

An abstract graphic featuring several vertical, wavy lines in various colors (blue, orange, yellow, light blue, red, green) that curve and flow downwards, set against a light pink background. The lines represent different pathways or routes.

Pathways to Change

**Building Stronger Legal Guarantees
for Sexual and Reproductive Health
and Rights**

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Catholics for Reproductive Health
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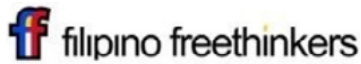
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Introduction



Laws and policies concerning sexual and reproductive health and rights have a profound impact on the lives and wellbeing of individuals, and touch on some of the most fundamental and personal aspects of human existence. When laws and policies guarantee sexual and reproductive health and rights, they strengthen access to healthcare and protect individuals from discrimination, coercion and violence. Yet when laws and policies undermine sexual and reproductive health and rights, they deny people the ability to make free and informed decisions about their bodies, health and relationships.

Over recent decades, multiple countries across the world have worked to eradicate laws and policies that undermine sexual and reproductive health and rights and harm the physical, mental and emotional health and wellbeing of individuals. They have sought to put in place legal and policy frameworks that respect and guarantee sexual and reproductive health and rights. Across the world the positive impact of relevant reforms has often been significant and transformative.

This resource captures the stories of how positive legal and policy change on a variety of sexual and reproductive health and rights (SRHR) issues was achieved across four regions, in thirteen countries. It brings together insights and learning shared by multiple organizations, experts and activists and distills a range of cross-cutting strategies that were crucial building blocks in successful efforts to secure change.

These reforms occurred through legislative processes in parliaments, through administrative mechanisms and government decision making, through public referenda, through litigation and constitutional reform. Featured examples include the legalization of abortion care and the improvement of policies on comprehensive sexuality education;

the advancement of legal frameworks guaranteeing respectful maternal healthcare and the eradication of bans on emergency contraception.

Even where two countries introduced comparable legal and policy change, there were immense differences in how those changes were brought about. Unique social and cultural contexts and national histories, as well as the diversity of legal and political systems, mean there were inherent differences in each country's pathway to change.

Yet despite differences between countries, many stakeholders – communities and activists, civil society organizations, decision makers, experts, and multilateral organizations – seek out examples of reform strategies from other parts of the world. They have found that sharing experiences and reflections across borders can support success, enrich strategies and multiply opportunities. It is our hope that this resource will provide strategic insight, inspiration and encouragement to activists and organizations the world over.

The thirteen countries studied here represent only a snapshot of those in which important reforms on SRHR have recently occurred, and the examples featured address only a handful of SRHR issues. In many cases, the reforms that occurred were initial, incremental milestones that provide an important basis for ongoing and necessary change. Even where immense legal and policy change was achieved, continuing future improvement is still imperative.

Our organizations and communities were privileged to play a role in bringing about change. Yet we represent only a sample of the vast network of activists, civil society experts, political actors and other stakeholders whose combined efforts contributed to reform. We honor and pay tribute to all of the individuals, organizations and decision makers whose work has made a difference.

Strategies and Objectives



Seize the moment. Keep momentum. Evolve and persevere. Support and solidarity. Strategies to achieve legal and policy reform on SRHR drew on a mix of visionary planning, organic and instinctive efforts and collaborative responses, all while maintaining an eye on the ultimate goal. Efforts to set goals and design strategies often required spontaneity, while also involving different phases of planning over decades. Although the pathway to change was different in each country, common considerations contributed to the design of successful strategies in many places.

In every country, setting key objectives and defining an ultimate goal was crucial to planning reform pathways and achieving transformative change. Setting goals usually began with deep analysis to explore the SRHR issue at stake. From there it was possible to identify the legal or policy changes that were necessary and that would have the most powerful impact on people's lives.

Forming a shared vision

When multiple actors were involved in efforts to bring about legal and policy change, it was important to build a shared vision of the change sought. Often this process involved a small group of civil society organizations and activists. Sometimes it also included a wider spectrum of actors such as medical or legal professionals and political strategists.

“It’s not something that happens overnight, it takes time, a lot of patience, a lot of answering to people who might misunderstand what you’re saying, winning one person at a time and hoping that person will influence someone else.”

Francesca Fenech Conti, Malta

Coming together to agree objectives was an important aspect of strategy design and planning. It ensured that different actors were working towards the same ends and reduced the risk of contradictions that would undermine efforts to achieve change or that could be exploited by those opposed to change. It also provided an important opportunity for reflection on the assumptions and hypotheses behind the objectives.

Collective work to determine objectives also allowed the definition and division of roles on the basis of considerations such as mandate, constituency, skills, expertise, capacity and resources. Recognizing that a diverse range of actors could play a significant role by making distinct but complementary contributions was very important.

Principled pragmatism

Social, historical and political realities were also important considerations when defining strategies to achieve key objectives. Charting the right path between undertaking a pragmatic assessment of realpolitik considerations and maintaining an ambitious approach designed to secure robust reforms was often challenging, as it was often uncomfortable to consider questions of political feasibility. Settling on the right approach often required decisions about whether efforts should seek to secure

an ultimate objective outright, or whether a series of incremental changes should be pursued over time. In this way, feasibility considerations did not alter the principled goals and objectives, but instead informed the pathways and timeframes through which they could be achieved.

For example, these dilemmas arose in Chile, where up until 2017 laws prohibited abortion in all situations. Although the ultimate objective was to secure the broad legalization of abortion, when an opportunity for reform opened up in 2014 the political environment meant that the extent of legal and policy change that it would be feasible to obtain at that time was limited. Activists had to consider whether to support a proposal that would remove the total ban on abortion, but legalize it only in restricted circumstances. Even though this was a much narrower set of reforms than was necessary, activists decided that it would still amount to an important incremental milestone that would lay the groundwork for achieving their ultimate goal in the future.

In some countries activists decided that conditions favored the pursuit of more substantial change outright. For example, in Ireland the decision to pursue the legalization of abortion on request in early pregnancy, as part of the 2018 package of reforms designed to remove the ban on abortion, was seen as a bold move. Initially, there was considerable skepticism in political circles about whether the public would vote to remove the constitutional ban on abortion if abortion on request was included in a proposed legislative framework. However, eventually the government published draft legislation that included the legalization of abortion on request. On the day of the referendum, a large majority of the public voted for legal and policy change in the knowledge that abortion on request would become legal.

Even in those countries, such as Ireland, where efforts to obtain profound legal and policy change outright were successful, more progress remains necessary and there is a

need for further reform to remove harmful legal and policy barriers that remain in place.

Legal and policy pathways

In many countries, a range of legislative, judicial, constitutional or regulatory avenues offered potential mechanisms by which to bring about change, and decisions were made to use multiple legal and policy tools and processes as integral parts of the strategy.

“There is not just one way to change law and policy — you need to engage in many ways.”

Tom Mulisa, Rwanda

For example, in Nepal, decades-long efforts sought the adoption of a robust legal framework that would guarantee access to free abortion care in public health facilities and that would require all levels of government to budget for the provision of free abortion services. To achieve this, a variety of mutually reinforcing legislative, constitutional and judicial pathways were all employed. Legislative avenues enabled the removal of the legal ban on abortion and the establishment of a legislative entitlement to abortion care. Over the same timeline, a process of constitutional transition in Nepal provided an opportunity to secure constitutional protection for reproductive rights. Simultaneously, litigation generated judicial precedent on the right to abortion and the obligation of state authorities to guarantee access to affordable abortion care in practice.

However, in other countries, a multitude of legal and policy options by which to achieve the necessary reforms did not exist, and here one specific mechanism became the target through which legal and policy change was pursued.

Assessing decision makers

Successful reform strategies were often shaped through analysis of the decision makers whose action was needed to bring about legal and policy change. Assessing who they were and what steps they would need to take helped to identify the kind of tactics that would be the most effective. In some contexts, these considerations dictated a collaborative approach that focused on partnership and cooperation with decision makers. For example, in Kenya, collaboration with local authorities and hospital administrators was a key component of efforts to end mistreatment and abuse in maternal healthcare settings. It was clear that developing partnerships would be more effective than a critical approach and more likely to lead to improvements in hospital practices and procedures. Similar forms of collaboration with decision makers were key elements of reform efforts in both Kazakhstan and Moldova, where partnerships with the Ministry of Health proved critical.

“We recognized there was a thin line between accountability and achieving our long-term strategy. Finding that balance was something that had to be navigated very carefully.”

Patricia Nudi, Kenya

However sometimes a more confrontational methodology was essential. For example, in Malta, efforts to secure the licensing of emergency contraception focused on challenging the government and demanding action through protest, public denouncement and media engagement. In many countries, a mix of collaboration and confrontation was necessary.

Engaging influencers

Strategy development also considered who in society would have the most influence with relevant decision makers. This involved assessing whose voices and perspectives would be considered the most authoritative and valuable.

Across different contexts influential stakeholders included: individuals who had been directly affected; healthcare professionals; ombudspersons and national human rights institutions; politicians and political leaders; celebrities and business leaders; and representatives of intergovernmental institutions.

“In achieving legal and policy change, it is key to have prior engagement and commitment from a wide number of advocates on a unified and clear objective.”

Marevic Parcon, Philippines

In all contexts, considering what role such influencers could play, and how to engage and collaborate with them, was a critical component of successful reform efforts.

The impact of time

Timelines had a significant impact on strategies and approaches. In many countries, work to bring about legal and policy results took decades. In these cases, such as in the Czech Republic, Ireland and Nepal, strategies evolved and changed over very long timeframes. It was critical that efforts underwent multiple evolutions at different phases as social and political contexts shifted and new possibilities emerged. However, in other contexts, such as Malta and Kazakhstan, nimble and responsive strategies needed to develop quickly to capitalize on opportunities for reform that presented themselves at a particular time. Here, fast and responsive approaches were vital to seize the moment.

Adversity, setbacks and support

Efforts to advance legal and policy change on SRHR were never easy. Resilience and perseverance in the face of adversity and setbacks was imperative.

In some contexts, reform efforts were initiated in very hostile climates. Pervasive stigma and discrimination surrounding certain issues meant that those seeking change were often isolated and criticized. They knew that broadening alliances and support bases would be critical for success; however, this took a long time and was challenging.

For example, in Rwanda, efforts to secure abortion law reform began in an adverse context where high levels of stigma about abortion meant that many civil society organizations and activists were reluctant to support calls for reform. Those seeking change had to identify ways of framing the issue that attracted broader buy-in, thereby gradually broadening support and creating new alliances.

“The most challenging part was dealing with the stigma and opposition, including from within the reproductive rights movement. But we always knew where our place was, and where our work lies.”

Jihan Jacob, Philippines

Often, support groups and solidarity networks played a crucial role in sustaining resilience over time. For example in the Czech Republic, the 20 year efforts of a group of Roma women to expose systemic forced sterilization and seek reparations took place in an extremely hostile climate, as deep bias and racism led to significant public backlash. Many women faced serious personal consequences when they revealed what had

occurred. Support groups that had been created, and the important friendships and networks of interpersonal support they had generated, were critical to prevent burn-out and hopelessness. In addition, alliances with external actors who were not members of the Roma community – civil society organizations, lawyers, volunteers – provided important solidarity and moral support.

Persevering in the face of political setbacks and disappointments was critical in many countries. Political decision making and negotiations regularly led to reform proposals being dropped or weakened at different stages. Finding the strength to shift gear, adapt to new circumstances, seize opportunities and continue to strive for change often proved decisive.

Key lessons

- There is no 'right' way to make change – the key is to design a strategy that is organic and responsive to the relevant national context. Unforeseen opportunities or moments of great political or social change may be leveraged to great success. Flexibility is imperative to allow for strategic adjustments when necessary.
- Establishing a clear objective is crucial to designing successful strategies for legal and policy change. It is also vital to assess the feasibility of achieving this goal in the current political or social climate. Some pathways to change pursued extensive change outright whereas some required an incremental approach.
- Many successful reform strategies encompassed multiple layers of tactics and components and involved a wide span of actions and contributions from diverse stakeholders. Collective efforts to define goals and strategies can enable a shared vision for change, and strengthen and consolidate impact.
- Identifying the specific legal and policy processes and mechanisms that must be engaged to bring about change allows strategies to pinpoint what is needed from decision makers. This in turn can help to determine the most effective approach.
- Efforts to bring about legal and policy change on SRHR are often immensely challenging and can take a long time. Politically hostile environments, social stigma and discrimination require great resilience, patience and determination in the face of adversity. Solidarity among those seeking justice and change is vital.

Collaboration, Coordination and Alliances



Building broad bases of collaboration. Cooperation among civil society organizations and grassroots movements. Individuals directly affected by harmful laws and policies working alongside experts and decision makers. In every setting, legal and policy efforts were achieved by a range of actors who came together to work towards a common goal. Each provided different forms of leadership while working together to bring about change, with engagement across movements and sometimes across borders.

There was no specific model form or structure for these movements. Most successful efforts developed organically in response to the needs of the specific context and circumstances at play. However, a common denominator across all successful strategies was their active pursuit of different forms of coordination and alliance building.

Civil society and grassroots collaboration

From Chile to the Philippines, Rwanda to Nepal, building a broad base of collaboration among civil society organizations and grassroots movements proved central to the success of reform efforts. Sometimes this cooperation among different civil society actors and grassroots movements was developed through organic and relatively informal engagement, where organizations and activists discussed strategies and shared information on an ad hoc basis. However, more often this cooperation was formalized to differing degrees, including by forming coalitions, working groups, platforms, networks or other kinds of official partnerships.

At times, written agreements, terms of reference and memoranda of understanding were put in place to guide these joint initiatives. In some instances, individuals were appointed, or staff hired, to represent the collective and coordinate efforts. Formalized cooperation also took the shape of joint public statements or events, the publication of

joint proposals for reform and the release of collective manifestos or calls to action.

“Change does not depend on a single person, a single organization. Changes need to be driven by social movements, communities, platforms of struggle and networks.”

María Ysabel Cedano, Peru

Civil society and grassroots cooperation often generated an important sense of unity and commitment to a shared goal. This facilitated collective strategizing and information sharing. It also enabled collective deliberations on major decisions and joining forces to solve problems and overcome challenges. Sometimes it facilitated division of labor by allowing a diversity of actors to identify what they could contribute to the effort according to expertise, capacity and mandate. The nature of cooperation among civil society actors and grassroots movements shifted and developed at different points to meet the needs of the moment.

For example, in the early stages of a six-year effort in North Macedonia to secure the repeal of retrogressive legal restrictions on access to abortion, leading civil society organizations formed a platform comprised of over 20 NGOs who would work together to repeal the restrictions. The platform enabled the design of a joint strategy, allowed members to take on different roles

depending on capacities, and strengthened the impact of joint advocacy actions and demands because they represented a collectivity of organizations and voices.

“Working with allies and bringing like-minded groups together means the change is no longer the objective of only one organization or activist – it becomes a common and shared goal.”

Prabina Bajracharya, Nepal

Cooperation among civil society actors also strengthened the reach, influence and effect of advocacy actions because they were undertaken on behalf of multiple actors. In Ireland, cooperation between civil society organizations played a critical role at different stages of the 35-year struggle to secure repeal of the constitutional ban on abortion. Notably in 2018, during the final phase of these efforts, a group of organizations came together to form a civil society campaign to remove the constitutional ban on abortion. The campaign, known as Together for Yes, brought together over 70 groups and communities, all of whom worked together to campaign for a yes vote by the electorate in the May 2018 public referendum. The campaign was set up as an independent legal entity with an executive committee, a number of full-time staff and countless volunteers who supported the campaign across the country. It spearheaded public engagement strategies and allowed a wide variety of stakeholders to work cohesively together as part of a high-stakes campaign.

Engaging across movements

Seeking support from other social justice movements, such as human rights, equality or labor rights organizations, was also an important strategic choice in many contexts. When other movements publicly pledged their support for reforms or endorsed calls for change this often had a powerful impact. It often clearly demonstrated broad support for the relevant legal and policy change, which

in turn generated an increase in the levels of political or public buy-in.

In many contexts, cross-movement collaboration also played a valuable role in efforts to frame the specific SRHR issue as part of a continuum of concerns, thereby connecting it to broader human rights, healthcare, equality, social or racial justice or rule of law concerns. This often led to the matter being seen as more important, again increasing support for reform.

Alliances with professional experts across sectors

Building alliances with experts in different fields was also instrumental as they provided expertise and technical advice in the design and roll-out of strategies or assisted with the drafting of proposals or model laws or policies. In many contexts, they were also highly influential sources of information for members of the public and policy makers and were often particularly effective counterweights to anti-SRHR efforts. In some contexts, professional experts played an important role as peer-to-peer educators, building support for the legal and policy change within their profession or sector.

Identifying whose expertise was needed, and who would be influential, were often separate but interrelated considerations that were taken into account when determining the nature and scope of the cooperation and engagement.

For example, in almost all countries, alliances with medical professionals and public health experts were particularly important. Their endorsement of calls for change often impacted public opinion and assisted in efforts to build political will. They were vital partners in efforts to raise awareness and grow support for change among their peers and within professional societies and associations. Ensuring their support was also important for the implementation phase following reform, when the health sector would be crucial partners in efforts to implement legal changes and rollout relevant services.

In some countries, for different reasons, medical experts were slow to endorse calls for legal and policy reform. For example, in Ireland, some healthcare professionals initially lacked in-depth knowledge or training on abortion, there were high levels of social stigma surrounding the issue and they had justifiable fears of professional repercussions or backlash if they spoke out. To overcome these issues it was critical to create safe spaces for confidential discussion and peer-to-peer exchange. Professional exchanges with highly respected medical and public health experts based outside Ireland also made a difference.

“They [the government] are not experts in everything, and if they see that you can be helpful then this collaboration becomes much, much easier. They do not look at you like an opponent, but like an expert they can rely on. They start to trust you, they involve you.”

Rodica Comendant, Moldova

Alliances with other sectors and groups of experts were also important. These included legal experts, social scientists, community and religious leaders, educational professionals and business representatives.

For example, in Chile and Rwanda engagement with religious experts and leaders played an important role in abortion law reform. In Chile, alliances with Catholic organizations and experts on Catholicism facilitated engagement with policy makers from a religious perspective. Workshops between members of Congress and relevant experts provided an important space for discussions that engaged with their religious beliefs and facilitated exchanges about how the reforms could be supported by Catholics. In Rwanda, because the Catholic church was staunchly opposed to the reforms,

engagement with religious leaders from other religions and churches proved important. Many of them were not against law reform and although they would not actively support calls for legal and policy change, they would not oppose it. By revealing a spectrum of diverse religious views, the force of religious arguments against reform were weakened. This was highly influential with policy makers, who realized that they would not face as much opposition from religious groups as they had previously feared.

Cooperation with decision makers

Close cooperation and collaboration with decision makers was also a feature of many strategies. For example, in Moldova, collaboration with the Ministry of Health was a critical component of efforts to secure changes to regulations and guidelines on abortion. Pursuing cooperation, rather than condemnation, led to the creation of a strong partnership between the Ministry of Health and civil society organizations over time. This enabled civil society to play a central role in guiding the development and reform of laws and policies. In Kazakhstan, positive engagement with the Ministry of Health and key government representatives was also a central feature of reform strategies. In a similar fashion, collaboration with local authorities and hospital administrations in Kenya was a particularly important component of efforts to end detention and mistreatment of women in maternity hospitals. Engagement with statutory bodies, such as ombudspersons and national human rights and gender equality commissions, also yielded important results and they became influential allies in political engagement strategies in the Philippines, the Czech Republic, Kenya and Nepal.

Collaboration across borders

International and regional cooperation was immensely important to reform efforts. It enabled important exchanges on comparative legal and policy options and provided opportunities to learn from reform processes pursued in other countries. For example, in Rwanda, providing policy makers with information on comparative law and creating opportunities for them to engage with peers from neighboring countries where similar law reform processes on abortion had already taken place contributed to the success of reform efforts. Dialogue with members of parliament and government from these countries shifted the mindset of politicians and reassured them that law reform was possible, because it had been achieved in similar country contexts. In Chile, evidence on international human rights law and comparative legal standards on abortion was highly influential with policy makers. Strategic alliances with international civil society organizations and experts brought together influential legal evidence that showcased how Chile's law on abortion was out of step with the laws in most other countries and in breach of international treaties and standards.

“There will be some very challenging moments and it can be exhausting and draining. Unity, solidarity and support will keep you going.”

Lara Dimitrijevic, Malta

Sometimes, key strategies were also advanced through partnerships with international actors. For example, in Peru, the use of strategic litigation before international human rights bodies was pursued as a partnership between international and national civil society organizations.

International and regional engagement and cooperation provided an important sense of recognition, support, protection and solidarity to individuals and organizations pursuing legal and policy change in adverse national contexts. For example, for Roma women in the Czech Republic, cooperation with international civil society, media outlets and international and regional accountability mechanisms provided support in the face of the extreme hostility and backlash that their struggle encountered at the national level. The reception and recognition they received in other countries and in international fora generated an important sense of confidence and affirmed the legitimacy of their claims.

Key Lessons

- Different forms of cooperation, collaboration and alliances are critical to the success of reform efforts. Although challenges may arise, facilitating collective processes of reflection, deliberation and assessment and creating safe spaces for healthy discussion and disagreement can often enable alignment and shared goals to emerge.
- Among grassroots movements or civil society coalitions, overcoming interpersonal or organizational conflict and differences in approach can be key to advancing common goals. Sometimes structured and facilitated discussions and professional negotiation and mediation helps to resolve differences.
- Stigma or discrimination can mean that those working to advance SRHR are isolated and marginalized from more mainstream social change movements. Investing time in building relationships of trust with leaders in other movements can play an important part in building bridges and overcoming silos.
- Securing early engagement from professional experts who understand the need for change and are highly respected among their peers can be powerful. Where stigma is particularly strong, professional experts from outside the specific national context can often provide peer-to-peer support and education.
- Alliances with healthcare professionals can be particularly impactful on many SRHR issues. They can be highly persuasive in influencing public and political opinion on SRHR.

Stories, Evidence and Research



Breaking the silence. Telling a human story. Presenting evidence and data. Leveraging expertise. Across the board, the use of evidence, data and research was a critically important element of efforts to secure legal and policy change. It informed goal-setting processes, shaped political and public engagement strategies and guided messaging and communications. Different forms of information and evidence had different roles to play. The dissemination of public health and medical evidence, public attitudes research, and information on international and comparative law all played a significant role in influencing policy making. The stories and testimonies of affected individuals who bravely spoke out captured hearts and minds and changed the narrative.

Reform efforts often originated through the grassroots mobilization of individuals who had been directly affected by harmful laws and policies, or were initiated as part of civil society efforts to address the forms of harm that particular laws and policies were causing individuals.

Individual testimonies

As a result, information and evidence about the experiences of individuals was central to the creation and implementation of strategies and tactics across the board. It was important to capture how laws or policies were affecting individuals on the ground, and to allow their lived experiences to inform proposals for change. Their stories and testimonies were powerful components of political and public engagement strategies, articulating in human terms the reasons why reform was necessary.

Often, people told their stories publicly as part of efforts to expose a problem. This was the case in the Czech Republic, where Roma women sought to reveal decades of

systemic forced and coercive sterilization through public testimonials about their personal experiences. They made the difficult decision to reveal what had happened to them and tell their stories to the media and to international accountability bodies. Their testimonies sparked twenty years of activism for justice and reparations for the survivors.

“Women were afraid of reprisals from neighbors and employers. They were afraid their welfare benefits would be endangered and worried their children would be harassed at school. It wasn’t an easy thing for them to go out in public and get so much negative feedback.”

Elena Gorolová, Czech Republic

In Ireland, women’s experiences as a result of the constitutional ban on abortion shaped legal and policy objectives and drove reform efforts over three decades. Their decisions to tell their stories publicly, through traditional

media reporting and on social media, ultimately played a key role in changing hearts and minds and securing public and political support for change. On a number of occasions, media revelations about particularly grave individual cases shocked the public conscience and provided decision makers with an impetus for action.

Inquiries and research reports

Institutional efforts to research and document the experiences of affected individuals and communities also played a critical role. In many instances, civil society organizations spearheaded this documentation. For example, in the Philippines, civil society worked to document the first-hand experiences of women and healthcare professionals through interviews and focus group discussions, and to publish a report synthesizing the findings. This report formed the basis for international accountability strategies and advocacy with statutory bodies. In Nepal, work by civil society organizations to document and publish a report on the harmful impact of the restrictive law on abortion and the personal experiences of women imprisoned for having abortions was a key resource in efforts to secure legal and policy change.

“Evidence and the voices of impacted women was critical to show the scale and effect of the problem.”

Sabin Shrestha, Nepal

Sometimes official investigations by statutory bodies provided influential and authoritative support for legal and policy change. For example, in the Czech Republic, the testimonies of Roma women led to an official investigation and report by the ombudsperson, the Czech Public Defender of Rights, which in turn became a central reference point in political engagement and outreach. In Kenya and the Philippines, initial documentation efforts by civil society led to national inquiries by national human rights institutions in each country. In both cases the

national human rights institutions published groundbreaking reports with official recommendations for reform.

Individual complaints

Individual victims and survivors also played critical roles in bringing about reform by initiating groundbreaking judicial proceedings and complaints before national courts and international accountability bodies.

“Women coming forward and talking about their personal experiences was the most important factor.”

Orla O'Connor, Ireland

In Kenya, women who had been subjected to mistreatment and detention in maternal healthcare facilities filed cases with the Kenyan courts complaining that their constitutional rights had been violated. In Nepal, women who were denied access to affordable abortion care joined public interest litigation, claiming constitutional rights violations. In Malta, over 100 women filed a judicial protest seeking policy change to legalize the provision of emergency contraception. In Peru and Ireland, women who had been denied access to abortion care filed individual complaints with regional and international human rights mechanisms at different stages of reform efforts.

Although the nature and impact of each of these cases differed, in all instances they showcased the reasons why legal and policy change was necessary and demonstrated in human terms the impact of the status quo. These complaints and decisions attracted considerable media coverage and shifted public perceptions, as the levels of personal suffering endured generated considerable public empathy. Each case played an important role in generating sufficient levels of political will to bring about change.

Public health evidence and data

Public health and medical evidence and data was a central pillar of reform strategies in every country. This evidence, combined with best practice guidelines and standards, shaped reform objectives and informed the drafting of legal and policy proposals. For example, in Kazakhstan, public health evidence on adolescents' sexual and reproductive health drove concerted efforts to secure government action to improve and expand young people's access to sexual and reproductive health services. In Moldova, medical and public health research and data on medical abortion was a vital component of efforts to secure the revision of national guidelines for safe abortion care and the introduction of medical abortion and telemedicine. In the Philippines, Rwanda and Nepal, evidence on the rates of maternal mortality and morbidity resulting from highly restrictive laws on abortion and failures to guarantee access to good quality post-abortion care shaped demands for legal and policy reform.

In addition, equipping decision makers, the media and the public with public health and medical evidence was often a vital component of political outreach and public engagement strategies. Often it was critical to address important gaps in available modern up-to-date data on a relevant issue; sometimes to counter misinformation and false claims by actors opposed to reform; sometimes to dissipate high levels of stigma and stereotypes.

“Data is critical to the public discussion of reform and raises the level of argument and moves the discourse.”

Javiera Canales Aguilera, Chile

For example, in Malta, there was such a dearth of factual evidence-based information on emergency contraception among policy makers and medical providers that factually

incorrect beliefs were widespread and many mistakenly believed that emergency contraception interrupted pregnancy and caused abortion. Counteracting misinformation by disseminating accurate medical and public health evidence to the media and decision makers was crucial to the success of reform efforts.

In Ireland, the dissemination of public health and medical evidence and data on abortion was a central feature of efforts to secure the repeal of the constitutional ban on abortion and influence legislative proposals that would legalize abortion. Data demonstrated the high numbers of women who were traveling out of the country each year for abortion care or who were importing abortion pills illegally. Stakeholders recognized that the current ban on abortion was unworkable, and that comprehensive legal and policy reform would be necessary in order to ensure that in the future most people could access abortion care in Ireland and would no longer have to resort to travel or illegal importation of medicines. Evidence also demonstrated that the legalization of abortion on exceptional grounds alone would not resolve these issues and that it would be important to legalize abortion on request.

Public attitudes research

At different stages of reform processes, those driving efforts towards legal and policy change undertook qualitative and quantitative research into public attitudes on the SRHR issues concerned. They used this kind of research in different ways when designing and implementing reform strategies.

The research findings guided the design of messaging and communications approaches that would resonate with specific audiences. The research also helped to identify key influencers and trusted voices on the issue concerned. In some countries, it proved to be an important component of efforts to build political will, as presenting research findings to elected representatives and members of government helped to build their support

for change by demonstrating the extent of public support. Findings were also used to inform decisions about whether to seek full and comprehensive change at once, or to pursue an incremental reform strategy.

In some contexts both qualitative and quantitative research was undertaken, in others, choices had to be made between undertaking either qualitative research through interviews and focus groups or quantitative research through surveys or polling. Financial considerations were usually a key determinant of what could be commissioned, as the price of hiring professional researchers was high. Additional factors, such as timelines and the nature of the reform strategy being pursued, also shaped decision making as to what type of public attitudes research would be most useful.

Qualitative research, either through interviews or focus groups, was used to gain insight and understanding into the thoughts and feelings of a cross-section of the public on the SRHR issue concerned. The research was usually structured around key questions designed to yield strategic insights into the reasons why participants would support or oppose the particular change in law or policy and to explore their feelings about it. In some contexts, it was also used to test responses and reactions to specific messages, helping to shape public engagement strategies and campaigns. For example, in Ireland, where a yes vote from the electorate in a public referendum would be needed to repeal the constitutional ban on abortion, qualitative research was crucial to designing an effective public campaign in the run up to the referendum. It was critically important to understand the thoughts and feelings of members of the public on abortion. Although it was sometimes challenging for participants in focus groups to address what they felt was a sensitive subject, using different materials – such as news stories, advertisements and snippets from public debates – helped to structure the sessions and effectively gauge participants’

views. Focus groups also discussed sample messages that civil society actors were drafting and examined arguments for and against change. These focus groups helped to identify what messages people felt offended by, what they were receptive to and what were some of the most persuasive and undermining arguments. Discussions also identified what voices the public listened to on abortion, who they considered to be an authority on the subject, and who they wished to hear from when thinking about how to vote in the referendum.

“We did research in order to test public opinion and we used this to voice that women did not want a change in the abortion law. The people were on our side.”

Bojan Jovanovski, North Macedonia

Quantitative research was used in a number of countries to identify the perspective of a representative sample of the public on the relevant SRHR issue. The findings from polls and surveys proved to be a vital source of information on how much public support or opposition there was, and how much of the public were undecided.

For example, in Chile and Peru, initial research revealed significant public uncertainty about, and opposition to, legal and policy reforms concerning abortion. This led to the design of public engagement and messaging strategies that would address the concerns, feelings and questions of these populations, leading to important shifts in public opinion.

Polling was also used to test insights from qualitative research by exploring whether these learnings were transferable to a representative sample. For example, where a small group of participants in a focus group expressed a particular view, polling was used to check whether this was representative of broader opinion on the issue. In this way, quantitative research helped to determine the size of public support for the change

sought, how that support varied depending on messages used and some of the most persuasive arguments for and against change.

In many settings, where research findings revealed strong public support in favor of reform, this data proved particularly persuasive with political actors. Often, those driving legal and policy reform efforts commissioned quantitative research themselves, conducted through in-person or telephone interviews, online surveys and polls including through social media. A range of factors influenced decisions on what format to use. For example, although in-person polling was often the most expensive, it was generally the most reliable and allowed verification of identities. Online polling was cheaper and allowed access to a larger dataset. Polling conducted via social media was often easier and much less expensive but did not always provide a representative sample and identities cannot be verified.

It was sometimes possible to use the findings of public polling by media organizations, government or political parties. In some settings, the results of polls conducted by media organizations were available for free or a small fee, and therefore provided a more economical way of obtaining data. Government surveys, such as those conducted by Ministries of Health or Statistics Departments, also provided useful sources of information, and at times it was also possible to advocate for the inclusion of relevant questions in these surveys.

“Politicians need evidence. They need you to show them data about what is happening and how it is a real problem.”

Tom Mulisa, Rwanda

Key lessons

- Sharing individual testimonies and stories publicly is a highly influential component of reform efforts. They provide a compelling account of the human impact of harmful laws and policies, expose harmful stereotypes and myths often promoted by those opposed to reform, touch hearts and change minds.
- Members of affected communities who come forward and tell their stories can sometimes pay a high personal cost. Establishing robust support systems and protecting individuals' health and wellbeing is vital.
- Public health and medical evidence is highly valued by policy makers. It provides a clear, verifiable basis for reforms and can be immensely influential in guiding the drafting of legal and policy proposals.
- Efforts to counter misinformation and false claims by those opposed to legal and policy change often rely upon public health and medical evidence and data. These forms of information can easily dispel false beliefs and harmful myths and assumptions.
- Trustworthy and accurate qualitative and quantitative research into public attitudes can play a critically important role in successful efforts to advance SRHR through legal and policy change. The nature of a particular reform strategy often guides what type of research will be the most useful. Quantitative research which captures the views of a large sample can be particularly influential in building political will. Qualitative research is often useful for developing targeted public messaging campaigns.

Political Engagement and Support



Understanding political realities and drivers. Building political alliances. Leveraging public opinion, evidence and data. Staying the course in the face of political setbacks. In all countries, the success of reform strategies ultimately hinged on legislative or policy action by a cross-section of political actors at different stages, and effective political engagement strategies were a central component of efforts to bring about legal and policy change. Although these strategies differed significantly from context to context, a range of similar considerations guided their development.

To identify the starting point for engagement strategies it was important to analyze the political context and landscape, the competing priorities of those within it and the forces influencing them.

Mapping political realities

This included mapping the spectrum of political opinions, current awareness on the issue and the degree of support for change. From there it was possible to identify the different forms of engagement that would support political stakeholders to undertake the necessary action. Crucially, this mapping also allowed the identification of future allies and champions, as well as identification of opposition groups or potential challengers.

“We mapped the decision makers, we researched what they care about, how they like messages to be delivered, things they have said in the past, and figured out how they will receive the message best.”

Patricia Nudi, Kenya

To undertake this analysis, those driving reform strategies used their own pre-existing political knowledge, historical analysis and

media commentary, as well as dedicated research and position mapping. At times they gathered political analysis and input from within political constituencies. Some of the most useful and astute insights came from stakeholders who were not already committed supporters.

Identifying political drivers

Understanding what drives and shapes action by political actors was always crucial. In particular, identifying the interconnection between political will and public opinion was often vital to success as public demand and support for change regularly influenced politicians and proved to be a powerful driver of political will. As a result, and as captured in Section 6, public engagement campaigns were often a vital counterpart to robust political engagement strategies. Additionally, evidence of favorable public opinion was often a highly influential tool in political outreach to persuade politicians that their support for change would not cost them votes in subsequent elections.

Similarly, being ready to address budgetary considerations and respond to concerns regarding financial constraints, was often important. For example, in Kazakhstan, estimates of the budgetary implications of law reforms designed to improve adolescents'

access to sexual and reproductive healthcare were provided at an early stage. This addressed concerns on the part of the Ministers of Health and Finance regarding cost of the proposals and made a significant difference in efforts to secure their political backing.

Phased and interim approaches

In many settings, the feasibility of political action varied considerably over time. It was important to take a phased approach to engagement that responded to the current political climate.

“Sometimes the political climate was so hostile that all supportive policy makers could do was keep the issue alive – that too was meaningful and often took great courage.”

Leah Hctor, Ireland

Often it was clear that securing legal and policy change would take a considerable amount of time. In these situations, different forms of interim engagement by political stakeholders were vital to keep the issue alive and build political will along a longer-term pathway to change.

Examples of important actions included:

- Raising issues or individual cases, for example in parliamentary questions or debates or formal correspondence with relevant government ministers.
- Conversations and information sharing among peers or within a political party or grouping.
- Forming political alliances for change and/or publicly pledging support or endorsing calls for reform.
- Including commitments to ensure legal and policy change in pre-election manifestos, pledges and party platforms.
- Introducing legislative and policy proposals which, regardless of whether they were successful, highlighted issues and generated debate.

For example, in Ireland, the long duration of efforts to remove the constitutional ban on abortion meant that political engagement strategies went through a number of stages over three decades. For many years, the political context was generally hostile and dominated by anti-reform positions as government parties opposed change. Significant levels of stigma surrounding abortion and reproductive rights infused media coverage and public discourse. During this time there was no possibility of positive legal and policy change; instead, political engagement strategies focused on keeping the issue alive and defeating efforts by a series of governments between 1990-2002 to tighten the ban. However, from 2010 onward, the political climate and public discourse began to shift, and a series of events gave rise to emerging momentum in favor of reform. At this stage, political engagement and outreach strategies intensified and were designed to increase pressure on the Government and the main opposition parties.

Influencing legislation and policy proposals

In all contexts there came a point where influencing the content and approach of relevant reforms and proposals became critical.

A range of different strategies and tactics were used to do this, including formal submissions and extensive participation in consultation processes, as well as ongoing informal engagement with those within government or legislative bodies who were drafting proposals. Some civil society actors also prepared draft legislation or model proposals themselves that they provided to government actors or ally legislators, or disseminated to the media. Ultimately, these proposals often formed the basis for the legal and policy proposals presented for adoption.

For example, in Nepal, a civil society process that began as an initiative to prepare draft legislation on abortion gradually evolved to become a much broader initiative focused on preparing comprehensive legislation on reproductive and maternal health, including

abortion. Civil society established a collective drafting process, involving NGOs, experts and medical professionals, and undertook ongoing outreach to the Ministry of Health and members of parliament to ensure their support for the draft proposal. These efforts ultimately led to the passing of the Safe Motherhood and Reproductive Health Rights Act in Nepal in 2018.

Political parties

Often it was necessary to decide whether to target and seek backing from particular political parties or whether to pursue a cross-party base of support. The particular political dynamics at play shaped strategic approaches on this issue. In some cases, the right approach changed as political scenarios and power dynamics shifted over the course of multi-year reform efforts.

This was the case in North Macedonia where, following the introduction of anti-abortion legislation in 2013-2014 by an authoritarian government, it was critical for early political engagement strategies to focus solely on opposition political parties for whom democracy and human rights were central components of their election platforms. A large part of this strategy focused on securing concrete party commitments to pursue reform of the 2013-2014 legislation should they be elected to government in general elections slated for 2016. When one of these parties won the 2016 elections, the strategy shifted gears and focused on work with new government ministers to translate the pre-election pledge into action.

In Chile, because there was a spectrum of positions on the abortion law reforms within the government coalition with some members of the coalition opposing change, reform proposals also needed support from within political opposition parties in order to be adopted by Congress. As a result political engagement strategies needed to transcend partisan politics and focus on securing a cross-spectrum of cross-party support within Congress in order to secure the passage of the legislation.

Political allies

Leveraging the role of allies and champions within political constituencies was vital across all reform efforts.

“You need politicians who have comprehension of these issues and a sense of moral responsibility to be in the right place at the right time, and to be willing to take action.”

Gwendolyn Albert, Czech Republic

For example, in the Czech Republic, ongoing engagement with a range of political allies ultimately paved the way towards a successful outcome. Convincing members of parliament to introduce and co-sponsor legislation establishing a reparations scheme took many years, but eventually a group of parliamentarians pledged to introduce legislation and work to secure its passage through parliament. Once legislation had been introduced, it was important to identify stakeholders who would have the necessary clout to convince policy makers to vote in favor, as well as to ensure that the government would not block the legislative process. Two champions used their political connections and networks to build the necessary support from legislators and secure commitments from the government that they would allow the legislation to proceed.

In some settings, it was clear from the outset who the committed supporters and influential allies were. In others it took time to identify them and to build relationships. Key allies and champions ranged from current Ministers of Health to retired politicians; from backbench legislators to heads of state and their spouses; from members of parliamentary committees to civil servants, office holders and heads of statutory bodies.

Evidence and data

As highlighted in Section 4, ensuring that decision makers were provided with relevant evidence-based information and data played a significant role in shaping the thinking of politicians, sometimes leading to politicians who had been previously opposed to change becoming active supporters. For example, in Ireland, many politicians from across the political spectrum who had been opposed to legal and policy change on abortion have spoken about the role that certain forms of evidence had on them personally.

Informal channels

At every juncture, informal engagement played a particular role in providing safe spaces in which political actors could raise questions, seek information and voice qualms or concerns. The key to success was identifying what channels would be the most effective with different stakeholders. Sometimes, private conversations and spontaneous networking provided spaces to discuss issues and concerns. Sometimes, key allies within political circles created unofficial private fora for peer-to-peer exchange, learning and support. At other times, briefing events and seminars provided opportunities for information sharing and learning.

Key lessons

- It is important to seek diverse forms of political action at different stages of a process, even though it may not be directly linked to the passage or adoption of a law and policy. The pathway to change is not always linear.
- It is crucial to understand the interests at play in the particular political landscape. This enables insightful and discerning political outreach that meets politicians where they are at.
- Working closely with allies and champions within the political system is crucial. Sometimes the most unlikely political supporters are the most persuasive and influential.
- Evidence and data plays a key role in influencing political will. Politicians do change their positions and their thinking does evolve. Finding the right ways to present them with relevant factual information and evidence often proves decisive.
- Political will is often dependent on favorable levels of public support. Political outreach strategies, public engagement and grassroots mobilization are inherently interconnected.

Public Engagement and Grassroots Mobilization



Building public engagement campaigns. Leveraging grassroots mobilization. Ensuring public understanding of the purpose of legal and policy change. Generating community support and ownership over reforms. In all contexts, these were vital elements of efforts to generate political will and accountability for change and to counter opponents' efforts to manipulate public uncertainty. Successful strategies built support at a grassroots level, empowering individuals to participate in efforts to secure change, while effective public engagement campaigns connected with members of the public who were uncertain or ambivalent about change and responded to their reservations.

Although public engagement strategies differed across borders, their success always hinged on their ability to tailor themselves to the specific national context and to communicate about change in a way that was evidence-based and persuasive, but also reflective of people's thoughts, feelings and concerns.

Strategic messaging

Designing strategic approaches to messaging was a crucial facet of most public engagement strategies. Messaging strategies looked at the angles, values and framings that would encourage people to support the goal, and considered the kind of tone, language and format that would resonate most positively. Often the focus was on developing affirmative and hopeful messages and arguments that would inspire people to support change. In some cases it was also strategic to integrate messaging on a specific SRHR issue into larger narratives about human rights, gender equality or access to healthcare.

“The most rewarding part is when ordinary people start asking about a once taboo subject, ask questions and most importantly, seek and demand answers. Change often begins with quiet conversations.”

Johnny Chua, Philippines

At the same time, it was also important to develop messages that would refute misinformation propagated by those opposed to change and to design messaging that would effectively counter the most persuasive opposing arguments.

In a number of countries as explored in section 4, qualitative and quantitative research into public attitudes and opinion assisted in work to develop effective messaging strategies for public engagement. For example, in Kazakhstan, public attitudes research indicated that it would be vital to respond to widespread fears in society that improving adolescents' access to sexual and reproductive healthcare or providing comprehensive sexuality education in schools would increase adolescent sexual activity. As

evidence and data clearly demonstrated that this would not occur, messaging strategies were developed to counter misinformation and provide the public with accurate and evidence-based information. An overarching narrative in favor of the legal and policy reforms was developed that focused on the importance of protecting young people's health and wellbeing.

Sometimes, developing strategic messaging was challenging for SRHR activists and civil society experts. In order for their messages to resonate with different audiences, these groups sometimes had to change the way they spoke about the issues at stake. In Chile, research demonstrated that in order to reach members of the public who were uncertain about reform of the total abortion ban, framing messages in terms of access to healthcare would have the most strategic impact, whereas leading with a rights-based messaging strategy could be counter-productive. Similarly, in North Macedonia, when focus groups were used to develop and test framing and messages for public engagement, they explored how potential messages centered on 'health,' 'care' and 'freedom' resonated effectively with different groups in society. Decisions to focus campaign messaging on this kind of language were challenging for some stakeholders as human rights organizations would have been more comfortable with messaging that focused on human rights principles. However, they understood that in order to resonate effectively, public engagement messages would need to speak to those they were addressing and touch on issues and concerns important to them.

Mobilizing grassroots support

Often, efforts to bring about reform originated in grassroots activism by those directly affected by harmful laws and policies. For example, in Malta, the process to secure the legalization of emergency contraception originated in one woman's creation of a Facebook page for women to share experiences about their reproductive and sexual health. Through word of mouth, the group grew to 20,000 members, which in Malta amounted to almost five percent of the population. The group of women began questioning why emergency contraception was not available in Malta and had to be purchased in other EU countries. From there the group became increasingly galvanized and members set out to explore legal and policy avenues that would ultimately lead to change.

“Campaign messaging must work across all kinds of campaign materials – from logos and graphics, to leaflets to badges to posters to t-shirts. It shapes the narrative for change in the public arena – from Twitter to televised debates. It frames discussions in private around kitchen tables. Campaign messaging needs to be robust and adaptable to travel across these different spaces and spheres of influence.”

Adam May, Ireland

Even where reforms did not originate in grassroots mobilization, it remained critical to generate sufficient political will to secure a successful outcome. This was the case in Chile, where there is significant diversity across different regions of the country and the priorities of members of congress are often defined by local, constituency-based concerns. Therefore, in order to build support within congress it was critical that advocacy

in support of law reform took place at the local level in particular municipalities. Civil society alliances were able to mobilize numerous large-scale street demonstrations and protests in key regions and areas, which garnered the attention of the media nationally and around the world. This was vital to influencing national discourse and generating support for the reforms among key legislators.

“Reforms need to be owned by communities. They need to come out and support change.”

Tom Mulisa, Rwanda

Equipping grassroots supporters with actions to mobilize around and tools they could use to build political will and engage the public often involved a mix of both online and offline components. Of course, tools and actions differed somewhat depending on context and the unique social, cultural, political and historical dynamics at play in each country. However, protests and marches, engagement events and canvassing and social media mobilization were common features in many countries. Providing material and support to help grassroots supporters feel connected, motivated and confident in undertaking political or public engagement was critical. This often involved the production of briefing materials and training workshops to ensure that supporters were equipped with facts and evidence and felt able to effectively communicate core messages.

Spokespeople

Taking the time to identify and engage trusted voices and key influencers often helped in getting the message and its rationale across to the public. Healthcare professionals and members of affected communities were often particularly important spokespeople. Certain political leaders, celebrities and opinion leaders in cultural or sporting fields were also identified as highly influential. Like activists, these spokespeople often needed tools and

training to be able to speak on the issues with confidence.

In Ireland, for example, influential spokespeople played a powerful role in articulating reasons to vote to repeal the ban on abortion. Healthcare professionals and organizations with medical expertise were a particularly trusted group. However, the most impactful group that emerged was women who had been affected by the ban, who shared their stories in public and private. Many spoke for the first time about how the ban on abortion had impacted their lives via social media, in newspapers and on TV and radio. Their stories revealed that almost everybody in Ireland knew someone who had had an abortion, or who had suffered in some way because of the restrictive law. This provided a new narrative that was based on the real experiences of human beings and provided the public with new reasons to support change.

Media engagement

In most countries, developing a strategic and constructive approach to media engagement was a necessary component of public engagement strategies. Negative and misleading narratives often dominated media coverage on the relevant issue and so it was important to find ways to transform the discourse. Key here was ensuring the arguments and language in the media were evidence-based, while also appealing to people's emotions.

In some contexts this included leveraging authoritative public health data, legal information and the findings of international human rights mechanisms, as well as testimonies of affected individuals to shape and influence the tone of reporting. Providing tools to assist journalists in their efforts to cover relevant stories proved useful. For example, in Nepal, media toolkits were developed to provide guidance for journalists on the appropriate and respectful use of images and language when reporting on abortion.

"The public ownership of the result is particularly significant for embedding reproductive rights in Irish society. It will have a long term impact in withstanding any attempt to undermine reproductive rights in the future."

Orla O'Connor, Ireland

Some contexts were particularly challenging when it came to the media. For example, in the Czech Republic, the extent of bias and racism against the Roma community meant that it was difficult for activists to obtain fair and objective Czech media coverage of their efforts to expose a decades-long policy of systemic forced and coercive sterilization. However, they began to secure significant coverage by international media outlets, who usually covered the story with empathy and fairness and supported their call for justice. Over time, this had a significant impact on the Czech media as they realized their coverage was out of step with peers in international media organizations.

Calls to action

It was often important for public engagement campaigns to issue a 'call to action' to members of the public by identifying things that they could do to engage. Examples included asking people to visit a website for more information; sign up for e-mail or text updates; watch a TV debate; register to vote; sign a petition; share social media posts onward; start a conversation with colleagues, friends or family; make a small donation; contact elected representatives or members of government; wear a badge; attend a protest or meeting; join a door-to-door canvass; volunteer to campaign. Giving members of the public an opportunity to do something practical increased the chances of their eventually supporting change.

Key lessons

- Most of the time legal and policy change cannot be achieved without extensive grassroots mobilization. How grassroots support emerges is specific to the unique social, cultural, political and historical dynamics at play in every context.
- In order to be successful, public engagement strategies have to feel relatable to ordinary people and the realities on the ground. Building authentic campaigns by engaging with the public in ways that are meaningful for them and harnessing their existing networks is key.
- Learning from research, evidence and best practices helps to develop public messaging and framing around an issue that can build public support. Strategic messaging has to speak the language that the target audience understands. Designing messaging strategies does not require compromising values, but requires engagement with the beliefs and concerns of undecided or conditional supporters.
- Messaging needs to be balanced between proactive statements and responses to opposing narratives. Positive and inspiring messaging can be very effective when used alongside logical arguments. It is important not to avoid difficult questions, but equally important not to base all messaging on defensive arguments.
- Often when those affected or harmed by the status quo break the silence and tell their stories, public opinion changes. Their voices can increase public understanding of the personal suffering caused by the relevant issue and speaking out can reduce stigma and shame. Establishing safe ways for those affected to speak out and ensuring support mechanisms is critical.

National Judicial Strategies



Access to justice. Accountability. Judicial precedent. In many countries, national level judicial strategies played a pivotal role in efforts to advance SRHR through legal and policy reform. Court judgments established legal precedents recognizing legal rights and entitlements. Judicial decisions provided remedies for harm and instructed the executive or legislative arms of government to enact reforms. Even outside of the courtroom, successful litigation strategies often generated critical momentum for legal and policy change, influenced public opinion and generated political will.

The design and implementation of effective national judicial strategies involves a range of complex strategic considerations and requires specialized legal knowledge of the relevant national legal system and particular social and cultural context. As a result, analyzing and distilling the many components that have contributed to successful judicial strategies at the national level in several countries is beyond the scope of this resource.

However, national judicial strategies played a vital role in building stronger legal guarantees for SRHR in multiple national contexts. The examples highlighted below showcase their power and impact.

Constitutional rights litigation

For example, in Kenya, constitutional rights litigation was a critical component of efforts to end the systemic detention and abuse of women in maternal health settings. Over a number of years, women had been unlawfully detained in maternal health facilities because they could not pay hospital bills and were subject to verbal and physical abuse and mistreatment. These women filed lawsuits claiming that their constitutional rights had been breached. In landmark

judgments the courts recognized that they had endured grave constitutional rights violations, awarded them compensation and instructed the government to enact legal and policy reforms as part of measures to prevent similar violations.

“You need to understand the magnitude of the problem you want to tackle, plan well for all aspects of the engagement from the start and build necessary alliances and collaborations that will see you through the process. You should expect many challenges in the process and be prepared to adapt with the changes in time.”

Martin Onyango, Kenya

The judgments established legal precedent on the constitutional right to dignified and good quality maternal healthcare. They recognized the systematic abuse and mistreatment that was occurring in maternal health facilities across Kenya and gave rise to changes in the behavior of local authorities and hospital administration

policies and practices. They also provided a clear legal basis for political engagement with the central government to secure legal and policy reforms to establish improved monitoring and oversight procedures. The judgments have since been used by many other women as the bases of legal claims for justice and reparations.

Public interest litigation

In Nepal, public interest litigation played a key role in decades-long efforts to establish a robust legal framework on the right to affordable and accessible abortion care. Following the establishment of a constitutional right to reproductive health in Nepal's interim constitution of 2007, public interest litigation pursued recognition that it encompassed a right to accessible abortion care. Although at that time abortion had been legalized in Nepal, many people could not afford the cost of abortion care and therefore could not access care in practice. In a groundbreaking judgment the Supreme Court recognized the constitutional right to abortion care and instructed the government to establish a comprehensive legislative framework that would guarantee access to safe and affordable abortion care in practice. Following the judgment, civil society undertook extensive engagement with policy makers to ensure the adoption of a legal framework that would give effect to the Supreme Court's instructions. This culminated in 2018 with the adoption of the Safe Motherhood and Reproductive Health

Rights Act (SMRHR Act), a comprehensive legislative framework that enshrines robust guarantees for access to affordable abortion care.

Other judicial channels

A judicial strategy that did not involve litigation was pursued in Malta as part of efforts to convince the government to license the sale of emergency contraception in Malta for the first time in history. Here a 'judicial protest' was filed by more than 100 women stating that the failure to allow access to emergency contraception was illegal and violated their rights. This involved filing a formal letter with the courts alleging that the state authorities' failure to license emergency contraception was illegal. It was not a legal claim but rather a formal legal channel by which to publicly put the authorities on notice that they are at risk of litigation and claims for damages. The judicial protest led the government to convene parliamentary committee hearings to deliberate on reform options. Following intensive outreach and advocacy by activists, emergency contraception was licensed for sale in pharmacies without prescription.

Key lessons

- Every legal system is different and the judicial pathways that exist differ extensively per country. The design and implementation of effective national judicial strategies involves a range of complex strategic considerations and requires specialized legal knowledge of the national legal system and relevant social and cultural context.
- In some countries litigation strategies can result in the establishment of legal precedent recognizing constitutional or human rights and other legal entitlements. These can bring about swift legal and policy change and can be relied on by others fighting for justice and respect for their rights.
- Even where judicial strategies do not result in precedent-setting rulings, court decisions can showcase the need for legal and policy change and systemic reform by recognizing the grave harms caused to individuals by the status quo. This can galvanize public opinion and political will.
- Court orders will often instruct the government and state authorities to undertake legal and policy reform to give effect to the decision or prevent similar violations in the future. This provides a clear legal basis for subsequent political engagement and advocacy.

International Accountability and Engagement



Advocacy at the United Nations. Filing complaints with regional courts. Leveraging political pressure in international fora. These are all examples of the kind of international accountability strategies that often played an important role alongside national strategies in efforts to secure legal and policy change. They resulted in decisions and findings from international and regional human rights authorities exposing the harm caused by failures to enact legal and policy reforms. They leveraged international attention and support for legal and policy change. They secured government commitments and pledges to enable change.

Successful efforts to pursue international engagement always involved a thorough assessment of what type of approach would be the most strategic and realistic. This involved considering the mandates and functions of relevant international or regional mechanisms as well as assessing what type of strategy would be most appropriate and effective in the particular country context. Paying attention to the status and legitimacy afforded to different international and regional actors and institutions in different national contexts was important. Weighing the time, effort and resource commitments involved in pursuing different kinds of international engagement was also essential. This often involved considering the likelihood of a positive outcome that would be robust enough to advance reform efforts.

“International accountability efforts must be accompanied by robust communication and mobilization campaigns so that what is happening is publicized in a way that can influence public opinion.”

Catalina Martínez Coral, Colombia

Ensuring that international accountability strategies had positive impact at the

national level and made a meaningful contribution to national reform efforts turned on generating sufficient political will to implement international decisions and recommendations. To this end, it was vital to integrate international and regional findings into national public engagement campaigns, media work and political outreach strategies. Often, targeted media and public relations activities were developed in order to increase public awareness of, and maximize the political impact of, international decisions or recommendations.

Human rights treaty reporting procedures

Many international and regional human rights treaties include an obligation on states parties to periodically report on their compliance with their human rights obligations under the treaty. These state reports, together with other information, are examined by the treaty bodies, committees of independent human rights experts established under the treaty to monitor implementation and compliance. As part of these periodic review processes, civil society actors may provide written submissions to the treaty bodies, participate in formal briefings and undertake advocacy with a view to influencing their official written recommendations to the state.

These treaty reporting procedures were used in many countries as part of efforts to secure national legal and policy change. In the Czech Republic, Ireland, Nepal, North Macedonia, Peru, the Philippines, and Rwanda they made a significant contribution to reform strategies. For example, in Rwanda, efforts to bring about abortion law reform took place at a time when Rwanda's government was invested in building a good international reputation and it took the periodic reporting procedures before human rights mechanisms seriously. Work to leverage these processes proved to be a key strategy by which to increase pressure on the government. Civil society secured strong recommendations for reform from the African Commission on Human Rights and the Committee on the Elimination of Discrimination Against Women (CEDAW) following periodic reviews. These provided an important lever in efforts to secure government commitments to bring about the necessary reforms.

“The UN cases were the catalyst and really transformed the debate.”

Rossina Guerrero, Peru

It was common for civil society organizations to engage with a multitude of treaty reporting processes over a number of years. In this way, they secured recommendations for reform from multiple treaty mechanisms that contributed to national advocacy and engagement with government representatives, parliamentarians and statutory bodies. In order to successfully secure strong recommendations it was important to provide the treaty bodies with robust analysis of how the failure to bring about legal and policy change engaged human rights obligations under the relevant treaty.

Individual complaint procedures

Most international and regional human rights treaties also enable individuals who have suffered human rights violations to bring complaints against the responsible state.

For example, at the international level, a number of the UN treaty bodies, including the Human Rights Committee, CEDAW, and the Committee on Economic, Social and Cultural Rights, can receive individual complaints when countries have accepted this particular competence. Similarly, at the regional level, complaints can be presented to tribunals such as the European Court of Human Rights, the Inter-American Commission on Human Rights and the African Commission on Human and Peoples' Rights. In all cases, there are a range of strict procedural and admissibility criteria that have to be met before a complaint can be assessed by these bodies, including attempts to exhaust effective domestic remedies.

Decisions by individuals in some countries to file their complaints with international and regional human rights bodies made a powerful contribution to reform efforts. The findings the international bodies issued in their cases not only provided the individuals with avenues to remedy and redress; they also represented powerful indictments of the systemic harm being caused and showcased, in an accessible and factual manner, the reasons why legal and policy change was necessary. They set out the measures which the Government had to take, not only to remedy the violation in question, but also to ensure that similar violations would not occur again in the future. In all instances, their findings made an extremely important contribution to national legal and policy reform strategies and to robust reforms.

For example, over a 10 year timeframe in Peru, two girls who had been denied access to abortion, although their lives and health were at risk, filed individual complaints with two different United Nations human rights mechanisms – the Human Rights Committee and CEDAW. In groundbreaking rulings, both mechanisms found violations had occurred, and instructed Peru to provide reparations to both women, including compensation, and to undertake legal and policy reform to ensure that similar violations did not occur in the future. Both decisions were the first of their kind and they exposed the harm that was being caused by the lack of clear guidelines and procedures by which women could access

abortion in practice. The decisions attracted considerable media coverage and ultimately played a significant role in prompting public debate and shifting public perceptions on the issue. Following the second decision, and as a result of concerted advocacy, pressure on the government to take action intensified and eventually new national guidelines on abortion were adopted. Subsequently, the government issued formal apologies to both girls and provided compensation.

Over a comparable timeframe, a number of women in Ireland who had been prohibited from obtaining abortions also filed individual complaints with a range of international human rights mechanisms, securing landmark decisions. As in Peru, these decisions had a powerful impact on public and political opinion in Ireland and made a major contribution to reform efforts at different stages, with the Government taking legal and policy action on foot of the decisions and issuing the women with reparations and apologies.

When considering if pursuing an international complaint would be an effective or appropriate strategy, a robust assessment of the risks and opportunities involved was important. The potential benefits of such complaints had to be weighed against the very real challenges that it often involved, particularly for the individuals concerned. The interests of the individual complainant must always be paramount in any endeavor to seek justice for the violations they have endured. Depending on their circumstances, individual victims of human rights violations sometimes considered that the personal costs involved in pursuing international complaints simply outweighed the potential benefits. Other strategic considerations also influenced whether or not to pursue a complaints strategy, such as whether a possible loss would severely set back progress towards the reform objective or create additional obstacles for any future claims to succeed.

Inquiry procedures

Some international accountability bodies, such as CEDAW, also have the mandate to undertake confidential inquiries into allegations of grave and systematic human rights violations on a collective level. Specific procedures are set out through which requests for an inquiry can be submitted. If an inquiry request is accepted, it will lead to an in-depth investigation by the relevant body that will often involve a visit to the relevant country and meetings with relevant stakeholders, including government representatives, civil society actors as well as affected communities.

“They knew they were breaching human rights law, they knew that they would look [bad], they knew the evidence was against them. They wanted to look progressive.”

Andreana Dibben, Malta

Inquiry procedures played an important role in legal and policy reform efforts in some countries. By providing extensive evidence attesting to the scope and impact of SRHR violations, civil society organizations prompted accountability bodies to commence inquiries, securing findings and recommendations that demonstrated systematic and serious harms.

For example, in the Philippines, over twenty civil society organizations came together to file an inquiry request to CEDAW as part of their strategy to secure the reform of restrictive laws and policies on reproductive rights. Following its investigation, including an official country visit, the Committee issued its report, which found that a series of national and local laws and policies gave rise to grave and systematic forms of discrimination against women, and recommended comprehensive legal and policy reform. The inquiry findings and recommendations laid the foundation for robust political engagement strategies in follow up, including an inquiry by the national human rights institution.

Other avenues

Other international advocacy and accountability pathways were also pursued in some settings, such as engagement with the Universal Periodic Review or the United Nations Special Procedures. Leveraging the influence and mandates of these mechanisms and office holders brought attention to concerns and built political will to effect change. The engagement often resulted in public statements and formal communications to governments calling for legal and policy change. It also spurred quiet diplomacy to catalyze and influence such change.

In some contexts, advocacy included outreach to other governments and multilateral organizations and institutions, whose foreign policy agenda supported the legal and policy change sought. Here different forms of diplomatic channels, good offices and peer-pressure contributed to reform efforts. For example, in North Macedonia, engagement with EU representatives on the need for repeal of retrogressive restrictions on abortion led to the inclusion of recommendations for reform in EU accession agreements.

In addition, direct engagement with national government representatives or individual policy makers in the run up to, or on the margins of, international events often proved critical. For example, in 2019 the Nairobi Summit, a large intergovernmental summit convened to mark the 25th anniversary of the International Conference on Population and Development (ICPD), presented an opportunity to secure pledges from the Government of Kazakhstan to advance and protect adolescents' sexual and reproductive health. Engagement and advocacy with the government in the lead up contributed to securing strong commitments by Kazakhstan at the Summit, including a pledge to finance the establishment of comprehensive youth-friendly sexual and reproductive health services across the country.

Key lessons

- International advocacy and accountability pathways hold significant potential for influence when pursued as part of broader strategies at the national level. Ensuring they are accompanied by robust political outreach and public engagement strategies is vital to maximize impact.
- Pursuing international accountability strategies in coalitions or alliances can be a useful approach to facilitate burden-sharing and attribution of roles based on capacity and expertise. Coordination and collaboration with international or regional civil society organizations and experts is often valuable.
- Although international accountability strategies have the most impact in relation to countries that heed the pronouncements of the relevant international or regional mechanism, even in contexts where governments are hostile or dismissive, international accountability strategies can still have important effects. They also offer important forms of solidarity and protection to activists and human rights defenders.
- Where national decision makers are particularly sensitive to criticism by external interlocutors it is sometimes more strategic to seek private engagement by international accountability bodies or other governments through private channels rather than publicly. In other contexts public attention from international bodies generates helpful public attention and political pressure.

Chile

Eradicating the Total Ban on Abortion

“A close alliance of civil society organizations found common ground around the legislative proposal.”

Javiera Canales Aguilera, Chile

Context and achievements

Until 2017, Chile was one of the few countries in the world with a total ban on abortion. The ban, which was enacted in the final years of the Pinochet dictatorship, criminalized abortion in all circumstances. Following the end of the dictatorship multiple attempts to remove the ban were rejected between 1991 and 2013.

The election of a new government in 2014 presented renewed opportunities for reform. Political engagement strategies led to the introduction of a legislative proposal by government leadership in 2015 that would remove the ban on abortion and legalize abortion in situations of risk to the life of a pregnant woman, of fatal fetal impairment and where pregnancy results from sexual assault. Although the proposal was limited in scope, activists and civil society organizations ultimately decided that these incremental reforms would be a necessary stepping-stone towards broader legal and policy change.

Over the next three years, a culmination of grassroots mobilization, public engagement, political outreach and the dissemination of evidence and data led to the adoption of the legislation in 2017. Following its adoption, a group of anti-abortion lawmakers filed a constitutional challenge and efforts pivoted

Timeline of Events

- **1931**
Therapeutic abortion legalized.
- **1989**
Total ban on abortion introduced by Pinochet regime.
- **1991 - 2013**
Repeated legislative proposals to legalize abortion rejected.
- **2017**
Total ban eradicated and abortion legalized on three grounds.

to legal strategies designed to convince the Constitutional Court of the constitutional validity of the legislation. The Court upheld the legislation but struck down specific provisions that had sought to prevent private healthcare institutions from issuing blanket refusals to provide abortion care.

Today in Chile, implementation challenges persist and the relatively narrow scope of the legal change means that abortion

remains illegal in many circumstances. Every year thousands of women still undergo illegal abortions and are afraid to seek post-abortion care. However, the 2015-2017 law reform process enabled a national conversation on abortion in Chile that was previously inconceivable, and efforts to secure the legalization of abortion in Chile on broader grounds are ongoing. Although the process was challenging, it represented an important milestone in the journey towards comprehensive legal and policy change.

Strategies and actions

A range of interconnected strategies led to the repeal of Chile's total ban on abortion and the legalization of abortion in specific circumstances in 2017.

Civil society mobilization

The narrow scope of the 2015 legislative proposal was challenging for many activists and civil society organizations to accept. They knew that the reforms, even if successful, would leave many women unable to legally access the abortion care they needed. Their goals were to secure comprehensive legal change and broad access to abortion, and this proposal fell short of those objectives.

However, at the same time they knew that if adopted, the legislation would remove the total ban on abortion, initiate an important public conversation and provide a critical stepping-stone to wider reforms in the future. Following the repeated failed attempts to secure reform in the past, there was a belief that the new political environment presented a window of opportunity for change.

Through a process of reflection, deliberation and assessment they decided to work to secure the passage of the legislation, not as an end in and of itself, but rather as an incremental step in a process towards longer-term change.

Political outreach and cross-party support

Although the legislative proposal was supported by government leadership, disapproval within some parts of the government coalition meant that a broad base of support within Congress, including from among opposition parties, would be required for the legislation to pass. It would not be possible to rely only on support from one particular party, rather, cross-party support would be necessary to ensure a successful outcome.

“Political parties outside government need to think about proposals for legal reform that can get them elected into office.”

Lidia Casas Becerra, Chile

To this end, political engagement and outreach strategies needed to transcend party politics to secure the votes of a broad spectrum of policy makers. At the outset, a detailed mapping of Congress enabled the identification of allies and advocacy targets. From there, outreach strategies could be tailored to their interests and profiles.

Transcending party politics also necessitated ensuring that a diversity of stakeholders were active participants in political advocacy on the bill. In particular, women who had been denied abortion care, medical and public health experts and some religious experts were important voices. Their participation in briefing meetings, consultations and hearings demonstrated a broad base of support for reform.

Engagement with policy makers around religious beliefs in order to showcase how the reforms could be supported without compromising the values associated with the Catholic religion was a critical component of this strategy. Workshops for members of Congress with relevant experts provided an important space for discussions that engaged with, and did not seek to avoid, their religious beliefs.

Public engagement and grassroots mobilization

Public support and mobilization were critical to the success of political engagement strategies. For example, due to the country's size and geography it was crucial that extensive advocacy in support of law reform took place at the local level in particular municipalities with certain members of Congress. To this end, civil society alliances mobilized numerous large-scale street demonstrations and protests in specific municipalities which garnered the attention of the media, nationally and around the world, and showcased the levels of public support for reform that existed in particular regions of the country.

The importance of public engagement strategies also posed challenges. For example, advocacy messages had to resonate with and speak to members of the public who were uncertain or undecided about the reforms. Public attitudes research indicated that framing messages in terms of access to healthcare would have the most strategic impact, whereas leading with a rights-based messaging strategy could be counter-productive with this population group. Making this shift was challenging for civil society organizations and activists who felt more comfortable with rights-based narratives.

Evidence-based information and arguments

Ultimately the use of evidence-based information and data about abortion was a key determinant in the success of engagement strategies. In particular, centering advocacy and outreach strategies on the presentation of medical and public health evidence was very important. This approach was fortified through extensive collaboration with healthcare professionals. As spokespersons they were able to provide factual, accurate information about abortion, and for many political stakeholders and public constituencies they were among the most influential voices in favor of legal and policy change.

Comparative legal information and evidence on international human rights law and standards on abortion was also influential with policy makers. Strategic alliances with international civil society organizations and experts enabled the presentation of legal evidence that showcased how Chile's law on abortion was out of step with national laws in almost all other countries, and in breach of international treaties and standards.

These forms of evidence and information took on additional importance when a constitutional challenge to the legislation was filed shortly after it was adopted. Strategies to protect the law focused on ensuring that the Court received a wide range of legal submissions from diverse legal experts, including highly authoritative experts who would be particularly influential with the Court.



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Colombia

Causa Justa: Fighting for a Fair Cause – Decriminalizing Abortion

“The most important cultural battle of this century is the conquest of reproductive freedom for all women.”

Ana Cristina González, Colombia

Context and achievements

In 1936 the Penal Code in Colombia criminalized abortion in all cases imposing a penalty of between one and four years of imprisonment on women who had an abortion.

Between 1975 and 2006, at least eight legislative proposals seeking to partially decriminalize abortion were introduced in Congress, but they were rejected each time. The only legal reform that was successful, following several years of advocacy by feminist organizations, was the inclusion of mitigating circumstances for penalties related to abortion in the case of pregnancies resulting from rape or non-consensual insemination, that was introduced into a new Penal Code adopted in 2000.

Finally, important reforms took place in 2006 when the Constitutional Court decriminalized abortion in three situations: risk to the health or life of a pregnant woman; pregnancy as a result of rape, incest, or non-consensual insemination; fetal non-viability. After 2006 the Constitutional Court ruled on more than twenty cases regarding the barriers faced by women and girls who needed abortion care in these situations. It also dealt with, and rejected, cases seeking to reinstate a total ban on abortion. Its judgements set out several

Timeline of Events

- **1936**
The Penal Code includes a crime of abortion, criminalizing all women who have abortions.
- **1975-2006**
Several legislative proposals seeking to legalize abortion are rejected.
- **2006**
The Constitutional Court decriminalizes abortion in cases where there is a risk to the health or life of a pregnant woman, where pregnancy results from rape or incest and in cases of fetal non-viability.
- **2022**
The Constitutional Court decriminalizes abortion on request before the 24th week of pregnancy. After this time period, the three legal grounds recognized in 2006 remain applicable.

protections guaranteeing access to abortion on the three grounds as a fundamental right and it established limitations on the use of ‘conscientious objection’, prohibited the imposition of obstacles and restrictive requirements, and imposed specific obligations on medical providers to ensure the availability and quality of services nationwide.

In September 2020, a collective movement, called Causa Justa (Just Cause), bringing together more than 100 organizations and 150 activists from across Colombia, filed a new case before the Constitutional Court challenging the criminalization of abortion in the Penal Code on grounds of constitutionality. Following eighteen months of public debate across the country regarding the case, the Constitutional Court issued Ruling C-055 in February 2022. It decriminalized abortion on request for all women, girls, and trans and non-binary people, up until the 24th week of pregnancy, and declared that the three legal grounds approved in 2006 would continue to apply thereafter without a time limit.

Strategies and actions

The Causa Justa movement originated in historical feminist mobilization regarding abortion in Colombia. This involved many phases and initially focused its efforts on achieving legislative reforms to legalize abortion. Later, in a second phase, civil society organizations pursued the decriminalization of abortion through judicial strategies, some of which was achieved incrementally between 2006 and 2021. In the third phase, the movement drew on the collective experience of its members and focused its demands on the urgent need to ensure the full decriminalization of abortion in Colombia. During this phase, the movement used a number of core strategies to achieve its goals.

Evidence

It was vital to present a comprehensive body of evidence to support the call for decriminalization. The movement worked to build and compile a series of arguments in support of eliminating the crime of abortion in order to reduce stigma, remove barriers, and ensure access to services for women and girls. Ninety arguments were developed, drawing on comparative law, international human rights law, public health, evidence of inequalities exacerbated by criminalization, analysis of gender stereotypes, among other things.

“Many sectors of society want to see fewer abortions. But criminalization doesn’t help reduce abortions.”

Laura Gil, Colombia

This allowed the movement to identify a number of reasons in favor of decriminalization that were used in communication with different audiences and that proved to be effective in influencing public discussion on the issue, overcoming misinformation and prejudices. The goal was to ensure public debate was informed, evidence-based and transparent.

Throughout the reform process, Causa Justa kept generating evidence, conducting research that played a fundamental role in efforts to sustain and deepen public debate on abortion. One study that had significant impact demonstrated that after the 2006 decriminalization of the three exceptions, the number of complaints filed against women for the crime of abortion actually increased. It also revealed that a much higher number of women who had consensual abortions were prosecuted compared to the numbers of perpetrators of non-consensual abortions for whom the number of investigations and convictions was much lower. This clearly showed that the criminal law on abortion did not serve its purpose and was primarily used to prosecute women who made decisions about their lives, instead of protecting them from harm.

This kind of evidence was a powerful tool by which to challenge stereotypes about abortion and it became the main tool Causa Justa used to establish itself as a movement with the requisite expertise, knowledge and data to speak in public about abortion.

Legal strategy

Causa Justa was initially conceived as an initiative to seek the ‘social decriminalization’ of abortion, and although it had considered legal strategies, its main objective was not focused on strategic litigation. However, after monitoring the Constitutional Court and its decisions between 2018 and 2020, the possibility of a breakthrough litigation opportunity was identified.

Although it was impossible to be certain that a majority of judges on the Court would support decriminalization, it was clear that at least some of the judges would be open to substantively consider the issue and arguments.

A group of organizations who were members of Causa Justa drafted a lawsuit asking the Court to remove the crime of abortion from the Penal Code. The lawsuit was signed by more than 100 people and after it was submitted, it was supported by over 100 amicus curiae from national and international experts, whose arguments served to strengthen and deepen those already presented in the initial Causa Justa lawsuit.

The lawsuit sought the elimination of the crime of abortion, which would prevent the use of criminal law to regulate abortion, and its replacement by comprehensive public policies that would facilitate informed choices regarding sexual and reproductive rights.

“It is possible to be a catholic feminist and to defend the right to abortion”

Sandra Mazo, Colombia.

Engagement with different audiences

Causa Justa actively created spaces in which its members could speak about the movement’s objectives and present supporting evidence to key stakeholders such as opinion leaders, media representatives, political leaders, health professionals, unions, health service providers, academic communities and human rights organizations, among others.

This engagement provided an opportunity to offer information and receive direct feedback and reactions about the initiative. It took place at both national and local levels across the country. It grew the levels of support for decriminalization among several stakeholders which in turn strengthened public debate on the topic and diversified the kinds of voices speaking on the issue with evidence-based arguments.

Public mobilization and communication

To enable grassroots mobilization, a key strategy centered on the creation of a digital identity for Causa Justa on social media, with a focus on Instagram, Tik tok, Twiter, Facebook and Youtube. This sought to reach and inform different audiences about the movement and its activities, and to disseminate the research and arguments that had been developed.

“It is women who know what is best for their lives. The State must respect their decisions”

Valeria Pedraza, Colombia.

In addition, it was also important to ensure that mobilization took place in the streets, with the physical presence of activists and supporters in public places, such as in front of the Constitutional Court at key moments. This was organized not only in Bogotá, but in several cities throughout the country, which was a challenge given the stigma that activists faced in small cities.

In addition, in order to influence public opinion, Causa Justa sought to secure coverage in traditional media. Ensuring a wide network of spokespersons with knowledge from different perspectives, based in Bogotá and other cities, was a key component of this strategy. The movement kept attention focused on the issue by launching research results, organizing cultural events, producing content such as a song and music video. This and other strategies positioned the movement and allowed it to sustain and deepen its visibility.

Collective strategies

Since its formation, the Causa Justa movement evolved rapidly to include organizations and networks from all over the country building on previous work done by its members in several regions. As a result, Causa Justa brought together 114 organizations and networks, as well as activists based in more than twenty cities in Colombia.

“Much of Causa Justa’s success was in the collectiveness, in the ability to organize ourselves to work for a common purpose”

Catalina Martínez, Colombia.

One of the great strengths of the movement, and at the same time one of its main challenges, related to ensuring the visibility of the voices of activists and organizations from all regions of the country and not only those based in the capital.



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Czech Republic

Securing reparations legislation for survivors of forced and coercive sterilization

“At the very beginning when we started this work, we told each other, ‘you are not alone.’ Now here at the end we are also not alone, we have each other.”

Elena Gorolová, Czech Republic

Context and achievements

In the late 1960s, Czechoslovakia* began actively promoting sterilization as a method of population control. Between 1966 and 1991 a series of regulations and legislative provisions were adopted that set forth conditions for this policy and authorized the use of financial incentives for sterilization. Although the wording of these laws and policies did not explicitly target Romani women, in practice they led to the systemic, institutionalized sterilization of Romani women as part of official state policies that sought to assimilate the Romani community and to control their birth rates. These policies were introduced in a context of systemic structural racism in which Roma were considered by the state to be socially, mentally, and sexually deviant.

Over many decades, as a result of these policies, significant numbers of Romani women in Czechoslovakia were forcibly or coercively sterilized through incentive programs.

In parallel, many women were sterilized without their free and informed consent while they were in hospital for childbirth or other procedures. They were given

Timeline of Events

- **1966+**
Policies adopted enabling systemic forced and coercive sterilization of Romani women in Czechoslovakia.
- **2009**
Government expresses regret over individual instances of forced and coercive sterilization.
- **2012**
Laws on sterilization reformed to ensure informed consent.
- **2015**
Draft legislation establishing reparations scheme prepared but then scrapped by government.
- **2021**
Legislation establishing reparations scheme adopted by Parliament and signed into law.

* On 1 January 1993, Czechoslovakia was dissolved, with its constituent states becoming the Czech Republic and Slovakia.

forms to sign in coercive circumstances, without understanding what they were signing or agreeing to. Although by 1991 the incentive programs were no longer in place, sterilizations of Romani women without their free and informed consent continued to take place in the Czech Republic after the dissolution of Czechoslovakia.

Romani women who had been sterilized formed a support group, organized themselves, and worked to raise public awareness about what had occurred. They began to advocate for justice and reparations for survivors. They believed that a formal state apology and the establishment of a reparations scheme would be the only way to guarantee access to justice for all the survivors and ensure that similar practices would never happen again. Although some women sought justice through the courts, many were advised that their complaints would not be able to proceed due to statutes of limitation. For decades they pursued their goals with the support of allies, in the face of great adversity and significant racism and bias.

As a result of their sustained efforts, in 2019 a legislative proposal establishing a reparations scheme and formally recognizing the human rights violations that had occurred was tabled in parliament. In 2021, it was passed through a vote in both the Chamber of Deputies and the Senate and was signed into law.

After several decades of struggle, those who were subjected to unlawful sterilization between 1966 and 2012 in the Czech Republic are now eligible for reparations. Work to secure the effective, equitable implementation of the legislation is now underway. Meanwhile, Romani women advocates and their allies continue their efforts to bring an end to the ethnic segregation, abuse and discrimination that Romani women continue to face in reproductive healthcare settings throughout the country.

Strategies and actions

For over two decades, Romani women and their allies fought for justice and reparations for the survivors of forced and coercive sterilization. A range of strategies and interventions proved particularly impactful and eventually led to the establishment of a legislative reparations scheme.

Support groups and alliances

Work to expose the practice of forced and coercive sterilization and to advocate for the establishment of a reparations scheme grew out of early efforts among survivors and a local Romani community organization to establish a support group and solidarity network for women who had been forcibly sterilized. This built on earlier efforts in the 1970-80s to expose the practice and highlight the ongoing impunity and lack of redress.

The support group provided a safe space where survivors could come together and discuss their experiences. It created a sense of belonging and shared experience and allowed many of the women to feel less alone. Over time, the numbers of women participating grew, and many of them began discussing a desire to seek justice and to prevent similar events from reoccurring in the future.

The support group and the important friendships and networks it generated also played a critical role in sustaining the activists' endurance and combatting their demoralization when setbacks occurred. As a result of the hostile public and political environment and anti-gypsy sentiment interpersonal support was critical to prevent burnout and hopelessness. For many women, the deep friendships and solidarity networks they formed helped to sustain their morale and motivation to continue their efforts over many years.

These friendships and networks also involved alliances with external actors who were not survivors of forced or coercive sterilization or members of the Romani community. At different junctures, a range of actors – civil society organizations, lawyers, volunteers, members of advisory bodies to the government and other experts – offered their support and assistance. Many of these stakeholders became key allies whose expertise, professional connections and moral support made a significant contribution.

Testimonies and official documentation

Taking action to expose what had occurred through public testimonials, protests and media engagement was a vital but immensely difficult step. At the outset, due to ongoing racism and bias against Roma, the public environment was extremely hostile, and many women were justifiably frightened about revealing what had happened to them.

For some, it was very difficult to talk about such a personal matter in public, or even to tell their friends and family that they had been forcibly sterilized. Others were fearful that they would face negative repercussions from employers or reprisals from state authorities. Many worried that their children would face bullying and harassment at school and in the community. The extent of the bias and racism across Czech society against the Romani community led to significant public backlash and antipathy, and in the early years of the activism it was difficult to obtain fair, objective media coverage by Czech media outlets. The women were sometimes referred to as 'greedy' or 'opportunistic' for seeking financial reparations, some women were fired from their jobs after going public, and many suffered a significant emotional and mental health toll.

In 2005, following the submission of women's testimonies to his office, the Czech Public Defender of Rights published an official investigative report documenting the historical practice of the systemic forced and coercive sterilization of Romani women. This

marked a significant milestone, due to the authoritative, official nature of the report. The Public Defender's condemnation of what had occurred provided a touchstone for future advocacy, becoming a central reference point in political engagement and outreach, as well as in media engagement.

At different junctures, international media engagement also played an important role in efforts to secure more objective media coverage at home and to secure political attention and build up pressure. International media outlets usually covered the story with empathy and fairness, often highlighting the women's bravery in their search for justice. Overtime this influenced the manner in which Czech media outlets covered the matter.

International advocacy

Romani activists also pursued successful international advocacy and engagement with international and regional human rights mechanisms. Although the international travel, time away from family, and public speaking that this involved presented new, challenging experiences for those involved, it also generated a sense of confidence and pride over time. As this engagement increased, international authorities condemned the practice recognizing that it violated human rights and issued recommendations calling on the Czech Republic to establish a reparations scheme and ensure justice for the survivors.

This international attention and scrutiny provided important recognition of the legitimacy of the women's claims. It also increased the pressure on Czech policy makers, and in some instances opened the doors for important strategic engagement. For example, in 2019 activists spoke at an event at the Parliamentary Assembly of the Council of Europe where two Czech members of parliament were also in attendance in their capacity as members of the Council of Europe Assembly. There the legislators pledged to do whatever they could to ensure the necessary legislation secured passage through Parliament, and subsequently their

efforts played a significant role in securing the adoption of the 2021 legislation.

Political engagement and outreach

At all times, political outreach strategies were a central tenet of efforts to secure the establishment of the reparations scheme. Building political will and ensuring policy makers' understanding of the importance of justice and reparations took many years.

For a long time, the proposal to establish a reparations scheme was met with great resistance, and it proved very difficult to secure political support. Although successive governments took important steps at different junctures to recognize the grave harm caused to Romani women, including through an official expression of regret in 2009 and the adoption of a new law on informed consent prior to sterilization in 2011, these measures did not ensure justice and reparations for the survivors. As a result, activists needed to consistently challenge successive governments' claims that the adoption of these measures had resolved the matter.

Finding the strength to recover from demoralizing political setbacks was also crucial. For example, in 2015, the Minister for Human Rights introduced a motion at cabinet for a legislative proposal that would establish a reparations scheme for survivors and the motion was slated for cabinet approval. However, unexpectedly and without warning, the cabinet rejected the proposal. Later activists learned that many in government had feared that a heavy financial burden would arise should thousands of applications for reparations be submitted. Recovering from the shock and sense of betrayal that this turnaround caused and mustering the resilience and motivation to regroup and continue their advocacy was extremely difficult for many women. However, their ability to persevere in the face of great adversity ultimately led to the successful outcome in 2021.

Following the formation of a new government after parliamentary elections in 2017, new strategic opportunities presented themselves. It was clear from discussions with the prime minister that the government did not believe it was in a position to introduce reparations legislation. As a result, the strategy shifted gears – the purpose now was not to secure government introduction of a bill, but instead to ensure that, if members of parliament brought forward a proposal, the government would take a neutral position and allow it to proceed. Allies worked carefully to support this strategy and secure commitments from government. The commitment and influence of political champions played a significant role in ensuring a successful outcome. Identifying who would have the necessary standing and clout among policy makers to convince them to take serious action was an important step. Eventually a sufficiently broad spectrum of support was established within parliament, and the legislation was introduced in 2019 and adopted in 2021.



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Ireland

Repealing the abortion ban and legalizing abortion on request

“People from every part of Irish society came together to campaign for change. The campaign was fought and won on doorsteps and at kitchen tables across the country.”

Orla O'Connor, Ireland

Context and achievements

Until 2018, Ireland had one of the most restrictive laws on abortion in the world. From the 19th century abortion was criminalized in legislation and subject to severe penalties. In 1983 the ban on abortion was strengthened, following the introduction of a constitutional amendment enshrining a prenatal right to life and obliging the state to “vindicate and defend that right.” Known as the 8th Amendment, this provision equated the “right to life of the unborn” with the right to life of a pregnant woman. The only limitation on the ban was an exception that allowed abortion in situations where the life of a pregnant woman was at substantial risk.

The introduction of the 8th amendment, which occurred as a result of a public referendum, prevented the future reform of Irish law on abortion through ordinary legislative means. The Irish constitution can only be changed through public referenda and so from that point forward a public vote would be needed to undo the abortion ban.

Following the 1983 referendum the social and political landscape was dominated by extreme social stigma surrounding abortion and for decades the environment was so hostile that the prospect of pursuing law reform to loosen the ban was inconceivable.

Timeline of Events

- **1861**
Legislation enacted criminalizing and banning abortion.
- **1983**
8th Amendment to the Constitution adopted enshrining a prenatal right to life and providing constitutional protection for the ban on abortion.
- **1992**
13th and 14th Amendments to the Constitution adopted confirming that it is not illegal to travel to another country to obtain an abortion.
- **2013**
Legislation enacted to give effect to the one exception to the abortion ban – where there is a risk to the life of a pregnant woman.
- **2018**
The 8th Amendment is repealed in a constitutional referendum. The legislature is now free to legalize abortion in Ireland.
- **2019**
Legislation enters into force legalizing abortion in Ireland for the first time in history.

Throughout this time, the law had untold consequences on the lives, health and well-being of generations of people in Ireland. Every year thousands traveled out of Ireland to obtain abortion care in neighboring countries.

From 2010 onward a series of external events, tragic occurrences and individual cases began to mobilize a new generation of activists and generate new recognition of the need for change. In 2015 the overwhelming public vote in favor of marriage equality in a constitutional referendum demonstrated the extent of social change that had occurred across Ireland and this galvanized strategies for abortion reform. As momentum in favor of change grew, political will to address the situation increased, and in 2016 all major political parties committed to a review of the constitution.

Following a general election in 2016, the new government established a formal process to consider whether reform should be pursued. This culminated in 2018 when the government proposed to hold for a constitutional referendum on repeal of the 8th Amendment. In May 2018, following an intensive three-month referendum campaign, two-thirds of the electorate voted to repeal the 8th Amendment. Later that year parliament enacted new legislation legalizing abortion on request in the first twelve weeks of pregnancy and thereafter in situations of risk to the life or health of the pregnant woman, and in situations of fatal fetal impairment. The legislation entered into force in January 2019.

As a result of this change, abortion care is now accessible for many people in Ireland. However, evidence indicates that some aspects of implementation remain a challenge and that a range of harmful legal barriers and restrictions remain in place. As a result, some people still need to travel to other countries to access abortion care and activists are now advocating for the removal of these barriers and for the full decriminalization of abortion.

Strategies and action

Reform efforts in Ireland underwent multiple evolutions as the social and political context shifted and new opportunities emerged. A series of events and interventions, involving a multitude of stakeholders, finally led to transformative legal change that legalized the provision of abortion care in Ireland.

Perseverance and resolve

In the aftermath of the 1983 referendum the political and social environment was so hostile that meaningful legal and policy change was considered politically unachievable. The constitutional ban on abortion had been deliberately introduced to prevent future legislative reform on abortion, in response to the liberalization of abortion laws that had begun to take place in other countries, and the outcome of the referendum galvanized anti-abortion actors.

Throughout this period, a small group of activists, civil society organizations, political allies and journalists continued to draw public attention to the harm being caused by the ban on abortion. In the course of these efforts, individuals and organizations were often isolated, criticized and even threatened with prosecution, and a great deal of resilience was necessary to prevent demoralization and sustain resolve. They had to develop strategies that would be responsive to the specific context and dynamics at play and that focused on protecting the health of women and girls as much as possible within the context of the highly restrictive legal framework. To this end, they sought to prevent further legal backsliding and to advocate for regulations that would give effect to the narrow life exception to the abortion ban. They raised awareness about the harm being caused by the ban, provided information to women who needed to travel out of the country for abortion care, defended the right to travel and access information about abortion care in other countries, and

defeated repeated government attempts between 1992-2002 to further strengthen the ban through new constitutional referenda.

They also sought to put in place many of the building blocks that would prove critical when the possibility of meaningful constitutional and legislative reform eventually emerged. For example, they knew that broad alliances and support bases would be crucial once opportunities for reform presented themselves. Yet, because of the hostile environment, many civil society organizations and medical professionals were hesitant to publicly support calls for reform or work on issues related to abortion. Persistent efforts to nurture relationships between civil society organizations and within the medical community, as well as to build awareness and broaden alliances within political settings, took place over many years. They laid important foundations for the momentum towards reform that would emerge after 2010 and for the success of strategies that ultimately led to legal and policy change in 2018.

Personal experiences and testimonies

The run up to the 1983 referendum was notable for the polarizing and stigmatizing rhetoric and approach pursued by anti-abortion actors and supported by the Catholic church hierarchy. Following the referendum, this approach continued to generate severe stigma and levels of fear, preventing many people from speaking publicly about how they had been harmed by the 8th amendment and the ban on abortion. Despite this some bravely broke the silence, and media coverage of specific cases involving individual women and girls attracted significant public attention at different times over the years.

From 2012 onwards, increasing numbers of women began to speak publicly about their experiences of having to travel out of Ireland to obtain abortion care. Their personal stories played a seminal role in raising public awareness and galvanizing momentum towards reform.

The public revelations at the end of that year by the family of a young woman, Savita Halappanavar, who died of septicemia in hospital following a prolonged miscarriage, despite having repeatedly requested an abortion, generated massive public outcry. The revelations about her death marked a watershed moment that led to new grassroots action in favor of reform and rallied a new generation of activists. Annual street protests calling for the legalization of abortion began and new civil society organizations and coalitions were established with the specific purpose of advocating for removal of the ban on abortion.

From that point forward, public testimonials by individuals who had been harmed by the ban became more frequent, and political pressure to address the situation intensified, leading to a formal law reform process in 2016-2017. Several members of parliament and many government ministers spoke publicly about the significant influence that women's stories had on them, changing their outlook and convincing them of the need for change.

Once the referendum campaign began in 2018, an unprecedented outpouring of personal experiences took place, revealing how many people and generations had been affected by the abortion ban. It became apparent that almost everybody in the country knew someone who had had an abortion, or who had suffered in some way because of the restrictive law. Individuals shared their experiences in public as part of the national campaign, but also in local contexts at the community level, and more privately, in personal and family circles. In doing so they generated a new narrative on abortion based on lived experiences which changed hearts and minds and gave voters tangible personal reasons to support change.

Political outreach

At all times, political engagement strategies were a central component of efforts to secure repeal of the ban on abortion.

For many years, before there was any prospect of meaningful law reform, political outreach focused on engagement with allies and champions within parliament and political parties. A small number of political actors worked to keep the need for abortion access on the political agenda and to counter repeated government efforts to introduce further restrictions. They pursued opportunities to raise the issue publicly, including by using parliamentary questions and debates, and to steadily increase awareness of the need for reform among their peers through informal channels.

More formal openings for political engagement presented themselves between 2010-2018. For example, in the context of the 2016 general election, reform commitments were sought from political parties prior to the election as part of party manifestos as well as through pledges during the coalition negotiations on the formation of government that followed the election. From 2016 onwards, strategies also focused on building cross-party support for reform, including from political parties that had traditionally opposed reform, so as to ensure the issue did not fall foul of electoral or inter-party politics.

In 2016, the government established a formal process to consider whether reform should be pursued and in what form. A Citizens Assembly was charged with deliberating on the matter over a number of months and making recommendations. The Assembly was comprised of a government-appointed chairperson and 99 citizens who were randomly selected so as to be broadly representative of the Irish electorate in terms of age, gender, social class and location. Following numerous written submissions and presentations from experts, advocates and affected individuals, the Assembly made a series of ground-breaking recommendations in favor of full repeal of the ban and the legalization of abortion on broad grounds.

Once the Assembly's recommendations were transmitted to parliament, a Joint Parliamentary Committee, comprised of representatives of all political parties and groupings in parliament, was established to review the Assembly's recommendations and propose reforms. In 2017, following several months of expert testimony and deliberations, the Joint Committee adopted recommendations in favor of full repeal of the 8th Amendment and the legalization of abortion on a range of grounds, including on request in early pregnancy. By early 2018 all the leaders of the main political parties had publicly endorsed calls for reform and expressed their support for repeal of the 8th Amendment and the legalization of abortion care.

International accountability

The decisions by a number of women who had been denied access to abortion care in Ireland to file individual complaints with regional and international human rights mechanisms also played a significant role in reform efforts between 2010 – 2018. These cases presented key moments for political engagement with a cross section of government representatives and members of parliament. The cases shaped public opinion and generated political will to bring about change.

The 2010 the decision of the European Court of Human Rights in *A, B and C v. Ireland* contributed to the adoption of procedural legislation in 2013 that outlined a process by which pregnant women whose lives were at risk could enforce their existing entitlement to abortion under the life exception. Although this legislation did not broaden the legal grounds for abortion in Ireland, it marked an important milestone on the pathway towards change. Its adoption involved a series of high-profile parliamentary debates and hearings as well as expert committee deliberations. It renewed a national conversation on the abortion ban and set the stage for intensified reform efforts over the next five years.

In 2016 and 2017, the United Nations Human Rights Committee issued ground-breaking rulings against Ireland in the cases of *Mellet v. Ireland* and *Whelan v. Ireland*, confirming that Ireland's obligations under international treaties required the removal of the ban on abortion. These cases concerned women who had traveled out of Ireland to obtain abortion care following diagnoses of fatal fetal impairment. The Committee held that both women had been subject to cruel, inhuman and degrading treatment as a result of the ban on abortion which prevented them from obtaining abortion care in their home country, and it instructed the state to enable reform of its laws on abortion, including its constitution, in order to legalize access to abortion. The decisions attracted significant media coverage and public attention. The Committee's account of the levels of personal suffering endured by each woman generated considerable public empathy and had a lasting influence on public opinion, galvanizing political will in favor of reform.

Between 2010-2018, other international accountability strategies also played an important role. For example, civil society organizations repeatedly made submissions to a range of international human rights mechanisms as part of their reviews of Ireland's performance under gender equality and human rights treaties. The fact that multiple human rights mechanisms repeatedly recommended substantial reform provided a strong basis for ongoing advocacy and engagement with government representatives, parliamentarians and statutory bodies.

Public health and medical evidence and data

Public health and medical evidence and data on abortion, and its effective presentation to policy makers and the public, proved instrumental in the course of formal law reform processes between 2016-2018. It influenced the recommendations of the Citizens Assembly and Joint Parliamentary Committee and convinced many decision makers of the need for comprehensive reform. The effective public dissemination of this

information also formed a crucial component in the success of the 2018 public referendum campaign.

Certain forms of evidence and data were particularly influential, including:

- Global public health evidence regarding abortion and information about international best practices and guidelines on abortion, in particular the WHO Abortion Guidelines.
- Data concerning women in Ireland who accessed abortion each year by traveling to another country or by illegally importing medication abortion through the post.
- Clinical data concerning situations of risk to women's health or lives that may arise during pregnancy and medical and psycho-social evidence regarding the needs of survivors of sexual violence in Ireland who became pregnant due to rape.
- Comparative information concerning laws and practices on abortion in other countries, in particular within Europe.

This information was presented to the Citizens Assembly and Joint Parliamentary Committee through expert presentations and submissions and was made available to members of parliament. Extensive media coverage of these presentations throughout both the Assembly and Committee processes also meant that this information was disseminated widely in the public domain.

Up until this point, political and public discourse on abortion had been largely dominated by anti-abortion perspectives and misinformation. Now, for the first time in history, politicians and the public were exposed to an immense body of factual evidence and data about abortion from both international and Irish sources that countered longstanding myths and that clearly pointed to the need for comprehensive law reform.

Public attitudes research

Qualitative and quantitative research into public attitudes on abortion law reform was a crucial element of reform strategies. As the constitutional ban on abortion could only be removed through a public vote, reform efforts would ultimately depend on securing sufficient public support for repeal in a referendum. Past referenda demonstrated that public attitudes research was a crucial tool in work to design an effective public referendum campaign. However, even before the referendum campaign began, the findings of qualitative and quantitative research provided an important basis for political outreach and media engagement.

Focus groups involving members of the general public were organized by civil society organizations in order to examine different perspectives and the factors that would either motivate or inhibit people from supporting reform. The focus groups explored people's hopes and fears for the future, what kind of country people wanted to be part of and examined their views on abortion and the consequences of the ban.

Focus group research was also used to test messaging approaches to ensure that any future referendum campaign would respond to the complexity of public opinion. It explored what the public saw as difficult issues and where there were conflicting viewpoints. The research showed that the tone of any future campaign would be decisive to its success and that ensuring the campaign was positive and inclusive, rather than polarizing and negative, would be vital.

Public polling was also commissioned at different stages between 2010-2018 to explore public attitudes on options for reform. Reform and the extent to which the public would support repeal of the constitutional ban and about their views on the type of regulatory framework on abortion that should replace the ban. As time went on this research increasingly showed that a majority of the public were in favor of substantial change. At the same time, it indicated that they

remained susceptible to misinformation about abortion. Polling research also helped to identify certain groups of stakeholders that the public wished to hear from on the issue. For example, those who considered themselves more 'undecided' wanted to hear from medical professionals, while those who were more sure of their pro-reform views wanted to hear from women who had been impacted by the abortion ban.

These focus group and polling findings informed the decisions of activists and civil society organizations about what legal and policy goals and objectives to pursue. They were a useful reference point in deliberations as to whether it would be feasible to achieve repeal of the 8th amendment outright or whether incremental reform should be considered.

Research findings also provided a persuasive tool for use in political outreach, helping to inform government and members of parliament about the levels of public support for a referendum and wide-ranging law reform. Activists and civil society organizations presented the research findings to the leadership of political parties and members of parliament through formal briefing sessions and informal meetings. As the findings demonstrated clear public support for change, they countered preconceptions that there was no public appetite for reform or that the public would only support very narrow reforms, thereby bolstering political confidence in favor of change.

Civil society collaboration

Over many decades, different forms of formal and informal cooperation between activists, experts and civil society organizations played a central role in the struggle to repeal the ban. For example, as momentum towards reform intensified after 2012, new grassroots movements of volunteer activists and civil society coalitions were formed to campaign for law reform. These movements and coalitions agreed governance structures, mandates and decision-making processes.

Similarly, in 2018, a civil society campaign that brought together over 70 groups and communities was formed to work together for a yes vote in the public referendum. The campaign, 'Together for Yes,' included women's and feminist groups, organizations working on human rights and sexual and reproductive health, children's rights, disability rights, violence against women and migrant rights as well as health-care professionals. Its broad membership demonstrated the wide-ranging support for reform from across all sectors of society. It was set up as an independent legal entity with an executive committee and full-time staff. The establishment of the campaign over a very short timeline involved a number of challenges as the different organizations and individuals involved had to overcome their differences and find ways of working collaboratively and in a coordinated manner. This required clearly working out roles and responsibilities among the various groups and agreeing on modalities. To support these efforts they agreed on core values and messages at the outset and established agreed procedures to manage differences and conflict. It also proved helpful that everyone was working towards a single objective with a clear end date in sight.

Building alliances

Alliances across social movements, sectors and professions were crucial to success and considerable efforts were made over time to secure the broadest possible support base for reform. Not only did this considerably strengthen the impact of political advocacy and public engagement, but it was also a vital part of efforts to dispel the silence and social stigma that surrounded abortion.

For example, as momentum towards reform began to build, engagement with the medical profession proved particularly important. The stigma surrounding abortion meant that, with some notable exceptions, many of Ireland's health care professionals were loath to publicly endorse calls for legal and policy reform on abortion. Due to the ban on abortion many healthcare professionals

had been denied in-depth knowledge or training on the procedures involved in abortion, and many had fears of professional repercussions or backlash if they spoke out in favor of reform. Although a small number of medical associations and organizations clearly advocated for reform, they were in the minority. This contrasted sharply with the approach in many other countries, where medical professionals were usually among the most vocal advocates for legal abortion.

A range of important public and private interventions proved significant in efforts to tackle this reticence and secure vocal support for reform from within the medical profession. Private and informal peer-to-peer exchange was critical and many healthcare workers who supported change played a significant role in building awareness and generating support through collegial peer engagement. Simultaneously the decisions of a small number of senior doctors to speak publicly in favor of change at different junctures offered important public leadership. Private professional exchanges on abortion, including with highly respected medical and public health experts from outside Ireland, also provided a crucial form of support to those within Ireland who wished to support reform.

2018 public referendum campaign

In January 2018 the government called a constitutional referendum on repeal of the 8th Amendment and the parliament adopted legislation approving the referendum and fixing a date. Although this political outcome was an immense achievement, unless a majority of voters supported repeal on the day of the referendum, then all these efforts would be in vain. At this stage the design and implementation of an effective and successful public referendum campaign became crucial.

Public attitudes research showed that the public could be broadly divided into three groups. There were two solid minorities: those who fully supported reform and who would definitely vote yes, and those who were completely against reform and who would

definitely vote no. However, a majority of the public did not fall into either of these two groups and there was much less certainty about how they would vote. In general, this majority were concerned about the welfare of women and they felt the ban on abortion was too restrictive. However they weren't sure about the type of change they would support. Winning their support would be critical to a successful outcome.

A messaging strategy for the campaign was developed that would speak to this 'concerned center' and provide them with a new narrative on the issue of abortion that would connect emotionally and rationally with them. Research findings showed that care was a central value for these voters. This meant that messages had to center around caring and compassionate treatment of women and how legal change would further this value. At the same time messages had to acknowledge the complexity of the issue. It was also critical for the campaign to place abortion within the wider context of women's reproductive healthcare needs in order to build wider understanding and engagement from the public.

The campaign also had to provide rebuttals to misinformation and articulate clear, rational arguments for why the law needed to be changed and it was critical that its messages were evidence-based. Medical and public health evidence and information was a key resource in developing factual rebuttals to myths about abortion and demonstrating the harm caused by the abortion ban.

The campaign was also designed to amplify the most trusted voices on the subject. It was clear from public attitudes research that the general public wanted to hear from women and medical professionals on the question of reform, and so centering these voices as part of campaign actions, events and materials was critical to its success.

Energizing supporters and mobilizing grassroots volunteers was also vital. Briefing materials and training sessions were provided to help those canvassing for a yes vote through

door-to-door outreach and other engagement at the local level. The referendum campaign was a very challenging time for these volunteers, many of whom worked intensively without a break for almost three months. A number of strategies were used to keep up morale and sustain the momentum. For example, social media highlighted local events and actions across the country to show volunteers that they were part of a bigger movement for change. The distribution of campaign merchandise helped to create a sense of community. Fundraising events served the double purpose of gathering vital funds for the campaign and bringing people together for fun social events.

Ultimately the efforts of all those involved paid off. On 25 May 2018 two thirds of the electorate voted to repeal the 8th amendment, removing the ban on abortion and paving the way for the legalization of abortion in Ireland for the first time in history.



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Kazakhstan

Improving laws and policies on adolescents' access to sexual and reproductive health services

“It is critical to understand your target audience, to organize focus groups, to understand their real needs.”

Serik Tanirbergenov, Kazakhstan

Context and achievements

In Kazakhstan there are high rates of unplanned pregnancy among teenage girls as well as low levels of contraception use and knowledge. Over recent years there has also been a dramatic increase in the spread of HIV and other sexually transmitted infections among young people. For many years, evidence-based measures to address these concerns were lacking and although a network of health centers for young people was set up in 2006, the centers were underfunded, poorly regulated and did not generally provide contraception and family planning services. Moreover, for adolescents under eighteen years of age laws required parental consent for access to all sexual and reproductive health services.

In 2016, efforts to build awareness within government of the importance of improving adolescents' access to comprehensive sexual and reproductive healthcare services, education and information began. By 2018, the government committed to take action in the new State Health Care Development Program 2020–2025. Subsequently, as a law reform process to update general healthcare legislation got underway, the opportunity to secure the inclusion of new legal

Timeline of Events

- **2019**
A new five year Health Care Development Program is adopted that commits to strengthen youth friendly services.
- **2020**
The new National Health Code enshrines protections for adolescents' access to sexual and reproductive health service.
- **2021**
Regulations are adopted on the provision of sexual and reproductive health services to young people.

provisions that would guarantee adolescents' entitlements to sexual and reproductive health services, counseling and information emerged.

Through political engagement strategies, research and evidence collection, advocates in Kazakhstan, UNFPA and other global partners were able to influence this law reform

process, and in 2020 a new National Health Code was adopted incorporating a range of important provisions on adolescents' sexual and reproductive health. The new law reduced parental consent requirements for access to most outpatient sexual and reproductive health services from 18 to 16 years of age (except for surgical procedures and medical abortion). It guaranteed adolescents' access to family planning and contraception counseling, STI/HIV testing and general counseling and provided for their free access to services without requiring referrals from primary healthcare providers. In addition, these services were included in the national health insurance plan and are now free of charge for adolescents. In 2021, a regulatory framework was enacted to operationalize the new legal provisions and govern the operation of youth friendly services.

Although there is much work still to be done to advance the sexual and reproductive health of adolescents in Kazakhstan, the adoption of the 2020 legislation and subsequent regulatory framework mark significant steps in the right direction.

Strategies and actions

In 2018, engagement with the government, and in particular with the Ministry of Health, was carried out with a view to building political will for legal and policy reforms that would advance the rights of adolescents to sexual and reproductive healthcare, information and education.

Seizing political momentum

The ability to react quickly to capitalize on opportunities as they arose was an important feature of these efforts. When the Ministry of Health began working on a new national health action plan in 2018, this provided an opening to secure government commitments to improve adolescents' access to sexual and reproductive healthcare services. In the context of consultations on the national

action plan, proposals could be put forward on how to strengthen the regulatory and health system framework for adolescent sexual and reproductive health. These proposals were integrated into the national action plan, thereby setting the stage for subsequent legal reform.

Leveraging international engagement

In 2019, a large international intergovernmental event – the Nairobi Summit – was convened to mark the 25th anniversary of the International Conference on Population and Development (ICPD). The Summit presented an opportunity to secure government pledges to advance and protect adolescents' sexual and reproductive health. Engagement and advocacy with the government in advance of the event played an important role in securing strong commitments by Kazakhstan at the Summit. These commitments included pledges to reduce the age of parental consent for adolescents' access to sexual and reproductive health services and to finance the establishment of over 90 outpatient youth friendly services across the country under the new Social Health Insurance System.

Data and information

As the process to revise the National Health Code got underway in 2019, it was important to provide the government with certain forms of information and data in order to shore up its commitments to include adolescents sexual and reproductive health in the revised Code. For example, technical assistance to estimate the detailed budgetary implications of new legal and policy guarantees made a significant difference as it provided clear information to the Minister of Health and Minister of Finance as to the cost implications of law reform which in turn made it easier to secure their backing. In addition, the provision of comparative legal analysis and examples of the legal and policy provisions in place in neighboring countries was also highly influential.

Data and evidence continued to play a critical role following the adoption of the new National Health Code, influencing the content of regulations that would guide the establishment of youth friendly health services and the implementation of the new legislative provisions. A detailed assessment of current health system infrastructure provided an important basis from which to identify how youth friendly services could be integrated into already existing structures and pinpoint where separate clinics needed to be established. This information resulted in the adoption of a robust regulatory framework in 2021.

Messaging and communications strategies

Devising a strategic communications strategy that built political and public support for reform was critical. Research into public opinion indicated that it would be vital to respond to widespread fear in society that improving adolescents' access to sexual and reproductive healthcare and comprehensive sexuality education would increase sexual activity.

As evidence and data clearly demonstrated this was not the case, it was critical to design messages and communications approaches that addressed these concerns and responded to misinformation by providing the public and politicians with accurate and evidence-based information. In order to respond to these issues, the overarching messaging narrative focused on the importance of protecting young people's health and wellbeing.

As those opposed to the reforms actively sought to criticize law reform initiatives, spread misinformation and create controversy in the media, collaboration with medical experts and opinion leaders was developed to counter this. These stakeholders were active on social media platforms and in traditional media, and they responded to misleading claims and shared evidence-based information.

Grappling with opposition and setbacks

As the process to revise the National Health Code continued, actors who were opposed to the inclusion of provisions to strengthen adolescents' sexual and reproductive health mobilized and sought to roll-back government commitments to include relevant guarantees within the new Health Code. Although these initial attempts to influence government policy failed, when the draft legislation was presented to parliament for debate and discussion, a number of amendments were successfully presented by opponents within parliament seeking to place some restrictions on the remit of the new guarantees and limiting their scope to outpatient care. Despite these problematic amendments the adoption of the new National Health Code in 2020 led to significant reforms that have the potential to vastly improve and expand adolescents' access to sexual and reproductive healthcare services.

Kenya

Improving accountability for detention and mistreatment in maternal health facilities

“People react more to stories than they do to statistics.”

Patricia Nudi, Kenya

Context and achievements

Access to comprehensive reproductive healthcare, including access to quality maternal healthcare, has long proved challenging in Kenya. For decades women were subjected to serious forms of mistreatment and abuse in maternal healthcare settings. They were physically detained in facilities after giving birth because they could not pay their hospital bills. Neglect and physical and verbal abuse by healthcare staff was common. The quality of care was often poor, with an absence of vital supplies, inadequate staff numbers and insufficiently trained staff. Facilities were often overcrowded and unhygienic. The lack of clear legal frameworks and effective regulation and oversight mechanisms enabled these systemic abuses to continue.

In the early 2000s, civil society organizations began concrete work to document and expose these practices. Later, litigation strategies were developed, and in 2012 and 2014 a number of women who had been detained and subjected to abuse and mistreatment in maternity hospitals filed judicial proceedings. In a series of precedent setting judgments the courts upheld their claims, recognizing that they had endured grave constitutional rights violations, awarding them compensation and instructing the government to put in place legal and policy measures to prevent repetition.

Timeline of Events

- **2007**
Exposure of systemic detention and mistreatment in maternal healthcare settings.
- **2015**
Court rules that detention in maternity hospitals because of inability to pay hospital bills is unconstitutional.
- **2018**
Court rules that abuse and mistreatment in maternal healthcare is unconstitutional.
- **2018**
Laws adopted establishing effective oversight mechanisms for healthcare institutions.

In the face of ongoing government inaction to implement the judgments, civil society organizations, lawyers and activists joined forces to pursue political outreach and engagement. As a result of their efforts, in 2018 the Kenyan parliament adopted legal provisions strengthening oversight and enforcement mechanisms. Ongoing work to ensure full implementation of the judgments,

the adoption of a legal ban on detention in healthcare facilities and to improve maternal healthcare for women across Kenya is underway.

Strategies and actions

Over a 10-year timeframe, a coalition of civil society organizations pursued sophisticated legal and policy strategies designed to improve the quality of maternal healthcare in Kenya and tackle the systemic detention and abuse of women in maternity hospitals, including through strengthened accountability systems.

Research and evidence

In 2006, efforts to gather evidence and document the treatment of women in maternal healthcare settings across Kenya began. In 2007, a groundbreaking civil society report revealed that incidents of mistreatment and abuse and detention for unpaid hospital bills were widespread and that there were no effective accountability or oversight mechanisms and procedures in place.

These revelations led to the decision by the Kenya National Commission on Human Rights, the constitutional human rights watchdog, to conduct a national inquiry into the violations of sexual and reproductive health and rights in Kenya. In 2012, the Commission released its official inquiry report demonstrating the systemic nature of the mistreatment and detention that was occurring in maternal health facilities and revealing how the poor quality of maternal healthcare was an enormous factor in high maternal mortality and morbidity rates in the country. The Commission report highlighted multiple violations of sexual and reproductive health and rights including the unavailability of maternal health services, difficulty in accessing these services, the poor quality of the available services and the lack of sensitivity to the cultural norms and beliefs of patients. The Commission made several

important recommendations for action by the state to improve the situation.

Litigation

Litigation strategies played a seminal role in reform efforts. Between 2012 and 2018, three women who had been subjected to serious mistreatment and abuse in maternal health facilities filed constitutional rights claims before the courts.

The first case, *Millicent Awuor (Maimuna) & Margaret Anyoso Oliele v. Attorney General & Others*, concerned two women who had been physically detained at a maternity hospital because of their inability to pay their hospital bills. During detention they had been subjected to grave mistreatment resulting in serious physical and mental health impacts. In 2015, the High Court of Kenya held that their detention and mistreatment had violated their constitutional rights. It ruled that the women were entitled to compensation and instructed the government to ensure no patients would be detained or mistreated in the future, including by establishing a clear ban on detention in health facilities, a fee waiver system and effective oversight procedures. In 2018, the Court issued a similar judgement in the case of *JOO (a.k.a. JM) v. Attorney General & 6 Others*, which also concerned a woman who had been mistreated and detained while in maternity hospital.

Not only did the litigation result in justice and remedies for the individual women who filed the cases, it also showcased how the applicants' situations were emblematic of systematic abuse and mistreatment that was occurring in maternal health facilities.

The precedent-setting judgments provided clear recognition of a constitutional right to dignified and good quality maternal healthcare. This case law led to a sea-change in perceptions among women, policy makers and healthcare providers throughout Kenya. Previously, the prevailing view had been that access to maternal healthcare was a privilege and something women should be grateful

for. Now, the ability to access good quality maternal healthcare without fear of detention or mistreatment was understood to be a right and something that all women were legally entitled to, no matter their income levels or social status.

Collaboration with healthcare facilities and local authorities

Following the rulings, civil society organizations began work with the relevant hospitals and local authorities to support efforts to bring about changes in policies, practices and procedures. Over time they built up trust and confidence such that the hospital administrations and local authorities were willing to accept their guidance and assistance as they sought to strengthen internal health systems and ensure similar cases did not reoccur. This was a constructive but delicate process, in which a careful balance had to be struck between ensuring accountability and oversight on the one hand, and providing important forms of partnership, support and guidance on the other.

Through this collaboration and engagement, a range of concrete results were achieved at facility and local levels. Long-term plans for quality improvement were established; patient complaints mechanisms were put in place; a procedure for the agreement of payment plans during patient admission was set up; local authority and private sector funding for additional beds and supplies was secured, and training was provided for healthcare workers and hospital staff.

Political outreach and engagement

Notwithstanding the High Court's judgment in 2015, government inaction to implement the decision and take legal and policy steps to give effect to the ruling continued. Although constructive partnerships with specific local authorities and healthcare facilities had enabled important changes in their practice and procedures, in the absence of action by the central government, systemic abuse and mistreatment of women would continue.

Advocacy strategies to prompt government action were developed with the assistance of initial mapping exercises designed to identify potential allies, within government and in parliament. This mapping pinpointed individuals who were to become champions for legal and policy change. The mapping allowed those driving reform efforts to ensure their outreach was designed to respond to the particular interests and priorities of advocacy targets.

Strategies to wield parliamentary pressure on the executive and hold the government accountable proved particularly useful. For example, the parliamentary health committee convened a public hearing with the Minister for Health on the practice of detention in health facilities, at which the Minister was required to respond to questions from members of parliament. The dialogue with the Minister received considerable media coverage and exposed the extent to which detention was occurring in hospitals, including situations where the bodies of deceased patients were not released until their relatives could pay the hospital bills. These revelations shocked the public conscience and played a considerable role in raising public awareness. Following the hearing, the government committed to establish a fund that would cover unpaid hospital bills, including for women in maternity hospitals.

The ability to identify and seize key opportunities proved central to the success of law reform efforts. For example, as a process to reform the Health Act began, activists identified this as an opening through which to secure the adoption of key legal provisions. Although engaging in this process was not initially planned, it became a key avenue to pursue the necessary reforms.

Perseverance in the face of setbacks was also critical. For example, activists prepared draft amendments to the Health Act that would ban mistreatment and detention in healthcare facilities and began to focus their outreach on winning support for this amendment. However, concerns were raised

about potential financial implications due to the way the amendments were worded, and it became clear that the proposals could not move forward without being screened by further budgetary committees, which would not occur within the timeframe necessary for their inclusion in the Health Act reform. Shifting gear, activists prepared new draft proposals to strengthen oversight and accountability that would not involve additional financial scrutiny, thereby avoiding delays and postponements.

In 2018, a new Health Amendment Act was passed establishing effective oversight procedures. Separately, changes in financing mechanisms were established to provide for free access to maternal healthcare services as part of a national health insurance fund. Efforts to secure a legislative ban on detention and mistreatment in healthcare facilities are ongoing.



KMET Kenya

Malta

Securing policy change to enable access to emergency contraception

“I think this was the awakening, in a way, that women started to realize ‘okay well I have rights here, I have agency, I can drive my own life, I can decide things for myself.’”

Francesca Fenech Conti, Malta

Context and achievements

Until 2016, emergency contraception was completely unavailable in Malta as no emergency contraception pills were registered or licensed for sale in the country. This stemmed from false beliefs and assumptions on the part of Maltese policy makers that emergency contraception involved a termination of pregnancy. As abortion is banned in Malta, the prevailing view was that emergency contraception could not be licensed.

Following a 2014 recommendation from the European Medicines Agency and European Commission which changed the classification status of certain emergency contraception pills from prescription to non-prescription medicines, most EU countries began to allow over-the-counter sale of most forms of emergency contraception. Malta remained the only EU country where all forms of emergency contraception were entirely unavailable, with or without a prescription.

In 2015, thousands of women began to mobilize on social media demanding access to emergency contraception in Malta. In 2016, a ‘judicial protest’ was filed on behalf of more than 100 women stating that

Timeline of Events

- **2014**
EU institutions recommend over-the-counter sale of emergency contraception.
- **2015**
Women in Malta mobilize to demand licensing of emergency contraception in Malta.
- **2016**
Emergency contraception is licensed for sale in Malta for the first time in history.

the failure to allow access to emergency contraception was illegal and violated their rights. The threat of litigation and the political pressure this generated prompted action by the government and eventually, following political engagement and outreach strategies, the Maltese Medicine Authority issued a decision in December 2016 licensing emergency contraception for sale over-the-counter without a doctor’s prescription. Today, emergency contraception is easily accessible in pharmacies throughout the country.

Strategies and actions

Over a two-year time span, grassroots mobilization, the threat of litigation, media engagement and political outreach led to the licensing of emergency contraception in Malta for the first time in history. The process to secure this result galvanized women in Malta, spurring new activism to advance women's reproductive rights and paving the way for ongoing efforts to reform the country's total ban on abortion.

A grassroots movement for change

In 2015, a woman in Malta started a Facebook page with the goal of establishing an online platform where women could discuss sexual and reproductive health, share their experiences and support one another. The group quickly became very popular through word of mouth and after a few months there were 20,000 members, about five percent of Malta's population.

As women used the group to share personal experiences and news stories from other countries across the EU, discussions on the platform turned to emergency contraception. Women began to question why emergency contraception was not available in Malta and instead had to be purchased in other EU countries. As the group became increasingly galvanized around this issue, members began to discuss what they could do to seek change.

In order to gather more information on how the Maltese policy on emergency contraception could be changed, the founder of the social media group reached out to leading legal experts and civil society organizations in Malta to ask for their advice and guidance. Heartened by the groundswell of support for reform among women in Malta, these organizations and experts pledged to support efforts and develop a strategy to bring about policy change.

Research and evidence

It was critical to ensure that all actions and advocacy would be informed by evidence and facts. Activists equipped themselves with extensive information and expertise, including on the laws and policies of other EU countries concerning emergency contraception, and public health guidance and data.

Additionally, as there was such a dearth of factual evidence-based information on emergency contraception in Malta, including among policy makers and medical providers, myths and factually incorrect beliefs were widespread. Many mistakenly believed that emergency contraception interrupted pregnancy following conception and associated it with abortion. Counteracting misinformation by disseminating medical and public health evidence to the media and decision makers was crucial to the success of reform efforts.

Judicial strategies

Activists decided that the most strategic avenue through which to pressure the government to bring about policy change would be through filing what is known as a 'judicial protest,' on behalf of over 100 women, against the Minister for Health, the Minister for Social Dialogue, Consumer Affairs and Civil Liberties, the Superintendent of Public Health and the Attorney General.

This involved sending a formal letter to the courts alleging that the state authorities' failure to license emergency contraception was illegal. The judicial protest was not a lawsuit but rather a formal legal channel by which to publicly notify the state that it could face litigation if it failed to rectify the situation and license emergency contraception. While the judicial protest did not oblige the state to take action or respond to the allegations, it provided a mechanism by which to put pressure on the government to take action. The protest submitted that the failure to license emergency contraception violated Maltese law, EU law and international

human rights law and standards. It called on the government to remedy the situation immediately by providing access to emergency contraception in Malta or risk being subject to litigation and claims for damages if it failed to do so.

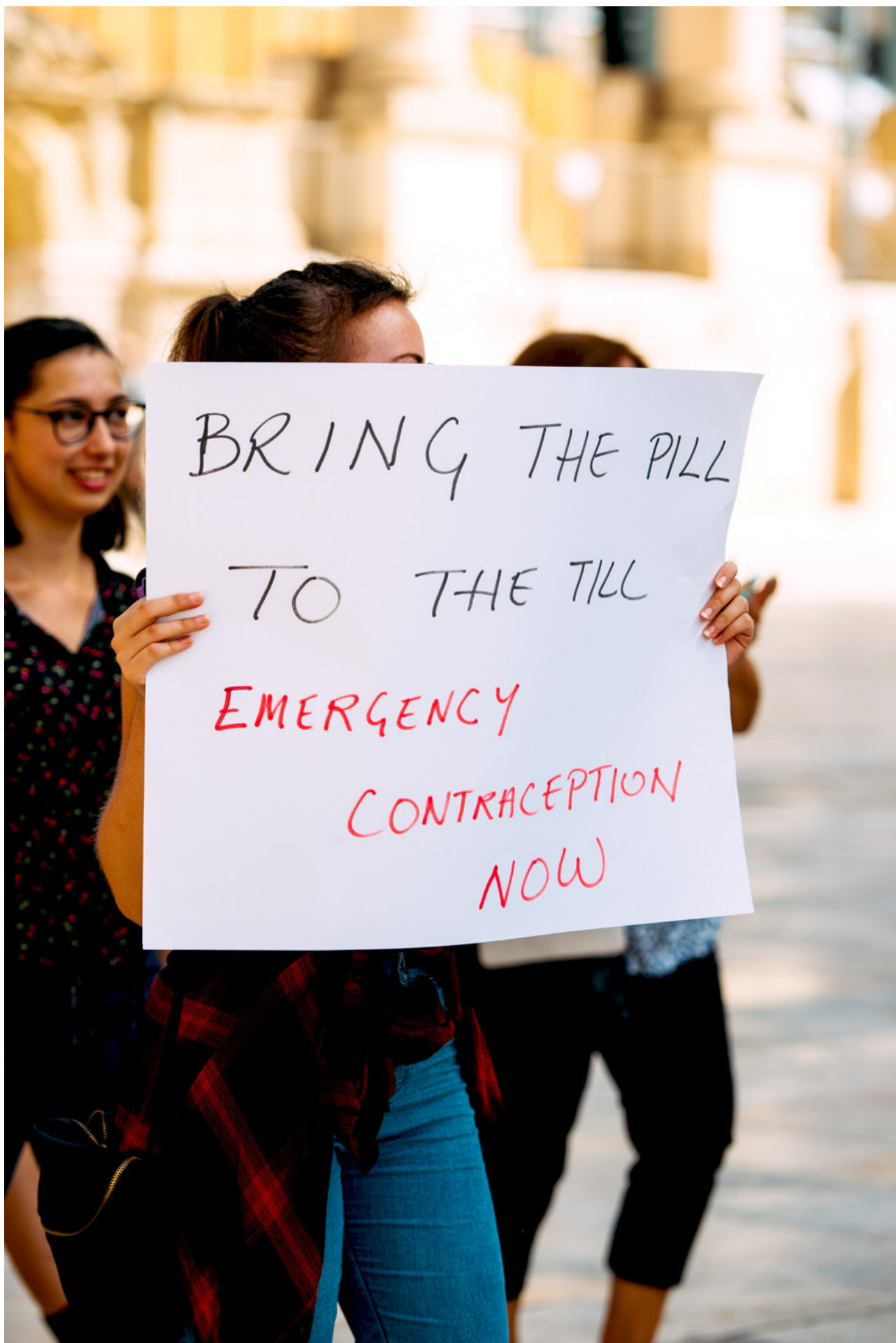
Political and media engagement

The filing of the judicial protest generated significant media and political attention. The Chief of the Medicines Authority and the Minister for Equality publicly stated their support for authorization of emergency contraception in Malta after consulting with experts. This was a significant milestone as change could not occur without their support, and ultimately the decision on licensing lay with the Medicines Authority.

In response to the judicial protest, the government convened a series of parliamentary hearings. Although those opposed to the introduction of emergency contraception sought to use these hearings to disseminate false and misleading information on emergency contraception, the proponents of reform were still able to make a clear, compelling case using public health guidance and evidence. Eventually the parliamentary committees issued findings acknowledging that emergency contraception is not related to abortion and does not interrupt pregnancy. They recommended that emergency contraception be licensed in Malta but suggested it be dispensed only on the basis of a doctor's prescription. Following extensive street protests demonstrating the level of support for over-the-counter sale in line with other EU countries, the Chief of the Medicines Authority decided to license emergency contraception for sale in pharmacies without prescription.

Throughout this process, strategic media engagement was critically important as media coverage helped to generate public support and put pressure on government and policymakers. There was also an understanding that the government was concerned about negative attention at the

EU level and internationally if emergency contraception was not licensed. A coordinated media strategy included the development of media briefing materials, information events for journalists and agreement on spokespersons.



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Moldova

Securing national safe abortion standards and guidelines

“You need to have a model in mind and know the supporting evidence and then share this information in every possible way – from TV, to politicians, obstetricians and gynecologists, women and students.”

Rodica Comendant, Moldova

Context and achievements

In 1955, abortion became legal in Moldova* on a woman's request in early pregnancy and later in specific circumstances. However, despite these reforms, the quality of abortion care remained poor due to the lack of evidence-based guidelines and clinical protocols enabling the provision of modern treatment options. This contributed to high rates of post-abortion complications and resulting maternal mortality and morbidity.

In order to improve the quality of abortion care in Moldova and bring care provision into line with international best practice, civil society organizations pursued a series of legal and policy reforms.

In 2011, their efforts resulted in the adoption of the first national safe abortion guidelines, and in 2012, to the enactment of reproductive health legislation that allowed adolescents over 16 years of age to access sexual and reproductive healthcare, including abortion care, without parental consent. In 2020 updated national guidelines on abortion were adopted to reflect best international guidelines and standards, and medical

Timeline of Events

- **1955**
Abortion legalized in Moldova.
- **2011**
First National Safe Abortion Guidelines adopted.
- **2012**
Reproductive health legislation enacted.
- **2020**
Revised National Safe Abortion Guidelines adopted.

abortion via telemedicine was approved for in early pregnancy. In addition, the time limits for abortion on specific medical circumstances were extended and the facilities where abortion care can be provided

* Until 1991 Moldova was part of the Soviet Union and its laws were those of the USSR. Moldova declared its independence in August 1991.

were broadened. These legal and policy changes have significantly improved the quality of abortion care in Moldova.

Strategies and actions

For many years, civil society organizations used a number of strategies to secure the establishment of a robust policy framework that would guarantee the quality of abortion care.

Collaboration with the ministry of health

Securing and sustaining support within government for legal and policy change was a critical component of the reform strategy. Those driving reform efforts knew condemnation or public criticism would be counterproductive and that a collaborative approach by civil society would be more effective. To this end, NGOs began offering their expertise, assistance and support to the Ministry of Health. Over time, they built a collaborative relationship with the Ministry of Health in which they could share advice and guidance, provide information on gaps and shortcomings and help shape evidence-based solutions.

However, due to political processes and elections, there was significant turnover at the ministerial level. This often proved challenging, as it regularly required repeated efforts to build new relationships and renew trust. However these sustained efforts to continue engagement and rebuild relationships after each ministerial change were an important component of the successful outcome.

Medical evidence and public health data

The use of evidence-based analysis and information was central to achieving legal and policy change. In particular, medical and public health studies and recommendations

played an important role in convincing the Government that reform was needed.

In 2005, civil society organizations began conducting strategic assessments of abortion care in Moldova and formulating key recommendations. This led to the adoption of the first national guidelines for safe abortion care in 2011. However, although the establishment of this first set of guidelines was an important milestone, the need for improvement and reform continued. Through new research, NGOs were able to demonstrate to the Ministry of Health the positive clinical impact of the initial 2011 guidelines. The research findings indicated that they had led to important improvements in access and quality of care and had reduced abortion-related complications. This evidence convinced the Ministry to pursue additional legal and policy change.

Presenting the Ministry of Health with public health evidence on the provision of medical abortion care and the use of telemedicine for early medical abortion during the COVID crisis was vital in the later stages of reform efforts. Although international evidence demonstrated the safety of medical abortion and telemedicine in other countries, it was important to show that it could be safely provided in Moldova. The evidence gleaned from a national pilot study was vital to dispel doubts about modernizing abortion care in the Moldovan context.

Alliances with healthcare professionals

Leveraging the influence and support of healthcare professionals was an important element of reform strategies. Not only would they prove to be influential spokespeople on the need for reform, but the involvement of medical and public health experts in evidence collection and research was critical to ensure its validity and accuracy. Securing their active participation in research processes led to increased opportunities for engagement and allowed those driving reform efforts to mobilize a broad group of healthcare professionals who later became influential

advocates for legal and policy change. Several healthcare professionals who were involved in research and evidence collection processes became hugely important spokespersons for reform, engaged in briefings with the Ministry of Health and assisted in the public dissemination of evidence-based information.

Media engagement

Ensuring public support for reform and tackling social stigma surrounding abortion was important to sustain political will to bring about relevant reforms. To this end, proactive media engagement strategies were critical. In order to cultivate relationships with media organizations and journalists, briefing sessions were convened regularly for journalists and journalism students to provide evidence-based information on abortion and reproductive health. Messaging strategies focused on conveying accurate factual information on abortion and disseminating relevant public health evidence and data. Social media was also an important tool through which to ensure regular dissemination of new information, positive news stories and translated sources of information from other countries. This assisted in shifting the public narrative on abortion towards support for legal and policy change.

Nepal

Establishing a legal right to free and accessible abortion care

“Civil society collaboration allowed us to learn from each other and mutually strengthen knowledge and strategies.”

Sabin Shrestha, Nepal

Context and achievements

Until 2002, abortion was banned in Nepal with devastating consequences. Women had to resort to clandestine abortion which placed their health and lives at risk. Nepal had one of the highest maternal mortality rates in the world and over half of hospital-based maternal deaths were the result of complications from unsafe abortion. Moreover, due to high numbers of criminal prosecutions, 20 percent of the total female prison population were imprisoned following charges of abortion and infanticide.

Over three decades, activists pursued a series of multifaceted strategies to secure legal and policy change that would repeal the general ban on abortion and enable all women to access abortion care in Nepal. Using a combination of legislative, constitutional and judicial pathways to bring about a sequence of legal and policy changes, they succeeded in establishing one of the most robust legal frameworks on abortion in the world.

In 2002, following years of advocacy, the general ban on abortion was repealed and abortion was legalized on request in the first

Timeline of Events

- **2002**
Legislation legalizes abortion on a range of grounds, including on request in early pregnancy.
- **2007**
Interim constitution recognizes constitutional right to reproductive health.
- **2009**
Supreme Court recognizes constitutional right to access abortion.
- **2015**
New constitution retains constitutional right to reproductive health.
- **2018**
Comprehensive reproductive health legislation adopted establishing legal guarantees for access to safe and affordable abortion care.

12 weeks of pregnancy, and later in pregnancy in a range of specific circumstances. Although this was a major achievement, activists believed that in order to ensure women's access to affordable good quality abortion care in practice additional legal guarantees would be necessary.

Constitutional rights protection for abortion was sought through judicial processes and political engagement. In 2007, following the end of the civil war, the right to reproductive health was enshrined in Nepal's interim constitution. In 2009, following public interest litigation, the Supreme Court recognized the right to abortion as a key element of the constitutional right to reproductive health. The Court instructed the legislature to adopt comprehensive legislation that would operationalize the right and ensure women's access to affordable abortion care in practice.

In 2014-2015, during the transition to a democratic republic and as the process to prepare Nepal's new constitution intensified, activists worked to secure the inclusion of the right to reproductive health in the new draft. Following a successful outcome, they began to focus on securing the establishment of a legislative framework that would operationalize the constitutional rights protection pursuant to the Supreme Court's judgement in 2009. In 2018, their efforts culminated with the enactment of the Safe Motherhood and Reproductive Health Rights Act (SMRHR Act), a comprehensive legislative framework on maternal and reproductive health that enshrines robust guarantees for access to affordable abortion care.

This process of reform was the product of decades of complex and sustained efforts by multiple actors. Today in Nepal the impacts of these legal and policy changes are clear. Abortion is now free in public health facilities, and mid-level providers can provide abortion care to women in hard-to-reach rural communities. Rates of maternal mortality have decreased. Proactive work to ensure the implementation of the SMRHR Act continues and those driving reform efforts have turned their attention to securing the full

decriminalization of abortion in Nepal seeking the repeal of all remaining criminal provisions concerning abortion.

Strategies and actions

Over 30 years a diverse collective of civil society actors pursued the comprehensive reform of abortion laws and policies in Nepal. They seized opportunities and built strong collaboration and alliances. Public and political engagement, research and fact-finding and litigation were core elements of their strategies.

Women's experiences and testimonies

Concerted efforts to build a strong evidence base for repeal of the general ban on abortion began in the 1990s. Although public health data demonstrated that illegal and unsafe abortion was a leading cause of high rates of maternal mortality and morbidity, there had previously been very limited research and evidence into the lived experiences of women.

Fact-finding research to document the experiences of women imprisoned in Nepal on charges of abortion was conducted. The research findings and the testimonies of women provided powerful accounts of the diverse forms of harm women were experiencing as a result of the legal ban on abortion, and demonstrated the disproportionate impact on women living in poverty and in rural areas. The findings provided key tools for awareness raising among policy makers and outlined a clear rationale for reform.

Seizing opportunities and entry points

To kickstart advocacy towards reform, civil society organizations harnessed the momentum to address laws discriminating against women that had been generated by efforts to eradicate harmful legal frameworks

on ancestral property rights. This started a national debate on gender equality and activists moved fast to seize this opening. They used this framing to advocate for law reform on abortion and developed narratives that focused on characterizing the abortion ban as a discriminatory legal framework.

Later, in 2006 when moves to prepare an interim constitution began following the end of the civil war, activists knew that this provided a critical opportunity to address longstanding issues of inequality and discrimination, including against women. A successful strategy to secure the inclusion of a constitutional right to reproductive health was quickly prepared and implemented. The resulting recognition of reproductive rights as constitutional rights represented a paradigm shift and laid the ground for the steps that followed.

Litigation strategies

Although abortion was legalized in 2002, many women did not have access to legal and safe abortion services. They faced obstacles including unclear legal provisions on abortion, lack of awareness about the legal status of abortion, lack of accessible services, social norms that restricted women's decision-making autonomy, prohibitive costs and abortion-related stigma.

“We worked to ensure that those who could not support (abortion as a choice) would at least do no harm – sometimes this neutrality can make all the difference.”

Purna Shrestha, Nepal

In 2007, shortly after the adoption of the interim constitution, a coalition of civil society organizations filed public interest litigation with the Supreme Court arguing that the government had failed to uphold the constitutional right to reproductive health as a result of its failure to ensure that safe abortion services were affordable and accessible in practice. One of the parties to the case was

a woman living in poverty who was forced to continue her pregnancy because she could not afford the cost of abortion. In 2009, the Supreme Court issued a groundbreaking judgment recognizing a constitutional right to access abortion care and instructed the government to establish a comprehensive legal framework that would guarantee access to safe and affordable abortion care in practice.

Civil society collaboration

At all stages, civil society collaboration was a priority, and a diverse range of organizations and activists worked collectively to pursue their shared legal and policy objectives. They designed collective strategies and undertook joint initiatives, and at different phases they created formalized and structured alliances for their collaboration. When challenges arose, they worked collectively to overcome them.

For example, following the Supreme Court judgement in 2009, civil society created a working group bringing together a cross-section of human rights and women's rights organizations, research institutions, youth groups, disability rights groups, healthcare providers, and the National Women Commission to pursue the implementation of the judgment and secure government action to ensure access to abortion care. Between 2011-2012 this working group prepared a draft proposal for comprehensive legislation on abortion and began political outreach to build support for the draft. However, in parallel, draft legislative proposals on maternal healthcare were submitted by another civil society coalition and the government decided that it would pursue one piece of legislation that would address both maternal health and abortion care.

As a result, it became imperative that both civil society coalitions found common ground and establish a set of shared goals for the new legislation. A failure to do so would lead to risks that each group's advocacy on the legislation would cut across and undermine the other group's priorities. Through careful and serious discussion, the coalitions were

able to identify shared goals and agree priorities. They agreed to establish a drafting committee that would produce a unified civil society proposal for the legislation. This became a highly collaborative process in which the two groups shared information and supported each other's efforts to advance what became a shared cause. Throughout their drafting process, they ensured ongoing engagement and information sharing with the Ministry of Health and Population and members of parliament in order to build support for the forthcoming proposal.

Political and public engagement and mobilization

Advocacy and outreach aimed at educating and influencing policy makers was a central component of reform efforts at all times. This involved extensive work over three decades to leverage both informal and formal channels for political engagement and outreach.

Unless sufficient public engagement and mobilization in support of change was generated, political will to bring about reforms would be lacking. At times, public mobilization was also vital to counteract anti-abortion efforts to roll back legal and policy gains, for example, when anti-abortion forces mounted intense efforts to prevent the inclusion of the right to reproductive health in the 2015 constitution.

To build public awareness and mobilize support for reform, civil society disseminated public information materials, organized protests and collected signatures for petitions. They also identified influential public figures, such as celebrities and sportspersons, who agreed to be spokespersons for legal and policy change.

Effective media engagement was also very important. In order to counter the prevalent narrative on abortion in the media, which often relied on emotionally manipulative storytelling and false claims, the development of evidence-based messaging focused on the provision of factual information was critical. This included evidence and testimonies

from affected individuals that highlighted the ongoing harm caused by barriers in access to abortion. In addition, developing a constructive rapport with journalists and media organizations and providing useful tools that they could use when reporting on abortion, such as digests of appropriate language and photographs, proved helpful.



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North Macedonia

Eradicating harmful legal and policy barriers to abortion

“The most difficult part was related to fear – to fear for our lives and our freedom during the autocratic regime.”

Bojan Jovanovski, North Macedonia

Context and achievements

From the early 1970s, laws in North Macedonia* allowed abortion on request in the first 10 weeks of pregnancy and after that in a number of specific circumstances, including for socio-economic reasons.

However, following the election of a new government in 2008, a series of regressive public engagement initiatives designed to stigmatize abortion and generate opposition to reproductive rights among the public began. In 2010, the government launched an official anti-abortion campaign that took place over three years. In 2013, following this campaign, the government introduced a range of legislative proposals that sought to restrict access to abortion. These were adopted by the Assembly of the Republic of Macedonia in 2013 through a fast-tracked legislative procedure that was contrary to parliamentary rules of procedure. In 2014, the Ministry of Health adopted a ministerial rulebook on abortion counseling that implemented the new legal provisions. Women seeking abortion now had to fulfil a range of new, medically unnecessary requirements prior to abortion, including being forced submit a written request for abortion, to undergo a mandatory ultrasound

Timeline of Events

- **1976**
Abortion on request and specific grounds legalized.
- **2013-2014**
Harmful legislation and ministerial guidelines restricting access to abortion adopted.
- **2017**
New Government commits to overhaul abortion law and remove harmful restrictions.
- **2019**
New Abortion law adopted eradicating harmful barriers and expanding access to abortion.

and mandatory biased counseling and observe a three-day mandatory waiting period. The new legislation also introduced potential criminal sanctions and fines for medical professionals for the first time.

* Until 1991 the Socialist Republic of Macedonia was part of the Socialist Federal Republic of Yugoslavia. The Republic of Macedonia declared its independence in 1991 and in 2019 it was renamed North Macedonia.

Following the government's move to restrict access to abortion in 2013, a diverse coalition of experts and activists in North Macedonia joined forces to try to block the adoption of the new legislative measures. When this was unsuccessful, they designed and implemented multi-dimensional strategies intended to secure their removal.

In 2019, their efforts culminated in the adoption of an entirely new law on abortion that not only removed the harmful requirements that had been introduced in 2013-2014, but also expanded the legality of abortion in significant ways. The new law legalized medical abortion for the first time, extended the legal timeframe for abortion on request, liberalized procedures for access to abortion on specific grounds and expanded the range of medical facilities and practitioners entitled to provide abortion care to include primary healthcare settings.

Since the adoption of the new law, important work to support its effective and meaningful implementation is continuing and civil society organizations worked closely with the Ministry for Health to establish Clinical Guidelines for Safe Abortion (2020) and to provide technical support for piloting the provision of medical abortion services.

Strategies and actions

Between 2013 and 2019, a range of civil society actors and experts mobilized to secure the repeal of the harmful 2013-2014 restrictions. Their six-year strategy included a number of core pillars.

Coalitions and alliances

In 2014, the Platform for Gender Equality and Protection of Women's Rights was established, uniting over 20 civil society organizations in the country. The Platform, which included organizations working in a range of sectors relevant to gender equality, identified reproductive rights, and specifically

the right to abortion, as a key area of its focus. Through a mapping exercise to determine the capacity and expertise on abortion among its member organizations, the Platform was able to develop a strategic framework for its efforts and clarify the roles of its different members. As some of its member organizations had long-standing expertise on SRHR they were able to share information and guidance in a manner that built the capacity of other members and equipped them with knowledge for effective advocacy.

The Platform's creation not only allowed the member organizations to collaborate in the design of strategies and to ensure that their work was mutually reinforcing, but it also enabled them to present joint proposals for reform and conduct joint campaigning activities. This strengthened the impact of these actions, due to the number and array of organizations represented.

Later in 2015, a broad alliance of approximately 100 civil society organizations and political parties who were not in government at the time was formed. The alliance, known as the 'Citizens of Macedonia,' was formed as a counterbalance to the anti-democratic and nationalistic government that had been elected in 2008 and that had spearheaded the introduction of the anti-abortion legislation. The creation of the alliance facilitated engagement and cooperation with political parties that were not currently in government, thereby laying the foundation for political strategies which would later become key components in the law-reform process. At the same time, the alliance enabled the new restrictions on abortion to be framed as part of a broader continuum of threats to fundamental rights and the rule of law in the country.

Public attitudes research and messaging development

It was clear that successful law reform would depend on the mobilization of public opinion against the new restrictions on abortion. This would be critical to generate political will and support for reform among political actors. In order to gauge the views of the general public on abortion, public attitudes polling was commissioned in 2013. Polling data showed that over half of the general public were against the new regressive laws and over 65 percent considered that women should make their own decisions about abortion.

Later in 2019, when new legislative proposals to remove the 2013-2014 barriers were introduced in parliament, focus groups were used to develop and test framing and messages for public engagement in support of the new legislation. They explored how potential messages resonated with different groups in society. This allowed experts and activists to develop a messaging strategy focused on concepts of 'care,' 'health' and 'individual freedom.' In addition, video campaigns sought to provide the public with evidence-based and accurate information on the new legislative proposals on abortion.

During this process, decisions to focus some campaign messaging on concepts of 'care' and 'health' were challenging for some NGO activists. As human rights organizations they would have been more comfortable with messaging based on human rights language and feminist activism. However, they understood that in order to resonate effectively and build support for the new law among 'the middle ground,' public engagement messages would need to speak the language of those they sought to influence and address issues and concerns important to them.

Public health evidence and impact documentation

At all phases, strategies drew heavily on public health evidence and data. Particular use was made of the World Health Organization Safe Abortion Guidelines (WHO Guidelines) which clearly outline that mandatory waiting periods, counselling and ultrasound requirements prior to abortion are medically unnecessary, serve only to delay access to abortion care, increase the financial burden on people seeking abortion care, and demean women as competent decision makers. This authoritative evidence-based source of data and information provided a central and persuasive point of reference in advocacy and outreach efforts, both with legislators and medical professionals, and eventually with members of government and Ministry of Health officials.

As efforts to repeal the restrictions progressed, it became clear that many stakeholders did not fully understand the extent to which the new requirements were having a harmful impact on women who needed abortion care. Although some legislators understood that the requirements were medically unnecessary and were wrong from a principled perspective, they did not grasp the relatively grave practical impact they were having. In order to present compelling evidence of the impact that the laws were having on women and medical professionals, a series of interviews were conducted with women who had sought abortion care after 2013-2014, as well as with gynecologists, social workers, sociologists and civil society representatives. The findings from their testimonies, which clearly described the harmful stigmatizing and practical implications of the requirements, bolstered advocacy efforts between 2017 and 2019.

Political outreach and engagement strategies

In 2013, a coalition of non-governmental organizations and women's rights activists challenged the constitutionality of the regressive law before the Constitutional Court. However, the Court upheld the legislation and it became clear that in order for law reform to occur, legislative action and a parliamentary vote to enact new or amended laws would be necessary. As a result, political engagement and outreach, designed to build political will and impetus for repeal, was a central facet of the six-year reform strategy. This occurred in different phases due to the changing political dynamics in the country over the timeframe.

Initially, political engagement strategies focused on alliance building with legislators and political parties in political opposition to the 2008 Government. These efforts sought to establish and shore up their support for repeal of the new restrictions. For example, the formation of the broad alliance 'Citizens of Macedonia' brought together civil society organizations and political parties opposed to the anti-rule of law and anti-SRHR agenda of the 2008 government and laid the ground for future cooperation. In addition, when the results of public attitudes polling clearly demonstrated that a majority were against the new regressive laws, this information was shared with ally politicians and legislators in order to build their confidence to call for reform.

In the run up to new general elections slated for 2016, political outreach efforts began to focus on the need to translate broadly framed opposition among political allies to the 2013-2014 restrictions, and their general pledges of support for repeal, into concrete commitments to pursue reform should they be elected to government. As elections drew nearer in 2016, activists stepped up engagement with leaders of the political opposition to ensure abortion rights and commitments to repeal the anti-abortion restrictions would form part of their pre-election campaign pledges. The Platform for Gender Equality and Protection of

Women's Rights pursued concrete public commitments from political parties that if elected they would pursue the necessary law reform in line with the WHO guidelines and international human rights standards and ensure a participatory reform process involving civil society and medical experts. To secure these pledges, the Platform developed a written declaration on reform of the law and the protection of women's health and reproductive rights, ensuring its language appealed strongly to political parties for whom democracy and human rights were central components of their party platforms. Through outreach and engagement efforts the Declaration was publicly endorsed by eleven different political parties in the run up to the elections.

One of the political parties who endorsed the declaration won the 2016 election and this in turn created a much more favorable political landscape for reform. As a result, from 2017 onward political engagement strategies shifted gears, the aim now being to translate the party's pre-election pledge into concrete governmental action.

In 2017, the Platform for Gender Equality and Protection of Women's Rights convened representatives of the new government, legislators and healthcare professionals to discuss the harmful impact that the 2013-2014 restrictions were having on women. There the Deputy Minister for Health committed to pursue the necessary law reform and to establish an inclusive multi-sectoral reform process. Honoring this commitment, the Ministry of Health established a working group tasked with drafting new legislation and bringing together civil society experts from the Platform, gynecologists and social workers. However, the drafting process was difficult and quickly stalled. In order to seize the initiative and galvanize momentum towards reform, the civil society actors involved in the working group decided to move ahead and prepare a draft proposal for reform that could provide a basis for working group discussions. They presented a very strong proposal that provided a starting point for negotiations. This went beyond the mere

removal of the 2013-2014 restrictions and included proposals to modernize the provision of abortion care in the country, including by legalizing medical abortion and extending the time limits for abortion.

Ultimately, this initiative broke the deadlock and the civil society draft became the basis for the new legislation. Energies now shifted to securing the adoption of the new law in parliament. Key activities included galvanizing champions across a range of political parties to secure support among their party colleagues and convening briefing sessions with legislators to provide evidence and data on abortion and on the purposes of the reform proposals. In 2019, these efforts culminated in the adoption of an entirely new law on abortion that not only removed the harmful regressive requirements that had been introduced in 2013, but also expanded the legality of abortion in hugely important ways including by extending the timeframe for legal abortion and by legalizing medical abortion in early pregnancy. Remarkably, the new legislation received votes in favor from members of parliament across the political spectrum and those voting in favor even included members of the political party that had been in power in 2013 and had introduced the harmful 2013-2014 restrictions.



Vanco Dzambaski

Peru

Establishing national guidelines on abortion

When the woman in the case became a spokesperson for her own case and implementation, this had a big impact on the government.”

María Ysabel Cedano Garcia, Peru

Context and achievements

Since 1924, laws in Peru have allowed abortion when there is a serious risk to the life or health of a pregnant woman. Outside of these two situations abortion remains illegal.

In 1997 the regime of President Fujimori repealed Peru’s Health Code, thereby eradicating the procedure that had been established to allow access to abortion in situations of risks to life or health. Although abortion was legal in these circumstances, in practice it became almost impossible to access.

Over 15 years, activists and civil society organizations pursued the establishment of new national abortion guidelines. As pressure for policy change increased, a sufficient level of political will to take action emerged, and in 2014 the government adopted new national abortion guidelines to regulate and facilitate access to legal abortion care.

Timeline of Events

- **1924**
Laws allow access to abortion where necessary to protect women’s health and lives.
- **1997**
Health Code abolished and procedural guidelines on abortion care removed.
- **2014**
New national technical guidelines on abortion care adopted.

Since the adoption of the guidelines, efforts to overcome implementation challenges continue, as does work to secure comprehensive legal and policy reform on abortion in Peru.

Strategies and actions

To secure the adoption of new national technical guidelines on abortion care, activists pursued a 15 year multi-faceted strategy based on the central pillars of international accountability, public communications and mobilization campaigns, and political outreach.

Public engagement and communications strategies

In the early 2000s, research indicated that there were very low levels of support among the public for legalization of abortion in any circumstances. Activists knew that efforts to bring about policy change and secure the adoption of new national guidelines on abortion would stall if reform strategies did not encompass a strong public engagement focus. To be successful they would need to find new messages and ways of talking to the public about abortion.

They began to disseminate the stories of women and girls who had been denied access to abortion in situations where their lives or health were at risk. Over time, and with the right support structures in place, including psychosocial support, women in these circumstances also agreed to speak publicly about what they had endured. Public discourse began to address relevant issues that had previously been taboo, including sexual violence, mental health and suicide. In addition to these women's voices, a cross-disciplinary team of spokespeople, including legal and medical professionals, addressed these issues. Due to this new focus, public perceptions shifted and support for the enactment of new guidelines that would enable access to legal abortion grew.

Civil society collaboration and alliance building with healthcare professionals also played an important role in public engagement strategies. For example, legal, advocacy and healthcare organizations,

feminist and women's rights activists and Catholic organizations that supported reform joined forces to launch different public campaigns seeking to engage public support.

International accountability and strategic litigation

International accountability strategies, and particularly the use of strategic litigation before international human rights mechanisms, played a significant role in the 15 year efforts to secure policy change. Over a 10 year timespan two individuals who had been denied access to abortion although their lives and health were at risk filed individual complaints with two different international human rights mechanisms – the Human Rights Committee and the Committee on the Elimination of Discrimination Against Women (CEDAW).

“Generating media coverage was crucial – the journalists understood the issues and the weight of the law.”

Rossina Guerrero, Peru

The first of these, K.L., was denied access to a legal abortion when she was 17, following a diagnosis of fatal fetal impairment during pregnancy, and forced to carry her pregnancy to term. Her baby died four days after birth and this sequence of events had severe consequences for her physical and psychological health. In a groundbreaking ruling in 2005, the Human Rights Committee found that her rights to freedom from cruel, inhuman degrading treatment and to privacy had been violated. The Committee instructed Peru to pay compensation to K.L. and to undertake policy reform to ensure that similar violations did not occur in the future.

In 2009, another international complaint was filed against Peru, this time with CEDAW. This case was brought on behalf of L.C. who had attempted suicide when she was raped and became pregnant at 13. She tried to take her life by jumping from a building and suffered severe spinal injuries as a result. However, doctors refused to perform emergency

surgery due to the pregnancy and would not allow L.C. to have an abortion. As a result, L.C. miscarried and is now living with life-long spinal injuries. In 2011, CEDAW ruled that her human rights had been violated and instructed Peru to pay compensation to L.C. and to establish clear guidelines and procedures by which women could enforce their legal entitlements to abortion.

A range of factors were considered when selecting the best fora in which to file the complaints so as to secure the strongest possible outcomes. For example, deliberations assessed whether to file with the regional human rights system or before international human rights mechanisms.

The Committee decisions in the *K.L. v. Peru* and *L.C. v. Peru* cases exposed the harm that was being caused by the lack of clear guidelines and procedures by which women could enforce legal entitlements to abortion. The decisions attracted considerable media coverage and ultimately played a significant role in prompting public debate and shifting public perceptions on the issue. The Committees' recognition of how the denial of access to abortion led to human rights violations influenced public opinion, and the levels of personal suffering each woman had endured generated considerable public empathy.

Political outreach

Following the CEDAW decision, pressure on the government to take action intensified. There were now two international rulings against Peru, and although the government had initially refused to engage with the international complaints process, they had become impossible to ignore. This led to the Ministry of Justice eventually recognizing the binding nature of the Committee rulings. Engagement with the Ministry of Health by different stakeholders was crucial in convincing the government of the need for reform.

In order to support the design of effective political engagement strategies, mapping was carried out to identify the positions of actors within key government ministries and across Congress. This allowed activists to identify potential allies and to tailor advocacy engagement to the interests and circumstances of particular targets. For example, the mapping indicated that although certain stakeholders were not supporters of reproductive rights, they would still call for action because they believed that Peru should give effect to the decisions of international human rights mechanisms. Working with allies in Congress also provided important avenues to increase pressure on government ministries. They could exercise parliamentary oversight functions, ask questions and request information through formal and informal channels, and generate pressure that civil society could not muster alone. At different junctures the proactive engagement of medical professionals played a particularly important role in political outreach, as they could frame the issue as a healthcare matter and articulate the need for reform, including during parliamentary debates.

In 2014, following years of pressure, new national guidelines on abortion were adopted. In 2016 and 2019 respectively the government issued formal apologies to L.C. and K.L. and provided compensation to both women.



DEMUS

Philippines

Adopting a post-abortion care policy

“As advocates we should always be fearless and authentic.”

Rostom Deiparine, Philippines

Context and achievements

Estimates indicate that almost a million induced abortions take place in the Philippines each year. As a result of highly restrictive laws and policies on abortion many of these are unsafe, leading to tens of thousands of hospitalizations and the deaths of hundreds of women annually. The COVID-19 crisis has gravely exacerbated the challenges that women face because of the highly restrictive legal framework on abortion.

Until 2016, many women who experienced complications from unsafe abortion were denied access to post-abortion care or faced harassment and disrespectful treatment when seeking life-saving care. Although a series of laws and policies adopted between 2000-2012 clearly established the legality of post-abortion care, the stigma associated with abortion combined with the lack of a robust women-centered policy framework on post-abortion care resulted in significant challenges for women who needed this care. The restrictive law on abortion meant that many healthcare workers were afraid to provide post-abortion care and many women refrained from, or delayed, seeking care as they routinely experienced mistreatment in healthcare settings and feared being reported to the police and prosecuted.

Timeline of Events

- **2012**
Reproductive Health Act adopted.
- **2015**
CEDAW Issues Report on Philippines Inquiry.
- **2016**
Adoption of Post-Abortion Care Policy.

Concerted efforts to reform the abortion laws in the Philippines began in 1998. Securing the adoption of a robust post-abortion care policy that would recognize an entitlement to respectful care and prevent women from being reported to the authorities was identified as a critically important milestone in this process. For over a decade, civil society organizations disseminated research and evidence on the situation of women seeking post-abortion care, built networks and alliances, and leveraged international accountability strategies.

As a result of their efforts, a groundbreaking post-abortion care policy was introduced in 2016. It recognized the right to compassionate post-abortion care, reaffirmed the obligation of healthcare providers to safeguard patients' privacy, and emphasized that health professionals may not refuse to provide post-abortion care. Although the 2016 policy was revised in 2018 and somewhat curtailed, the new 2018 framework retained essential guarantees from the 2016 policy.

Although abortion remains restricted in the Philippines, the adoption of an improved post-abortion policy has galvanized momentum and fortified the resolve of activists to continue their struggle for legal and policy change to remove abortion restrictions.

Strategies and actions

For over a decade a diverse coalition of civil society actors mobilized to secure the adoption of a comprehensive post-abortion care policy that would guarantee access to respectful and non-discriminatory care for women.

International accountability strategies

Beginning in 2007, over 20 civil society organizations came together to design and implement international accountability strategies intended to expose a range of reproductive rights violations in the Philippines and leverage international pressure for legal and policy change. A central pillar of these strategies was the filing of an inquiry request to the Committee on the Elimination of Discrimination against Women (CEDAW), calling on it to undertake an official inquiry into the violations of the Convention on the Elimination of all Forms of Discrimination Against Women (the Convention) that were being caused by restrictive laws and policies on reproductive rights in the Philippines.

Following the extensive evidence submitted to it between 2008-2012, CEDAW accepted the inquiry request. This was groundbreaking as it was the first time CEDAW had accepted an inquiry request on reproductive rights. However, the government was initially reluctant to accept CEDAW's request to conduct an official country visit as part of the inquiry investigation. Through extensive media engagement and bilateral advocacy, pressure mounted on the government to agree to the visit and in 2012 they allowed the visit to proceed.

In 2015, CEDAW issued its official report, finding that national and local laws and policies restricting access to reproductive health information and services gave rise to grave and systematic violations of the Convention. The report called on the government to undertake comprehensive legal and policy reform to ensure access to a full range of sexual and reproductive healthcare services and related information. A specific recommendation called for women's access to confidential and quality post-abortion care and the establishment of effective procedures through which women could file complaints about post-abortion care without fear of reprisals.

The CEDAW inquiry findings and recommendations created an authoritative impetus for legal and policy change and laid the foundation for robust political engagement strategies in follow up.

Evidence of harm and women's experiences

A critical component of reform efforts hinged on documenting and exposing evidence regarding the harmful impact of the restrictive abortion laws and the barriers in access to good quality post-abortion care. This was necessary to ensure the success of international advocacy strategies as well as to lay the foundation for national political engagement. It was also vital that women's experiences shaped legal and policy objectives and advocacy strategies.

In order to collect evidence, a series of interviews were conducted with women and healthcare professionals who had experienced first-hand the negative and disproportionate impact on vulnerable populations. Focus group conversations on post-abortion care were also conducted, gathering information about the denial of care and threats of criminal prosecution women had experienced. In 2010, civil society organizations published a report documenting the experiences of women which became a central touchstone in subsequent advocacy.

“Stand your ground when you know you are right.”

Claire Padilla, Philippines

The evidence collected by civil society and the 2015 CEDAW inquiry report spurred a decision by the country’s national human rights institution, the Philippines Commission on Human Rights, to conduct its own independent national inquiry in 2016 on reproductive rights, including the reported abuse and mistreatment of women seeking post-abortion care. In its groundbreaking official report, the Commission recommended that Congress take a range of measures to address this situation. Not only did the Commission call for the reform and improvement of policies on post-abortion care, but for the first time it also recommended reform of the country’s restrictive abortion law.

Grassroots empowerment and civil society alliances

Community engagement and grassroots empowerment efforts also played an important role in efforts to secure change. Focus group discussions and interviews with women to gather evidence at the community level provided a unique and important opportunity to raise awareness about reproductive rights and to discuss with women, community organizers, and women’s rights activists how they could play a role in bringing about legal and policy change.

These sessions energized members of the community, who began to participate in advocacy calling for government action.

The creation of civil society alliances and networks was also influential. In 2015, a civil society coalition dedicated to publicly advocating for the advancement of abortion rights in the Philippines, the Philippine Safe Abortion Advocacy Network (PINSAN), was established. By bringing together a cross-section of legal, human rights, medical and community-based organizations, the network strengthened the impact of civil society efforts to raise awareness of the harmful impact of the abortion laws through community discussions, formal training and workshops, public campaigns, and media engagement. It also enabled the development of stronger alliances and partnerships with healthcare professionals.

Political engagement strategies

The release of the CEDAW inquiry report in 2015 paved the way for political outreach that eventually led to the adoption of the new post-abortion care policy in 2016.

NGOs engaged in formal communications with the Philippine Commission on Women, the national gender equality body. Following this the Commission then began to pursue action by several government agencies, including the Department of Health and the National Implementation Team (NIT), which is responsible for the implementation of the country’s reproductive health law.

In addition, through bilateral engagement with government officials and the NIT, civil society urged the Government to adopt a new post-abortion care policy. In the meantime, partnerships with a major hospital enabled new outreach to the medical community, and dialogues and events generated new levels of support among healthcare professionals for reform. Their calls on the government to adopt a new post-abortion policy bolstered the advocacy.

In late 2015, the NIT agreed to create a technical working group, including representatives of civil society, that was tasked with the revision of the 2000 post-abortion care policy. The CEDAW inquiry recommendations and WHO guidelines on post-abortion care provided key reference points in this process.



Filipino Freethinkers

Rwanda

Legalizing abortion and removing harmful procedural barriers

“We knew we would have to ask for incremental change or risk losing everything.”

Aflodis Kagaba, Rwanda

Context and achievements

In 1998 abortion was legalized in Rwanda in situations where there was a serious risk to the life of a pregnant woman. However, it remained illegal in all other circumstances. The restrictive nature of the law had devastating consequences. Most women who needed an abortion did not qualify for legal abortion care and therefore had to resort to illegal abortion, which was often unsafe. This resulted in high rates of preventable maternal mortality and morbidity, and many women in Rwanda were prosecuted and imprisoned for having abortions.

Concerted efforts to secure the legalization of abortion on broader grounds began in 2009, and for 10 years activists pursued multifaceted strategies to secure legal and policy reform. Although high levels of stigma surrounding abortion created a challenging environment, over time momentum in favor of reform grew, and in 2012 abortion was legalized on three additional grounds – where a woman’s health was at risk and where the pregnancy resulted from sexual assault or forced marriage.

However, despite this important milestone, procedural requirements still required that anyone seeking an abortion first obtain a court order. This presented a significant access barrier and wholly undermined the

Timeline of Events

- **1998**
Abortion legalized when there is a risk to life of a pregnant woman.
- **2012**
Abortion legalized in situations of risk to health, rape or forced. marriage.
- **2018**
Abortion legalized for all pregnant minors without restriction as to reason and harmful procedural rules requiring court orders for abortion repealed.

positive impact of the law reform. Over the following six years efforts focused on securing repeal of the court order requirement. In 2018 this was eradicated. In addition abortion was legalized for all adolescents under the age of 18 without restriction as to reason.

This outcome marked a significant step forward in efforts to expand the legality of access to abortion in Rwanda. Work to guarantee reproductive rights in Rwanda continues, and a broad coalition of civil society

organizations and activists are now working together to pursue ongoing legal and policy reforms.

Strategies and actions

In 2009, a small group of civil society organizations and SRHR experts in Rwanda began working to reform the highly restrictive abortion law. In a climate where abortion was highly stigmatized they first sought to reveal the harm being caused as a result of the restrictive law and to build a broader base of support for legal and policy change among civil society actors.

Research and evidence

Different forms of evidence and information played a critical role throughout the process towards reform. At the outset, civil society organizations conducted research to reveal the impact of the ban. In 2009 they published a seminal report drawing on the testimonies and experiences of women. The following year, international evidence was released estimating that there were up to 60,000 unsafe abortions in Rwanda every year. This research and evidence played a critical role in pinpointing the need for reform and providing a foundation for advocacy and political outreach.

Following the 2012 reforms, research and evidence again became critically important to showcase the negative impact of the court order requirement that applied to abortion. Civil society documentation revealed that in practice, most women found it difficult or impossible to navigate the court system and many did not come forward at all. Even when women did engage with the system it was too slow, and orders were not granted in time for abortion care to be provided. Research findings again provided a key reference point in subsequent political advocacy and served as the basis for international engagement with human rights mechanisms.

Civil society collaboration and alliances

When efforts to secure legal and policy change began, high levels of stigma about abortion meant that many civil society organizations and activists were loath to support calls for reform. Those seeking change knew that without broad support it would be difficult to generate sufficient political will. As a result, it was vital to identify ways of framing the issue that could attract broader support and buy-in. To this end, they explained the serious consequences of the law for women who were dying, imprisoned or suffering adverse health impacts.

They also underlined the connection between abortion care and other concerns, such as access to family planning services and adolescent pregnancy. In addition, they highlighted the provisions on access to abortion that were enshrined in the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (known as the Maputo Protocol). They argued that it would not be right to advocate for the implementation of all the commitments enshrined in the Maputo Protocol except for the ones on abortion. Over time a broader base of support for legal and policy reform emerged.

Alliances and engagement with religious organizations and leaders also proved important. The Catholic Church was staunchly against any reforms and so efforts focused on engagement with religious leaders from other religions and churches. Many of them were not against law reform, and although they would not actively support calls for legal and policy change, they would not oppose reforms. When it became apparent that there was a diverse spectrum of religious views on abortion, religious arguments against reform from a Catholic perspective were weakened. This in turn was highly influential with policy makers, who realized that they would not face as much opposition from religious groups as they had previously feared.

International advocacy

At the time, Rwanda's government was highly invested in building a good international reputation and had made strong and visible commitments to promote gender equality. As a result, international engagement and advocacy was an important cornerstone of reform efforts. For example, work to leverage Rwanda's obligations under the Maputo Protocol proved to be a key strategy. Rwanda had to undergo periodic submissions to the African Commission on Human Rights as a party to the Maputo Protocol, and civil society secured strong recommendations from the Commission for the necessary reforms. Similarly, periodic reviews by the Committee on the Elimination of Discrimination Against Women were also a high priority for the government, and following clear recommendations from the Committee, the government committed to bring about the necessary reforms.

Political engagement

Ongoing outreach and engagement with decision makers was a central pillar of the reform efforts. Conducting bilateral meetings, providing briefing materials, making submissions and presentations to parliamentary hearings were all key actions.

In addition, mobilizing healthcare experts to become crucial spokespersons for legal and policy change was vital. Due to their ability to provide medical and public health perspectives on abortion they were perceived as legitimate and credible sources of expertise. They could provide influential answers to factual questions and dispel misinformation.

Providing policy makers with information on comparative law and creating opportunities for engagement and dialogue with decision makers and experts from neighboring countries where law reform on abortion had

already taken place also proved instrumental. Dialogue and meetings with members of Parliament and government from these countries shifted the mindset of politicians and reassured them that law reform was possible because it had been achieved in other similar country contexts.

At all times during efforts to build political will in favor of reform, media engagement proved central, if challenging. It was important to build awareness among journalists and media organizations, despite a hostile climate and the fact that a number of media outlets took editorial positions against reform. Over time it proved possible to shape the media narrative, in particular by sharing testimonies and stories of women who had been gravely impacted by the law, including those in prison following convictions for abortion. In order to support effective civil society communication with the media, activists produced a 'manual' capturing key questions often asked by journalists and key arguments used by the opposition. The manual collated effective responses and provided a key resource for civil society actors across their media engagement efforts.

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