but also challenge power dynamics centering the needs of those who seek abortions."*¹⁵⁰

In addition, as noted by several abortion rights advocates interviewed for this report, it is important to recognise that people who, under the self-care model, take matters in their own hands and manage their own abortion, who talk about their own abortion, and who share their experience with others, should also be considered human rights defenders.

In countries with restrictive legislation, these abortion rights defenders may be forced to side-step or disregard laws and regulations that are deeply unjust. By doing so, they are carrying out a legitimate act of civil disobedience to uphold the human rights of people who seek abortions. Instead of persecuting and criminalizing them, States should ensure self-management of medication abortion is available to all and decriminalization efforts must include those who share information, support and accompany others in their reproductive experiences.¹⁵¹ Carolina Castillo, an activist and accompanier with Safe Abortion Sonora (Spanish: Aborto Seguro Sonora) from northern Mexico said:

*"We work in a very conservative state. Our work is stigmatized because of false and wrong information spread by the authorities. I have received threats and I have been put under surveillance. So we have to learn to work under the radar for our protection. We are not doing anything bad, we are simply trying to provide support and enable human rights and social justice. It is absurd that we face reprisals for something the state should be doing."*¹⁵²

2.1.2 HEALTHCARE PROVIDERS

Amongst defenders of abortion rights and SRR more broadly, there is a wide range of individuals who work in the healthcare sector and who determinedly enable access to abortion services,¹⁵³ despite the criminalization, stigmatization and exceptionalization of abortion care. These defenders may include: general practitioners, obstetricians and gynecologists, anaesthesiologists and other specialists, midwives, nurses, healthcare assistants, pharmacists, administrators, and other health and social care professionals.

Their activities are part of their everyday professional responsibilities, however, the hostility around abortion means that many of them "do more than just their job". They purposefully enable access to a range of human rights undermined and threatened by the denial of the right to abortion. By doing so, they are active human rights defenders. Some of the healthcare workers interviewed for this report, see abortion provision as part of their professional duties and the duty to "do no harm", but also as contributing to a non-discriminatory, rights-based approach to providing essential health services. As Dr. Teresa Bombas, of FIGO's safe abortion committee put it:

"I knew about the stigma and the difficulties before I started. But I am still proud of my decision and I know I am in the right place to protect women's health and their rights. It's not just pride, it is a duty and I will continue to do this despite the difficulties, in fact, this gives me more energy and motivation. As an obstetrician working in abortion and family planning, I always think in terms of rights. I work with people who are not necessarily ill, and my relationship with them is non-hierarchical. The issues I deal with are not just

¹⁴⁸ L. Berro Pizarro, R. Nandagiri, "Self-managed abortion. A constellation of actors, a cacophony of laws?", Sexual and reproductive health matters, Volume 29, no. 1, 2021, [tandfonline.com/doi/full/10.1080/26410397.2021.1899764](https://doi.org/10.1080/26410397.2021.1899764)

¹⁴⁹ S. Yanow et al, "Self-managed abortion: Exploring synergies between institutional medical systems and autonomous health movements", Contraception, Volume 104, Issue 3, September 2021, [contraceptionjournal.org/article/S0010-7824\(21\)00189-X/fulltext](https://doi.org/10.1016/j.contraception.2021.05.001)

¹⁵⁰ Interview with Amnesty International, November 2023.

¹⁵¹ If/When/ How: Lawyering for Reproductive Justice, *Self-Care, Criminalized: The Criminalization of Self-Managed Abortion from 2000 to 2020*, 2023, ifwhenhow.org/wp-content/uploads/2023/10/Self-Care-Criminalized-2023-Report.pdf

¹⁵² Interview with Amnesty International, November 2023.

¹⁵³ The UN Special Rapporteur Margaret Sekaggya highlighted this back in 2010, see: Report of the Special Rapporteur on the situation of human rights defenders, UN Doc, A/HRC/16/44. She stated: "human rights defenders who work on sexual and reproductive rights face risks including harassment, discrimination, stigma, criminalization and physical violence. As part of this group, medical and health professionals, by providing sexual and reproductive health services, ensure that women can exercise their reproductive rights."

medical, they are also related to bodily autonomy, violence and discrimination. So we need doctors to be trained in human rights too, and we need to update the curricula for students. My message to colleagues is “keep going”! We have agency and we can improve mortality and morbidity rates if we respect women’s rights. As well as doctor, I am also a feminist.”¹⁵⁴



↑ Dr Anne Kihara (centre), FIGO President, with other participants of the SAGO-FIGO Community of Practice, December 2022, Mali © FIGO

An international survey conducted in 2021 by Ipas with abortion healthcare providers and companions found that many of them had deep, personal motivations for doing their job, with most saying that they felt proud of providing help to their communities, enabling women to exercise their freedom to choose, saving lives, and being able to provide accurate and timely information.¹⁵⁵ Those interviewed for this report expressed similar sentiments. For example, a gynecologist from **Nigeria** told Amnesty International:

“I strongly feel that my work is in defense of women and girls and all those who can get pregnant. Being recognised as a human rights defender would be helpful.”¹⁵⁶

Dr. Bina Shrestha, an obstetrician and gynecologist, and Program Director of the Family Planning Association of **Nepal**, said:

“I am loud at the national level as an advocate for women rights for safe abortion [...] Being a woman myself and mother of two young daughters, I care about women and girls’ rights, and I am proud of what I am doing to support girls/women with unintended pregnancies and prevent unsafe abortions. Before abortion was legalized and services were made accessible, when women or girls committed suicide, often the first assumption was that it might be due to an unwanted pregnancy from an undeclared relationship. Now it is less so, but there are still many who are not aware of the availability of safe abortion services”¹⁵⁷

Dr Guillermo Ortíz, from **El Salvador** highlighted:

“I believe it is important for doctors to make abortion accessible in countries with restrictive laws. We are the ones providing care to the poorest women, those most likely to suffer harms [...] We are at the

¹⁵⁴ Interview with Amnesty International, September 2023

¹⁵⁵ safe2choose and IpasCAM, *International survey of abortion providers and companions*, 2020, ipaslac.org/documents/IpasCAM-2021-ResumenING.pdf

¹⁵⁶ Interview with Amnesty International, September 2023

¹⁵⁷ Interview with Amnesty International, October 2023.

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forefront of healthcare and we must be part of the movement for safe access to abortion. Abortion is healthcare.”¹⁵⁸

Healthcare providers in general (not just those providing abortions) are one of the most at-risk categories of workers of any sector, with many doctors and nurses having experienced abuse and intimidation at some point in their career.¹⁵⁹ During the Covid-19 pandemic, attacks on health workers became front-page news and Amnesty International documented these attacks, as well as the inadequate protection from states and employers.¹⁶⁰ But while all healthcare providers are at risk of abuse, those providing services that are stigmatized, such as abortion care, are at particular risk and can also be targeted by colleagues, institutions and communities, as their vulnerability is increased by restrictive policies and laws, as well as by hostility against SRR by those with power.¹⁶¹ Ipas’s 2021 survey found that over 13% of respondents had faced violence or aggression against them or their families due to their jobs, with peaks of over 28% in Africa, and over 20% in Asia and North America.¹⁶²

Acknowledging health workers as human rights defenders is key to acknowledge the situations they face and urge states to comply with their obligation to recognise them, protect them from attacks, and enable their work as essential to the full realization of human rights.¹⁶³ As a positive example, **Ghanaian** doctor Eunice Brookman-Amisshah was recently recognized with the Right Livelihood Award for “pioneering discussions on women’s reproductive rights in Africa and paving the way for liberalized abortion laws and improved safe abortion access”.¹⁶⁴

2.2 ATTACKS AND IMPACTS

“Abortion is an essential part of healthcare and around the world courageous frontline health workers continue to go further than anyone else to defend our right to make that choice. Stigmatised because of their work, many are assaulted, abused and ostracised on a daily basis. All attacks on people doing their jobs are unacceptable. But as the organised rollback of reproductive rights continues, the level of hostility being directed at sexual and reproductive healthcare providers is getting worse. For many, this harassment and abuse has come to feel like just part of the job, but we cannot allow this to become the new normal. Enough is enough. It’s time to recognise abortion providers as human rights defenders and stand up for those who put their lives on the line to make choice possible.”

Sarah Shaw, MSI Reproductive Choices’ Head of Advocacy

Intimidation and attacks on defenders working on SRR, particularly abortion rights, are common¹⁶⁵ but largely unrecognised.¹⁶⁶ The different aspects of these attacks are listed separately below but they all form part of a continuum: from stigmatization and smear campaigns, to attacks on the rights to freedom of expression, association and assembly, all the way to criminalization and physical attacks against individuals.

¹⁵⁸ Speech delivered during event organized by Amnesty International France, FIGO, Ipas, Médecins du Monde, Le Planning Familial, EquiPop, “An Unstoppable Movement – Strengthening Global Solidarity for Abortion Rights”, Paris, 11 October 2023. See also FIGO, An Unstoppable Movement - Strengthening Global Solidarity for Abortion Rights, 2 November 2023, figo.org/news/unstoppable-movement-strengthening-global-solidarity-abortion-rights

¹⁵⁹ Jianxin Liu et al, “Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis”, Occupational and Environmental Medicine, Volume 76, 2019, oem.bmj.com/content/76/12/927.info; ILO/WHO, “New ILO/WHO guide urges greater safeguards to protect health workers”, 21 February 2022, ilo.org/global/about-the-ilo/newsroom/news/WCMS_837406/lang-en/index.htm

¹⁶⁰ Amnesty International, *Exposed, silenced, attacked: failures to protect health and essential workers during the COVID-19 pandemic* (Index: POL 40/257/2020), 13 July 2020, <https://www.amnesty.org/en/documents/pol40/2572/2020/en/>; WHO, “Attacks on health care in the context of COVID-19”, 30 July 2020, [who.int/news-room/feature-stories/detail/attacks-on-health-care-in-the-context-of-covid-19](https://www.who.int/news-room/feature-stories/detail/attacks-on-health-care-in-the-context-of-covid-19)

¹⁶¹ K. Gilmore, et al, “Defending frontline defenders of sexual and reproductive health rights: a call to action-oriented, human rights-based responses”, BMJ Global Health, Volume 7, 2022, 4 April 2022, gh.bmj.com/content/7/4/e008867

¹⁶² safe2choose and IpasCAM, *International survey of abortion providers and companions* (previously cited)

¹⁶³ UN Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms (hereinafter the Declaration on HRDs), 1998, ohchr.org/en/special-procedures/sr-human-rights-defenders/declaration-human-rights-defenders.

¹⁶⁴ Right Livelihood, Eunice Brookman-Amisshah honoured with Right Livelihood Award for transforming safe abortion access in Africa, 28 September 2023, rightlivelihood.org/news/eunice-brookman-amisshah-honoured-with-right-livelihood-award-for-transforming-safe-abortion-access-in-africa

¹⁶⁵ Report on the situation of women human rights defenders, 10 January 2019, UN Doc. A/HRC/40/60; Amnesty International, *Defenders under attack! Promoting sexual and reproductive rights in the Americas* (Index AMR 01/2775/2015), 9 December 2015, [amnesty.org/en/documents/amr01/2775/2015/en/](https://www.amnesty.org/en/documents/amr01/2775/2015/en/)

¹⁶⁶ K. Gilmore et al, “Defending frontline defenders of sexual and reproductive health rights: a call to action-oriented, human rights-based responses” (previously cited)

2.2.1 PHYSICAL ATTACKS

Violence against WHRDs working on SRR, and particularly on abortion, is a global issue and has been reported by people interviewed by Amnesty International and many other organizations in different countries. In addition, of the 23 defenders interviewed by a team of researchers led by Dr Victoria Boydell in 2022¹⁶⁷ looking into hostility against defenders of SRR, half of them spoke of incidents of physical or sexual violence, nine spoke of receiving, or of colleagues receiving, death threats, and three spoke of colleagues killed in the course of their work. A number of those interviewed also explained how reprisals in rural or more isolated areas were often even more dangerous than in urban settings.

In the **USA**, known to be a dangerous country for WHRDs working on abortion rights, these attacks are well recorded. The National Abortion Federation has been keeping tabs for decades on violent attacks around clinics, including death threats, assault, bombings and bomb threats, shootings, arson attacks, stalking, burglary, vandalism, and clinic invasions. Between 1977 and 2022 it recorded 11 murders, 26 attempted murders, 200 arson attacks, 100 acid attacks, 531 cases of assault and battery, and other types of attacks for a total of 15,915 incidents. It also recorded over a million incidents of serious disruption, including hate mail, email and calls, bomb threats, hoaxes, and disruptive or obstructive picketing of clinics.¹⁶⁸ After the US Supreme Court decision overturning *Roe v Wade*, its earlier decision that recognized a constitutional right to abortion,¹⁶⁹ there was an increase in incidents like arsons, burglaries, death threats, and invasions.¹⁷⁰

Some abortion providers have been at the centre of attacks for decades, such as Julie Burkhart, a colleague of late Dr George Tiller, a US physician who was shot dead in May 2009 in Kansas, after years of attacks, including shootings, bombings and arson.¹⁷¹ Reflecting on his killing, Julie Burkhart commented “the anti-choice community had been pursuing Dr Tiller for years, using sensationalized language in order to demonize him. Staff members from his clinic also faced intense intimidation tactics at work and at their homes, in endless attempts to shame them out of their jobs.”¹⁷² In the following years, when she opened new clinics and founded a SRR organization, she continued to face harassment, intimidation, and fears for her life and of her loved ones.¹⁷³ In 2022, just before she was due to open a new clinic in Wyoming, it was set on fire.¹⁷⁴

Planned Parenthood, a national sexual and reproductive health provider and advocacy organization, has similarly been the target of smear campaigns, several congressional and state investigations, and attempts to stop their funding.¹⁷⁵ Threats and smears culminated in the deaths by shooting of three people at one of their clinics in Colorado in December 2015.¹⁷⁶ The organization continues to face arson attacks, including during 2022 and 2023 in California,¹⁷⁷ Tennessee,¹⁷⁸ and Illinois.¹⁷⁹

An advocate for sexual and reproductive healthcare in **Ghana** said:

¹⁶⁷ Unpublished interviews conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women's Health, University College London, United Kingdom.

¹⁶⁸ National Abortion Federation, *2022 Violence and Disruption statistics*, prochoice.org/wp-content/uploads/2022-VD-Report-FINAL.pdf N.B.: most of the data refers to the incidents in the USA and Canada, however, between 2013-2021 the organization also included data from some providers in Mexico City and Colombia. Since 2022, the represent the United States, Canada, and Colombia only.

¹⁶⁹ Supreme Court of the United States, *Dobbs, State Health Officer of the Mississippi Department of Health, et al. v. Jackson Women's Health Organization et al.* (previously cited)

¹⁷⁰ National Abortion Federation, *2022 Violence and Disruption statistics*

¹⁷¹ Amnesty International, *USA: Open Letter to the U.S. Department of Justice Attorney General* (Index: AMR 51/079/2009), 10 June 2009, [amnesty.org/en/documents/amr51/079/2009/en/](https://www.amnesty.org/en/documents/amr51/079/2009/en/)

¹⁷² Time magazine, “Dr George Tiller Co-Worker: Planned Parenthood Shooting Is a Scary Reminder”, 1 December 2015, [time.com/4131603/planned-parenthood-reminder/](https://www.time.com/4131603/planned-parenthood-reminder/)

¹⁷³ The Guardian, “Ten years after abortion doctor's murder, one woman carries the fight for reproductive rights”, 31 May 2019, [theguardian.com/us-news/2019/may/30/he-gave-so-much-the-woman-fighting-the-abortion-wars-begun-by-george-tiller](https://www.theguardian.com/us-news/2019/may/30/he-gave-so-much-the-woman-fighting-the-abortion-wars-begun-by-george-tiller)

¹⁷⁴ The Wyoming Truth, “Casper Woman to Serve Five Years in Prison for Abortion Clinic Arson”, 29 September 2023, [wyomingtruth.org/casper-woman-to-serve-five-years-in-prison-for-abortion-clinic-arson/](https://www.wyomingtruth.org/casper-woman-to-serve-five-years-in-prison-for-abortion-clinic-arson/), National Abortion Federation, *2022 Violence and Disruption Stories*, “Julie Burkhart” (multimedia webpage), storymaps.arcgis.com/stories/fcbf3a76ba154afabc0a9542e51c3815

¹⁷⁵ Planned Parenthood, “2015 Smear campaign against Planned Parenthood”, 2020, plannedparenthood.org/uploads/filer_public/f2/8d/f28d1912-c0a8-48b7-89cf-d62e4ae35d35/201014-fact-sheet-cmp-background-v1.pdf

¹⁷⁶ The Guardian, “Three dead after gunman storms Planned Parenthood clinic in Colorado”, 28 November 2015, [theguardian.com/us-news/2015/nov/27/colorado-springs-shooting-planned-parenthood](https://www.theguardian.com/us-news/2015/nov/27/colorado-springs-shooting-planned-parenthood)

¹⁷⁷ NBC News, “3rd person charged in arson attack on California Planned Parenthood”, 25 July 2023, [nbcnews.com/news/us-news/3rd-person-charged-arson-attack-california-planned-parenthood-rcna96087](https://www.nbcnews.com/news/us-news/3rd-person-charged-arson-attack-california-planned-parenthood-rcna96087)

¹⁷⁸ Planned Parenthood of Tennessee and North Mississippi, “Planned Parenthood Statement on Arson at Knoxville Health Center”, 6 January 2022, plannedparenthood.org/planned-parenthood-tennessee-and-north-mississippi/knoxville-arson

¹⁷⁹ ABC News, “Planned Parenthood set on fire just 2 days after state passes abortion rights law”, 18 January 2023, abcnews.go.com/US/planned-parenthood-set-fire-2-days-after-state/story?id=96502839

“There have been a few instances where service providers have been beaten by members of the public, even when just educating about contraception, or intervening in child marriage cases, especially in rural communities. So providers are scared. They experience physical violence, public shaming.”¹⁸⁰

Activists and health workers who are trying to provide services in situations of conflict face severe threats and challenges. For example, one gynecologist referred this about the situation of risk in **Sudan**:

“We are all at potential risk of criminalization, but some risk their lives. I recently spoke to a colleague from Sudan who said that they would be shot if they were found to practice abortions. In fact they said a provider was recently shot by the spouse of a woman who sought an abortion. We were in tears as we were talking about it.”¹⁸¹

One senior obstetrician gynecologist who worked in the Tigray region of **Ethiopia** during the height of the conflict, recounted that amongst the difficulties faced by him and his colleagues (lack of salary for healthcare staff for almost a year and a half, food shortages affecting doctors as well as patients, lack of essential medicines and equipment leading to avoidable morbidity and mortality, etc.) he also faced the threat of physical assault as he tried to protect his patients:

“As obstetricians and gynecologists, our primary concern was providing a safe haven for victims of gender-based violence. Unfortunately, our actions were misunderstood by the community, who believed we were concealing these individuals. [...] This situation was deeply unsettling, as it was exceptionally challenging to strike a delicate balance between protecting the privacy of our patients and ensuring they were accessible to those who wanted to advocate for them.”¹⁸²

2.2.2 THREATS AND INTIMIDATION

Threats and intimidation, which can happen in person, via mail, phone calls, email, and social media, are widespread and can have a chilling effect on many activists and healthcare providers, especially if they are not investigated promptly and thoroughly. Impunity for threats and intimidation can also embolden attackers to take threats a step further.¹⁸³

In **Poland**, human rights organizations have documented bomb and death threats received in March 2021 by women's and SRR organizations, including the Abortion Dream Team, Federation for Women and Family Planning (Federa), Feminoteka, FundacjaFOR, Helsinki Foundation for Human Rights, Women's Rights Centre (Centrum Praw Kobiet), and All-Poland Women's Strike (Ogólnopolski Strajk Kobiet). One threat claimed it was “payback” for supporting the mass protests against restrictions on access to legal abortion.¹⁸⁴ These threats happened in a dangerous context of hate stoked by political and media rhetoric and disinformation aimed at discrediting the work of abortion rights defenders, and in which police used excessive force against protesters and pressed criminal charges against protest organizers.

Robyn Baldrige, co-founder of Abortion Care for Tennessee, an abortion fund in the **US** state of Tennessee, recounted:

“The summer of 2022, the post-Roe summer, tensions were high and speaking specifically about Nashville and Tennessee, one of the biggest national pro-life organizations moved their headquarters to Tennessee [...] they held some big rally that brought in pro-life people from all over the country and in a series of like a couple weeks [...] I started experiencing attacks. There were death threats sent to my home. My car and home were vandalized. [...] One day [I got] in my car and my brakes just were not working [...] One day that I came home my door was unlocked. I'm a woman that lives alone. I never don't lock my door. [...] There were personal documents missing from my home. [...] And then I was moved out of there within two weeks.”¹⁸⁵

In **El Salvador**, the Civic Group for the Decriminalization of Abortion (in Spanish: Agrupación Ciudadana para la Despenalización del Aborto), has faced intimidation, threats and smear campaigns for years.¹⁸⁶ The

¹⁸⁰ Interview with Amnesty International, August 2023.

¹⁸¹ Interview with Amnesty International, November 2023.

¹⁸² Interview with Amnesty International, November 2023.

¹⁸³ Report of the Special Rapporteur on the Situation of Human Rights Defenders - Final warning: death threats and killings of human rights defenders, 24 December 2020, UN Doc. A/HRC/46/35; Amnesty International, *Deadly but preventable attacks: killings and enforced disappearances of those who defend human rights* (Index: ACT 30/7270/2017), 5 December 2017, [amnesty.org/en/documents/act30/7270/2017/en/](https://www.amnesty.org/en/documents/act30/7270/2017/en/)

¹⁸⁴ Human Rights Watch, IPPF-EN, and CIVICUS, “Poland: Escalating Threats to Women Activists”, 31 March 2021, [hrw.org/news/2021/03/31/poland-escalating-threats-women-activists](https://www.hrw.org/news/2021/03/31/poland-escalating-threats-women-activists); Amnesty International, Poland: A Year On, Abortion Ruling Harms Women, 19 October 2021, [amnesty.eu/news/poland-a-year-on-abortion-ruling-harms-women/](https://www.amnesty.eu/news/poland-a-year-on-abortion-ruling-harms-women/)

¹⁸⁵ Interview with Amnesty International interview, 12 October 2023

¹⁸⁶ Amnesty International, *Defenders under attack! Promoting sexual and reproductive rights in the Americas* (previously cited)

organization has been at the forefront of campaigns to free women imprisoned as a result of the country's total abortion ban and has worked to bring the cases of Manuela and of Beatriz to the Inter-American Court of Human Rights. In 2021, the State was found responsible for failing to provide adequate medical care for Manuela, leading to her dying of cancer in prison in 2010.¹⁸⁷ Two years before her death she had been sentenced to 30 years in prison for what was an obstetric emergency. In 2023 the Court heard the case of Beatriz,¹⁸⁸ whose life and health were seriously endangered for failing to provide her with a timely therapeutic abortion in 2013 - a ruling is pending. As both cases exposed El Salvador's human rights violations on the world stage, the organization faced an intensification of harassment and intimidation. According to Sara García, an activist with the Civic Group:

"While the total abortion ban continues in place, anti-abortion actors will carry on openly calling us "murderers" and accusing us of inciting people to commit a crime. These two landmark cases we helped bring before the Inter-American Court also led to a backlash for us as harassment and intimidation grew even stronger during peak campaign and advocacy moments. [...] Some of our spokespeople were specifically attacked and smeared online. And this is particularly worrying, because El Salvador is going through a phase of punitive populism, where prison is seen as the solution to all problems [...] the government has put in place a state of emergency leading to the detention of more than 72,000 people and is endangering civic space and human rights.¹⁸⁹ So, the risk of us being persecuted with violence or through the courts is even more dire."¹⁹⁰

EVOLVING METHODS OF INTIMIDATION

Several of the individuals interviewed for this report have shared concerns that anti-abortion actors are adopting increasingly insidious and intrusive attempts to endanger abortion defenders by sharing private and/or false information on social media. Dr Bilguissou Balde, Ipas' Regional Director for francophone Africa, told us about a case of doxing in **Senegal**:

"The details of one activist were released on Facebook together with false information about her, which led to her being constantly attacked and threatened on social media and real life by anti-abortion groups. This woman is married with kids, so this was an additional pressure for her. She was particularly targeted by someone with a fake online account - he was calling himself "the priest" for some reason. So you don't know who's targeting you. It's very hard when you're not tech savvy. [...] Fortunately, now she is better at navigating the challenge. I think the fact that she has been through repeated harassment and personal attacks, you end up becoming resilient, especially for those who are really committed to defending abortion access."¹⁹¹

Some people interviewed reported being harassed with "sting operations" and attempts and recordings of private consultations. For example, some activists who help people with self-managed abortions reported receiving calls from individuals posing as pregnant women with a view to intimidate or threatening to expose them.¹⁹² A SRR advocate in **Venezuela** recalled the case of a social media influencer¹⁹³ who in May 2023 organized a "sting operation" against activists who help with self-managed abortions:

"The influencer claimed on social media to have uncovered a criminal network of people selling abortion pills and shared the picture of a woman who was being arrested, violating her right to privacy and presumption of innocence [...] We see this as an attempt at intimidating and discrediting the whole pro-abortion movement in Venezuela."¹⁹⁴

One representative of sexual and reproductive care providers in several **African** countries also shared information about increasingly sophisticated attacks, including with recordings:

"Last year in Uganda there was a case of a pregnant woman and a chaperone wearing body cameras into the clinic. They walked in, requested an abortion service and recorded the consultation. [...] The recording was then sent to the regulators. We were then called to answer, and this is problematic on so

¹⁸⁷ Inter-American Court of Human Rights, Case of Manuela* et al. v. El Salvador, Judgment of 2 November 2021, corteidh.or.cr/docs/casos/articulos/seriec_441_ing.pdf

¹⁸⁸ Inter-American Commission on Human Rights, "IACHR Takes Case Involving El Salvador's Absolute Ban on Abortion to the Inter-American Court of Human Rights", 11 January 2022, oas.org/en/IACHR/jsForm?File=/en/iachr/media_center/PReleases/2022/011.asp

¹⁸⁹ Amnesty International, *El Salvador: State of emergency grave threat to rights* (Index: AMR 29/5576/2022) 9 May 2022, amnesty.org/en/documents/amr29/5576/2022/en/

¹⁹⁰ Interview with Amnesty International, October 2023.

¹⁹¹ Interview with Amnesty International, October 2023.

¹⁹² Interviews with activists from different countries at an event organized by Amnesty International France, FIGO, Ipas, Médecins du Monde, Le Planning Familial, EquiPop, "An Unstoppable Movement – Strengthening Global Solidarity for Abortion Rights", Paris, 11 October 2023.

¹⁹³ ALnavio, "La polémica de Irrael Gómez sobre denuncias de aborto en una clínica que se hizo TT", 1 June 2023, alnavio.es/la-polemica-de-irrael-gomez-sobre-denuncias-de-aborto-en-una-clinica-que-se-hizo-tt/

¹⁹⁴ Interview with Amnesty International, October 2023.

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many levels. First of all, interfering with the sacred space of doctor/patient confidentiality and one wonders under which circumstances this woman was brought in, whether she was forced and faced trauma, or whether she was paid [...] And then the regulator came in hard and questioned whether we operated within the policies, which we did, and the investigators asking confidential data about our clients. [...] This was really costly and time consuming for us. On the plus side, the regulator looked at us from the inside and checked the policies with the Ministry of Health, with National Medical Council, so they gained a different understanding from what they understood from the recording. [...] But it happens in other countries too and the sophistication of these attacks and involvement of the state and security forces is really disturbing.”¹⁹⁵

There are also coordinated attacks on social media by anti-abortion activists. Eleonora Mizzone, an Italian activist with feminist group Obiezione Overruled (in Italian: Obiezione Respinta), which focuses on conscience-based refusals, explained that the profiles and social media posts of members of her organization were the regular target of coordinated digital attacks with barrages of insults, threats and trolling, and their profiles are regularly reported to social media companies, in an attempt to get them banned from platforms.¹⁹⁶

Mara Clarke, co-founder and former director of Abortion Support Network, and co-founder of Supporting Abortions for Everyone (SAFE),¹⁹⁷ pointed to a new type of threat and hate speech she and her co-workers have been receiving:

*“I believe this split in feminism is going to cause more damage to abortion access than anything the anti-abortion opposition throws at us. When I was running Abortion Support Network (ASN) [...] initially our use of gender inclusive language was no problem for anyone, but in the years leading up to my leaving in 2022 the harassment from transphobic people started. Almost every newsletter we sent using the language ‘women and pregnant people’ would get a hateful response. And some of these people would go on social media and tell their followers not to donate to ASN and to stop their standing orders if they had them set up. The claim was that ASN’s use of the ‘women and’ description of people getting abortions, ASN ‘hated’ women. Keep in mind that for some of that time ASN was one of a handful of organizations anywhere in Europe funding abortions. I don’t understand why gender identity is the hill that some people want to die on. But also, some of these people are closely aligned with the alt-right. Recently there have been events called ‘Let Women Speak’ in Dublin and Belfast [...] The Belfast event had speakers from Britain First [...] and one of the speakers at the event had very negative things to say about Alliance for Choice Belfast, which is the biggest pro-choice campaign in Northern Ireland, who by the way finally were able to decriminalise abortion in Northern Ireland. And “Let Women Speak” used their platform to smear them and say how can the pro-choice campaign of Northern Ireland hate women?”*¹⁹⁸

ANTI-ABORTION PROTESTS OUTSIDE CLINICS

Another form of intimidation happens as a result of aggressive anti-abortion protests and pickets outside sexual and reproductive health clinics. The aim of these protests is to discourage and stop women, girls and all pregnant people from exercising their rights and accessing necessary healthcare. Protests have included activities such as: shouting and chanting derogatory words and offensive statements over loudspeakers, blocking entry into the buildings, filming and photographing people entering facilities, doxing (identifying and sharing personal details on the internet), throwing things at those entering the clinics - such as plastic foetuses and small coffins and engaging in a non-consensual physical contact with them, forcing flyers often with misinformation and graphic images into peoples’ hands or bags, as well as chasing people away.¹⁹⁹ In several contexts, assault and violence have also been documented.²⁰⁰ Anti-abortion protests in front of clinics and hospitals instill fear and are traumatic both for patients, companions, escorts, health providers and other staff. They have a chilling and stigmatizing effect for those accessing sexual and reproductive healthcare and information. In addition, these protests tend to produce discriminatory impacts on women, girls and all pregnant people who are members of historically marginalized groups and affect

¹⁹⁵ Interview with Amnesty International, October 2023.

¹⁹⁶ Interview with Amnesty International, October 2023.

¹⁹⁷ Abortion Support Network is a charity providing information, financial assistance and other practical support to people forced to travel for abortions; Supporting Abortions for Everyone (SAFE), a charity providing funding and infrastructure required to ensure the sustainability of the grassroots activists and organizations helping people access abortions across Europe and beyond.

¹⁹⁸ Interview with Amnesty International, November 2023.

¹⁹⁹ RCOG and FSRH, *Safe access zones around abortion clinics*, January 2023, rcog.org.uk/media/iouemp3/fsrh-rcog-safe-access-zones-around-abortion-clinics-report.pdf; R. Sifris, T. Penovic “Anti-abortion protest and the effectiveness of Victoria’s safe access zones: an analysis”, *Monash University Law Review*, Volume 44, no. 2, 2018, monash.edu/_data/assets/pdf_file/0006/1730463/01_Sifris-and-Penovic.pdf; P. Lowe, G. Hayes, “Anti-abortion clinic activism, civil inattention and the problem of gendered harassment”, *Sociology*, Volume 53, No. 2, 2018, journals.sagepub.com/doi/full/10.1177/0038038518762075

²⁰⁰ For example: National Abortion Federation, *2022 Violence and Disruption statistics* (previously cited)

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disproportionately those in vulnerable situations and those facing intersectional discrimination who have less means and resources to identify and access abortion care in locations where there are less likely to be protesters.

In the **USA**, the lack of comprehensive protection from harassment for patients, companions and staff has led to the need for volunteer “clinic defenders” or “clinic escorts.”²⁰¹ Grace Howard, PhD, an associate professor and reproductive justice activist who previously worked at an abortion clinic in the US state of Virginia explained the impact on both patients and abortion providers:

“I know we did have a few people who were afraid to get out of the car because of the protesters and they would get like extra escorts to kind of bring them in, block their face[.] I know that that's a big concern right now. That clinic protesters are videotaping patients to try to violate their privacy and dox and intimidate them[.] The fact that the physician is wearing a bullet proof vest and holding a gun while he's doing your abortion, like he's doing that because of the protesters outside that know his home address. Just that is so crazy and that should never happen. That's so intense and scary.”²⁰²

In the **United Kingdom**, particularly Northern Ireland, intimidation by anti-abortion activists outside clinics and hospitals has long been part of anti-abortion activities, making this a significant barrier for those accessing abortion services, and taking a toll on providers and staff for many years. It has led to healthcare staff experiencing personal relentless targeting²⁰³ and assault.²⁰⁴ Nicola Bailey, a sexual and reproductive health nurse whose testimony was submitted as evidence by the Royal College of Nursing to the Northern Ireland Assembly during the public consultation on the Abortion Services (Safe Access Zones) Bill, stated:

“From my own experience, I was accessing the clinic one day and one of the protesters murmured ‘murderer’ under their breath as I walked by. This is not acceptable for any staff member to deal with. I am providing regulated health care, working within the law. I respect people have a right to their opinions, but it should not be allowed to interfere when people are trying to access health care facilities. Anyone has a right to confidential, safe, local, health care services.”²⁰⁵

In May 2023, legislation on safe access zones was introduced in England and Wales, to ensure that those accessing or providing essential abortion care are able to do so free from harassment and intimidation.²⁰⁶ The law has made it an offence to influence, obstruct, or harass those accessing or providing abortion care within 150 metres of a clinic, hospital, or any premises providing services so that everyone has the right to access reproductive healthcare with safety, dignity and privacy. However, at the time of writing, this legislation had yet to come into effect, or “commenced”.²⁰⁷ British providers have raised the alarm at this delay and said that in the five months since the law was passed, 15 clinics had been targeted by anti-abortion groups, and gave examples of behaviours such as: “a man protesting in the waiting room of one clinic, refusing to leave”; “30 people marching to a clinic and lining the pavements outside for hours, causing anxiety and distress to women inside”; “preachers standing opposite clinics with body cameras and a posterboard reading “babies are murdered here”; “a man who regularly kneels directly outside the entrance of a clinic with his hands in the air, attempting to stop women from entering”.²⁰⁸

Clinic picketing has become widespread worldwide.²⁰⁹ For example, ‘40 days for life’, an anti-abortion picket that takes place twice a year and is organized by a Texas-based organization, has spread to over 1,000 cities in 65 countries.²¹⁰ In **Colombia**, Nicolas Giraldo, legal and advocacy coordinator with SRR provider organization Profamilia explained how these pickets have taken root in his country and become increasingly intrusive:

“They often have these gatherings in front of our clinics, three or two people, they are praying. There is a movement that is called ‘40 Days for Life’, that is, ‘pray until abortion is over in the world’. We

²⁰¹ See the history of clinic escorts in Lauren Rankin, *Bodies on the line*, 2022.

²⁰² Amnesty International interview, October 2023.

²⁰³ For example, The Guardian, “Dawn Purvis Changed the Face of the Abortion Debate in Northern Ireland. So Why Is she Calling it a Day?,” 10 April 2015, theguardian.com/world/2015/apr/10/dawn-purvis-abortion-debate-northern-ireland-marie-stopes-clinic-interview.

²⁰⁴ Belfast Telegraph, “Pro-life campaigner guilty of hitting sexual health worker with clipboard,” 7 July 2015, belfasttelegraph.co.uk/life/pro-life-campaigner-guilty-of-hitting-sexual-health-worker-with-clipboard/31356836.html.

²⁰⁵ Royal College of Nursing Northern Ireland, Call for evidence by the Northern Ireland Assembly Committee for Health in respect of the Abortion Services (Safe Access Zones) Bill, November 2021.

²⁰⁶ UK Public Order Act 2023, 3 May 2023, bills.parliament.uk/bills/3153

²⁰⁷ The Guardian, “Women still being harassed at abortion clinics despite buffer zone law”, 18 October 2023, theguardian.com/world/2023/oct/18/women-harassed-abortion-clinics-england-wales-buffer-zone-law

²⁰⁸ Joint release by British Pregnancy Advisory Service, Royal College of Obstetricians and Gynaecologists, the Faculty of Sexual and Reproductive Healthcare, and MSI Reproductive Choices, 18 October 2023, fsrh.org/news/joint-release-by-bpas-royal-college-of-obstetricians-and/

²⁰⁹ Valigia Blu, “Come funzionano e chi c'è dietro le proteste antiabortiste fuori da cliniche e ospedali”, 4 April 2023, valigiablu.it/antiabortisti-ospedali-cliniche-proteste/

²¹⁰ The New Republic, “U.S. anti-abortion activists are spreading clinic protests around the world”, 9 January 2023, newrepublic.com/article/169587/us-anti-abortion-activists-spreading-clinic-protests-around-world

have had situations that could be qualified as intrusive or even violent, such as, for example, throwing water at staff or users, shouting insults, or aggressively trying to interfere with users' decisions."²¹¹

Numerous people interviewed for this report have talked about pickets outside clinics or the offices of pro-abortion organizations. They see this as a form of harassment and barrier for both users and providers. An advocate for sexual and reproductive care in **Ghana** told Amnesty International:

"You can have local preachers start speaking loudly next to clinics providing abortion services and publicly shaming providers and anyone who attends the clinic. So, the clients walk away out of shame. And providers are also shamed. This is harassment. But there is no way of addressing that because of fear and we cannot get any justice for the harassment".²¹²

THE NEED FOR SAFE ACCESS ZONES

States have a positive obligation to ensure the human rights of all women, girls and people who can become pregnant, including the right to access quality abortion care and information, and to remove any barriers to exercising these rights. This includes addressing and preventing physical and social barriers to accessing clinics and facilities where abortion care is provided; protecting individuals from experiencing intimidation, harassment, assault, or other human rights violations while exercising their rights; and preventing and eliminating discrimination, stigmatization and negative stereotyping that hinder access to sexual and reproductive health care.

"Safe access zones" can be a way to fulfil this obligation. Some contend that establishing them can interfere with the right to freedom of assembly and freedom of expression of those who are protesting outside of the clinics, however, these rights are not absolute. Where protest activity in the vicinity of abortion healthcare facilities interferes with the rights of users and healthcare providers, the presence or conduct of protesters may legitimately be restricted to protect the rights and freedoms of those seeking access to these facilities.²¹³ The establishment of 'safe access zones' may in certain circumstances, be justified as a necessary and proportionate interference with the rights to freedom of expression, in order to protect the rights of women, girls, and all pregnant people to access quality abortion care and information in an effective, safe, timely and respectful manner, as well as to protect the right of physical integrity of the medical and health providers or any other staff delivering abortion care.

2.2.3 CRIMINALIZATION

A global review of abortion policies data available for 182 countries found that countries penalize abortion-seekers (134 countries), abortion-providers (181 countries) and those who assist with abortion (159). In most countries the penalties range from zero to five years imprisonment, but they can be much higher in some of them.²¹⁴

For example, **Sri Lanka** criminalizes abortion unless it is "caused in good faith for the purpose of saving the life of the woman" and carries a penalty of up to three years and/or a fine.²¹⁵ One abortion rights advocate said:

*"Abortion is not legal in Sri Lanka so we have to tread very cautiously. It is very difficult to give information to women on how to access medical abortion or other abortion services. If we give information openly we are at risk of criminalization because of the law."*²¹⁶

The threat of being arrested, prosecuted, and imprisoned has a chilling, silencing and stigmatizing effect on defenders of abortion rights. If healthcare staff are under the constant fear of being prosecuted for providing abortion care, even when it is allowed by law, this may affect their ability to provide the most appropriate medical care. Overzealous prosecutors or police may take action against defenders even without sufficient evidence or legal grounds. Judicial harassment, that is, using the judicial system to silence and intimidate

²¹¹ Unpublished interview conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women's Health, University College London, UK – the interviewee was contacted again in November 2023 by Amnesty International and gave some updates.

²¹² Interview with Amnesty International, August 2023.

²¹³ See, for example, Human Rights Committee, Concluding observations on the fifth periodic report of Ireland, 2023, UN Doc. CCPR/C/IRL/CO/5, para. 26(e); CEDAW Concluding observations on the eighth periodic report of Australia, 2018, UN Doc. CEDAW/C/AUS/CO/8 para. 50(a).

²¹⁴ S. Ambast et al, *A global review of penalties for abortion related offences in 182 countries*, BMJ Global Health, Volume 8, Issue 3, 20 March 2023, gh.bmj.com/content/8/3/e010405

²¹⁵ Penal Code of Sri Lanka, Chapter XVI, Articles 304 – 307 (1883) – see <https://reproductiverights.org/maps/provision/sri-lankas-abortion-provisions/> - this is a colonial era piece of legislation.

²¹⁶ Interview with Amnesty International, November 2023.

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human rights defenders, is a common tactic used to intimidate health professionals, even if they are providing a legal service.

For example, Dr Miranda Ruiz, was prosecuted and arrested in **Argentina**, despite having provided a legal abortion service. She was falsely accused of causing an abortion without consent, but records showed the procedure was requested by an adult patient.²¹⁷ She was acquitted more than a year later.²¹⁸ The case was at the centre of a disinformation campaign which was spread through social media by some local politicians.²¹⁹

In **Kenya**, access to health care, including reproductive health and abortion care, is recognized by the 2010 Constitution. However, according to the Center for Reproductive Rights, law enforcement officers still regularly raid clinics, arresting providers and patients and confiscating medical equipment, because the government has failed to update its criminal code and police still use outdated provisions to harass abortion providers and patients. For example, in 2020, a woman seeking emergency post-abortion care and a nurse who treated her were detained after a police raid. The two were bailed days later and the charges were eventually dropped in 2022, thanks to legal support offered by the Center for Reproductive Rights and the Reproductive Health Network for Kenya.²²⁰ Similarly, in September 2023, a healthcare provider and the mother of an adolescent girl were cleared of charges of procuring an abortion after a long legal battle. They were arrested and charged in 2018, when police raided the clinic where the girl was being treated for pregnancy related complications following a sexual assault.²²¹

Venezuelan teacher and human rights defender Vannesa Rosales was criminalized for helping a woman and her 13-year-old daughter get access to safe abortion. The girl was her student and had been raped by a man from her neighbourhood, which had resulted in pregnancy. The girl's mother had been warned that the pregnancy put her daughter's life at risk. Vannesa Rosales was arrested in October 2020, charged with induction to abortion, conspiracy, and criminal association.²²² During a court hearing held in July 2021, the court dismissed the prosecution and closed the case against her. By then she had spent nine months detained, including six under house arrest.²²³ This happened in a context of highly restrictive abortion legislation and absence of effective public policies on sexual and reproductive health, the general scarcity of information and contraceptive methods of any kind, the limitations on reproductive health services, and the deterioration of the public health system. Many girls and adolescents in Venezuela live in precarity, amid a fragile economic climate, limited educational opportunities and exposure to gender-based violence in their social environment. All of this translates into an increase in adolescent pregnancies, unsafe abortions, high maternal mortality and morbidity, and a lower quality of life for women and girls.²²⁴

In **Poland**, the law does not criminalize individuals having an abortion but those who provide or assist others outside the limited legal grounds. This means that the authorities are targeting family members, friends, companions and healthcare providers for providing or assisting abortions. Justyna Wydrzyńska, a member of Abortion Without Borders and the Abortion Dream Team,²²⁵ was convicted in 2023 and sentenced to 8 months community service²²⁶ for helping a woman access abortion pills, which are a safe way of terminating an unwanted pregnancy. In a court statement she said:

²¹⁷ Amnesty International, *Argentina: Doctor prosecuted for guaranteeing legal abortion* (Index: AMR 13/5270/2022) 4 March 2022, [amnesty.org/en/documents/amr13/5270/2022/en/](https://www.amnesty.org/en/documents/amr13/5270/2022/en/)

²¹⁸ Amnesty International Argentina, "Sobresayeron a Miranda Ruiz, la médica injustamente criminalizada por haber garantizado un aborto legal en Salta: dará una conferencia de prensa", 23 September 2022, amnistia.org.ar/sobresayeron-a-miranda-ruiz-la-medica-injustamente-criminalizada-por-haber-garantizado-un-aborto-legal-en-salta-dara-una-conferencia-de-prensa/

²¹⁹ Nuevo Diario, "La médica Miranda Ruiz aseguró que fue víctima del 'odio y la violencia'", 27 September 2022, nuevodiariodesalta.com.ar/noticias/salta-1/la-medica-miranda-ruiz-aseguro-que-fue-victima-del-odio-y-la-violencia-70796

The Guardian, "It's crazy: the doctor who faces jail in Argentina for giving a legal abortion", 19 April 2022, [theguardian.com/global-development/2022/apr/19/doctor-faces-jail-in-argentina-legal-abortion-miranda-ruiz](https://www.theguardian.com/global-development/2022/apr/19/doctor-faces-jail-in-argentina-legal-abortion-miranda-ruiz)

²²⁰ Center for Reproductive Rights, "Wrongfully Arrested for Seeking Abortion Care, Kenyan Woman and Nurse Exonerated with Help from the Center and its Partner", 3 March 2022, reproductiverights.org/makadara-wrongfully-arrested-abortion-kenya-woman-nurse-exonerated-center-partner/

²²¹ Center for Reproductive Rights, "Kenyan Court Exonerates Health Care Provider and Mother of Adolescent Girl From Abortion Charges", 27 September 2023, reproductiverights.org/kenya-court-exonerates-health-care-provider-and-mother-of-adolescent-girl-from-abortion-charges/

²²² Amnesty International, *Venezuela: Detained for defending women and girls' rights* (Index: AMR 53/4454/2021), 14 July 2021, [amnesty.org/en/documents/amr53/4454/2021/en/](https://www.amnesty.org/en/documents/amr53/4454/2021/en/)

²²³ Amnesty International, *Venezuela: Further information: Women and girls' rights defender is free* (Index: AMR 53/4508/2021), 22 July 2021, [amnesty.org/en/documents/amr53/4508/2021/en/](https://www.amnesty.org/en/documents/amr53/4508/2021/en/)

²²⁴ Amnesty International, *Venezuela: Further information: Women and girls' rights defender is free* (previously cited)

²²⁵ Amnesty International, "Poland: Charges against activist accused of aiding an abortion must be dropped", 13 July 2022, [amnesty.org/en/latest/news/2022/07/poland-charges-against-activist-accused-of-aiding-an-abortion-must-be-dropped-2/](https://www.amnesty.org/en/latest/news/2022/07/poland-charges-against-activist-accused-of-aiding-an-abortion-must-be-dropped-2/); Amnesty International, *Poland: Activist defending safe abortion risks jail* (Index: EUR 37/5380/2022), 28 March 2022, [amnesty.org/en/documents/eur37/5380/2022/en/](https://www.amnesty.org/en/documents/eur37/5380/2022/en/)

²²⁶ Amnesty International, "Poland: Conviction of activist prosecuted for aiding an abortion offers 'chilling snapshot' of future", 14 March 2023, [amnesty.org/en/latest/news/2023/03/poland-conviction-of-activist-prosecuted-for-aiding-an-abortion-offers-chilling-snapshot-of-future/](https://www.amnesty.org/en/latest/news/2023/03/poland-conviction-of-activist-prosecuted-for-aiding-an-abortion-offers-chilling-snapshot-of-future/)

*"I sent my pills to Ania because I knew that she was in an abusive relationship [...] Living in abuse we often don't realise that we have lost control over our bodies and the remainder of our lives. [...] I wouldn't want to live in a world in which any woman is deprived of access to reliable information and simple human support. This has been motivating me in my activism, in my social work. For me this trial is symbolically a trial for anyone who ever provided support to a person in need. I feel I do not stand here alone. My friends have my back, but so do hundreds of women whom I haven't yet had the chance to meet [...] I am a human rights defender [...] I should never be oppressed for my work protecting women's life and health. [...] This last year has been very difficult for me, my family, for those close to me. [...] I believe that helping another person who asks for support as they fight for their freedom is our duty. It is what makes us human. And I will not abandon it, I will not be ashamed of it or believe that it is a crime."*²²⁷

Justyna Wydrzyńska and her lawyers have appealed the conviction and are awaiting an appeal hearing.²²⁸

Also in **Poland**, Dr Maria Kubisa's private practice was raided by armed anti-corruption government officials in January 2023 based on allegations that she had performed an illegal abortion which she denies. Her practice had been searched previously without finding any evidence of wrongdoing, and Dr Kubisa sees this as a form of harassment.²²⁹ At the time of the raid, the agents forced her patients out of the office and confiscated her computer, telephones, and all of her patient medical records since 1996, violating the patients' right to privacy and leaving her unable to treat patients for weeks.²³⁰ Her patients were also summoned for questioning. Dismayed at the violation of their privacy, they filed complaints about the seizure of their medical records.²³¹

These incidents continue to happen despite concerns raised repeatedly by Independent Experts and UN Bodies,²³² and by regional human rights bodies²³³ about patterns of criminalization of WHRDs who promote the right to abortion and provide the health service. The Inter-American Commission on Human Rights noted in 2016 that the stigma and criminalization affect their credibility and legitimacy and often lead to self-censorship and suspension of legitimate human rights activities.²³⁴

As a Ndiilokelwa Nthengwe, a WHRD with Voice for Choices and Rights Coalition and executive director **Namibia's** first reproductive justice clinic commented:

*"In June 2023, I was arrested for campaigning against the hate speech organized by religious groups. This is unrelated to SRHR advocacy, but as an activist, it is steeped into all my work. As a result of the arrest, we had to temporarily close the clinic as we were being surveilled."*²³⁵

OTHER RESTRICTIONS AND PENALTIES

The complex and tight web of regulations around abortion means that defenders do not just face imprisonment, but also fines or disciplinary procedures. According to a global review of penalties for abortion related offences, at least 76 countries prescribe fines for those who help with abortions (sometimes as additional to imprisonment and sometimes as an alternative) and at least 48 countries "prescribe some form of professional sanction for providers, which include: seizure or forfeiture of equipment, demotion, closure of establishments, official warnings, termination from employment, suspension from practicing their profession for a defined period, suspension of qualifications and a complete prohibition from working in the field again, or a ban on holding certain posts."²³⁶ The same review found that "thirty-four countries restrict the dissemination of information about abortion and abortion services, even when abortions may be legal in

²²⁷ Abortion Dream Team, "Speech Justyna Wydrzyńska - verdict today at 15:00", 14 March 2023, aborcynidreamteam.pl/en/mowa-koncowa-justyny-wydrzynskiej/

²²⁸ Amnesty International, Poland, "Overturn Justyna's conviction", September 2023, amnesty.org/en/petition/overturn-justynas-conviction/

²²⁹ Notes from Poland, "Polish gynaecologist's patients launch legal action after authorities seize medical records", 4 March 2023, <https://notesfrompoland.com/2023/03/04/polish-gynaecologists-patients-launch-legal-action-after-authorities-seize-medical-records/>

²³⁰ Human Rights Watch, "Poland: Abortion Witch Hunt Targets Women, Doctors", 14 September 2023, hrw.org/news/2023/09/14/poland-abortion-witch-hunt-targets-women-doctors

²³¹ Uwaga!, "Zabrali dokumentację medyczną i wzywali na przesłuchania. „Jeśli dzisiaj to odpuścimy, to kto wie, co się zadzieje jutro”, 4 October 2023, uwaga.tvn.pl/reportaze/szczecin-z-gabinetu-ginekologicznego-zabrano-dokumentacje-z-30-lat-pacjentki-wzywano-na-policje-st7374596

²³² Report of the Special Rapporteur on the situation of human rights defenders, UN Doc. A/HRC/16/44, 20 December 2010; Report of the Special Rapporteur on the situation of human rights defenders, UN Doc. A/HRC/22/47/Add.3, 26 February 2013, UN Special Rapporteur on the situation of human rights defenders, Report on the situation of women human rights defenders, 10 January 2019, UN Doc. A/HRC/40/60.

²³³ IACHR, Second Report on the Situation of Human Rights Defenders in the Americas, OAS/Ser.L/V/II.Doc.66, December 31, 2011, para. 287, oas.org/en/iachr/reports/pdfs/criminalization2016.pdf

²³⁴ IACHR, Criminalization of human rights defenders, OEA/Ser.L/V/II. Doc. 49/15, 31 December 2015 oas.org/en/iachr/reports/pdfs/criminalization2016.pdf, para. 170

²³⁵ Interview with Amnesty International, September 2023.

²³⁶ S. Ambast et al, *A global review of penalties for abortion related offences in 182 countries* (previously cited).

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some circumstances.”²³⁷ For example, the Penal Code of **Morocco** punishes making statements in public or in meetings or distribution of written or visual materials about abortion with a prison sentence and/or a fine.²³⁸

Similarly, in **Germany**, general practitioner Kristina Hänel was fined EUR 6,000 in 2017 for infringing a 1930s piece of legislation (paragraph 219a of the Criminal Code) that stated that anyone who publicly “offers, announces, advertises or publishes explanations” on abortion services is to be punished with up to two years in prison or pay a fine. Dr Hänel had put on her website the list of services and methods she offered regarding, inter alia, family planning, counseling, and abortion.²³⁹ Paragraph 219a was subsequently revised, allowing doctors to advertise that they provide abortions, but not how. This still led to further prosecutions. For example, gynecologists Bettina Gaber and Verena Weyer were fined in 2019 for describing that their abortion services as “medical, anaesthesia-free”, and performed in a “protected environment”.²⁴⁰ Paragraph 219a was completely repealed in 2022.²⁴¹ Dr Hänel and many others fought publicly for years for it to be abolished.

In 2022, in Indiana state, **USA**, Dr Caitlin Bernard performed a legal medical abortion on a 10-year-old child rape survivor who had to travel from Ohio to access this lifesaving procedure. Dr Bernard became the centre of media attention when she spoke about the dire situation created by extreme anti-abortion laws in some states. In response, Indiana’s Attorney General filed a complaint with the state Medical Licensing Board, accusing her of failing to notify the procedure, the sexual assault, and of violating patient privacy laws. A year later, she was eventually found to have followed the correct procedures regarding the abortion, but to have violated privacy laws by speaking about the case and fined USD 3,000.²⁴²

One gynecologist from **Tanzania** referred the recent story of a close colleague:

*“He was supporting patients with information about medical abortion, prescribing medication. He was found out and was reported by colleagues. The Ministry has threatened to remove his license. If they do, that is his livelihoods gone.”*²⁴³

2.2.4 ATTACKS ON FREEDOM OF EXPRESSION

The extremely restrictive conditions around abortion advocacy in some countries also affect the right to freedom of expression of WHRDs and undermine their ability to defend sexual and reproductive rights.

For example, the **Andorran** government filed a criminal complaint against Vanessa Mendoza, a psychologist and president of women’s rights organization, Association Stop Violence, (in Catalan: Associació Stop Violències), alleging she had undermined the “prestige and good name” of the government, after she had spoken about the situation of women and girls including the denial of their right to abortion, which is totally banned, in the review of Andorra conducted by the United Nations Committee on the Elimination of Discrimination against Women (CEDAW) in 2019. After initially charging her with three counts of criminal defamation, in 2021 the prosecutor dropped two of the charges involving prison sentences²⁴⁴, but Vanessa Mendoza still faces trial charged with a ‘crime against the prestige of the institutions’ that carries a fine of up to EUR 30,000. On this case, the prosecutor is requesting a fine of EUR 6,000, an additional EUR 6,000 to compensate the Andorran government and a six month ban from exercising any public function. The trial has been set for 4 December 2023. Her case has been considered as a reprisal for legitimately engaging with the UN about her human rights concerns in her country.²⁴⁵ She told Amnesty International:

²³⁷ S. Ambast et al, *A global review of penalties for abortion related offences in 182 countries* (previously cited).

²³⁸ Morocco, Penal Code, 1962, Article 455, amended on 1 July 1967.

²³⁹ Deutsche Welle, “German doctor fined for illegally ‘advertising’ abortions”, 24 November 2017, [dw.com/en/german-doctor-fined-for-illegally-advertising-abortion/a-40598436](https://www.dw.com/en/german-doctor-fined-for-illegally-advertising-abortion/a-40598436); The judgment from the Giessen court in the case against is available here: solidaritaetfuerkristinahaenel.files.wordpress.com/2018/01/urteil-haenel.pdf

²⁴⁰ BBC News, “German doctors fined over abortion ads”, 14 June 2019, [bbc.co.uk/news/world-europe-48637295](https://www.bbc.co.uk/news/world-europe-48637295); New York Times, “German Court Fines Two Gynecologists for Abortion Ad”, 15 June 2019, [nytimes.com/2019/06/15/world/europe/germany-abortion-law-language.html](https://www.nytimes.com/2019/06/15/world/europe/germany-abortion-law-language.html); Judgment of 14 June 2019, Az. 253 Ds 143/18, confirmed by KG Berlin, judgment of 19 November 2019, Az. 3 - 80+81/19, gesetzte.berlin.de/bsbe/document/KORE216902020

²⁴¹ Federal Government of Germany, “Aufhebung des § 219a beschlossen”, 8 July 2022, [bundesregierung.de/breg-de/service/gesetzesvorhaben/paragraph-219a-2010222](https://www.bundesregierung.de/breg-de/service/gesetzesvorhaben/paragraph-219a-2010222); Tagesschau, “Werbeverbot für Abtreibungen abgeschafft”, 24 June 2022, [tagesschau.de/inland/219a-gestrichen-101.html](https://www.tagesschau.de/inland/219a-gestrichen-101.html). The repeal of paragraph 219a also means that judgments issued under this provision since 3 October 1990 are to be repealed.

²⁴² NPR, “Indiana reprimands doctor who spoke publicly about 10-year-old’s abortion”, 26 May 2023, [npr.org/2023/05/26/1177435278/indiana-reprimands-doctor-who-spoke-publicly-about-providing-10-year-olds-abortion](https://www.npr.org/2023/05/26/1177435278/indiana-reprimands-doctor-who-spoke-publicly-about-providing-10-year-olds-abortion)

²⁴³ Interview with Amnesty International, November 2023.

²⁴⁴ Amnesty International, *Andorra: Activist defending abortion rights faces trial: Vanessa Mendoza Cortés*, (Index: EUR 12/6465/2023), 21 February 2023, [amnesty.org/en/documents/eur12/6465/2023/en/](https://www.amnesty.org/en/documents/eur12/6465/2023/en/)

²⁴⁵ Report of the Secretary General, Cooperation with the United Nations, its representatives and mechanisms in the field of human rights, UN Doc. A/HRC/54/61, 21 August 2023

*“I am being treated like a criminal, but I have done nothing wrong. I won’t stop speaking out for the rights of women and girls in Andorra, including their right to abortion in a country where access to it is totally banned.”*²⁴⁶

Similarly, a gynecologist from **Tanzania** reflected:

*“There is a lot of fear of stigmatization and criminalization. No one is supposed to even talk about safe abortion. A few years ago we helped publish research about abortion data together with the Guttmacher Institute. But there hasn’t been research since, because you can’t find data after 2020. The government has stopped publishing it and it is not something they are focusing on.”*²⁴⁷

In 2019, the Open Observatory of Network Interference (OONI) found that several states blocked access to the websites womenonwaves.org and/or womenonweb.org, which are run by organizations helping people access self-managed abortions in restrictive countries. OONI found that these websites were blocked in **Brazil, Iran, Türkiye, South Korea, and Saudi Arabia**.²⁴⁸

In **Brazil**, members of the Santa Catarina state assembly initiated an investigation into independent media outlets, The Intercept Brasil and Portal Catarinas, for their joint 2022 report about how members of the state’s judiciary attempted to block an 11-year-old rape survivor from accessing a legal abortion.²⁴⁹ Their report revealed that the child was denied access to legal abortion care when her mother took her to a hospital and then a state court ordered her to be taken away from her family and kept in a shelter “for her safety”. The report also revealed that the court subjected the young girl to an intrusive interrogation and attempted to persuade her to continue with the pregnancy, despite the risks to her health. The day after this was revealed by the media, the girl was eventually allowed to return home and have the abortion to which she was entitled. The investigation into the journalists involved has been denounced as an attempt to intimidate those who expose the abuse of abortion laws.²⁵⁰

A 2023 official communication to the government of the **USA** by several UN Independent experts on the human rights impacts of the Supreme Court decision overturning *Roe v. Wade*,²⁵¹ they included the impact on freedom of expression and opinion:

*“Healthcare workers in States that have abortion restricted are being limited in what they can teach.[...] It also affects the right to freedom of opinion, thought and belief by women and girls wishing to have an abortion as well as for those that may be providing such service or access to it. For example, five separate lawsuits, filed in Miami-Dade County, claim that the state’s ban curtails the clergy members’ ability to counsel congregants about abortion in accordance with their faiths, since Florida law prohibits counselling or encouraging a crime. The plaintiffs are three Rabbis, a United Church of Christ Reverend, a Unitarian Universalist Minister, an Episcopal Church Priest and a Buddhist Lama. They asked the court to declare that the state’s abortion law violates Florida and U.S. constitutional protections for freedom of speech and religion.”*²⁵²

Some activists and organizations interviewed for this report have raised concerns that social media platforms limit the visibility of abortion content, take down posts that discuss abortion, or mark them as “sensitive material”.²⁵³ Some of them told Amnesty International that they avoid using the word “abortion” in their posts and talk around the topic of abortion so they can share medically accurate information without their content or account being removed.

²⁴⁶ Amnesty International, “Andorra: Defamation charge against activist facing trial for speaking out about women’s rights must be dropped”, 15 December 2022, [amnesty.org/en/latest/news/2022/12/andorra-defamation-charge-against-activist-facing-trial-for-speaking-out-about-womens-rights-must-be-dropped/](https://www.amnesty.org/en/latest/news/2022/12/andorra-defamation-charge-against-activist-facing-trial-for-speaking-out-about-womens-rights-must-be-dropped/)

²⁴⁷ Interview with Amnesty International, November 2023.

²⁴⁸ OONI, “On the blocking of abortion rights websites: Women on Waves & Women on Web”, 29 October 2019, <https://ooni.org/post/2019-blocking-abortion-rights-websites-women-on-waves-web/>

²⁴⁹ Portal Catarinas, “Video: em audiência, juíza de sc induz menina de 11 anos grávida após estupro a desistir de aborto”, 20 June 2022, [catarinas.info/video-em-audiencia-juiza-de-sc-induz-menina-de-11-anos-gravida-apos-estupro-a-desistir-de-aborto/](https://www.catarinas.info/video-em-audiencia-juiza-de-sc-induz-menina-de-11-anos-gravida-apos-estupro-a-desistir-de-aborto/)

²⁵⁰ AJOR et al, Letter to the CIDH Special Rapporteur on Freedom of Expression, 5 October 2020, [catarinas.info/wp-content/uploads/2022/10/Comunicado-relatoria-libex-CIDH-caso-Portal-Catarinas-TIB-1.pdf](https://www.catarinas.info/wp-content/uploads/2022/10/Comunicado-relatoria-libex-CIDH-caso-Portal-Catarinas-TIB-1.pdf); UN Independent experts Communication to Brazil ref.: AL BRA 1/2023, 6 April 2023, [spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=27967](https://www.spcmmreports.org/TMResultsBase/DownloadPublicCommunicationFile?gld=27967)

²⁵¹ Supreme Court of the United States, *Dobbs, State Health Officer of the Mississippi Department of Health, et al. v. Jackson Women’s Health Organization et al.* (previously cited)

²⁵² UN Independent experts Communication to USA, ref: AL USA 11/2023, 10 May 2023, [spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=28053](https://www.spcmmreports.org/TMResultsBase/DownloadPublicCommunicationFile?gld=28053)

²⁵³ See, for example, The Guardian, “Facebook and Instagram removing posts with mentions of abortion pills”, 28 June 2022, [theguardian.com/technology/2022/jun/28/facebook-instagram-meta-abortion-pills-posts](https://www.theguardian.com/technology/2022/jun/28/facebook-instagram-meta-abortion-pills-posts); Wired, “TikTok Keeps Removing Abortion Pill Content”, 24 June 2023, <https://www.wired.com/story/tiktok-abortion-content-censorship/>; Axios, “Next post-Roe battlefield: Online abortion information”, 1 July 2022, [axios.com/2022/07/01/roe-battlefield-online-abortion-information](https://www.axios.com/2022/07/01/roe-battlefield-online-abortion-information)

2.2.5 ATTACKS ON FREEDOM OF ASSOCIATION AND ASSEMBLY

In his 2020 report on the rights of women and girls to freedom of peaceful assembly and of association,²⁵⁴ and its associated toolkit,²⁵⁵ the UN Special Rapporteur on the right to freedom of assembly and association outlined the challenges faced by WHRDs when it comes to making their voices heard in the public sphere. These include bans and restrictions on assemblies, police violence and lack of protection from violence by non-state actors. When trying to organize and sustain their associations, WHRDs face difficulties in registering, reporting and gaining access to funds from national or external sources. The Special Rapporteur underlines that WHRDs, particularly those who defend SRR, are at a higher risk of facing restrictions and violations of their rights to freely associate and peacefully assemble, because of the entrenched discrimination and inequality they face, and because their actions are perceived as challenging social, cultural and religious norms and beliefs about the role of women in society and within the family.

PROTESTS AND ASSEMBLIES

In **Poland** protests against the increasing restrictions on abortion and other SRR, have been taking place for years, mainly led by the *Ogólnopolski Strajk Kobiet (Polish Women's Strike)* movement. They have faced raids on the premises of organizations supporting the movement,²⁵⁶ faced smear campaigns and disciplinary action, and been denied funding by the government.²⁵⁷ One of the leaders of the movement, Marta Lempart, has been threatened with death,²⁵⁸ and has had over 100 cases brought against her, many of which are still pending.²⁵⁹ Members of the movement have faced repression during protests with police using excessive force or failing to protect them from violent counter-protests.²⁶⁰ In January 2021, the Constitutional Court decision to ban abortions in cases of severe foetal impairment came into force, triggering large-scale protests. During demonstrations held in Warsaw, the police arrested 20 protesters and filed 250 cases alleging administrative offences, and took the detained protesters to stations outside Warsaw, which hindered their access to lawyers.²⁶¹ During protests held on the International Women's Day 2021, police used pepper spray, detained, frisked, and kettled protesters.²⁶²

A SRR activist from **Guatemala**, also raised the impact of fear instilled by security agents surveilling those attending marches and the constant fear of criminalization:

*"There are always infiltrated people taking photos of the people [...] leading the actions. I think that is a risk and also something so abusive to see from the State, that it is no longer even discreet in controlling you [...] Your [privacy] is violated. I do believe that there is a demobilizing effect [...] the State has always used fear as a resource so that you do nothing, to keep things the way they are. [...] in Guatemala [there is a real risk of] criminalization [...]. [This is also] reducing the support for organizations or leads to attacks [...] a lot of organizational capacity has been taken away because you know that many ugly things can happen to you."*²⁶³

FREEDOM OF ASSOCIATION

In some countries, civic space has been shrunk dramatically in general, and all civil society organizations - not just those working on abortion and other SRR - have been hit hard by the impact of authoritarianism and

²⁵⁴ Report of the Special Rapporteur on the rights to freedom of peaceful assembly and of association, UN Doc. A/75/184, 20 July 2020

²⁵⁵ Special Rapporteur on the rights to freedom of peaceful assembly and of association, *The rights of women and girls to peaceful assembly and association a defender's toolkit*, 2020, freeassemblyandassociation.net/wp-content/uploads/2021/12/TOOLKIT-ONU-Ingles.pdf

²⁵⁶ The Guardian, "Police raid offices of women's groups in Poland after protests", 5 October 2017, theguardian.com/world/2017/oct/05/police-raid-offices-of-womens-groups-in-poland

²⁵⁷ Human Rights Watch, "Poland: Women's Rights Activists Targeted", 6 February 2019, hrw.org/news/2019/02/06/poland-womens-rights-activists-targeted

²⁵⁸ CIVICUS Monitor, "'I am not safe here': Women's rights activists under attack for work on abortion rights", 9 April 2021, monitor.civicus.org/explore/i-am-not-safe-here-womens-rights-activists-under-attack-work-abortion-rights/

²⁵⁹ Defend the defenders, "Marta: People are moving more towards love and not hate despite the erosion of democracy", defendthedefenders.eu/marta-updates-people-moving-more-towards-love-and-not-hate/; AP, "Women's rights activist charged for role in Polish protests" 12 February 2021, apnews.com/article/europe-poland-womens-rights-coronavirus-pandemic-europe-d2a280c442609f45fefabfbc44ab71f

²⁶⁰ Amnesty International, *Poland: The extraordinary wave of protests across the country should be protected not attacked* (Index: EUR 37/3370/2020), 20 November 2020, amnesty.org/en/documents/eur37/3370/2020/en/; Amnesty International, "Poland: A Year On, Abortion Ruling Harms Women", 19 October 2021, amnesty.eu/news/poland-a-year-on-abortion-ruling-harms-women/

²⁶¹ Amnesty International, Annual report 2021/22, Poland entry, (Index: POL 10/4870/2022), 29 March 2022, amnesty.org/en/documents/pol10/4870/2022/en/

²⁶² Human Rights Watch, "Poland: Escalating Threats to Women Activists", 31 March 2021, hrw.org/news/2021/03/31/poland-escalating-threats-women-activists; CIVICUS Monitor, "'I am not safe here': Women's rights activists under attack for work on abortion rights", (previously cited)

²⁶³ Unpublished interview conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women's Health, University College London, UK – the interviewee was contacted again in November 2023 by Amnesty International and gave some updates.

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diminishing rule of law. For example, in **Nicaragua**, arrests and harassment of human rights defenders, restrictive NGO laws and violent repression of protests have been decimating independent civil society organizations for years.²⁶⁴ Given this context, it is near impossible to organize and publicly mobilize against the near total abortion ban in place in the country. A WHRD explained:

*"[We have seen] the closure of civil society organization and our rural community centres, which for more than 40 years have worked in defence of SRR and human rights in general. The expropriation of their belongings and premises. The criminalization of social organizing and mobilization and of freedom of expression. The implementation of repressive laws that breach the human rights of the population to suit the wishes of the regime. The constant threats of arrest and detention of those who protest and the restrictions on social media. The silence imposed through violence and repression. As a result, the activities of our feminist community organization are severely limited right now."*²⁶⁵

In **Venezuela**, human rights defenders also face a context of systematic repression and criminalization. The harassment and stigmatization against those who carry out this work in the country are constant and many are the target of reprisals such as threats, public stigmatization, arbitrary detentions, and attacks on their physical integrity. In addition, since 2021, all Venezuelan civil society organisations must comply with abusive registration measures or face criminal prosecution, according to new regulations under counterterrorism and organised crime legislation. These measures include disclosing details of their beneficiaries, such as victims of human rights violations and humanitarian relief recipients, as well as information on their funding, staff, and governance. Such measures violate the rights to association, privacy, presumption of innocence, and puts civil society organisations and their beneficiaries at grave risk of criminalisation and reprisals.²⁶⁶ One defender with a SRR organization explained how hard it was to obtain official registration under the rules:

*"We had to go through several hoops to get registered and are limited in what we can do and say. It took a long time to get registered. We even had to drop the word "human rights" from the name of our organization to avoid further complications and being turned down."*²⁶⁷

FUNDING

Access to funding including national and foreign funding, is a key component of the exercise of the right to freedom of association. When this is denied, organizations are extremely weakened and may have to cease activities.

SRR advocates and providers in countries that are largely or wholly reliant on funding from the **USA** are in constant fear of the withdrawal of aid, in part because of the effects of the Helms Amendment (in place since 1973) and the "Global Gag Rule" (originally introduced in 1984 but subject to suspension and changes depending on the government in charge).²⁶⁸ The Helms Amendment prohibits the use of US foreign assistance funds to pay for "abortion as a method of family planning." While the Helms Amendment should allow for the provision of abortion counseling and referrals, post-abortion care and abortion in cases of rape, incest, and if a woman's life is in danger, the lack of clarity surrounding the restrictions has led to overinterpretation of the policy as a total ban on abortion-related services and information. The Global Gag Rule,²⁶⁹ which was first enacted in 1984 and was expanded in 2017 under the Trump administration, is a foreign aid policy that not only restricts organizations that receive US global health funds from using their own private funds or other funding to inform or educate their government on abortion or to provide legal abortion services, but it also broadens restrictions already in place under the Helms Amendment.²⁷⁰ It has not been permanently in place since 1984 (it has been applied or suspended depending on the US government in place), but the legislation's see-sawing in and out of effect leads to confusion and overapplication among aid recipient countries, affecting SRR organizations and providers particularly in the

²⁶⁴ Amnesty International, *Silence at any cost. State tactics to deepen the repression in Nicaragua*, 15 February 2021, [amnesty.org/en/documents/amr43/3398/2021/en/](https://www.amnesty.org/en/documents/amr43/3398/2021/en/)

²⁶⁵ Interview with Amnesty International, September 2023.

²⁶⁶ Amnesty International, *Venezuela: NGOs and survivors under threat* (Index: AMR 53/4013/2021) 22 April 2021, [amnesty.org/en/documents/amr53/4013/2021/en/](https://www.amnesty.org/en/documents/amr53/4013/2021/en/)

²⁶⁷ Interview with Amnesty International, October 2023

²⁶⁸ B.A. Ushie, et al., "Foreign assistance or attack? Impact of the expanded Global Gag Rule on sexual and reproductive health and rights in Kenya", *Sexual and Reproductive Health Matters*, Volume 28, Issue 23, 20 August 2020, doi.org/10.1080/26410397.2020.1794412; E.A. Sully et al., "Impact of the Trump administration's expanded global gag rule policy on family planning service provision in Ethiopia", *Studies in Family Planning*, Volume 53, Issue 2, June 2022, onlinelibrary.wiley.com/doi/10.1111/sifp.12196

²⁶⁹ Presidential Memorandum Regarding the Mexico City Policy, 23 January 2017, [whitehouse.gov/presidential-actions/presidential-memorandum-regarding-mexico-city-policy/](https://www.whitehouse.gov/presidential-actions/presidential-memorandum-regarding-mexico-city-policy/)

²⁷⁰ Ipas, "Repeal the Helms Amendment. It will save women's lives", 17 December 2019, [ipas.org/news/repeal-the-helms-amendment-it-will-save-womens-lives/](https://www.ipas.org/news/repeal-the-helms-amendment-it-will-save-womens-lives/)

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Global South, where most unsafe abortions take place.²⁷¹ NGOs receiving US assistance lack proper guidance from USAID and the State Department on the scope of the law, unduly limiting the care they provide for fear of falling afoul of funding restrictions. Furthermore, the Global Gag Rule has limited the ability of women's rights activists to defend and promote human rights, including by imposing barriers to the exercise of their rights to freedom of expression and association, and advocate for realization of women's and girls' human rights.²⁷² One advocate from an **African** country observed:

*"I always find it ironic and disturbing the restrictions USAID put on abortion. If you receive USAID funding you can't do anything around abortion with USAID funds, even when the Global Gag Rule is not in place. Not just bigger organizations, but smaller ones that do advocacy and depend on that funding. Organizations that provide abortion services can't always be the ones to lead the abortion advocacy work, but if civil society organizations are USAID funded, they cannot support such work. So, we need other donors to be vocal and protective of abortion rights. Now is not the time to be lukewarm, you need to be vocal and intentional on this as donors and provide long term funding."*²⁷³

This also happens because other states and private donors fail to provide adequate funding for WHRDs, do not allocate specific resources to their organizations, or do not have feminist funding models that understand and adapt to their needs.

In **Namibia**, the *Voice for Choices and Rights Coalition* has recently launched the country's first reproductive justice clinic. Executive director Ndiikelwa Nthengwe, told Amnesty International:

*"We defend the right for all individuals in their diversity (including marginalization, inequalities and vulnerability) to reproductive justice through the clinic we launched. Recently, our Clinic has been accredited as a Private Health Facility, [so we can legally] provide abortion services. Next year, through expansion of the clinic, we are gearing up to offer the services for free to the community. However, there are barriers to funding - especially long-term flexible funding. We want to expand our clinic to at least two more regions in the next three years, but without flexible amount of funding, we also run the risk of running out of contraceptives and other reproductive health commodities. Flexible funding works best in our context as we maneuver through the archaic and rigid public healthcare system to provide holistic reproductive justice healthcare."*²⁷⁴

Mara Clarke, co-founder of Abortion Support Network and then Supporting Abortions for Everyone (both providing assistance and support to people seeking abortions across **Europe** and beyond), outlined what lack of funding means for grassroots activists and frontline organizations enabling access to abortion:

*"Resources are money, but also humans. When you have so much criminalization and stigmatization and also lack of bravery in funding, it is critically important to have the long-term cure but also the Band-Aid [we provide]. It's critically important that that we have the big organizations, we have the letters to the special rapporteurs and the European Court of Human Rights, but we also need the smaller organizations providing direct assistance to individuals seeking abortions. It is important that those two groups work together [...] they are both important and necessary, and hopefully at some point, more funders will also be braver [...] But until we have more funding, the burnout is going to be a massive problem because the majority of people doing the most immediately necessary work are doing so unpaid. In some cases they are unpaid on purpose because they don't want to be a registered NGO [to keep themselves safe in hostile and restrictive environments]. But there needs to be that respect and there needs to be more unrestricted funding so that the people who are doing that work don't also have the headaches of raising the money to pay their phone bills, and their web domain registration and [that they can] also receive therapy or supervision that is something that has to be provided to keep ourselves and the work we are doing safe."*²⁷⁵

On the other hand, funding for organizations campaigning against abortion and SRR seems to be readily available. Some organizations have mapped the connections and origins of these anti-abortion and anti-rights organizations²⁷⁶ while others were able to work out that during the decade 2008-2018, "anti-rights actors had spent \$707.2 million to influence policies in Europe, with almost 27% of this funding coming

²⁷¹ WHO, Abortion key facts, 2021, [who.int/news-room/fact-sheets/detail/abortion](https://www.who.int/news-room/fact-sheets/detail/abortion)

²⁷² Amnesty International, "Trump's Global Gag a Devastating Blow for Women's Rights", 25 January 2017, [amnesty.org/en/latest/press-release/2017/01/trumps-global-gag-a-devastating-blow-for-womens-rights/](https://www.amnesty.org/en/latest/press-release/2017/01/trumps-global-gag-a-devastating-blow-for-womens-rights/); Doctors without borders, "Why the New Global Gag Rule Is More Dangerous Than Ever", 7 June 2018, medium.com/@MSF_USA/why-the-new-global-gag-rule-is-more-dangerous-than-ever-f16ac6fe9b7e; Human Rights Watch, "Trump's 'Mexico City Policy' or 'Global Gag Rule'. Questions and answers", 14 February 2018, [hrw.org/news/2018/02/14/trumps-mexico-city-policy-or-global-gag-rule](https://www.hrw.org/news/2018/02/14/trumps-mexico-city-policy-or-global-gag-rule)

²⁷³ Interview with Amnesty International, September 2023.

²⁷⁴ Interview with Amnesty International, September 2023.

²⁷⁵ Interview with Amnesty International, November 2023.

²⁷⁶ AWID, *Rights at risk, time for action. Observatory on the universality of rights trends report*, 2021 (previously cited)

from Russian sources. On a global scale, key American NGOs, European foundations, and Russian oligarchs are collaborating to influence the political agendas²⁷⁷ in both Europe and the Global South.²⁷⁸

2.2.6 TOXIC NARRATIVES, DISINFORMATION AND SMEAR CAMPAIGNS

False narratives, fake news and disinformation (false or inaccurate information shared to deliberately deceive or mislead people) and smear campaigns (used to discredit and damage specific individuals and groups) are tactics often used by anti-abortion actors. Several people interviewed have noticed these are a significant step change in tactics by anti-abortion actors, Dr Bilguissou Balde, Ipas' Regional Director for francophone Africa noted:

*"Opposition has been there for a very long time but was more confined to certain contexts, for example from conservative groups who oppose abortion because of patriarchal norms. But now we see attacks have been growing and adapting, moving from preaching in the church to really getting into fuelling disinformation on a bigger scale in society, influencing public opinion, and shaping laws and policies. We have seen this in Senegal, Madagascar and elsewhere."*²⁷⁹

They can stir and agitate public opinion against defenders and their organizations. False narratives, scare tactics and conspiracy theories are frequently mobilized in relation to abortion, such as claims that abortion is a form of "prenatal genocide",²⁸⁰ or that abortion increases breast cancer risk.²⁸¹ Another common false narrative purports that human rights frameworks, including advances in SRR, are a "western" and "secular" imposition, perverting legitimate concerns about colonialism to serve an anti-abortion agenda.²⁸² In this way, SRR advocates and providers have been portrayed as agents of western interests, or even as agents of an ominous cabal to control demographic growth in Africa.²⁸³

For example, an MSI Reproductive Choices clinic in Lagos, **Nigeria**, was raided in 2019 by police because of a demonization campaign led by the Spanish anti-abortion advocacy group Citizengo. The police harassed the workers and took confidential client information, following false claims that the clinic was performing illegal abortions.²⁸⁴ In 2020, the same group also manufactured outrage and opposition to a proposed bill in **Kenya** that would have expanded access to legal abortion, by orchestrating an online campaign that shut down discussion based on factual conversation about the proposal. The bill was dropped as a result.²⁸⁵

Disinformation and fake news travel fast on social media, and all populations of all countries are vulnerable to them, as we have seen during the Covid-19 pandemic.²⁸⁶

In the **Netherlands**, a comprehensive sexuality education campaign designed by Rutgers International to educate primary school age children about consent and sexuality was twisted and manipulated in such a way that made it look inappropriate and dangerous. Public opinion was whipped into such a frenzy, that Rutgers staff were personally accosted, threatened and scolded.²⁸⁷ An advocate with the organization said:

*"The fake news was shared by certain politicians and even by social media influencers and through well-being networks. We had to take strict security measures for a while. The same fake news then travelled also to Belgium, which is usually a fairly liberal country, and Canada. It was scary to see how our educational material was twisted and repackaged into something false to be used against us. This could potentially undermine and delegitimise all of our SRR work."*²⁸⁸

²⁷⁷ ALIGN, *Facing the backlash: what is fuelling anti-feminist and anti-democratic forces?* (previously cited)

²⁷⁸ European Parliamentary Forum for Sexual and Reproductive Rights, *Tip of the Iceberg: Religious Extremist Funders against Human Rights for Sexuality and Reproductive Health in Europe 2009 – 2018*, June 2021, epfweb.org/sites/default/files/2021-06/Tip%20of%20the%20Iceberg%20June%202021%20Final.pdf

²⁷⁹ Interview with Amnesty International, October 2023

²⁸⁰ J.M. Denbow, "Abortion as Genocide: Race, Agency, and Nation in Prenatal Nondiscrimination Bans", *Signs: Journal of Women in Culture and Society*, Volume 41, Number 3, 2016, journals.uchicago.edu/doi/abs/10.1086/684239

²⁸¹ Center for Reproductive Rights, "Yet Another Anti-Abortion Scare Tactic: False Claims of Breast Cancer Risk", 4 January 2004, <https://reproductiverights.org/yet-another-anti-abortion-scare-tactic-false-claims-of-breast-cancer-risk/>

²⁸² AWID, *Rights at risk, time for action. Observatory on the universality of rights trends report*, 2021 (previously cited)

²⁸³ See, for example, this article by C-Fam advocate, Stefano Gennarini, "The Future of the Pro-Life Movement Is in Africa", 12 April 2018, thepublicdiscourse.com/2018/04/21339/

²⁸⁴ International Campaign for Women's Right to Safe Abortion, "Statement by Nigerian NGOs opposing police raid of MSI Lagos clinic", 31 May 2019, safeabortionwomensright.org/news/nigeria-statement-by-nigerian-ngos-opposing-police-raid-of-msi-lagos-clinic/

²⁸⁵ Mail and Guardian, "How a Spanish right-wing group incited a moral storm in Kenya", 2 March 2022, mg.co.za/africa/2022-03-02-how-a-spanish-right-wing-group-incited-a-moral-storm-in-kenya/

²⁸⁶ Amnesty International, *Silenced and misinformed. Freedom of expression in danger during Covid-19*, 19 October 2021, <https://www.amnesty.org/en/documents/pol30/4751/2021/en/>

²⁸⁷ Rutgers International, "Stop the spread of disinformation", 2 October 2023, rutgers.international/news/stop-the-spread-of-disinformation/; Rutgers International, "Turbulent sexuality education campaign opens door to valuable conversations in the Netherlands", rutgers.international/news/turbulent-sexuality-education-campaign-opens-door-to-valuable-conversations-in-the-netherlands

²⁸⁸ Interview with Amnesty International, October 2023.

In **Colombia**, fake news was used to attack well-known sexual and reproductive health provider, Profamilia, with the aim of discrediting the organization.²⁸⁹ This stemmed from a specific case in which, in early 2020, after being denied help elsewhere, one woman accessed legal late abortion through Profamilia. Her ex-partner, who opposed the abortion, mobilized national media interest around the case. Nicolas Giraldo, legal and advocacy coordinator with the organization recounted:

“He was trying to force his ex-partner to continue with the pregnancy, against her will. As a way of pressuring her, he turned to the media to get national attention, and started an aggressive and violent campaign on social media, mobilizing people in different cities of the country, with the support of actors with political interests against the woman and Profamilia. We were also the subject of judicial persecution as the ex-partner filed a lawsuit against us. Eventually we won on appeal and the court was very, very strong with the ex-partner and said what he was doing was misogynistic and sexist. It was a good decision for us. Then we learnt the same strategy was implemented against Planned Parenthood in other countries. This is an attempt at positioning the men in the decision around abortion, purporting that the women are selfish, and they should not decide just by themselves.”²⁹⁰

Professor Isabel Stabile, a gynecologist from **Malta**, also recounted being targeted together with other pro-abortion doctors in the context of an election campaign:

“A new political party was created [...] they announced that they had reported Doctors for Choice to the police and with specific names, and unfortunately, I'm on that list. For now, it's been put aside by the police, but it'll come back. And when it does, we will be asked to go to the police station. We will be asked some questions, which we will answer truthfully. The crux of the issue here is [the provision of] information [about abortion], as we are not in a position to carry out abortions. It is illegal under any circumstance. But our service, our family planning advisory service, does provide information. Where to get the abortion pills from, how to use them, and what you need to do if there is a problem. So, this group is claiming that that information is against the law. We disagree with that. Of course, at the end of the day, it will be up to the court to decide, but that's not going to stop us from doing this. My concern is not that they have any real evidence, because there is none, but that evidence can be planted. That is actually a real fear, because crazy people can do crazy things.”²⁹¹

In **Poland**, pro-abortion advocates Abortion Dream Team and Abortion without Borders have been the target of criminalization²⁹² and smear campaigns. For example, in 2021, their portraits were captioned “abortion killing team” and displayed alongside a picture of what appeared to be a dead fetus, captioned “these are the victims of the abortion mafia”. The images were displayed on billboards²⁹³ and advertising vans²⁹⁴ across Poland. Some activists who attempted to block the vans, were arrested by police.²⁹⁵

2.2.7 OSTRACIZATION

SRR defenders, particularly healthcare staff who defend the right to abortion, face a high risk of being ostracized in their workplace, particularly if the institution where they work does not have a strong rights-based policy approach and culture. For example, a survey of abortion providers and companions by Ipas in 2021 found a quarter of respondents said they had felt discriminated against in their professional lives. Interviewees said that this happened primarily “when other colleagues did not want to participate in the provision of services and made their job more difficult”, because they felt “that their job faces greater legal restrictions than other health sectors”, because they felt “other health professionals belittle their job” or “question their professional skills” and because they felt they had “less economic, material, and human resources compared to other areas.”²⁹⁶

In the case of **Italy**, where conscience-based refusals are common (see above, section 1.3.2), the European Committee of Social Rights found evidence that the minority of non-objecting staff are discriminated against,

²⁸⁹ AFP Factual, “¿El Espectador publicó esta nota sobre un aborto practicado legalmente en Colombia? Falso”, 13 February 2020, factual.afp.com/es-un-montaje-la-supuesta-nota-de-un-diario-colombiano-con-declaraciones-de-la-directora-de-una

²⁹⁰ Unpublished interview conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women's Health, University College London, UK – the interviewee was contacted again in November 2023 by Amnesty International and gave some updates.

²⁹¹ Unpublished interview conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women's Health, University College London, UK – the interviewee was contacted again in November 2023 by Amnesty International and gave some updates.

²⁹² Justyna Wydrzyńska is the best-known case, but some of her colleagues are also facing charges.

²⁹³ TUWROCKLAW, Wrocławscy proliferzy uderzają w „Aborcyjny Dream Team”. Lewica donosi do prokuratury, 11 November 2021, tuwrocklaw.com/wiadomosci.wroclawscy-proliferzy-uderzaja-w-aborcyjny-dream-team-lewica-donosi-do-prokuratury.wia5-3266-57603.html

²⁹⁴ Noizz, Aktywiści Stop Bzdurom zatrzymali ciężarówkę. Na plandecze Aborcyjny Dream Team, 20 October 2021;

noizz.pl/spoleczenstwo/antyaborcyjna-ciezarowka-fundacji-pro-prawo-do-zycia-zatrzymana-w-warszawie/4v38875

²⁹⁵ Wyborcza.pl, Policja skła kajdankami aktywistę, który blokował furgonetkę antyaborcyjną, i utrudniła mu dostęp do adwokata. “Niedopuszczalne”, 9 August 2021, lodz.wyborcza.pl/lodz/7,35136,27433183,policja-skula-kajdankami-aktywiste-ktory-blokowal-furgonetke.html

²⁹⁶ safe2choose and IpasCAM, *International survey of abortion providers and companions*, 2020 (previously cited)

as they face excessive workloads, limited career development opportunities and poor working conditions, compared to those who refuse to perform abortions.²⁹⁷

In **El Salvador**, Dr Guillermo Ortiz, one of the doctors who in 2013 provided medical attention to Beatriz, a woman with a high-risk, unviable pregnancy who needed an abortion urgently, was personally targeted for seeking to provide the most appropriate medical care. Salvadorian legislation criminalizes abortion in all circumstances, even when the life of the pregnant woman is at risk, and Beatriz's case is currently before the Inter-American Court of Human Rights.²⁹⁸ During a hearing on the case, Dr Ortiz stated that while he was seeking permission to terminate the pregnancy to save her life, he received notification that he was being sued along with other colleagues. When the El Salvador Supreme Court issued a much delayed and ambiguous decision on the case,²⁹⁹ ordering the health authorities to provide "the appropriate treatment", the ruling did not provide medical staff with any protection from prosecution. Eventually, Dr Ortiz proceeded with a caesarean section, saving Beatriz's life, while her anencephalic foetus, who had no chance to survive outside the womb, died shortly after.³⁰⁰ His life-saving work and advocacy on behalf of Beatriz affected him deeply in his personal life and professional career, and noted:

*"At a personal level, I faced a difficult situation with attacks, stigmatization, including to my own family, just for offering treatment to a young woman who absolutely needed it. [...] They removed me from the direction [of the obstetrics department of the hospital]. When I applied for other positions, they didn't consider me... It was a very hard moment, a very difficult situation".*³⁰¹

He eventually left El Salvador to continue his work in defence of sexual and reproductive health and rights. He now works as an advocate to repeal abortion bans in Latin America.

Professor Isabel Stabile from **Malta** also recognised this challenge:

*"Career progression, professional consequences, I think this is obviously of great concern too. Especially young doctors. And I think it is the main reason why we have so few openly pro-choice people. I can only speak from my experience [...] I had some problems at work. I was surrounded by people who had strong pro-life views, and this created a difficult work environment for me. I ended up having to move"*³⁰²

The impact is not just on career prospects, there is also a real risk of dismissal and unemployment. For example, Dr Dominik Przeszlakowski, an obstetrician-gynecologist from **Poland**, was fired from the post he held for 24 years at the Jagiellonian University Hospital in Krakow, based on what he believes was a pretext and direct reprisal for his outspoken opposition to the Polish Constitutional Tribunal's judgment in October 2020, that virtually eliminated legal abortion in Poland. He is suing the hospital for wrongful dismissal.³⁰³

2.2.8 IMPACT OF STIGMATIZATION

Stigmatization is one of most common issues mentioned by WHRDs interviewed for this report. A recent global study conducted by the Royal College of Obstetricians and Gynaecologists, also found that abortion-related stigma is a universal experience amongst all those it surveyed.³⁰⁴ One abortion care provider from **Nepal**, recounted:

*"Sometimes I face harassment, verbal attacks and stigmatization for my work. Once I provided a safe abortion to a survivor of gender based violence, but later her husband came to see me and attacked me verbally. This is one of many examples. It is common because I work in a rural community where people believe safe abortion as a sin. Nobody in my family and community wanted me to be a safe abortion service provider. Attitudes are changing, but slowly."*³⁰⁵

²⁹⁷ European Committee of Social Rights, *Confederazione Generale Italiana del Lavoro (CGIL) v. Italy* Complaint No. 91/2013, Report to the Committee of Ministers, 12 October 2015, rm.coe.int/168058d2ab

²⁹⁸ Corte Interamericana de Derechos Humanos, *caso Beatriz y otros vs. El Salvador* (información del caso), 2022, corteidh.or.cr/docs/tramite/beatriz_y_otros.pdf

²⁹⁹ Amnesty International, "El Salvador: 'Shameful' court ruling places Beatriz's life in government's hands", 30 March 2013, [amnesty.org/en/latest/press-release/2013/05/el-salvador-shameful-court-ruling-places-beatriz-s-life-in-governments-hands/](https://www.amnesty.org/en/latest/press-release/2013/05/el-salvador-shameful-court-ruling-places-beatriz-s-life-in-governments-hands/)

³⁰⁰ Amnesty International, *El Salvador: Further information: Beatriz given caesarean*, (Index: AMR 29/007/2013), 7 June 2013, [amnesty.org/en/documents/amr29/007/2013/en/](https://www.amnesty.org/en/documents/amr29/007/2013/en/)

³⁰¹ Testimony of Dr Guillermo Ortiz before the Inter-American Court of Human Rights in the case of Beatriz et al. vs El Salvador, (video), 22-23 March 2023, [youtube.com/watch?v=1A4aqi8-LYY](https://www.youtube.com/watch?v=1A4aqi8-LYY)

³⁰² Unpublished interview conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women's Health, University College London, UK – the interviewee was contacted again in November 2023 by Amnesty International and gave some updates.

³⁰³ Human Rights Watch, "Poland: Abortion Witch Hunt Targets Women, Doctors", 14 September 2023 (previously cited)

³⁰⁴ This study by the Royal College of Obstetricians and Gynaecologists (RCOG) Centre for Women's Global Health Making Abortion Safe is unpublished, but was used to elaborate this paper: RCOG, *Reducing and managing stigma experienced by providers of abortion care: a review of current practice*, June 2023, [rcog.org.uk/media/2c6kwwv1/rcog-stigma-guidance-paper-01.pdf](https://www.rcog.org.uk/media/2c6kwwv1/rcog-stigma-guidance-paper-01.pdf)

³⁰⁵ Interview with Amnesty International, November 2023.

Stigma is often overlooked - compared to more overt types of attack - but it has nonetheless a deep impact as it exerts a daily, ongoing pressure on those at the receiving end. It labels people as deviant, which leads to lack of acceptance, loss of status and opportunities, and fuels discrimination and inequalities.³⁰⁶ It is important to understand stigma as the effect of hostility within the social and political context that SRR defenders face, and more attention should be paid to “structural drivers and the broader ideological and socio-political forces that enable and perpetuates hostilities.”³⁰⁷ Stigma can also be a gateway for other attacks and “may lead to the selective enforcement of existing laws and regulations, reinforce existing stigma and culminate in the criminalization of [WHRDs]’s legitimate activities.”³⁰⁸

Personal and professional impacts can include isolation and inability to discuss feelings and concerns with colleagues, family and friends, as well as stress and burnout.³⁰⁹ For example, one obstetrician and gynecologist from **Zimbabwe**, noted:

“I have not personally faced any attacks. But I have also not been keen to share my opinions and thoughts and activities with people beyond those I am comfortable with for fear of stigma. Being involved with abortion advocacy leads one to be identified as an abortion provider.”³¹⁰

One senior gynecologist from **Rwanda** gave a long list of insults (“you are a killing machine and devil”), as well as religious (“these babies you are killing will judge you in heaven. Their cries will embarrass you in front of God”), moral (“you drive young girls to sex due to repetitive abortions”), and professional (“you’re money-driven and you ignore the reality of medicine”) admonishments and scolding he regularly receives in the workplace or in the community. He added:

*“All these kinds of attacks affect me both emotionally and psychologically and I have seen many abortion providers quitting the practice due to high levels of stigma. Sometimes, I feel I cannot provide the service due to psychological trauma. I once dated a girl who left me because of the information that I’m the provider of abortion services. Providing abortion services affected the way I’m perceived by the community and workmates”.*³¹¹

An activist from **Guatemala**, noted:

“Language is very important and I think that it’s often ignored. The way things are said. We say, “sexual and reproductive rights” but [some people refer to us as]: “Oh, those who want to kill babies.” [...] they do use these issues to [paint us] as an enemy of society. It’s like, “we blame her for this, [...] she’s a feminist, an abortionist, she likes to burn things and she’s in favor of killing babies, and of gay people.[...] It is very difficult to fight and you face a lot of hostile comments on social networks, in the streets, in marches.”³¹²

The same activist also pointed out that often, WHRDs can find themselves marginalized even within the human rights community and social movements that they would expect to be sympathetic to their cause:

“Public actions that are purely feminist or LGBTIQ are not supported by all social movements, but simply by those who are feminist and LGBTQ collectives. I was very struck by the [lack of support]. We women are always in the front row in each of the struggles, but when it’s about our rights, we don’t receive the same support. I also see some hostility out there.”

Colleagues in the workplace are some of the perpetrators of stigma. A gynecologist from **Nigeria** said:

“I face harassment and stigmatization for the work I do. The stigma is among fellow professional colleagues who make remarks that are demeaning to me. On the basis of religion, they preach to me about the sins committed for supporting abortion care, the killing of “the unborn children” and the hellfire that awaits all murderers. At certain gatherings; at conference breakout sessions, even professionals are unhappy to come into the room or be grouped with a presentation of abortion abstracts [...] It makes me ask myself if I am doing the right thing, it makes me doubt what I am doing and it makes me uncomfortable, not confident and afraid to want to talk publicly sometimes!”

Dr Teresa Bombas, chair of Safe abortions committee, FIGO, from **Portugal**, explained:

“In countries like Portugal where it is legal, we face stigmatization from colleagues: “she’s from abortion, she’s not a real doctor.” It’s every day and it becomes too much sometimes. If you are an

³⁰⁶ RCOG, *Reducing and managing stigma experienced by providers of abortion care: a review of current practice* (previously cited)

³⁰⁷ V. Boydell et al, “The hostilities faced by those on the frontlines of sexual and reproductive health and rights: a scoping review”, *BMJ Global Health*, Volume 8, November 2023, gh.bmj.com/content/8/11/e012652

³⁰⁸ Report of the Special Rapporteur on the situation of human rights defenders, Margaret Sekaggya, UN Doc. A/HRC/22/47/Add.3, 26 February 2013

³⁰⁹ RCOG, *Reducing and managing stigma experienced by providers of abortion care: a review of current practice* (previously cited)

³¹⁰ Interview with Amnesty International, September 2023.

³¹¹ Interview with Amnesty International, September 2023.

³¹² Unpublished interview conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women’s Health, University College London, UK – the interviewee was contacted again in November 2023 by Amnesty International and gave some updates.

oncologist, you save lives, but if you work in abortion and contraception, you are not so important. But in reality, there is a bigger need for abortion and contraception. It is all essential care so there shouldn't be a hierarchy of medical care. In Brazil, where abortion is criminalized, colleagues that are trying to modify the law are facing stigmatization from other medical providers because they are promoting the modification of the law. They face stigmatization when they voice their opinion as a doctor regarding abortion.”³¹³

VALUES CLARIFICATION AND OTHER INTERVENTIONS TO REDUCE STIGMA

There are several interventions that are used to address abortion related stigma for WHRDs, particularly healthcare providers. They can include awareness raising training and workshops focusing on values clarification, service provision, or information about abortion; creating and fostering support networks and coalitions; providing counselling and peer support; increased access to service provision (which helps normalizing abortion); awareness raising and public discourse, increased access to information.³¹⁴ The Royal College of Obstetricians and Gynaecologists suggests³¹⁵ interventions that focus on the individual (mentoring, incidence reporting, reflective supervision, provider share workshops – where providers share their lived experience in a group setting, mindfulness programmes, peer support groups and networks, support through legal safety) and on creating an enabling environment (organizational policy audits, inclusion of abortion care in the nursing, midwifery, medical and allied health professional curricula, values clarification activities). For example, Ipas’ values clarification for action and transformation (VCAT) workshops support “groups in examining the individual and collective values, attitudes and beliefs related to abortion [...] [They transform] conversations about abortion fuelled by stigma and polarized arguments toward those driven by curiosity, empathy and mutual growth[...] [They] help participants understand the root causes and consequences of restricting access to safe abortion[...]. [P]articipants often undergo a transformation of attitudes about abortion, which can lead them to take action to improve access to safe abortion care”.³¹⁶ One gynaecologist from Uganda shared his experience of conducting values clarification training with colleagues:

*“We did a VCAT training [...] In the room there was a very resistant gynecologist, very anti-abortion. We went through the session anyway. About a week later I got a call from him, and he asked me about dosages for abortion pills [...] I could not believe I got this call.[...] The lesson is that you should not stop engaging people who are anti-abortion. Because you don't know what you say, and how you say it, that will make an impact on them.”*³¹⁷

2.2.9 IMPACTS ON PRIVATE LIVES AND MENTAL HEALTH

All of the impacts discussed above have serious impacts on the private lives and mental health of defenders. For example, Ipas’ global survey of abortion companions and health providers, showed that one fifth of them reported frequently experiencing stress as a result of their job or activities in support of abortion.³¹⁸ Dr Jeanne Conry, former President of FIGO, stated:

*“It can be very dangerous and threatening for any individual who's performing terminations, or who is counselling on sexual reproductive health and rights, and it expands to their families [...] So this whole intimidation out there exists to get a physician to back down. A physician should not have to put the lives of their family at risk. Even when you are operating within the confines of the law, policies and practices, you may still face a backlash. You will still face a backlash because the individuals believe that it is all a system of beliefs and not based on science. It's based on politics or religion or somebody's personal beliefs.”*³¹⁹

The true scope of the harm may not be known. Attorney-Advocate Payal Shah, Director of the Program on Sexual Violence in Conflict Zones at Physicians for Human Rights said:

*“Physicians are being silenced in saying what they're experiencing and what they're seeing due to fear of legal consequences. Patients are being silenced in their ability to tell the story of what harm they've experienced and what trauma they've been through.”*³²⁰

One activist from **Guatemala** observed:

³¹³ Interview with Amnesty International, September 2023.

³¹⁴ Cockrill K. et al, *Addressing abortion stigma through service delivery* (previously cited); A. Sorhaindo, U. Rehnstrom Loi, “Interventions to reduce stigma related to contraception and abortion: a scoping review” (previously cited)

³¹⁵ RCOG, *Reducing and managing stigma experienced by providers of abortion care: a review of current practice* (previously cited)

³¹⁶ Ipas, *Abortion Values Clarification for Action and Transformation (VCAT): Facilitator's Guide for Global Audiences. Second edition, 2023*, ipas.org/resource/abortion-values-clarification-for-action-and-transformation-vcat/

³¹⁷ Interview with Nicolas Giraldo, Amnesty International, October 2023.

³¹⁸ safe2choose and IpasCAM, *International survey of abortion providers and companions*, 2020 (previously cited)

³¹⁹ Interview with Amnesty International, October 2023.

³²⁰ Amnesty International Interview, 18 October 2023.

AN UNSTOPPABLE MOVEMENT

A GLOBAL CALL TO RECOGNIZE AND PROTECT THOSE WHO DEFEND THE RIGHT TO ABORTION

“I believe that these issues that violate us are not new, they are part of our daily lives [...] I think that there is also a problem there because we normalize this violence so much that sometimes we don't even realize it, and we don't know how to get rid of it.”³²¹

Some providers and organizations have identified the need to support and have started to provide mental health support for colleagues, like Profamilia in **Colombia**, who set up mental health support for employees, including:

“[A] hotline in case you need to talk with a psychologist about how you feel, about what is making you struggle with your job. Because we have research that shows us that the doctors and the nurses were suffering stigma from their families and their colleagues. They were embarrassed to talk about their jobs. In addition, we are setting up a holistic security approach, including advocacy, physical and digital security and managing risk.”³²²

Other organizations try to make space for discussion and healing from the impact of these attacks. Monica Simpson, from SisterSong said:

“The mental and physical health of human rights defenders is something we don't talk enough about. We're holding so much fear we have to push past to keep doing the work. We are on the front lines of these issues, knowing we are deliberately resisting the preservation of white supremacy and those desperate to maintain power. Throughout history those who have chosen to do that have been met with violence, death, and threats, and that is chilling for us and weathering on our bodies. I think it is important for us to talk about. But my heart is set on liberation and that is the thing that pushes me beyond the fear and the fatigue. I've been doing a lot better these days personally, because I've made my journey to wellness, a very public part of my leadership.”³²³

³²¹ Unpublished interview conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women's Health, University College London, UK – the interviewee was contacted again in November 2023 by Amnesty International and gave some updates.

³²² Unpublished interview conducted in 2022 by a team of researchers led by Dr Victoria Boydell, Institute of Women's Health, University College London, UK – the interviewee was contacted again in November 2023 by Amnesty International and gave some updates.

³²³ Interview with Amnesty International, September 2023.

3. ABORTION AS A HUMAN RIGHT

“Women, adolescents, girls and all persons capable of becoming pregnant have a right to make informed, free and responsible decisions concerning their reproduction, their body and sexual and reproductive health, free of discrimination, coercion and violence.”

UN Special Rapporteur on the Right of everyone to the enjoyment of the highest attainable standard of physical and mental health³²⁴

Access to safe and legal abortion is a key element of reproductive autonomy, which includes the right to decide whether and when to become pregnant.³²⁵ Abortion access is also a necessary component of comprehensive health care services,³²⁶ and thus the human right to health.³²⁷

Laws that criminalize and restrict access to abortion violate a range of human rights, including the rights to life, to the highest attainable standard of physical and mental health, including sexual and reproductive health, to equality and non-discrimination, to privacy, to equal protection under the law, and to be free from torture or other cruel, inhuman or degrading treatment.³²⁸ Criminalizing health services that only women need, such as abortion, is a form of gender-based discrimination.³²⁹

Violations of women’s sexual and reproductive health and rights, including forced abortion, criminalization of abortion, denial, or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls and all pregnant people seeking sexual and reproductive health information, goods, and services, are forms of gender-based violence that may amount to torture or other cruel, inhuman, or degrading treatment.³³⁰

³²⁴ UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (UN Special Rapporteur on health), *Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic*, 16 July 2021, UN Doc. A/76/172, para. 40.

³²⁵ Amnesty International, *Amnesty International’s Policy on Abortion* (Index: POL 30/2846/2020), 28 September 2020, <https://www.amnesty.org/en/documents/pol30/2846/2020/en/>, p. 4.

³²⁶ UN Special Rapporteur on the right to health, *Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic* (previously cited), para. 40.

³²⁷ CESCR, General Comment 22 (previously cited)

³²⁸ HRC, Views concerning communication No. 2324/2013, (*Mellet v. Ireland*), Comm. No. 2324/2013, 2016, UN Doc. CCPR/C/116/D/2324/2013, [hereinafter *Mellet v. Ireland*], paras. 7.6, 7.7, 7.8; HRC, Views concerning communication No. 2425/2014 (*Whelan v. Ireland*), UN Doc. CCPR/C/119/D/2425/2014, [hereinafter *Whelan v. Ireland*] 12 June 2017, paras. 7.7 - 7.9, 7.12.; HRC, Views. Communication No. 1153/2003 (*K.L. v. Peru*), 22 November 2005, UN Doc. CCPR/C/85/D/1153/2003, paras. 6.3, 6.4, 8; CEDAW Committee, Views. Communication no. 22/209 (*L.C. v. Peru*), 4 November 2011, U.N. Doc. CEDAW/C/50/D/22/2009, para. 8.15; CESCR, General Comment 22 (previously cited), para. 10; CEDAW Committee, Views: *Alyne da Silva Pimentel Teixeira v. Brazil*, 10 August 2011, UN Doc. CEDAW/C/49/D/17/2008, paras. 7.4 – 7.7.

³²⁹ CEDAW Committee, General Recommendation 24 (Article 12: Women and Health), UN Doc. A/54/38/Rev.1, chap. 1 (1999), para 11. See also UN Working Group on the issue of discrimination against women in law and in practice, Report (previously cited), para. 78.

³³⁰ CEDAW Committee, General Recommendation 35 (on gender based violence), UN Doc. CEDAW/C/GC/35, 2017, para. 18; CAT Committee, Concluding Observations: Poland, 29 August 2019, U.N. Doc. CAT/C/POL/CO/7, paras. 33(d), 34(e); CAT Committee, Concluding Observations: United Kingdom of Great Britain and Northern Ireland, 7 June 2019, UN Doc. CAT/C/GBR/CO/6 paras. 46 and 47.

3.1 RIGHT TO ABORTION - INTERNATIONAL STANDARDS

Abortion is also firmly rooted within governments' legal obligations to respect, protect, and fulfil human rights broadly because abortion-related information and services enable the realization of a wide range of other human rights. However, over time human rights bodies and experts, UN agencies and other human rights and democratic institutions have explicitly recognized a right to abortion.³³¹

For example, expert interpretations of human rights instruments with respect to abortion have shifted from primarily focusing on saving women's and girls' lives from unsafe abortion to "recognizing the broader social effects of criminalization that endanger them,"³³² and confirming states' positive obligations to ensure access to safe abortion and remove barriers that impede such access, to combat gender discrimination and gender-based violence, to protect and promote the right to life.³³³

The UN Human Rights Committee, the body tasked with enforcement of the International Convention on Civil and Political Rights, recently confirmed the right to abortion and recognized states' obligation to protect women's and girls' lives against the mental and physical health risks associated with unsafe abortions, including by ensuring access to quality and evidence based SRH information and education, to a wide range of affordable contraceptive methods, and to quality prenatal and post-abortion health care.³³⁴

UN human rights bodies' understanding of the violations caused by the denial of safe abortion services has also evolved over time.³³⁵ These bodies have moved away from calling for additional exceptions to the criminal law to total decriminalization and guaranteeing access to safe abortion. There has been a growing understanding that incremental approaches where abortion is only permitted in some circumstances fails to protect all women's, girls', and all pregnant persons' human rights, and that legal, regulatory, health system and societal barriers to accessing safe abortion must be reformed and removed.³³⁶

In short, governments' international legal obligations in the context of abortion include:

- **Decriminalize Abortion.** Governments must remove abortion from criminal-penal codes and refrain from punishing those who seek, obtain and provide abortions, as well as those assisting someone to obtain an abortion.^{337 338}
- **Ensure equal access to safe abortion care without discrimination.** Governments must ensure that health services, including safe abortion care, are universally accessible without discrimination,³³⁹ and that abortion services are affordable and economically accessible, by lowering costs, providing financial support and/or public subsidies, and making it free of charge for low-income or marginalised people.³⁴⁰

³³¹ See UN HRC, General Comment 36 (previously cited), para. 8; HRC, *Mellet v. Ireland*, Comm. No. 2324/2013, 2016 [hereinafter *Mellet v. Ireland*]; see also Fine, Mayall and Sepúlveda, *The Role of International Human Rights Norms in the Liberalization of Abortion Laws Globally*, *supra* note __; CRR, "Breaking Ground 2018: Treaty Monitoring Bodies on Reproductive Rights", 2018.

³³² J. Erdman and R. Cook, "Decriminalization of abortion: A human rights imperative", *Best Practice & Research Clinical Obstetrics and Gynaecology*, Volume 62, 2020 (citing HRC, General Comment 36 (right to life)).

³³³ Amnesty International, *Policy on Abortion: Explanatory Note* (previously cited) p. 32-34

³³⁴ UN HRC, General Comment 36 (previously cited), para. 8.

³³⁵ See UN Human Rights Committee, *Mellet v Ireland* (previously cited). See also Center for Reproductive Rights, 'Breaking ground 2020: Treaty monitoring bodies on reproductive rights', 2020, reproductiverights.org/breaking-ground-2020-treaty-monitoring-bodies-on-reproductive-rights/; J.B. Fine et al., 'The role of international human rights norms in the liberalization of abortion laws globally', *Health and Human Rights Journal*, 2017, hhjournal.org/2017/06/the-role-of-international-humanrights-norms-in-the-liberalization-of-abortion-laws-globally/

³³⁶ Amnesty International, *Policy on Abortion: Explanatory Note* (previously cited) p. 33.

³³⁷ See Abortion Annex in Amnesty International, *Body politics: a primer on criminalization of sexuality and reproduction* (previously cited); see also UN Working Group on Discrimination against Women, "The Report of the UN Working Group on Discrimination against Women in Law and Practice", UN Doc. A/HRC/32/44, 2016, para. 78. The Working Group has confirmed that retaining abortion as a crime, even when the law is not enforced, restricts access to sexual and reproductive health care information and services, and deters healthcare professionals from providing care, due to the ongoing threat of punishment, thus barring access to services. Also: Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Health, UN Doc. A/HRC/38/36, 2018, para. 78. The Special Rapporteur acknowledged that criminal abortion laws contribute to women's imprisonment, and it has cautioned that "[k]eeping women out of the criminal justice system in the first place by, for example, repealing laws that criminalizing access to ... sexual and reproductive health-care services is critical to protecting the right to health." The American College of Obstetricians and Gynaecologists, "Decriminalization of self-induced abortion: Position statement", December 2017, <https://www.acog.org/clinical-information/policy-and-position-statements/position-statements/2017/decriminalization-of-self-induced-abortion>. The ACOG position statement specifies that a woman who attempts to or successfully self-induces abortion should not be criminalized.

³³⁸ See also: Center for Reproductive Rights/Guttmacher Institute, *Realizing the full decriminalization of abortion*, September 2023, reproductiverights.org/realizing-full-decriminalization-abortion-comprehensive-approach/

³³⁹ CESCR, General Comment 22 (previously cited), paras 28, 34, 40, 41.

³⁴⁰ UN Working Group on the issue of discrimination against women in law and in practice, Report (previously cited), para 90; CEDAW Committee, Concluding Observations: Germany, 2017, UN Doc. CEDAW/C/DEU/CO/7-8, paras. 37(b); 38(b); ESCR Committee, Concluding Observations: Slovakia, 2012, UN Doc. E/12/SVK/CO/2, para. 24; CEDAW Committee, Concluding Observations: Austria, 2013, UN Doc. CEDAW/C/AUT/CO/7-8, paras. 38, 39.

- **Remove barriers to abortion.** Governments must not introduce barriers to abortion services and actively eliminate existing barriers.³⁴¹ Human rights bodies have specifically criticized barriers that governments impede or deny safe abortion services, such as through high³⁴² costs, unregulated or inadequately regulated refusals by health providers to provide lawful abortion services,³⁴³ mandatory counselling,³⁴⁴ mandatory waiting periods,³⁴⁵ third party authorizations or consent from spouses, judges, parents, guardians, or health authorities³⁴⁶, and information barriers.³⁴⁷
- **Ensure privacy in the context of abortion services.** Governments must ensure sexual and reproductive health services, including abortion services, are provided in a way that respects patients' privacy and guarantees doctor-patient confidentiality.³⁴⁸ They must also not interfere with individuals' decisions regarding abortions, which are protected by the right to privacy.³⁴⁹
- **Prevent unintended pregnancies and unsafe abortions.** Governments must adopt legal and policy measures to guarantee all individuals' access to affordable, safe and effective contraceptives and comprehensive sexuality education, including for adolescents, liberalize restrictive abortion laws, and train healthcare providers in the provision of abortion services.³⁵⁰ As part of governments' obligation to prevent foreseeable threats to the right to life, they must take measures to ensure that women, girls and all pregnant people do not have to undertake unsafe abortions.³⁵¹
- **Ensure access to accurate, non-biased sexual and reproductive health information and comprehensive sexuality education.** Governments must ensure that up-to-date, accurate information on sexual and reproductive health, including abortion, is publicly available and accessible to all individuals (including adolescents and youth), in appropriate languages and formats.³⁵² Governments must also ensure that all educational institutions incorporate unbiased, scientifically accurate, evidence-based, age-appropriate and comprehensive sexuality education into their required curricula,³⁵³ including education on abortion.³⁵⁴
- **Combat sex and gender stereotypes and gender discrimination.** Governments must tackle sex and gender stereotypes and eradicate gender discrimination, which underlie laws, policies and practices that deny access to abortion. Criminalization of abortion, denial or delay of safe abortion

³⁴¹ HRC, General Comment 36 (previously cited) para. 8 ("States parties should not introduce new barriers and should remove existing barriers that deny effective access by women and girls to safe and legal abortion, including barriers caused as a result of the exercise of conscientious objection by individual medical providers."); CESCR, General Comment 22 (previously cited), para. 28; HRC, Concluding Observations: Bolivia, UN Doc. CCPR/C/BOL/CO/3, 2013, para. 9(b); Zambia, UN Doc. CCPR/C/ZMB/CO/3, 2007, para. 18; Argentina, UN Doc. CCPR/CO/70/ARG, 2000, para. 14.

³⁴² See for example, CEDAW Committee, Concluding Observations: Costa Rica, UN Doc. CEDAW/C/CRI/CO/7, 2017; Hungary, UN Doc. CEDAW/C/HUN/CO/7-8, 2013; HRC, Concluding Observations: Pakistan, UN Doc. CCPR/C/PAK/CO/1, 2017; Ghana, CCPR/C/GHA/CO/1 2016; see also CRC Committee, Concluding Observations: Slovakia, UN Doc. CRC/C/SVK/CO/3-5, 2016.

³⁴³ See for example CEDAW Committee, Concluding Observations: Romania, UN Doc. CEDAW/C/ROU/CO/7-8, 2017; Italy, UN Doc. CEDAW/C/ITA/CO/7, 2017; Peru, UN Doc. CEDAW/C/PER/CO/7-8, 2014; Poland, UN Doc. CEDAW/C/POL/CO/7-8, 2014; Poland, UN Doc. CEDAW/C/POL/CO/6, 2007; Slovakia, UN Doc. CEDAW/C/SVK/CO/4, 2008; Slovakia, UN Doc. CEDAW/C/SVK/CO/5-6, 2015. See also CRC Committee, Slovakia, UN Doc. CRC/C/SVK/CO/3-5, 2016. See also CESCR, Concluding Observations: Italy, UN Doc. E/C.12/ITA/CO/5, 2015; Romania, UN Doc. E/C.12/ROU/CO/3-5, 2014; Poland, UN Doc. E/C.12/POL/CO/6, 2016; Poland, UN Doc. E/C.12/POL/CO/5, 2009. See also Human Rights Committee, Concluding Observations: Argentina, UN Doc. CCPR/C/ARG/CO/5, 2016; Poland, UN Doc. CCPR/C/POL/CO/6, 2010. See also CAT, Concluding Observations: Bolivia, UN Doc. CAT/C/BOL/CO/2, 2013; Poland, UN Doc. CAT/C/POL/CO/5-6, 2013. See also HRC, General Comment 36 (previously cited) para. 8.

³⁴⁴ See CEDAW Committee, Concluding Observations: Hungary, UN Doc. CEDAW/C/HUN/CO/7-8, 2013; Russian Federation, UN Doc. CEDAW/C/RUS/CO/8, 2015.

³⁴⁵ CEDAW Committee, Concluding Observations: Slovakia, UN Doc. CEDAW/C/SVK/CO/5-6, 2015; Hungary, UN Doc. CEDAW/C/HUN/CO/7-8, 2013; Russian Federation, UN Doc. CEDAW/C/RUS/CO/8, 2015. See also CRC Committee, Concluding Observations: Slovakia, UN Doc. CRC/C/SVK/CO/3-5, 2016.

³⁴⁶ HRC, General Comment 36 (previously cited), para. 8; CESCR, General Comment 22 (previously cited), paras 41 and 43; CEDAW Committee, General Recommendation 24 (previously cited), para. 14; CRPD Committee, General Comment 1 (Equal recognition before the law) 2014, UN Doc. CRPD/C/GC/1, para. 35; CRPD Committee, General Comment 3 (previously cited), para. 44; CRC Committee, General Comment 15 (previously cited), para. 31; UN Working Group on the issue of discrimination against women in law and in practice, Report, 2016 (previously cited), para. 107(e); WHO, Abortion Care Guideline (previously cited), p. 43.

³⁴⁷ See CESCR Committee, General Comment 14 (previously cited) para. 34; CESCR General Comment 22 (previously cited) para. 34.

³⁴⁸ UN Special Rapporteur on the right to health, Report, 4 April 2016, UN Doc. A/HRC/32/32, paras 24, 32, 88, 90, 102, 111(f), 113(c); HRC, General Comment 36 (previously cited), para. 8.

³⁴⁹ HRC, *Mellet v Ireland* (previously cited), para. 7.7; HRC, *L.M.R. v Argentina*, Communication. No. 1608/2007, UN Doc. CCPR/C/101/D/1608/2007, 2011, paras 9.3, 9.4: denying pregnant persons' access to lawful abortions violates their right to privacy; HRC, *K.L. v Peru* (previously cited)

³⁵⁰ CESCR, General Comment 22 (previously cited), para. 28.

³⁵¹ HRC, General Comment 36 (previously cited), para. 26.

³⁵² CESCR, General Comment 22 (previously cited) para. 63 and 19; HRC, General Comment 36 (previously cited), para. 8.

³⁵³ CESCR, General Comment 22 (previously cited) para. 63; HRC, General Comment 36 (previously cited), para. 8.

³⁵⁴ In 2023, UN experts issued new guidelines on sexuality education, calling upon States to ensure "that comprehensive sexuality education is a mandatory subject in school curricula" and that it is non-discriminatory, inclusive, addresses "a breadth of topics beyond a focus on risks and disease" and "eliminates the stigma often ascribed to sexual and reproductive health issues - OHCHR, *A Compendium on Comprehensive Sexuality Education*, March 2023, [ohchr.org/sites/default/files/documents/issues/health/sr/Compendium-Comprehensive-Sexuality-Education-March-2023.pdf](https://www.ohchr.org/sites/default/files/documents/issues/health/sr/Compendium-Comprehensive-Sexuality-Education-March-2023.pdf)

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and post-abortion care, and forced continuation of pregnancy, have been found to be forms of gender discrimination and gender-based violence.³⁵⁵

- **Reduce and eradicate stigma around abortion.** Governments must combat stigmatization of abortion,³⁵⁶ including by decriminalizing abortion,³⁵⁷ and halt any initiatives that seek to negatively influence the public view on abortion and contraception.³⁵⁸

In addition to international human rights bodies, other expert bodies also make similar recommendations, from a scientific and public health standpoint, for example, the WHO Abortion Care Guideline and FIGOs' advocacy and educational material.³⁵⁹

THE WORLD HEALTH ORGANIZATION'S ABORTION CARE GUIDELINES RECOMMEND:

- Full decriminalization of abortion, which includes “removing abortion from all penal/criminal laws [...] and ensuring there are no criminal penalties for having, assisting with, providing information about, or providing abortion, for all relevant actors.”³⁶⁰
- “[A]gainst laws and other regulations that restrict abortion by grounds.”³⁶¹
- “[A]gainst laws and other regulations that prohibit abortion based on gestational age limits.”³⁶²
- “[A]bortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution,” including health workers.³⁶³
- “[A]gainst regulation on who can provide and manage abortion that is inconsistent with WHO guidance.”³⁶⁴
- “[T]hat access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection.”³⁶⁵

³⁵⁵ CEDAW Committee, General Recommendation 35 (previously cited), para. 18; CEDAW Committee, General Recommendation 24, paras. 38-39.

³⁵⁶ HRC, General Comment 36 (previously cited), para 8.

³⁵⁷ Amnesty International, *Policy on Abortion: Explanatory Note* (previously cited), p.14.

³⁵⁸ CEDAW Committee, Concluding Observations: Hungary, UN Doc. CEDAW/C/HUN/CO/7-8, 2013, para. 31.

³⁵⁹ WHO, *Abortion Care Guideline* (previously cited), FIGO's resources on website: <https://www.figo.org/figo-resources/safe-abortion>

³⁶⁰ WHO, *Abortion Care Guideline* (previously cited), Recommendation 1 and 2. The CEDAW Inquiry Report also called for decriminalization of abortion in all cases: CEDAW Inquiry Report concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, UN Doc. CEDAW/C/OP.8/GBR/1, 2018, paras. 58 and 85(a). See also International Commission of Jurists, *The 8 March Principles for a Human Rights-Based Approach to Criminal Law Proscribing Conduct Associated with Sex, Reproduction, Drug Use, HIV, Homelessness and Poverty*, March 2023, [icj2.wpenginepowered.com/wp-content/uploads/2023/03/8-March-Principles-Report_final_print-version.pdf](https://www.icj2.wpenginepowered.com/wp-content/uploads/2023/03/8-March-Principles-Report_final_print-version.pdf).

³⁶¹ WHO, *Abortion Care Guideline* (previously cited), Recommendation 2.

³⁶² WHO, *Abortion Care Guideline* (previously cited), Recommendation 3.

³⁶³ WHO, *Abortion Care Guideline* (previously cited), Recommendation 7.

³⁶⁴ WHO, *Abortion Care Guideline* (previously cited), Recommendation 21.

³⁶⁵ WHO, *Abortion Care Guideline* (previously cited), Recommendation 22. The recommendation also states that “[i]f it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible.”

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4. CONCLUSIONS AND RECOMMENDATIONS



↑ Amnesty International Argentina action outside the Palace of the Argentine National Congress in Buenos Aires, marking the first anniversary of the legalisation of abortion in the country, 30 December, 2021 © Amnesty International / Tomás Ramírez Labrousse

“With increasing sensitization, values verification and attitudes transformation training, I hope more people will be sensitized. Increasing provider networking is important in improving the enabling environment” – Gynecologist, Nigeria

“Abortion provider's mental health matters. We need targeted interventions to address the mental well-being of abortion care providers” – Senior gynecologist and advocate, Rwanda

“I am in the privileged position of being able to carry out work I am passionate about in safety. I would like to see abortion taught in all medical, nursing and midwifery schools in a comprehensive and inclusive way” – Dr Jayne Kavanagh, abortion provider and medical educator, UK

“This government needs to change, so we can return to functioning institutions and democracy. For this to happen we need the international community to denounce what's happening and demand the return of the rule of law and the respect of all human rights in the country.” – WHRD, Nicaragua

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Amnesty International

*"We desperately need protection for abortion activists, including political protection, resources, and in the worst cases, the possibility to shelter abroad. We also need money. A clinical abortion costs a lot. To have a dignified abortion sometimes people need to travel abroad. Also, we need to move around a lot of abortion pills. Those pills give freedom from criminalization and stigma. [...] I want to thank all those who supported the campaign for my freedom and being with me for the last very crazy year. [...] The efforts we and you put in, go beyond my case. The support and alliance we mobilized, the doors we opened, and this speech are in honour of the future protection of all women helping other women and all the activists who may soon face persecution for providing abortions."*³⁶⁶ – Justyna Wydrzyńska, activist, Poland

"I am being called names like 'murderer' or 'Lucifer' and I am not getting any form of support from the management. [...] all they care about is the statistics and question the kind of work I do. [...] Being recognised as a human rights defender would help." – Abortion provider, South Africa

*"The services of voluntary termination of pregnancy should be covered by mandatory health insurance and made available in all parts of BiH under equal conditions"*³⁶⁷ – Delila Hasanbegović Vukas, advocate, Bosnia and Herzegovina

"Decriminalizing abortion is a key step to access it, but it is not the end of process. To ensure this right, we need a sustainable abortion ecosystem which includes fighting stigma, training and education, and resourcing. As feminist activist Mona Elthahawy says, 'the battle over women's bodies can be won only by a revolution of the mind'" – Co-founder, MARA-Med

The testimonies and information collected in this report paint a bleak picture for all those involved in defending the right to abortion, whether they are advocates, activists, companions, or healthcare providers. It shows how different types of attacks, criminalization, stigmatization, and other barriers take place across different settings and countries. The attacks are most intense where abortion is criminalized and there is strong anti-abortion sentiment in public debate. However, even in countries where abortion is legal within certain parameters, defenders can still face stigmatization and find their moral values questioned, and providers also face negative impacts on their careers and burnout.³⁶⁸ This calls into question both those who promote and perpetuate hostility against abortion defenders, and those who are failing to protect them, not just in highly restrictive countries, but across the globe.

Powerful systemic structures of oppression, such as patriarchy and racism, are at the root of the attacks experienced by WHRDs. Challenging and overcoming these oppressive systems and the stigma they fuel is a fundamental step in finding long-term solutions, as is recognizing abortion as essential healthcare and a human right. While this transformation continues to happen, we must celebrate and provide steadfast support and protection for all WHRDs working to fulfil the human rights obligation to ensure the right to abortion.

There are many additional ways in which the hostility against these defenders can be transformed. Most of the recommendations below highlight States' human rights obligations. Other actors, such as employers, professional associations and unions, donors and social media companies also have responsibilities. The people doing this human rights work have the knowledge to find the solutions, so the recommendations in this report reflect proposals by WHRDs interviewed, such as, for example, the need to develop protection guidelines and protocols to address the risks faced by frontline abortion defenders, particularly healthcare providers. Other respondents also recommended making values clarification training more widely available and were enthusiastic about the positive impact it can have on abortion-related stigma and how abortion is approached and understood. Some organizations have elaborated very practical steps that could be taken to address stigma and support defenders, providing valuable lessons and tools.³⁶⁹

Some have expressed the need to shift the debate away from politics and towards science and human rights and some others suggested coupling policy work and proposed solutions with strategies to help change

³⁶⁶ Speech delivered during event organized by Amnesty International France, FIGO, Ipas, Médecins du Monde, Le Planning Familial, EquiPop, "An Unstoppable Movement – Strengthening Global Solidarity for Abortion Rights", Paris, 11 October 2023

³⁶⁷ See further recommendations here: Delila Hasanbegović Vukas, *Research on Regulation, Availability and Practice of Abortion in Bosnia and Herzegovina*, 2023, soc.ba/site/wp-content/uploads/2023/10/ENG-Istrazivanje-o-regulaciji-dostupnosti-i-praksi-abortusa-u-BIH-WEB-2023_9_21.pdf

³⁶⁸ safe2choose and IpasCAM, *International survey of abortion providers and companions* (previously cited)

³⁶⁹ For example, RCOG, *Reducing and managing stigma experienced by providers of abortion care: a review of current practice* (previously cited); A. Sorhaindo, U. Rehnstrom Loi, "Interventions to reduce stigma related to contraception and abortion: a scoping review", *BMJ Open*, Volume 12, 17 November 2022, pubmed.ncbi.nlm.nih.gov/36396313/. Several people interviewed for this report have also mentioned that their employers offered personal safety and psychosocial advice and services.

hearts and minds. Some respondents also suggested that self-care and self-protection strategies developed as part of a team or network have an important role to play. Further, some have emphasized the critical role of funding to enable grassroots activists facilitating people's access to abortion services and to do this work in a sustainable and safe way.

The recommendations below are minimum steps that need to be taken to protect WHRDs defending the right to abortion. Protecting them and their work also entails ensuring abortion rights for all women, girls and all those who can become pregnant, as their rights are deeply linked. As stated earlier, it is also key to attack the root causes of the problem, such as systems of oppression that sustain inequalities for women, girls and gender diverse people, especially those who are also subjected to other intersecting inequalities.

Unfortunately, many States refuse to comply with their human rights obligations. Meanwhile, millions of women, girls and all people with unwanted pregnancies continue to seek abortions and thousands of activists, advocates, companions and healthcare staff will continue to work to fulfil that need as best as they can. Persecuting women, girls and all pregnant people will not stop abortions: it will only increase the number of unsafe abortions which leads to increased rates of pregnancy-related deaths and disabilities. Along similar lines, attacking defenders may deter some from undertaking this important human rights protection work. However, it also encourages others to pursue their work with more creativity and determination in line with their morals, ethics and values. The success of movements such as the Green Wave (in Spanish: Marea Verde) in Argentina and other countries, movements to support election candidates in favour of SRR in places such as Poland, ballot initiatives to support SRR in the USA, and the myriad ways in which abortion pills are made available and accessible around the world, are just some examples.

This year marks the 25th anniversary since States at the UN General Assembly adopted by consensus the UN Declaration on Human Rights Defenders,³⁷⁰ and it has been 10 years since States adopted a resolution on the particular risks and protection needs of WHRDs.³⁷¹ Human rights law and standards are clear both on the right to abortion, and on the right of all human rights defenders, including healthcare staff, to be recognised and protected. Amnesty International calls on States to implement these human rights and comply with their international legal obligations and political commitments.

4.1 RECOMMENDATIONS TO STATES

To comply with the obligation to enable and protect all human rights defenders, including WHRDs working on the right to abortion, States must guarantee the SRR for all women, girls and people who can become pregnant, including timely, safe and effective access to abortion (see also other international obligations as detailed in section 3.1 above). To this end, States must also:

- Fully decriminalize abortion, including self-managed medical abortion, and provide access to comprehensive sexual and reproductive health services, goods and information, and enact a regulatory framework for abortion care aligned with the 2022 WHO Abortion Care Guideline.
- Directly confront abortion-related stigma that impedes sexual and reproductive health and autonomy and perpetuates gender inequality, and promote the SRR of all people;

Specifically, with regards to the protection of WHRDs States must:

- Publicly and unequivocally recognize that the work of WHRDs defending abortion rights is legitimate and integral to the promotion and realization of all human rights. This recognition should involve measures such as: implementing awareness raising campaigns and devising special laws and public policies to recognise WHRDs and enable their work;
- Put in place mechanisms for WHRDs' effective protection, ensuring that any measures adopted are appropriate, take a gender-responsive, intersectional and holistic approach, and are consulted and elaborated with the meaningful participation of those they are designed to protect;

³⁷⁰ UN Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms (hereinafter the Declaration on HRDs), 1998, [ohchr.org/en/special-procedures/sr-human-rights-defenders/declaration-human-rights-defenders](https://www.ohchr.org/en/special-procedures/sr-human-rights-defenders/declaration-human-rights-defenders).

³⁷¹ Promotion of the Declaration of the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms: protecting women human rights, General Assembly Resolution A/RES/68/181, 18 December 2013.

- Adopt the necessary measures to address the root causes of threats and attacks against abortion rights defenders, including racism and other forms of discrimination and inequality, social constructions of gender and gender roles and norms based on patriarchy and heteronormativity, gender-based violence, and lack of access to justice, transparency and accountability;
- Refrain from criminalizing (or threaten to criminalize) WHRDs working on abortion rights, including healthcare providers who facilitate or provide abortion medication or services and others who assist or in any way help people obtain abortion medication or services;
- Take adequate measures against state officials who promote, instigate or open baseless investigations or criminal proceedings as a way to target and intimidate WHRDs or in reprisal for their legitimate work in the promotion and defence of human rights;
- Respond effectively to attacks, including physical and verbal violence, threats, intimidation and harassment online and offline against WHRDs working on abortion including, where applicable, by promptly, thoroughly and independently investigating with a view to bring those responsible to account.
- Amongst measures to reduce the likelihood of such attacks, states may consider introducing safe access zones around at-risk clinics, hospitals and other relevant sites, always respecting the principles of necessity and proportionality;
- Remove any laws or measures that arbitrarily restrict freedom of expression, association and peaceful assembly and ensure that individuals and groups dedicated to the defence and promotion of SRR can carry out their work in a supportive environment. This should include ensuring that adequate funding is available to groups of WHRDs in their diverse circumstances so they can promote and defend human rights in a continuous, sustainable and effective manner, at national, regional and international levels;
- Take concrete actions, as part of foreign policy at both bilateral and multilateral levels, to protect WHRDs, their organizations and collectives, including by fully cooperating with UN and regional human rights mechanisms, promoting wider spaces and participation for WHRDs, and supporting international initiatives and legal reform that protects WHRDs and holds those who attack or arbitrarily restrict WHRDs to account.

Health Ministries should:

- Adopt and implement the WHO's Abortion Care Guideline (2022);
- Ensure healthcare institutions have policies for the safe and robust reporting of incidents against those providing abortion services;
- Ensure defenders who are healthcare providers are protected and fully supported in their workplaces. This may include:
 - Elaborating and implementing specific workplace protection protocols in consultation and with the meaningful participation of relevant staff and their unions/staff associations;
 - Providing training to all healthcare staff on laws and policies related to abortion and the rights of people seeking abortions;
 - Ensuring that there is sufficient number of healthcare staff trained in the provision of abortion and post-abortion care, who are available and willing to provide such services, so that the rights of abortion providers and of those who are pregnant are respected;
 - Taking steps to halt and prevent stigmatization and opposition to abortion care in clinical settings, for example by holding periodic values clarification workshops for all staff providing information and services that relate to or affect, directly or indirectly, the provision of abortion services. Ensuring that such values clarification includes an understanding of the reasons why people seek an abortion and the impact of denial of abortion care on the health and rights of all those who are pregnant.

4.2 RECOMMENDATIONS TO EDUCATIONAL AND PROFESSIONAL BODIES, UNIONS

- Ensure education on all aspects of abortion for students in relevant healthcare fields (obstetrics, gynecology, midwifery, nursing, etc.), as well as in clinical training. Ensure training is non-discriminatory and destigmatizes abortion, including by integrating abortion into education as a critical element of sexual and reproductive health care.
- Provide values clarification workshops on abortion for members of healthcare professional bodies and unions, whether they are directly involved in providing abortion care or not, including clinical and administrative staff. Facilitate such workshops in medical schools and other relevant training and educational settings;
- Ensure that healthcare staff who fail to maintain professionalism (for example, by insulting and stigmatizing colleagues, engaging in abusive or derogatory rhetoric, refusing to provide advice or care in contexts where conscience-based refusal is not permitted or outside its regulatory framework where permitted, and intentionally misleading patients about their treatment options and care) are held accountable;
- Ensure that members of professional bodies are aware of the scope of permitted conscience-based refusals if any, and their professional obligations in that regard, including ensuring that such refusals of care do not lead to barriers to and/or denial of abortion care;
- Unions and professional bodies should take the lead in developing protection protocols for all workers involved in providing abortion care, in discussion with their members and with government authorities;
- Professional bodies, Unions or other networks should consider establishing support services (such as helplines) for frontline healthcare workers who are facing abuse, stigma, and isolation.

4.3 RECOMMENDATIONS TO INTERGOVERNMENTAL ORGANIZATIONS

- Continue promoting recognition of the right to abortion and further development of human rights standards around abortion, and stand firm against regressions and rollbacks of these standards;
- Raise awareness and document violations committed against defenders (including healthcare providers) working on the right to abortion and produce strong recommendations to States. Ensure there is effective follow-up, implementation and accountability for recommendations to States concerning the security and protection of WHRDs defending abortion rights;
- Advocate for safe and enabling environments for all WHRDs working on abortion, to do their work at the local, national, regional and international levels free from fear, threats, harassment, discrimination or violence, taking into consideration the gender specific impacts of restricting civic space on WHRDs, especially those in marginalised groups;
- Support States and professional bodies with the development and implementation of protection protocols for WHRDs defending abortion rights;
- Ensure WHRDs who engage with multilateral institutions and international and regional human rights bodies can do so without fear of reprisals and that any allegations or instances of reprisals are promptly and adequately investigated;
- Recognize the initiatives, strategies and networks created by WHRDs themselves and ensure that they have proper access to international forums and are adequately resourced.

4.4 SOCIAL MEDIA COMPANIES

Companies, including social media companies, have a responsibility to respect all human rights wherever they operate in the world, and to prevent, mitigate or remediate impacts arising from their operations.³⁷²

Social media companies involved in facilitating and moderating online content need to invest adequate resources in human oversight of artificial intelligence-driven content moderation systems to ensure all users can equally exercise their rights online, regardless of language and political views and ensure that they can access accurate sexual and reproductive health-related information, including on the right to abortion. They should also:

- Uphold their human rights responsibilities by engaging in human rights due diligence, including to address risks and abuses arising from their business model;
- Undertake proactive measures in educating users and raising awareness about security and privacy features on their platforms that will help WHRDs create a safer and less toxic online experience.

4.5 DONORS

- Provide and incrementally increase funding to support all WHRDs working on abortion rights in organizing, leadership development and movement-building, and addressing the need for psycho-social support, ensuring the funding is adequate, sustainable and flexible; prioritize activists working at the grassroots level, and defenders and communities that are most marginalized and affected by intersecting and multiple forms of discrimination;
- Ensure adequate and sustainable resourcing for networking and convening to create spaces of exchange and mutual support between WHRDs across the world, and for their participation at regional and international forums, particularly those who are most marginalised;
- Ensure funding is responsive and appropriate to the specific needs and context of WHRDs (such as unexpected threats or opportunities or an increasingly restricted civil society space), and that it supports expertise, struggles and agendas that are relevant to local WHRD groups and their communities.

³⁷² This responsibility requires them to also avoid causing or contributing to human rights abuses through their own business activities, and address impacts in which they are involved, including by remediating any actual abuses. It also requires companies to seek to prevent or mitigate adverse human rights impacts directly linked to their operations, products or services by their business relationships, even if they have not contributed to those impacts. This responsibility was expressly recognized by the UN Human Rights Council on 16 June 2011, when it endorsed the UN Guiding Principles on Business and Human Rights, and on 25 May 2011, when the 42 governments that had then adhered to the Declaration on International Investment and Multinational Enterprises of the OECD unanimously endorsed a revised version of the OECD Guidelines for Multinational Enterprises. See *Human Rights and Transnational Corporations and other Business Enterprises*, Human Rights Council, Resolution 17/4, UN Doc A/HRC/RES/17/4, 6 July 2011; *OECD Guidelines for Multinational Enterprises*, OECD, 2011, www.oecd.org/corporate/mne

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AN UNSTOPPABLE MOVEMENT

A GLOBAL CALL TO RECOGNIZE AND PROTECT THOSE WHO DEFEND THE RIGHT TO ABORTION

Around the world, those defending the right to abortion are under attack, including activists, advocates, accompaniers, and healthcare workers.

They are exposed to stigmatization, physical and verbal attacks, intimidation and threats, and are criminalized through unjust prosecutions, investigations and arrests. Despite hostility and lack of recognition, they continue their work, helping countless women, girls and all people who can become pregnant access their right to abortion. They are a truly unstoppable movement.

These attacks are not just a violation of the state obligation to protect and provide all human rights defenders with a safe and enabling environment, but also a powerful barrier to safe abortion for those who need or want it. As such, this report is part of Amnesty International's global campaign to promote the right to abortion.

Amnesty International calls on states to recognize the legitimate and essential role of all defenders working on the right to abortion, to respect and protect them, and to fulfil their obligations to protect the right to safe and legal abortion for all.