

Abortion Advocacy to Access

Report by **Daile Kelleher**
2023 Churchill Fellow

**Churchill Fellowship to investigate abortion
advocacy models for government policy
change to increase public access**



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To investigate abortion advocacy models for government policy change to increase public access

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Daile Kelleher, 2023 Churchill Fellow

28/12/2024

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Acknowledgements

This report was written in Meanjin on the land of the Turrbal and Jagera people. I acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of Country throughout Australia. Sovereignty has never been ceded and a treaty with First Nations people has not been signed.

In my travels for this Fellowship, I visited and worked on the lands of many First Nations peoples in different parts of the globe and recognise their sovereignty. These lands, whether ceded or unceded, will always belong to the respective First Nations people/s. Considering the impacts of colonisation is critically relevant to all justice-related work, especially reproductive justice.

I would like to thank the Winston Churchill Memorial Trust for the opportunity to undertake a Fellowship in an area I am passionate about and contribute to the global conversation on sexual and reproductive rights, access and justice.

Thank you to my referees, Professor Danielle Mazza, Churchill Fellow and Member of The Order of Australia (AM) in 2023 for her significant service to medicine and medical research, particularly women's health. To have the support of Professor Mazza was invaluable and a testament to the importance of this work. To Kim Harper, as a personal reference and leader in child developmental psychology, your continued support over many years has kept me grounded.

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To my husband Michael, who was my biggest champion and supporter, even in the face of challenges and unknowns, who grappled with nine weeks of managing a household, thank you. While most of the time we aim for equality in parenting, it was a huge commitment to do this while our family was already having a busy year. To my parents in law, Jan and Craig, for moving in and spending time with the kids and making sure Michael was looked after, your contribution is appreciated but also created memories for everyone that will live beyond my time away. To Noah and Bonnie, thanks for making it easy for me, Dad and Juno, and to the littlest one, Juniper, thanks for joining me on the last leg of my travel and being dragged along to New Zealand Parliament House, hospitals, Sexual Wellbeing Aotearoa and Te Herenga Waka, Victoria University of Wellington and being ok with having a mum that goes away to do important stuff. I hope one day you will understand that it's all for the rights and wellbeing of you and your peers, to ensure you have safe and compassionate access to the healthcare you need.

For those that I met, interviewed, shared drinks and food with along the way – it has been impossible to capture all your insights and incredible expertise in this report. I have taken just some of my learnings, but please know our discussions were invaluable to my overall journey and the advocacy work I hope to continue doing in future. I appreciate your input, your time and your wisdom greatly.

To everyone working to advance and protect sexual and reproductive rights, justice and wellbeing around the world, and especially to my fellow champions and advocates in Australia, I am in constant awe of the work you do and all I learn from you.

In solidarity,

Daile



LEGAL ABORTIONS
DANCE AND FOR ALL



IN SUPPORT OF LEGAL
ABORTIONS

NOISE FOR

Contents

Indemnity clause	2
Contact Details	2
Acknowledgements	3
About the Author	6
Key words	8
Privacy	8
Language	8
Introduction	8
Executive Summary	10
Recommendations	12
Background	15
Australia	16
Itinerary: August - October 2024	20
Canada	22
Mexico	31
United States of America (USA)	42
Europe	58
France	65
The Netherlands	72
Belgium	80
New Zealand	89
Conclusion	94
Dissemination and Implementation.....	96
Notes on terminology	98
Glossary of acronyms	100
References and articles	102

About the Author

Daile Kelleher (she/her) is a not-for-profit executive leader with expertise in sexual and reproductive health policy and advocacy, as well as domestic and family violence.

Daile is the CEO of the [Family Planning Alliance Australia](#), working nationally to uphold, strengthen and advance sexual and reproductive health and rights. Daile was previously the CEO of Queensland-based organisation Children by Choice and was instrumental in the 2018 reforms to Queensland law and the introduction of the Termination of Pregnancy Act 2018. She recognises the work of many people over many years on legislative reform and access to abortion.

Daile was awarded a Churchill Fellowship in 2023 to investigate abortion advocacy models to increase access to abortion in Australia. She is passionate about access to intersectional and culturally safe and responsive healthcare services close to people's local communities, and listening to people with lived experience about their needs.

In 2024, Daile was appointed a Board Director of the Gold Coast Health and Hospital Board for four years. Daile is a non-executive Director and Company Secretary for the Australian Breastfeeding Association and is a Fellow of the Australian Institute of Community Directors. She was elected to the board of the Australian Women's Health Alliance in November 2024. Advancing access to healthcare is part of her every day and she looks forward to her continued journey and impact in this space.



Key words

Abortion, advocacy, sexual and reproductive health, reproductive rights and justice, access to healthcare, health policy.

Privacy

This report omits several names and specific identifying information to protect peoples' privacy and confidentiality. Generally, the only people named already have a public or online presence connected to abortion access and rights. Where I have linked comments or discussions to organisations, I have consent from the people I have spoken with, to include their words in my report in this way.

Language

Throughout this report I will sometimes use the word woman, when referring to abortion seekers. While pregnancy and abortion are experienced by people with female reproductive organs who can become pregnant, trans and non-binary people who don't identify as women also experience pregnancy and may need access to abortion. I aim to be as inclusive as possible, with the knowledge that discrimination and barriers to accessing healthcare are often higher for LGBTIQ+ people.

Introduction

My 2023 Churchill Fellowship was to investigate advocacy models to influence government policy and increase access to abortion. My argument for the need for a Fellowship on abortion and advocacy models to increase access to abortion in Australia was one I had been making for years, post the decriminalisation of abortion in my home state of Queensland in 2018.

Legislation does not equal access and abortion is healthcare, so it should be accessible to all.

I applied for a Churchill Fellowship in May 2023, less than 12 months after the world was in shock that the US Supreme Court had overturned the 1973 *Roe v Wade* decision that enshrined abortion law with the [Dobbs v. Jackson Women's Health Organization](#) Supreme Court decision in June 2022. While it sent anger and surprise through many people in Australia, I was all too familiar with the decades long movement to restrict and reverse access to, and legislation on, abortion worldwide.

It seems strange to take any positives from

the devastating outcome of *Roe* falling in 2022, but one thing from the winding back of abortion in the USA is that countries like Australia, with relatively recent laws and a public naivety on what universal healthcare actually looks like for abortion access, had started a conversation.

There were rallies and demonstrations across Australia in June/July 2022 affirming that the everyday person wanted to make sure that their rights to abortion couldn't be taken away in the same way they had seen in the USA. Politicians were being asked questions about abortion. People were motivated to ask a question they hadn't considered before, "What does abortion access look like in Australia?"

Abortion is a form of healthcare that people often don't consider until it's one you need to access, and it tends to be something that most people think should be available, accessible and certainly legal. But it's not on most individuals' day-to-day radar or even something they think about when they cast a vote at an election.

Executive Summary

This Churchill Fellowship was to investigate abortion advocacy models to influence government policy and increase access to abortion. Countries were chosen that had unique access and similar political or health systems as Australia to be most relevant to our context. In August - October 2024, I travelled to Canada, Mexico, the USA, France, The Netherlands, Belgium and New Zealand and conducted over 50 interviews, attended two conferences and visited multiple health services to discuss and learn about abortion access and advocacy.

Abortion access can be determined by asking three fundamental questions:

1. Did you have the right to get an abortion?
2. Could you get an abortion?
3. Was it affordable?

If you answered no to any of these questions, abortion was not accessible.

According to [WHO's Abortion care guideline](#), accessible means delivering health care that is timely, geographically reachable, and provided in a setting where skills and resources are appropriate to medical need.

In all the countries I visited, including Australia, there are people who would answer no to one or more of the above questions. Everywhere there were layers of advocacy and different types of ongoing advocacy for sexual and reproductive health rights and access, regardless of the legislation, health systems and government policy. Most of this advocacy had been happening for decades, which had resulted in changes but access was still a consistent issue.

It was clear that there wasn't a definitive solution to solving access to abortion for all, and that a multidisciplinary approach with various stakeholders and engagement methods was the best approach. Collaborative models involving decision makers as well as organisations, individuals

and institutions such as health systems and regulatory bodies were most likely to influence government policy change and increase access to abortion.

Advocacy is designed to influence, it shows public support for, or recommendation of a particular cause or policy. It can come in many shapes and forms, such as petitions, storytelling, civil movements or disobedience, campaigns, political lobbying and community movements. To be effective, advocates must ensure the decision makers for their issue understand what needs to be done, and to hold them accountable. Advocacy is solution focused, while being able to clearly articulate the problem.

Different types of advocacy in the countries I visited for my Fellowship were seen consistently in various settings and with different outcomes and impacts. It felt like adding ingredients to a mixing bowl and if one was missing, a different result was likely. Without all the key elements, some countries had not solved abortion access and there remained barriers for abortion seekers.

It's important to understand that there will always be cases where some of the key elements to advocacy success are not available, for example legislative advocacy. This does not deter advocates from using the ingredients that do exist to lay a pathway forward and continue to work on getting closer to the end goal.

For abortion access advocacy, there is work to be done in Australia and globally and the movement towards access in most places continues to go forward, not backward. The key to forward movement is the enablers within advocacy models, such as champions within systems or political leadership. However, there are the detractors which seem to be growing internationally like the anti-rights movement that advocates need to be aware of.

While I didn't end the Fellowship with a neat little package of an advocacy model we hadn't thought of in Australia, my learnings confirmed the activities being undertaken domestically were on the right track. We have enough ingredients to result in continued movements forward for abortion access, which has been seen over the past decade. How Australia chooses to invest energy and resources into the next 1-5 years is critical.

Themes throughout the countries I visited were:

- Sexual and reproductive health rights and justice is at risk.
- Reproductive justice reframing is powerful for abortion rights and brings more people into the movement.
- Collaboration, being interconnected and sharing resources and messaging is needed in pro-rights spaces.
- The anti-rights movement is global, well resourced, interconnected and growing.
- Decriminalisation and laws are important, but access is dependent on how the government and sector work together in implementation.
- Workforce capability, capacity and future planning in the workforce are critical. This not only includes providers of abortion care, but the workforce within systems connected to care.
- Abortion access is often reliant on champions within systems.
- A multi-level approach to delivery of care is needed - public, private and primary health care, while also considering community care and cultural practices.
- Strong advocacy is underpinned by evidence and research.
- Destigmatisation of abortion leads to better access.
- Centring and elevating the wants, needs and experiences of abortion seekers is essential.

With this report, I offer recommendations to government, both state, territory and federal, organisations working in any spaces connected to abortion, health systems, professionals and individuals who are interested in advancing rights and access. These recommendations are designed to reflect what I saw in other countries that had led to better access, but also with an understanding of the landscape in Australia. The recommendations should enhance the advocacy that is already happening with great success in Australia and position us as leaders in abortion rights and access.

Recommendations

GOVERNMENT

- Implement the recommendations from the [Senate Inquiry into Universal Access to Reproductive Healthcare report, Ending the Postcode Lottery](#) [2].
- Form an Australian Forum for Sexual and Reproductive Health and Rights who:
 - Produce a regular national Abortion and Contraception Atlases on access and policy.
 - Form a nonpartisan group of members of parliament reporting to this Forum.
 - Collaborate with existing groups such as The SPHERE Centre of Research Excellence, ASHM Health and Family Planning Alliance Australia as well as jurisdictional organisations.
 - Are independent of government, acting as a national peak body for SRHR.
- Ensure legislation, policy and regulation remains compatible with abortion access.
- Consider any measures that could strengthen or broaden access such as government policy, legislation, regulation and strategies at both a state and federal level.
- Resource activities such as professional conferences and ways for education, research and knowledge to be shared.
- Conduct economic modelling and research on the provision of free abortion and contraception.
- Appropriately resource access to abortion considering all barriers.

ORGANISATIONS

- Collaborate within movements and join together on advocacy.
- Create messaging guides for different stakeholders to support and destigmatise abortion.
- Understand and implement a reproductive justice framework to sexual and reproductive health and rights advocacy.
- Support ethical storytelling.
- Contribute to research, data and evidence and participate in evidence-based advocacy.

HEALTH SERVICES AND PROFESSIONALS

- Review systems and models of care to align with legislation, government policy and clinical guidelines.
- Destigmatise abortion provision through education, VCAT (values clarification for action and transformation), clear pathways for abortion and leadership.
- Ensure services are culturally appropriate, meeting the needs of priority groups and consumer focused.
- Support and join communities of practice and professional networks focused on abortion.
- Contribute to data, evidence and research on abortion.

INDIVIDUALS/GENERAL PUBLIC

- Join collective action for advocacy like rallies and marches.
- Write to your Member of Parliament (state, territory or federal) to confirm your support for abortion access.
- Support advocacy through petitions or social media.
- Donate to advocacy organisations or abortion funds.
- Engage in storytelling of your abortion story with organisations such as [Shout Your Abortion](#) or with the media.

“All the greatest things are simple and many can be expressed in a single word; freedom, justice, honour, duty, mercy, hope.”

Sir Winston Churchill

IN THIS HOUSE WE BELIEVE



**BLACK LIVES
MATTER**



**LOVE IS
LOVE**



**FEMINISM IS
FOR EVERYONE**



**MY BODY
MY CHOICE**



**NO ONE IS
ILLEGAL**



**TREAT PEOPLE
WITH KINDNESS**

HATE HAS NO HOME HERE.

Flag at Let's Talk About Sex (LTAS) Conference, Washington DC 23/08/2024

Background

According to the World Health Organization (WHO) [3]:

- Six out of 10 unintended pregnancies end in induced abortion.
- Abortion is a common health intervention. It is very safe when carried out using a method recommended by WHO, appropriate to the pregnancy duration and by someone with the necessary skills.
- Lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue.

AUSTRALIA

We can only approximate the abortion rate in Australia as there is no national data collection on induced abortion, and while some states and territories collect data it is not consistent. However, estimates sit at 100,000 abortions performed annually in Australia [4]. Around one in four women will have an abortion in their lifetime [5]. Abortion is presumably one of the most common gynaecological procedures in Australia.

As made clear in the multiple submissions to the Australian Senate Community Affairs References Committee Inquiry into Universal Access to Reproductive Healthcare and the subsequent report, *Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia* [1], abortion is a common type of healthcare and while decriminalised in Australia, it is not accessible to everyone. Further,

Women's Health Victoria published a report in October 2024 analysing data from their 1800 My Options telephone service, *Realising access: Abortion and contraception inequities and enablers in Victoria* [6]. This report goes further than abortion inequity being a postcode lottery and shows clearly that inequities exist disproportionately for disadvantaged and underserved communities. Less of a true lottery with the reality being stark inequities for certain populations over others.

In Australia, healthcare provision is the responsibility of states and territories with the federal government contributing funds to each jurisdiction but leaving certain aspects of what and how they provide health up to jurisdictional decisions and systems. Each state and territory have implemented their abortion legislation differently and some are more embedded and advanced than others.

Abortion Access Scorecard

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Abortions provided by one doctor	✓	✓	✓	✓	✓	✓	✓	✓
Abortions can be accessed without risk of criminalisation	✓	✓	✓	✓	✓	✓	✓	✓
Doctors can provide abortions without risk of criminalisation	✓	✓	✓	✓	✓	✓	✓	✓
Nurses, Midwives and Aboriginal & Torres Strait Islander workers can provide medical abortions without criminalisation	✓	✗	✗	✓	✗	✗	✓	✓
Support people can assist someone to access abortion without risk of criminalisation	✗	✓	✓	✗	✗	✗	✗	✓
Safe Access Zones are legislated	✓	✓	✓	✓	✓	✓	✓	✓
Counselling referrals are optional and not mandated	✓	✓	✓	✓	✓	✓	✓	✓
Abortion access free from judgement and justification	✓	✓	✓	✓	✓	✓	✓	✓
Abortion evidence base is supported with data collection and publication	✓	✓	✓	✓	✓	✗	✗	✓
Conscientious objection (CO) is legislated with referral	✓	✓	✓	✓	✓	✓	✓	✓

Note: Each item is ranked according to most accessible (green), somewhat accessible (orange) or least accessible (red)

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MSI Australia has an Abortion Access Scorecard for Australia [7] and this was last updated in September 2024



Australian reproductive health pioneers - FIAPAC (International Federation of Abortion and Contraceptive Professionals) Conference opening event, Brussels 19/09/2024

Access Barriers

As detailed in an opinion piece written by myself, my previous Children by Choice colleague Kari Vallury and members of the SPHERE Women’s Sexual and Reproductive Health Coalition in 2023, there are various [systemic delays to abortion access which undermine the health and rights of abortion seekers across Australia](#) [8].

Physical/Geographical barriers - Rural and Remote Areas:

Access to abortion services can be more challenging in rural and remote parts of Australia, with fewer clinics or GP services available, and potentially no access in public health systems, despite the legality of abortion. This barrier to access makes it necessary for abortion seekers to travel long distances for a procedure, or access telehealth abortions which can be expensive [9].

In small communities, privacy concerns may arise when seeking care from local providers due to the likelihood of acquaintances or family members being connected to these providers or working within systems. While telehealth can offer some solutions, unreliable connectivity (phone or internet), and the requirement to be two hours from emergency care settings limit its feasibility to bridge these barriers. These issues are further compounded for young people and some communities, where if you are sharing a single phone line and mailbox with family members makes privacy impossible.



Financial/cost barriers:

While public healthcare covers abortion in some jurisdictions, private or fee for service abortion clinics, family planning services or GPs may charge fees, with an out-of-pocket cost, which is a barrier for some people. There are also other costs to consider, like childcare, loss of work, travel and accommodation and pre and post abortion appointments and care.

Telehealth abortion in Australia allows an individual to access medical abortion from home and involves two clinical consultations and taking abortion medications (received via post or with a script sent to a pharmacy nearby). However, to be eligible for this service, abortion seekers must live within two hours of emergency care. People may also need to physically access a diagnostic imaging service such as an ultrasound as part of their consultation and prescription to check the pregnancy within the nine-week (63 days) gestational limit for the drugs. Some indicative costs for Health Care Card and Medicare Card holders in Australia for abortion with pills is A\$324.80 (as of October 2024) which includes telehealth



Rally in Brisbane, Queensland ahead of abortion law reform, 2018

clinical consultations, medications and delivery. People without Medicare must pay a minimum of A\$855. This does not include the cost of ultrasounds. Ultrasounds are not medically indicated as necessary under the WHO Guidelines, however, are required in Australia under the drugs approval by the Therapeutic Goods Administrator.

Social barriers:

Because of decades of criminalisation of abortion in Australia and well-resourced anti-abortion movements as opposed to under resourced pro-choice movements, there is residual stigma even after decriminalisation of abortion. Stigma and prejudice associated with abortion can inhibit individuals from seeking information and care; and can deter health professionals from undertaking education and training to provide abortion care or deter health professionals from advertising that they offer these services. Stigma can also stop the public from openly expressing support for abortion, even though all research undertaken shows overwhelming public support for abortion to be decriminalised and accessible.

Reproductive coercion and abuse (RCA):

RCA is defined as: Individuals being pressured or forced by another person, such as a partner, family member, carer, or health practitioner, to continue or terminate a pregnancy against their will [10]. Reproductive coercion can also be experienced through contraceptive sabotage and abuse, as well as systemic coercion to continue an unwanted pregnancy because the institutions and systems don't allow people their choice to terminate.

Lack of services for priority populations:

People who are culturally and linguistically diverse, people with a disability, young people, LGBTIQ+ and Aboriginal and Torres Strait Islander people already face barriers accessing healthcare. Access to abortion can often be more difficult due to the stigmatised nature of care. Experiences of discrimination, racism and exclusion in healthcare settings, healthcare avoidance, and non-disclosure to providers can lead to poor health outcomes or reduced access for priority populations [11].

THE FELLOWSHIP JOURNEY BEGINS...

Itinerary: August - October 2024

AUGUST	Canada Vancouver	4 - 9 August 2024
	Mexico Mexico City	9 - 16 August 2024
	USA Austin, TX Washington, DC New York City, NY	16 August - 5 September 2024
SEPTEMBER	France Paris	6 - 14 September 2024
	The Netherlands Amsterdam Utrecht	14 - 17 September 2024
	Belgium Brussels	17 - 22 September 2024
OCTOBER	New Zealand Wellington	25 September - 4 October 2024

15th FIAPAC Conference in Brussels, Belgium



What was discussed?

- Reproductive justice
- Collaborative advocacy and knowledge sharing
- Person centred advocacy
- Intersectional advocacy
- Storytelling
- Research, data and evidence
- Legislation as an advocacy tool
- Political advocates
- Abortion as a human right, not just healthcare
- Destigmatising as advocacy
- Health practitioners as advocates
- Communities of practice
- Multidisciplinary access
- Champions within systems
- Education, training and workforce
- Values Clarification for Action and Transformation (VCAT)
- Democracy
- Grassroots advocacy
- Young people as advocates and leaders
- Faith based movements
- Messaging guides on abortion
- Balancing funding access and funding advocacy
- Self-management of abortion
- Combating anti-rights movements and crisis pregnancy centres



Abortion on our own terms stall at LTAS, Washington DC 28/08/2024



Daile with Dr Warren M Hern, an abortion provider from Colorado in the USA at FIAPAC in Brussels 20/09/2024



CANADA

There is no legislation specific to abortion in Canada and it is regulated under the health legislation like all other healthcare. Despite this, access to abortion services varies by province in Canada. Urban areas generally have more facilities, while rural areas may have limited access, often requiring travel. Some Canadians have to travel to the United States to access abortion care in the second and third trimester. Provinces may have reciprocal arrangements to deliver care to people outside their jurisdiction or they may refuse to provide care to anyone not living in their area. Recent suggestions to introduce legislation to protect abortion have been [rejected by advocates as unnecessary](#) as it might have the opposite impact and create a pathway to weaken legislation.

Medical and surgical (procedural) abortion is free to all people in Canada with:

- Provincial or territorial health insurance.
- Non-insured health benefits.
- The Interim Federal Health Plan.







Fellowship experience:

Vancouver, 5-9 August 2024

The [Abortion in Canada](#) [12] page of the Health Canada website mentions that although abortion is legal in Canada, many people experience barriers to access. Barriers can vary in different regions, but often include:

- A lack of nearby services.
- The cost of travel to access abortion care.
- Difficulty accessing culturally responsive and stigma-free health services.
- Misinformation getting in the way of booking a timely abortion appointment.

It also recognises that some people, including youth, Indigenous people, people with a disability, as well as members of the 2SLGBTQI+ (2 Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex +) community may find that their previous experiences of

discrimination within the health care system can also make it difficult for them to get the care they need.

To increase access to abortion, the federal government has a Sexual and Reproductive Health Fund which provides support to the following national projects:

- Access for all ([Action Canada for Sexual Health and Rights](#)).
- The CART access project ([Contraception and Abortion Research Team](#)).
- Expanding access to abortion care: Healthcare professional education and training ([Abortion Care Canada](#)).

These projects improve access by removing barriers to abortion services and by offering the public accurate reproductive health information.

People seeking abortion with a gestation of more than 24 weeks may have to travel to the USA for abortion care which can be paid for and supported by the Canadian health system.

Economic Advocacy

Advocacy using an economic argument to support increasing access to abortion can be impactful to health services and government. Quebec started providing care in their own health systems due to the amount it was spending on sending abortion seekers to the USA. [Quebec released an Abortion action plan](#) [13] in November 2024 which outlines 28



- [Everywoman's Health Centre.](#)
- [Abortion Rights Coalition of Canada.](#)
- [BC Women's Hospital and Health Centre.](#)
- National Abortion Federation - now known as [Abortion Care Canada](#)

measures based on four general objectives: facilitating access to abortion in the regions, combating misinformation, improving information on contraception and promoting research.

An economic case for free contraception in British Columbia, saving the health system approximately CA\$27 million per year, was developed by researchers from the [University of British Columbia's \(UBC\) Faculty of Medicine's CART](#). They were influential in bringing about this policy change in BC through research, advocacy and implementation planning with the provincial government and other partners. The evidence was conclusive. It was costing the government more to pay for the management of unintended pregnancies than it would cost to be able to provide free contraception for everybody in the province [14].

Combating Anti-rights Movements and Crisis Pregnancy Centres

[Abortion Rights Coalition of Canada](#) (ARCC) is a national advocacy group who offers workshops and resources so anyone can find accurate abortion related information, and ways to get involved in the movement. ARCC has a focus on countering anti-rights actions including exposing fake clinics, anti-choice advertising and myth busting private members bills introduced to parliament that may impact abortion access and care.



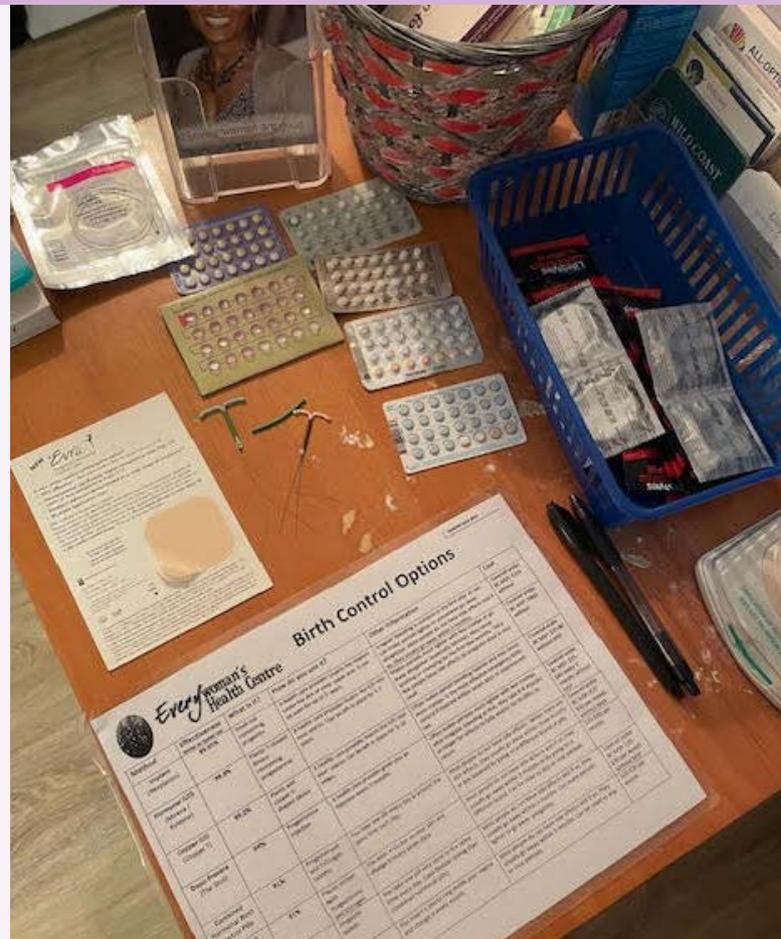
Joyce Arthur, founder of ARCC with Daile in Vancouver 08/08/2024

Champions within Systems & Collaborative Advocacy and Knowledge Sharing

BC Women's Hospital and Health Service is the main provider of public abortion services in British Columbia, and they have a well set up abortion and contraception clinic, the CARE Clinic. They partner with the government, not for profits and universities to have a multidisciplinary approach to the development and delivery of care.

BC Women's Hospital and Health Centre's Chief Operating Officer Cheryl Davies is a passionate advocate for women's health, reproductive rights and social justice. She believes firmly in the strength of servant leadership, and the importance of honouring women's values and voices in health care. Cheryl has been an integral part of the advocacy in British Columbia for greater access to abortion. Being in the COO role means Cheryl has power and influence.

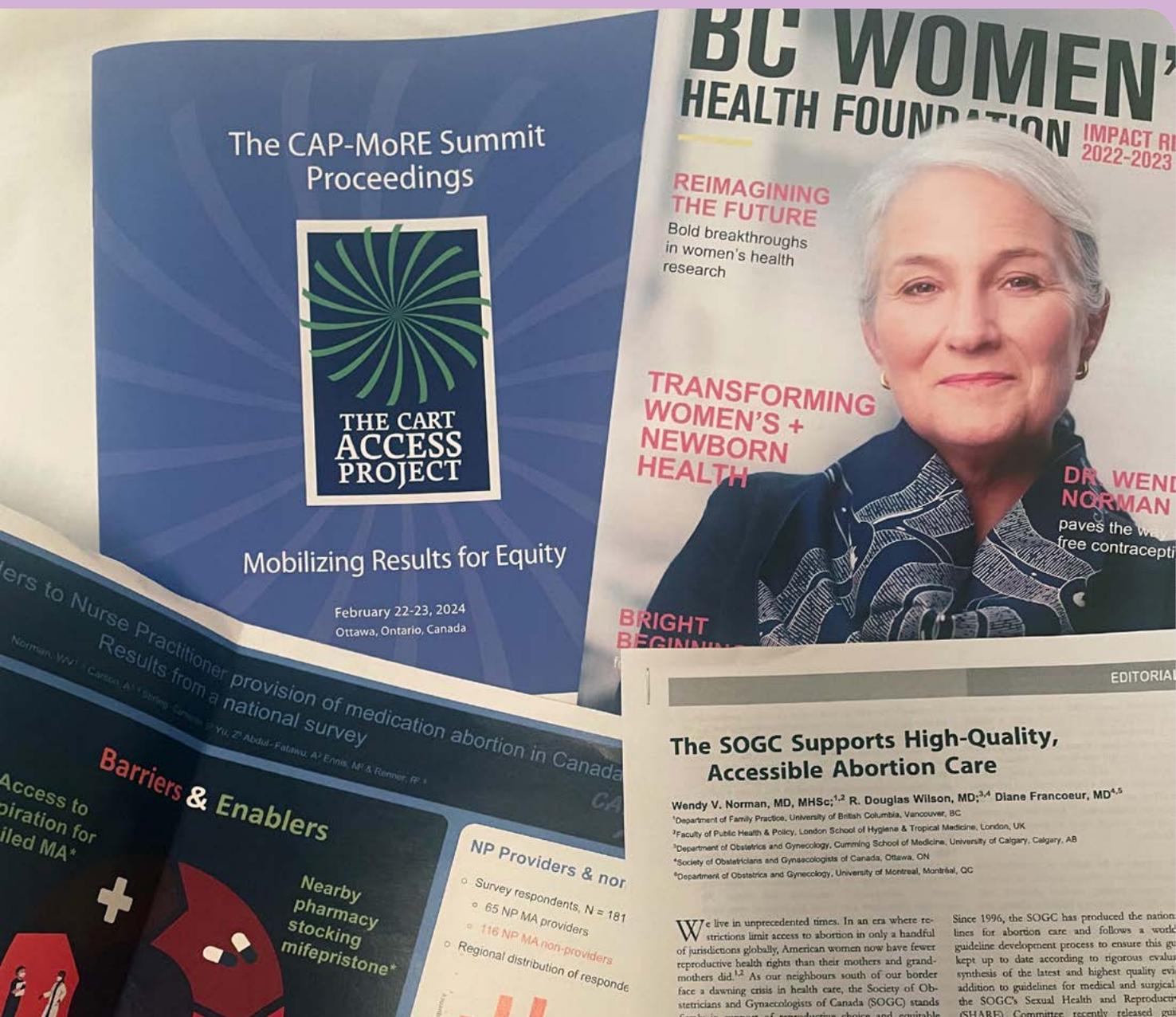
BC Women's Hospital and Health Centre staff reflected that the most impactful advocacy has been a collaborative network of people meeting yearly to discuss abortion care in their spaces, with hospitals, doctors, nurses, advocates, Ministry of Health staff, researchers and others working in abortion to share knowledge, research, practice and spark conversation. Often research questions and ideas will come out of the collaboration and a collective group of people have an opportunity to influence and innovate on abortion together with important decision makers in the room.



Counselling room, Everywoman's Health Centre, Vancouver 07/08/2024



BC Women's Hospital and Health Centre, Vancouver 08/08/2024



CART-GRAC resources and research

Research, Data and Evidence

[Contraception & Abortion Research Team - Groupe de recherche sur l'avortement et la contraception](#) (CART-GRAC or CART) is a multidisciplinary, pan-Canadian research network of researchers, clinicians, trainees, decision makers, and community advocates. They share a commitment to conducting impactful research that improves equitable access to the knowledge, methods and services that people throughout Canada need to realise their own goals for whether and when to have children.

CART has created an evidence base that has

led to incredible outcomes and progress in Canada for abortion and contraception. In Australia we have the [SPHERE Centre of Research Excellence](#), an NHMRC-funded network working at the forefront of women's sexual and reproductive health, which has created a similar evidence base here and led to increased access to abortion and contraception. Proving in both countries that investment in evidence and research leads to great outcomes for access to healthcare as well as destigmatising abortion and contraception.

Intersectional Advocacy

In regard to culturally appropriate care and access, there are currently two Indigenous led research projects on abortion in Canada - the Fireweed Project [15] and the Story Project [15], aimed to increase access to culturally safe and accessible abortion and find ways to centre storytelling of Indigenous people in sexual and reproductive healthcare.

[Everywoman's Health Centre](#), an abortion and contraception clinic, spoke about creating culturally safe care by allowing support people who are Elders (not family members due to potential coercion), as well as considering other cultural considerations in regard to the pregnancy and pregnancy tissue after abortion. Also, the [Women's](#)

[Health Clinic in Winnipeg](#) hired an Indigenous elder in 2022 to help shift this reproductive care centre toward a more traditional, Indigenous perspective in everything they do. There are various [resources online](#) focused on abortion and First Nations Canadians, recognising the history and impact of reproductive violence against Indigenous people of Canada by health systems.

If we get healthcare right for the most marginalised and meet their needs, everyone else will naturally be ok. Advocacy must have an intersectional lens to ensure equity, so any models of care should specifically target Indigenous people and other priority populations to support accessibility of healthcare in all settings.

"Fireweed is a beautiful, abundant, and resilient plant that grows best after disturbance. The fluffy seeds are free to fly away and land where they're meant to be. We can learn from this plant by being open to challenges and having the freedom to choose.

The moon phases emphasize the divine feminine and the cyclical nature of all things. The moon reminds us that change is constant, and phases are temporary. The fireweed flower in the centre could also be a compass rose, representing the four directions and the ubiquitous nature of this project."

– Artist Statement by [Sarah Jim](#)

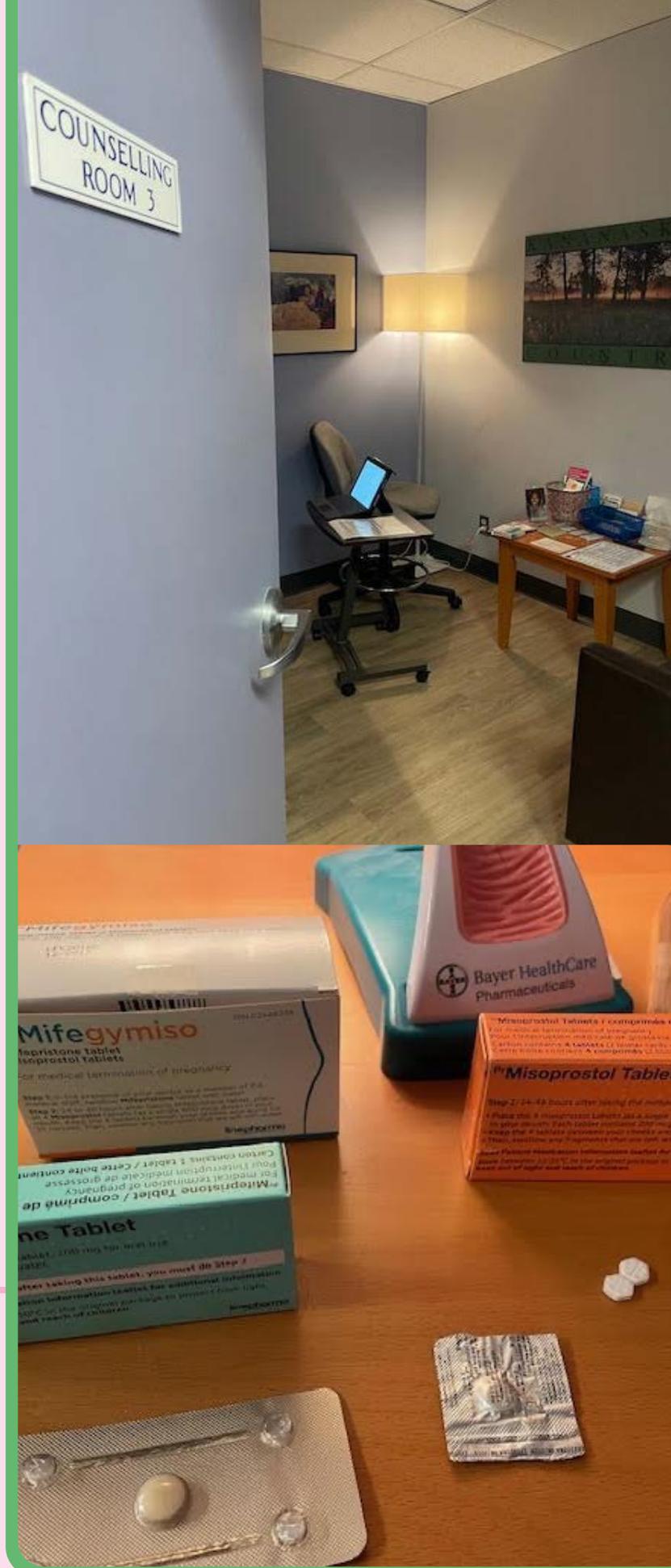


Fireweed Project logo and artist statement, taken from <https://www.fireweedproject.ca/>

Multidisciplinary Access

Abortion is free and funded in public health services like hospitals, but also funded through arrangements with NGO clinics, such as Everywoman's Health Centre. This broadens access to care and is an important way to enhance the ecosystem, so people have a choice of where they go for care, as hospital settings are not suitable or appropriate for all abortion care options or people. Abortion with pills is also free, so people have a choice of surgical options or medication options which can be managed at home.

Counselling room and abortion pills, Everywoman's Health Centre, Vancouver 07/08/2024





MEXICO

As of 2021, the Supreme Court of Mexico ruled that penalising abortion is unconstitutional [17], which paved the way for broader access to abortion rights and another constitutional recognition in 2023 that criminalising abortion was unconstitutional [16]. However, implementation and decriminalisation vary by state.

As of December 2024 in Mexico, 18 out of 31 states have decriminalised abortion up to 12 weeks of pregnancy. Other states have more restrictive laws, allowing abortion only in cases of rape, severe fetal anomalies, or when the pregnant person's health is at risk. Due to the constitutional ruling that abortion is a right, states have been gradually decriminalising abortion across Mexico since 2023.



- * Por vía judicial
- ** Congreso acata
- Pendiente que el Congreso lo derogue del Código Penal
- 23/09/24: el Congreso redujo el plazo temporal

Translation of the legend:

- * By legal means
- ** Congress abides
- Pending Congress's repeal from the Penal Code
- 23/09/24: Congress reduced the time limit



Fellowship experience:

Mexico City, 9-16 August 2024



Access and Services: In states where abortion is legal, services are provided in public and private health facilities. Public services are free but limited to a certain number per day with people having to queue or wait for abortion care, and private services range in cost. Private clinics are regulated, but not all choose to be licensed, and the care can range from high quality to lower quality, depending on cost. Abortion pills are available, with misoprostol available over the counter in pharmacies, but mifepristone is highly regulated and not widely available. Some people terminate pregnancies using misoprostol alone, a method that was discovered to be effective in Brazil in the 1980s. Self-management of abortion with pills at home and with support people called accompaniments has been happening in Mexico and across Latin America for decades. Acompañantas, accompaniments or companions are people who are not necessarily medical professionals, but who emotionally and physically support someone through an abortion.



Street graffiti in Mexico City, supporting the first female President of Mexico, Claudia Sheinbaum 14/08/2024

- [National Women's Institute of Mexico.](#)
- [Grupo de Información en Reproducción Elegida \(GIRE\).](#)
- [GINESER](#)
- [Balance A.C.](#)
- [Ipas Latin American and the Caribbean.](#)
- [IPPF Americas and the Caribbean.](#)
- [Fundación Mexicana para la planeación Familiar \(Mexfam\).](#)
- [Safe Abortion Action Fund.](#)

There is currently ongoing advocacy and progression toward more states decriminalising abortion. While the decriminalisation of abortion was positive, without local movements to ensure access, celebrating abortion legislation was almost celebrating hollow wins. Large national advocacy and legal organisations do important and needed work to advance access to human rights by decriminalising abortion, if there isn't a feminist movement or community on the ground in states where abortion rights were won, nothing changed in regards to access to abortion.

Grassroots Advocacy & Young People as Advocates and Leaders

The [Green Wave 'Marea verde'](#) [19] movement helped give visibility to the work already being done and was driven by young people. The Green Wave is a grouping of abortion-rights movements in various countries in the Americas that have collectively adopted the colour green as a symbol of their movement and successfully pushed governments to expand abortion access in multiple countries across Latin America, a region known for some of the strictest anti-abortion laws in the world. While Latin America is a diverse region with a large range of abortion policies, the Green Wave has made its way across the area and has had a profound impact on policy. The group provides legal, psychological, moral

and social support with the goal of eliminating and eradicating violence against women and advocating for the decriminalisation of abortion.

Green bandanas are worn as masks, tied to wrists and bags as a visual show of solidarity and support for the movement. Strong visual cues like this, show broad public support and can help issues to remain relevant and make them harder to ignore. The green wave feminist movement was successful because it was an organic and highly visible movement that was not a campaign of one organisation but owned by anyone.





Daile with Eugenia López Uribe, Regional Director, IPPF Americas and The Caribbean and team in their office in Mexico with green bandanas 15/08/2024



Sofia Garduño Huerta, Co-Director of Balance A.C. a feminist organisation that works towards creating an environment that allows women, trans and gender diverse folk and adolescents to make free choices about sexuality.



GIRE sign 14/08/2024

Faith-Based Movements

Catholics for the Right to Decide (CDD) is one of the leading feminist organisations in the defence of the rights of women and young people. CDD is an organisation of believers who, from an ethical, Catholic, and feminist perspective, joined the defence of human rights for women and young people. They focus on sexual and reproductive rights, including access to safe and legal abortion, and its correlation with social justice, democracy, and secularity. One of their major campaigns was reminding people that the Virgin Mary was asked if she wanted to be a mother, so she was given the right to decide.

Mexico has a large Catholic population and history, so the Mexico City Legislative Assembly (LAFD) framed abortion as a necessary protection for women, particularly poor women when decriminalising. The debate about abortion has been steered towards a public health rationale rather than a reproductive choice rationale—staying away from a pro-choice stance. This type of advocacy is effective in a lot of countries, regardless of their faith populations. As often abortion is framed as an anti-faith choice, this reframe helps government policy to focus on the evidence and healthcare instead of any religious arguments.

Legislation as an Advocacy Tool & Abortion as Human Right, not just Healthcare

Grupo de Información en Reproducción Elegida (GIRE - Information Group on Reproductive Choice)'s mission is to achieve a social and cultural transformation in Mexico by demanding reproductive justice from a human rights perspective.

GIRE has been instrumental in the decriminalisation of abortion across states in

Mexico, as well as the constitutional outcomes in 2021 and 2023. The 2021 Supreme Court decision ordered the state of Coahuila (articles 196, 198, and 199) and the state of Sinaloa (article 4 Bis A) to remove sanctions and restrictions for abortion from its criminal code and local Constitution, respectively.

This 2021 ruling was spoken about a lot during my time in Mexico as it creates a legal framework and pathway to abortion within states where abortion is criminalised. If everyone in Mexico has a constitutional right to abortion, states can't criminalise people who have abortions or people who perform them. This has led to some people who were in jail for abortion related crimes being released. It also means people who prescribe abortion pills cannot be criminalised which increases access for restricted states in Mexico, and has also meant these organisations can send medication to the USA.

GIRE has published a book (which they kindly gifted to me) which details Mexico's Supreme Court rulings relating to abortion [20], which says that Mexico's Supreme Court of Justice (SCJN, for its Spanish initials) has played a fundamental role in the defence of reproductive rights in the country. Since 2007, it has issued rulings relevant to ensuring the recognition of access to abortion as a human rights matter. The book was published as part of the Green Wave movement, with the purpose of bringing the most relevant content of nine SCJN rulings to the public, as a tool to support the outreach, advocacy, and accompaniment processes that are already carried out by activists, scholars, legislators, and all those interested in ensuring that women and persons with the capacity to gestate in Mexico are able to exercise their rights.

Political Advocates

President of the Institute of the Women of Mexico City, Nadine Gasman and her advisors are all women who have been involved in the feminist movement in Latin America for years. Nadine herself is well known to be pro-choice and her advisor María Consuelo Mejía was a founder of the faith organisation, Catholics for the Right to Decide (CDD).

The Institute of the Women of Mexico City is the public administration body of the Government of Mexico City responsible for ensuring that the protection and full enjoyment of human rights of women and girls is guaranteed, to eliminate discrimination and achieve substantive equality.

A technical document was developed by the Institute as a tool to support states decriminalising abortion, taking away the moral good versus bad argument and

focusing the conversation on healthcare. Having this amicus curiae “friend to the court” from National Institute of Women is very powerful.

The Secretary of Health in Mexico has also published [Technical Guidelines for the Provision of Safe Abortion Care in Mexico](#) in 2022, which instructs medical personnel throughout the country on the steps to follow in order to provide safe abortion services according to the grounds permitted in each state, and in June 2021 they published its [2020-2024 Sexual and Reproductive Health Program](#), in which safe abortion is a priority objective and abortion in cases of rape and for health reasons are recognized as medical services to which women in Mexico are entitled.

Inmujeres - National Institute of Women Mexico 13/08/2024





Grassroots Advocacy

Apart from the government guidelines and technical documents, the biggest advancement of access to abortion came when there were local movements in the states where abortion was decriminalised or where people used the constitutional right to hold institutions accountable to ensure access after legislative change. Without these on the ground movements understanding the reality of access, the legal changes can often have little impact. It's strategically important to have the legal wins, but even more important is the implementation. Often community-based organisations, or people connected to the green wave movement, will be the ones who drive access. Eugenia López Uribe is the Regional Director, IPPF Americas and The Caribbean and told me that the effectiveness of collaboration where some groups can be more radical than others is important, as balancing how vocal certain organisations or individuals can be on different topics has impacts on funding and even safety.



Daile and Karina De la Vega Millor, Executive Director of Mexfam, a family planning clinic and IPPF member organisation in Mexico 12/08/2024

Education, Training and Workforce & Destigmatising as Advocacy

Education and information were one of the main priorities for a lot of people, making sure that all general practitioners, nurses, midwives and other people who could possibly be involved in abortion care should be educated and exposed to training, even if the laws were not changed. Having a workforce who had the skills needed and expected abortion, whether medical or surgical, to be part of their job was vital for access.

It can be difficult to change the mindset of practitioners working in sexual and reproductive healthcare if they haven't already expected abortion to be part of their roles. Recognising that the workforce is under immense pressure and the impact of Covid-19 on the workforce is still being felt.

Burnout is common in healthcare and having to work in challenging and stigmatised healthcare like abortion can take its toll. But ensuring education and training is available and part of the expectation would advance the workforce. A destigmatised workforce that expects abortion to be part of their practice is a key part of removing barriers to access. Advocacy to ensure the workforce and education are resourced, destigmatised and expected to do abortion care could shift the way abortion care is delivered and encourage the new workforce to embed this as part of their care.



GINESER clinic Mexico City 14/08/2024

¡ATENCIÓN! MUJERES TRABAJANDO

Resolvemos tus dudas sobre #AbortoLegal y seguro.

alianza nacional por el derecho a decidir
andar
por el derecho a decidir

PREGUNTA * COMPARTE * DIFUNDE

ANDAR - 'Providing abortion information and support' [online](#)

Collaborative Advocacy and Knowledge Sharing

Twenty years ago, a group of NGOs were funded to work together on abortion decriminalisation in Mexico - the National Alliance for the Right to Choose ([Alianza Nacional por el Derecho a Decidir, or ANDAR](#)) were Ipas, GIRE, Catholics for the Right to Decide, Equidad de Género, Ciudadanía, Trabajo y Familia and the Population Council.

Each brought expertise together through multilateral strategies and the strength in having comprehensive shared goals. Bringing doctors, legislators and media together and showing public support for the right to choose, while ensuring there were people

in decision making or policy roles that were focused on the resourcing and policy needed to support access. Having enough of a public presence to show support, through open letters, and well known people such as artists and novelists being public about their support helps to keep the issue on the agenda. The focus was not on abortion but was about women having the right to decide. This was a collaboration between well-resourced and well-respected groups, with the ability to activate influencers, which had an impact on government and helped to decriminalise abortion in Mexico City.



NEWS & UPDATES

FEMINIST GROUPS ARE SUPPORTING ABORTION ACCESS IN MEXICO

December 13, 2024



SAAF grantee partners are supporting people to get abortions in Mexico, due to a continued lack of provision by the Government.

Self-Management of Abortion & Grassroots Advocacy

There is an ecosystem of abortion collectives in Mexico, some run entirely by volunteers who work to support access to abortion, regardless of where you live. Some of the collectives in Mexico receive funding from the [Safe Abortion Action Fund](#) (SAAF) which is an IPPF administered international fund focused exclusively on the right to safe and legal abortion in low to middle income countries. In Mexico they provide funds for [Balance A.C.](#), [Di Ramona](#), [Las Libres](#) and [REDMYH](#). These organisations help navigate systems, can accompany people to clinics or getting abortion pills and managing at home as well as with other costs and barriers that some people might face to access an abortion.

These collectives are usually very grassroots and community focused, and reliant on donations, funding such as SAAF and any

clients they support who can afford to pay. They are an important part of access and will often find their organisations or spokespeople being advocates as they have awareness of the challenges within systems and how some of those might be overcome. They work on a micro level to ensure anyone who needs an abortion can get a safe and supported one, and on a macro level in advocating for legislative, political and government policy change, so systems have an opportunity for longer term change that will result in better access for everyone.

Abortion funds or collectives aim to empower people to define, identify and have the resources available to do what is best in their lives. With a recognition that everyone has unique challenges and strengths in their lives and a variety of resources at their disposal

ABORTION DECRIMINALIZED ACROSS MEXICO

September 7, 2023



Mexico's Supreme Court has deemed the criminalisation of abortion to be 'unconstitutional' and removed penalties.

A FUND FOR SOCIAL JUSTICE IN MEXICO

May 26, 2023



SAAF board member Eugenia López Uribe recalls co-founding Fondo MARIA in Mexico – the first abortion fund in Latin America.

Mexico news and updates - Safe Abortion Action Fund (SAAF), via saafund.org

to make decisions. Specifically focused on abortion, these organisations jump in when other barriers such as law, health systems or even social contexts create barriers for people to access the care they need.

They are part of a growing discussion about safe abortion and legal abortion, recognising that some of the old slogans such as 'Criminalising abortion does not stop abortions, it just makes abortion less safe' is not always correct. Abortions can be very safe and illegal, especially due to the medication available and the amount of information, resources and organisations such as [Fondo MARIA](#). This doesn't dismiss the reality that criminalisation of abortion does lead to unsafe abortions and that countries where abortion is illegal have higher statistics of unsafe abortion. Because of the stigma related to

criminalised abortion, often people don't have the information on how to get a safe abortion and turn to unsafe methods. Stigma also contributes to challenges in decriminalising abortion, hence the reframing of speaking less about legal abortions being a priority and more about safe abortions being the priority as abortions will happen regardless of law.

While not unique to Mexico, it's countries like Mexico who provide good examples of communities and activists taking bold steps to ensure abortion is an option for those who need it. There is a long history of this well before decriminalisation. While abortion laws and restrictions will always mean some people who want to end a pregnancy don't get that choice, the people working outside of, or bending those laws to work better for access will also always exist.



DEFY

AMERICA'S FIRST
BIRTH CONTROL
CENTER
1923

DEDI
VOLU
MOTHA

DEVELOPED CLINICAL STAFF
AND
63,00

INTER
"TEST"
RESE

Fellowship experience:

**Austin, Texas, 16 - 21 August,
Washington DC, 21 - 31 August,
New York City, 31 August - 5
September 2024**



Planned Parenthood Texas
Photo by [Connor Steen](#)



Planned Parenthood Federation of America (PPFA) abortion ban map
03/09/2024



- [Ipas – USA.](#)
- [Every Body Texas.](#)
- [I need an A.](#)
- [Jane’s Due Process.](#)
- [Amnesty International.](#)
- [Advocates for Youth.](#)
- [SisterSong - Let’s Talk About Sex! \(LTAS\) Conference.](#)
- [SisterReach.](#)
- [Emergency Contraception for Every Campus #EC4EC.](#)
- [Unite for Reproductive & Gender Equality.](#)
- [Women First Digital.](#)
- [Exhale Pro Voice.](#)
- [Black Mamas Matter Alliance.](#)
- [Elevated Access.](#)
- [Partners in Abortion Care.](#)
- [Youth Abortion Support Collective.](#)
- [Yellowhammer Fund.](#)
- [Who Not When.](#)
- [National Latina Institute for Reproductive Justice.](#)
- [National Women’s Law Centre.](#)
- [Reproductive Freedom For All.](#)
- [Planned Parenthood Federation of America.](#)
- [DKT International.](#)
- [Carafem.](#)
- [Guttmacher Institute.](#)
- [Amazon Healthcare and Life Sciences.](#)
- [PAI.](#)
- [Gynuity Health Projects.](#)
- [American Civil Liberties Union.](#)
- [Global Health Visions.](#)
- [Mount Sinai Hospital NYC.](#)
- [Fos Feminista.](#)
- [We Testify.](#)
- [Global Justice Centre.](#)

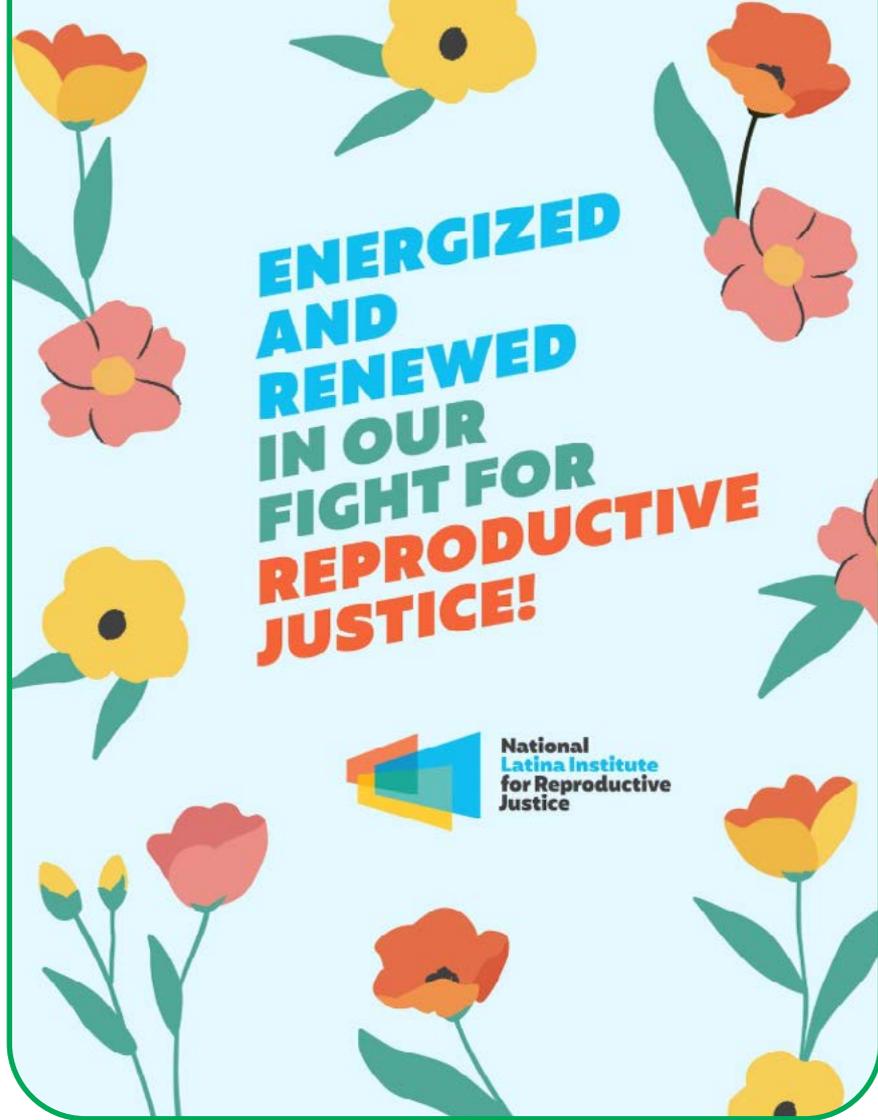
After Roe fell in the USA there were many outcomes of that decision that made people who were not worried about abortion laws take notice because it restricted their rights and access in ways they didn't realise. One moment that stood out to me at the Let's Talk About Sex! (LTAS) Conference was the CEO of SisterReach Cherisse Scott in a panel session saying she was glad that Roe fell, because Roe was never enough, and it gave the movement an opportunity to stop focusing on abortion rights and broaden the discussion about reproductive justice.



Welcome sign at PAI, Washington DC 29/08/2024



Beverly Winikoff, M.D., M.P.H. is President of Gynuity Health Projects and a researcher of abortion, taken at the Gynuity office in New York City 03/09/2024



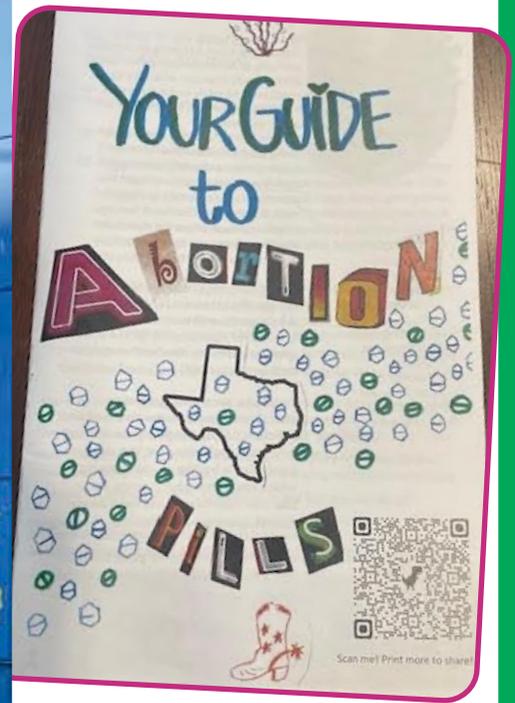
National Latina Institute for Reproductive Justice stall at LTAS 23/08/2024

My Fellowship travel coincided with the US Presidential election where Kamala Harris, the Democratic nominee, was going head-to-head with Donald Trump, the Republican nominee. As soon as Harris was announced as the candidate after Joe Biden withdrew, the topic of abortion became a key election issue. After all, it was Trump who appointed the Supreme Court Justices responsible for the Dobbs decision which led to restrictions as the states had responsibility for abortion laws with no national legal decision to protect them.

I saw hope in the USA as well as how political systems have influence and impact that is unbalanced. Sometimes, issues with low public support will come into politics and the potential harm from this has great impacts. Public support on reproductive rights remains high and history has shown us that activists

and movements have shifted rights when it comes to civil liberties, with reproductive justice being front and centre in the USA at the moment. While the election results in the USA may seem bleak for reproductive rights and access, I know there are many different advocacy measures being implemented and that has been happening for decades.

We now know the results of the US Presidential election, including the election of a Republican government with a lot of power in both the Senate and the House of Representatives, but also the results of successful ballot measures voted on by the public to protect abortion in some states. There will be many people waiting to see the impact this new administration has on access and rights to sexual and reproductive healthcare in the US and beyond.



Self-management of abortion zine given to Daile in Austin, Texas

Planned Parenthood clinic in Austin, Texas 19/08/2024

One of my Fellowship stops was Texas, which was one of the first states to use the opportunity of the Dobbs decision to make abortion illegal. Abortion access went from minimal to nothing overnight. Advocates within Texas mobilised but also lamented the fact they had been sounding the alarm bells for years and felt like no one was paying attention. People had naïve faith in Roe being a protection for abortion, without realising that Roe didn't actually do enough to advance access to abortion for everyone who needed it. Abortion access was already dismal in a lot of areas before Roe v Wade was overturned. The 2022 Dobbs decision brought this into a national conversation.

ABORTION FREEDOM Fighters



GROWING
ABORTION
POWER

Reproductive Justice

My trip to Washington DC coincided with the [SisterSong](#) biennial [Let's Talk About Sex! \(LTAS\) Conference](#). SisterSong is a reproductive justice organisation who have championed the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

LTAS brings together people across the United States interested in reproductive justice. It was created as a critical convening space to expand the SisterSong mission of strengthening and amplifying the collective voices of Indigenous women and women of color to achieve reproductive justice by eradicating reproductive oppression and securing human rights.

I connected with an incredible number of grassroots organisations and advocates during this conference, attended many sessions and listened to conversations about activities happening across the country. From pilots who were donating time and private planes to fly people out of the US to access abortion, to the self-managed abortion movement gaining traction in the US, as well as a constant reminder that reproductive justice is more than abortion rights.

Let's Talk About Sex! (LTAS)
Conference 23-26/08/2024



Daile and Planned Parenthood Federation of America attendees at LTAS in Washington DC 24/08/2024





#LETSTALKABOUTSEX
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Abortion rights as a solo issue are easy to attack and give the opposition a target and a focus on the pregnancy ending. Reproductive justice speaks to the rights to continue a pregnancy and have the resources to parent, to access contraception only if you want and to provide for the family you choose to have. Justice reframes the rights as broader than abortion and understands that some people choose abortion because choosing to parent is not accessible, or that continuing a pregnancy was not a choice they had the opportunity to make. Communities, government and resources need to allow all reproductive justice options, otherwise it is all about stopping a pregnant person from having a choice. It reframes what real choice looks like.

Reproductive justice includes parental leave, free childcare, better comprehensive sexuality education for young people, free contraception, free and accessible abortion, and helping people who want to keep their kids in their care with the resources they need, instead of putting kids into foster systems or removing kids from families.





LTAS Conference, Washington DC 23/08/2024

While I believe my previous organisation Children by Choice and others have been at the forefront of the reproductive justice movement in Australia, there is still work to be done. Shifting to a reproductive justice framework is an important reframe for advocacy. In the face of an upcoming election in the USA that was looking grim for Sexual and Reproductive Health and Rights (SRHR), LTAS was uplifting and a reframing opportunity for reproductive justice and abortion advocacy.

Advocates for Youth
Young. Powerful. Taking Over.

PAYTON
Providing sexual health resources in her community
ALASKA

KAMRYN
Working to ensure over-the-counter birth control is covered by insurance
WASHINGTON

ALYSSA
Supporting Black trans people in Idaho through mutual aid
IDAHO

MACK
Working to pass a state bill for better sex education
NEVADA

ANA
Peer reproductive health care leader at El Rio Health
ARIZONA

JOURNEY
Fighting for racial justice in sex education
OKLAHOMA

DAKOTAREI
Abortion storyteller and reproductive justice activist
TEXAS

Advocates for Youth activists are working for health, rights, and justice across the country!
Every dot represents an Advocates for Youth activist working in their community. Boxes are examples of their efforts.

Advocates for Youth stall at LTAS 23/08/2024



Legislation as an Advocacy Tool & Democracy

In the USA, a ballot measure is a law, issue, or question that appears on a statewide or local ballot for voters of that jurisdiction to decide. There are citizen-initiated ballot measures in which people collect signatures to place an issue on the ballot. There are also legislative ballot measures, in which legislators vote to place a statute or constitutional amendment on the ballot. Most ballot measures to do with abortion are citizen led and often need to show enough support from citizens even before getting a place on the ballot.

Ballot measures have proven to be successful when abortion related topics are on the ballot. In November 2024, when voters went to the polls for the presidential elections, ten states had abortion related votes on their ballot. Seven of the ballot measures passed, while three failed. Measures in Arizona, Colorado,

New York, Maryland, Missouri, Montana and Nevada were approved by voters, while measures to expand abortion access in Florida, Nebraska and South Dakota were voted down [23].

Organisations like the [National Women's Law Centre](#) (NWLC) spoke of litigating against abortion bans and keeping an eye on laws such as personhood laws and protections in healthcare like discrimination and insurance. A lot of changes to legislation have created barriers and therefore opportunities for organisations such as the NWLC to bring legal cases showing the inequities of law and the impacts on people's everyday lives. Bringing individual cases as well as finding ways to challenge the introduction of laws that were incompatible with constitutions or existing legislation.

Daile and National Women's Law Centre staff,
Washington DC 26/08/2024



ABORTION
ACCESS SHOULD
**NEVER BE
RESTRICTED.**

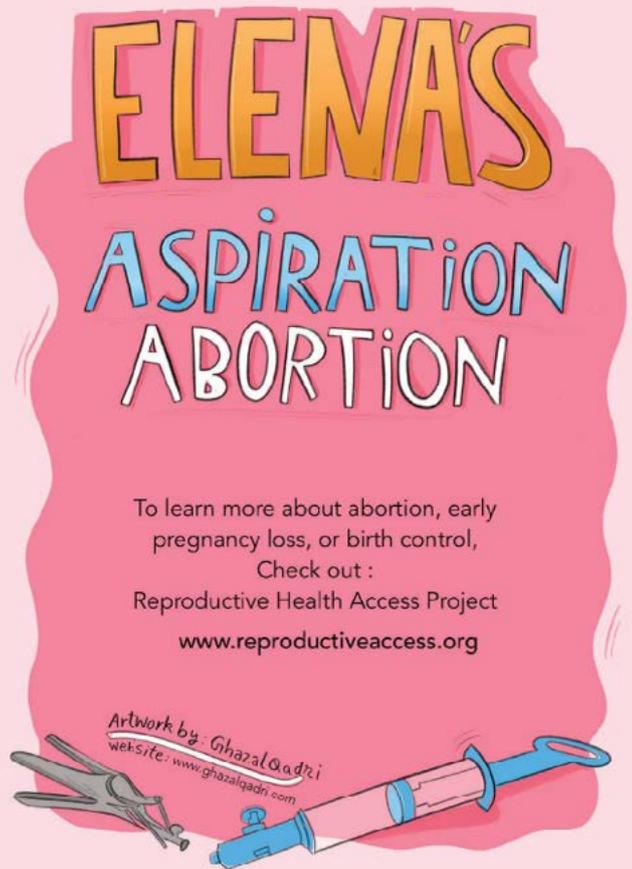


National Women's Law Centre Campaign

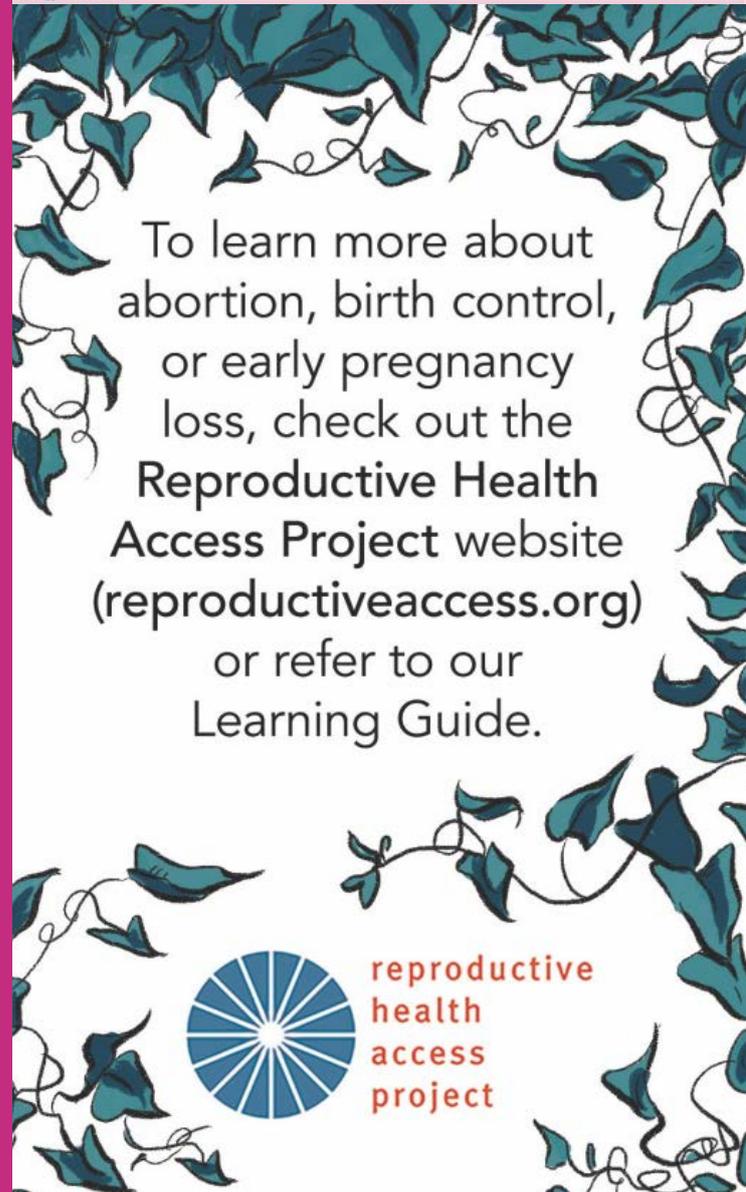
Education, Training and Workforce

Workforce and training are a massive challenge in abortion provision and there are organisations such as the [Reproductive Health Access Project](#) who trains, supports, and mobilises primary care clinicians to ensure equitable access to sexual and reproductive health care, including abortion. They offer a one-year fellowship that aims to develop a diverse community of family medicine leaders who will provide, teach, and advocate for equitable, person-centred reproductive health care, especially within primary care. Their website has a variety of resources aimed at primary care clinicians to support them to provide abortion, contraception and miscarriage management. Integrating an advocacy aspect to provision of abortion in primary care can create the champions needed within systems to expand care and support those who decide to start providing abortion.

Reproductive Health Access Project - Resources



reproductiveaccess.org



To learn more about abortion, birth control, or early pregnancy loss, check out the **Reproductive Health Access Project website** ([reproductiveaccess.org](#)) or refer to our **Learning Guide**.



reproductive
health
access
project

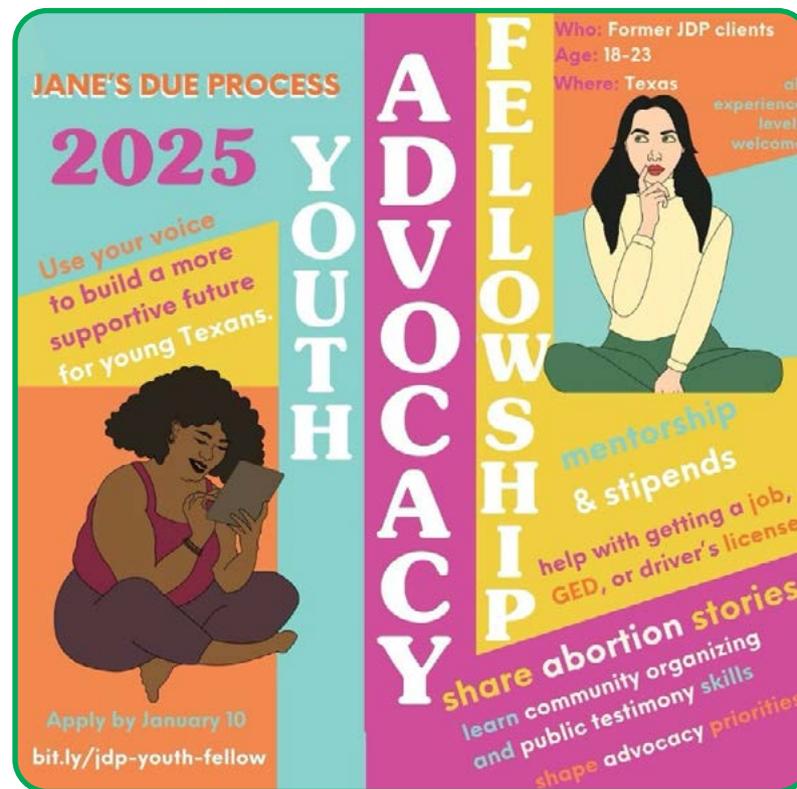
Young People as Advocates and Leaders

Abortion funds such as [Jane's Due Process](#) (JDP) in Texas not only helps young people access abortion, but they also have a Youth Advocacy Fellows program, where they support young people who have had abortions in developing various life skills, training and furthering their involvement in storytelling, youth reproductive rights and abortion funds advocacy. They have also recently launched a new program called, Empowering Young Parents, aimed at people who are continuing a pregnancy and supporting them with things like financial literacy, a small stipend, 1:1 doula support, and parenting tips and advice.

Having a unique focus on young people enables JDP to tailor care to this priority cohort of individuals who may not have the support they need. This wrap around support also helps foster the advocates of the future, with peer-to-peer models utilising lived experience.

Messaging Guides on Abortion

The [COMS Project](#) is a coordinated response to support individuals and organisations with Communications, Opinion, and Messaging Strategy (COMS) on reproductive health, rights and justice. They hold workshops and aim to collect, analyse and distribute media, messaging and data and develop strategies to enhance the impact of organisations and individuals in advocacy. They host a website which contains research and data which is for members only and designed to equip people with the evidence they need to craft effective messages, media and policy briefs. This is a clever way to house all the relevant information and make sure it's available to vetted members. It can be challenging to keep up to date with the changing space and ensure you have the most up to date information, as well as impactful messages.



Jane's Due Process – Youth Advocacy Fellowship program

GUTTMACHER INSTITUTE

FIGHTING

BACK

IN POST-ROE AMERICA

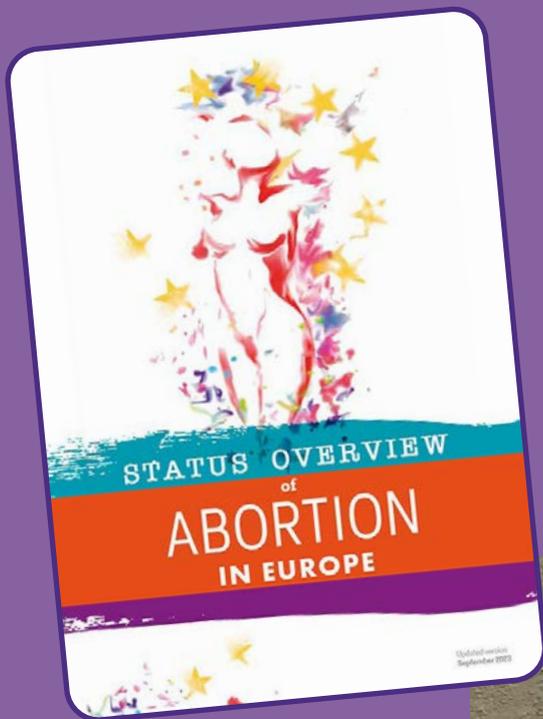
Guttmacher shows how the evidence and information provided in an easily accessible way can assist in advocacy for journalists, legal teams, policy organisations and activists. Evidence equals impact and Guttmacher is one of the most critical data sources in the USA right now. In my discussions with them they did pose the curious question of when is too much data a risk? If we continue to produce and collect quality data on abortion, how long would it be until it could be used against those organisations and individuals, and are we exposing people to unnecessary risk?

The balance of ensuring you have credible evidence to inform advocacy and public policy with the risk of information being weaponised needs to be considered. However, in government policy spaces, evidence and data is critical.



Daile and the Guttmacher team,
Washington DC, 28/08/2024

EUROPE



The European Parliament has put forward legislative initiatives to try to ensure free and safe abortion, regardless of country of origin.

Among these efforts is the [2021 Matic Report](#) [24], which urges member states to decriminalise abortion and ensure that it is safe by considering it a fundamental right so that its denial can be considered an act of gender-based violence. Most recently, in April 2024, the [European Parliament approved the inclusion of abortion in the EU Charter of Fundamental Rights](#).



However, none of these collective initiatives are binding, with abortion laws remaining at the discretion of individual member states. Abortion legislation varies across Europe with only six countries with legislation for abortion on request after the first trimester - France until 16 weeks, Sweden 18 weeks, Norway 18 weeks, Iceland 22 weeks and the United Kingdom and the Netherlands 24 weeks. In some countries such as Poland and Malta, abortion is still illegal.

Europe is worried about the impact of the USA changes to their hard-fought wins and movements forward, "Since the US is sneezing, will Europe catch a cold?" which is an adaptation of the quote "When France sneezes, the rest of Europe catches a cold." which was said by Metternich, the Austrian chancellor. He believed that the political developments in France were intriguing for other European nations.

es I REBELS



European Parliamentary Forum on Sexual and Reproductive Health

The [European Parliamentary Forum](#) (EPF) is the Secretariat for the [Members of European Parliaments for Sexual and Reproductive Rights](#) (MEPs for SRR), a dynamic cross-party group in the European Parliament, spanning political groups and EU Member States. MEPs for SRR have a unique role in ensuring that the EU, as a value setter and the world's largest donor for sexual and reproductive health and rights, improves its commitment to the [Sustainable Development Goals](#) (SDGs), gender equality, health for all, and sexual and reproductive health and rights (SRHR), both internally and externally.

They hold events in the European Parliament and online, to raise awareness and show best practice in sexual and reproductive

health and rights (SRHR), they co-sign letters and statements to the European Commission and governments of Member States and conduct other communications activities to show support for SRHR. They also initiate, lead and support legislative acts, reports and resolutions regarding SRHR, an example is the report on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health. The report emphasises that while SRHR falls under the jurisdiction of member states, SRHR are recognised as human rights in International and European human rights laws and violations of SRHR are a form of violence against women and girls. The MEPs for SRR hold member states accountable through parliamentary questions on issues such as comprehensive sexuality education, abortion, contraception and maternal health. This is an example of cross-party politicians working together to advocate and move forward sexual and reproductive health and rights.

The EPF produces the [European Abortion Policies Atlas](#) which gives a virtual view of the abortion laws and access in Europe. The Atlas is a handy visual guide for European politicians to see how they are ranking in regard to other countries. This simple way of presenting quantified information on regions is a tangible presentation to decision makers, and potentially a way to make countries who are shown in unfavourable colours consider steps they could make for reform. While the latest is from 2021, recognising policy has changed in some countries since then, it is still a powerful advocacy tool.

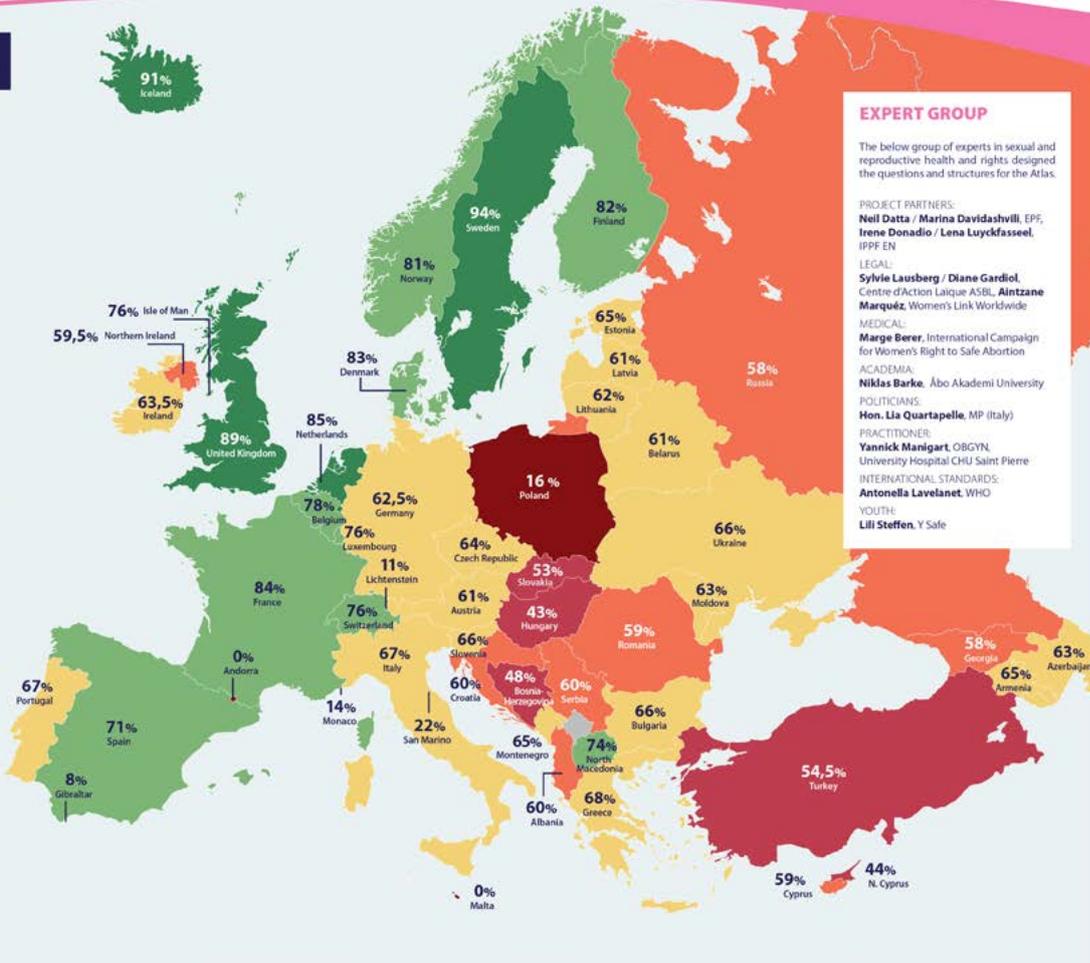


EPF resources at the Brussels office 18/09/2024

EUROPEAN ABORTION POLICIES ATLAS

SEPTEMBER 2021

RANKING POINTS SCALE



EXPERT GROUP

The below group of experts in sexual and reproductive health and rights designed the questions and structures for the Atlas.

PROJECT PARTNERS:

Neil Datta / Marina Davidashvili, EPF, Inese Donadio / Lena Luyckfasseel, IPPF EN

LEGAL:

Sylvie Lausberg / Diane Gardiol, Centre d'Action Laïque ASBL, Aintzane Marquéz, Women's Link Worldwide

MARGE BERER, International Campaign for Women's Right to Safe Abortion

ACADEMIA:

Niklas Barke, Åbo Akademi University

POLITICIANS:

Hon. Lia Quartapelle, MP (Italy)

Yannick Manigart, OBGYN, University Hospital CHU Saint Pierre

INTERNATIONAL STANDARDS: Antonella Lavelanet, WHO

YOUTH:

Lili Steffen, Y Safe

ABORTION POLICIES

WORLD HEALTH ORGANISATION:

Access to legal, safe and comprehensive abortion care, including post-abortion care, is essential for the attainment of the highest possible level of sexual and reproductive health.¹

In countries where abortion is legally highly restricted, unequal access to safe abortion may result. In such contexts, abortions that meet safety requirements can be the privilege of the rich, while poor women have little choice but to resort to unsafe providers, which may cause disability and death.²

EUROPEAN PARLIAMENT:

The lawfulness of abortion does not have an effect on a woman's need for a responsible abortion, but only on her access to a safe abortion.

COUNCIL OF EUROPE PARLIAMENTARY ASSEMBLY:

Advances in medical practice in general, and the advent of safe and effective technologies and skills to perform induced abortion in particular, could eliminate unsafe abortions and related deaths entirely, providing universal access to these services is available.³

SAFE ABORTION METHODS APPROVED BY WHO

METHODS UP TO 12-14 WEEKS SINCE THE LMP:

Manual or electric vacuum aspiration, or medical methods using a combination of mifepristone followed by misoprostol

METHODS AFTER 12-14 WEEKS SINCE THE LMP:

- Surgical method: D&E, using vacuum aspiration and forceps.

- Medical method: for abortions after 12 weeks since the LMP is mifepristone followed by repeated doses of misoprostol

WHO recommends that individuals in the first trimester (up to 12 weeks pregnant) can self-administer mifepristone and misoprostol medication without direct supervision of a health-care provider

Source: Safe abortion: technical and policy guidance for health systems, Second edition (2014) Recommendations on self-care supervision of medical abortion

European Abortion Policy Atlas, retrieved 09/12/2024 <https://www.epfweb.org/node/939>

It would be interesting to have an abortion and contraception map of Australia broken down into states, territories and perhaps into local government areas, similar to the amazing example of the Victorian Women's Health Atlas [25] as I believe these types of stark comparisons help people advocate for change. This visual would help a member of parliament, a policy maker, a health service and a member of the public prove with data that their region was underserved in comparison to others.



My Voice, My Choice poster at Le Planning Familial in Paris 09/09/2024



My Voice, My Choice advocates in Brussels 19/09/2024



My Voice, My Choice sign outside European Parliament, September 2024



Screenshot of the My Voice, My Choice campaign signatures as of December 2024

Grassroots Advocacy & Political Advocates

[My Voice, My Choice](#), is an initiative that is one of Europe's largest feminist movements. Their movement brings together more than 300 organisations, countless supporters, and dedicated volunteers from across the EU. Their aim is that everyone in Europe has access to safe abortion care, regardless of who they are or where they come from.

The crossing of two fingers to form a heart has been claimed as their symbol, similar to the green bandana of the Latin American green wave, and the purple umbrella of the [Queensland pro-choice campaign](#) in 2018.

The My Voice, My Choice campaign have submitted a European Citizens' Initiative demanding that the EU does what is in its power to ensure safe and accessible abortion for all. They are demanding that the EU passes legislation that would create a financial mechanism that helps member states that voluntarily join this policy to provide safe abortion care for all those who don't have access to it. They aim to collect

one million signatures across Europe for the European Citizens' Initiative, which is a way individuals can call on the European Commission to propose new laws. Once an initiative has reached one million signatures, the Commission will decide on what action to take. The campaign is currently at over [900,000 signatures as of early December 2024](#).

Their advocacy model is a people building movement and makes tangible actions accessible to everyone. When I was in Europe, My Voice, My Choice were giving out bundles of stickers at the [FIAPAC](#) (International Federation of Abortion and Contraception Professionals) Conference to attendees with a QR code to sign the petition, and I spent my days wandering around stickering places I visited. This engages members of the public who might connect with an issue but not be so involved as to understand what they can do. Signing a petition is an easy and tangible way to show support.

#Diplomatieféministe



FRANCE

Abortion is available in hospitals, clinics, and private practices. Abortion is free for minors in hospitals and fully reimbursed for adults. People often have the option of medical abortion in hospital or at home, or surgical with local or general anaesthetic. Private providers cannot legally charge more than the public system rebate.

In 2024, the French Government moved to reinforce abortion rights in response to concerns over potential rollbacks in other countries, making the freedom to abortion a constitutional principle [26].



Fellowship experience:

Paris, 7 - 14 September 2024

Legislation as an Advocacy Tool

In 2024, France passed the constitutional freedom to abortion, showing leadership and commitment from politicians voting to enshrine reproductive health rights in the constitution. They are the first country to do so. Following this, Spain has indicated it may look at constitutional changes to include abortion rights and access. Access to abortion has remained similar in France since their laws changed in the 1970s. Once these laws changed, provision in public hospitals was embedded within most hospitals through a specific family planning section providing abortions and contraception.

In France, they have a constitutional freedom to abortion because of legislation passed in early 2024. Take note of the language of freedom to abortion and not a right. According to Le Fondation des Femme, a leading feminist organisation in France, this was specifically done to get maximum support from politicians. It was believed that a constitutional right to abortion would not be passed by conservative politicians, but the freedom to abortion would be passed and it did with 780 votes in favour and 72 against.

In reality, abortion is only freely available in France for a gestation of 16 weeks, anything above 16 weeks may be provided, but people sometimes have to travel to other European countries to access abortion. This shows that a constitutional 'freedom' does not equal access.

- [Le Planning Familial](#).
- [International Planned Parenthood Federation](#)
- [Le Fondation des Femmes](#).
- Armand Trousseau Hospital - Dr Philippe Faucher.
- Hôpital Cochin Port Royal - Dr Emmanuelle Lhomme.
- Louis-Mourier Hospital - Dr Catherine Soulat.
- [CEMAG care](#) - André Ulmann.



Photo of the celebration when the constitutional freedom to abortion was passed in France in 2024 at Le Fondation des Femmes 10/09/2024



Plaque outside Hôpital Cochin Port Royal 11/09/2024



Daile with colleague at Le Planning Familial in Paris 09/09/2024



Resources at Le Planning Familial in Paris 09/09/2024



Les conseillères conjugales et familiales sont à votre écoute

Qu'est ce que c'est ?

Un espace d'écoute non jugeant et bienveillant

C'est pour qui ?

Pour toutes et tous !
Mineur.e.s et majeur.e.s,
seul.e ou en couple

On parle de quoi ?

De ce que l'on vit dans le couple
ou dans la famille : une crise, un
conflit, un décès, la maladie, la
violence ...
Et aussi d'IVG, d'orientations
sexuelles, du genre, de la
parentalité.

A quoi ça sert ?

A se sentir soutenu.e, à mettre des mots sur
ce qui est douloureux, à déposer ce qui est
trop lourd ...

Poster at a French Hospital 10/09/2024

Pour obtenir un rendez-vous, présentez-vous à
l'accueil ou téléphonez au
01.58.41.38.65 / 66

Resources at Le Planning Familial
in Paris 09/09/2024



Daile and Dr Philippe Faucher an OBGYN at
Armand Trousseau Hospital specialising in
abortion and contraception. Taken at the
FIAPAC Conference in Brussels 21/09/2024



Dr Emmanuelle L'homme - Port Royal
maternity hospital next to a poster for
film Annie's Fire 11/09/2024



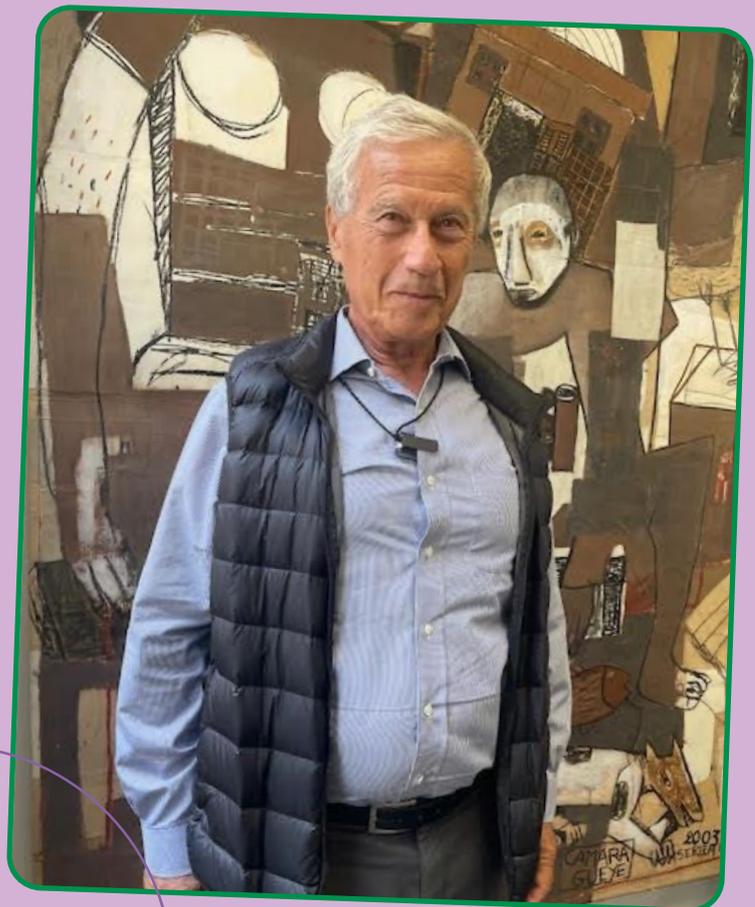
Fondation des Femmes, "Vote for abortion rights" campaign to the French Senate

There was concern that a change in government to a more conservative party in the future could impact access, however, any further constitutional change to revoke this movement toward the freedom to abortion is unlikely due to the voting system for constitutional change which needs support of the majority of Congress.



Le Cafe Feministe in Paris 10/09/2024

André Ulmann founder of CEMAG Care, a pharmaceutical company in France who designed and marketed the first ever 'morning after pill'. Andre and Daile met in Paris on 12/09/2024





THE NETHERLANDS

Abortion services are generally accessible, and the procedure is covered by the Dutch health insurance system for anyone living in the Netherlands. The Netherlands have many people from other European countries visiting to access abortion (estimated to be in the thousands). People come from countries such as France and Germany where abortions after 14-16 weeks are difficult to get, as well as Poland where abortion is illegal.

NIET JAUW KUT
NIET JAUWKEUS
Humanistisch Verbond

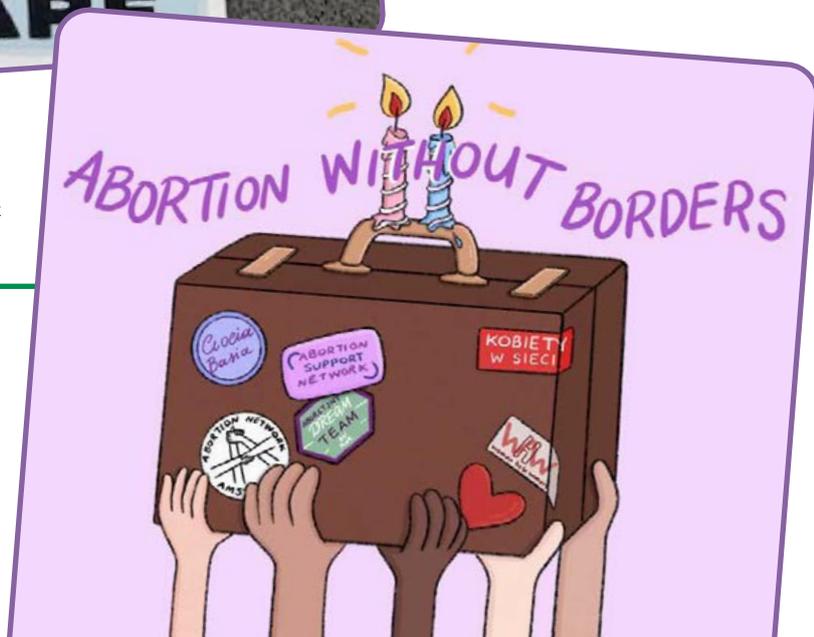


Fellowship experience:

Amsterdam and Utrecht, 15 - 17 September 2024



Women Help Women and Abortion Network Amsterdam resources 16/09/2024



- [Mama Cash.](#)
- [Women Help Women.](#)
- [Women on Web.](#)
- [Rutgers International.](#)
- [Abortion Network Amsterdam.](#)
- [Women on Waves.](#)



The Netherlands had changes to abortion legislation in 2022, which removed a mandatory waiting period of five days, and allowed general practitioners to prescribe abortion pills. These were changes advocated for over many years by organisations such as [Rutgers International](#) and groups such as [Abortion Network Amsterdam](#) by helping politicians and media with messaging guidelines and destigmatising the language used when talking about abortion publicly. This proved the need for change with abortion storytelling, giving information, and including all abortion stories, not just tragic ones.

Rutgers International resources

1

Adopting a gender transformative approach in sexual and reproductive health and rights, and gender-based violence programmes

RUTGERS' TOOLKIT

Module 1
Six interrelated components and the socio-ecological model

Rutgers

For sexual and reproductive health and rights





Women on Web



For nearly 20 years, **Women on Web** has supported over **100,000 people** in safely self-managing their abortions

Millions still face barriers to this essential care, especially those in regions with restrictive abortion laws or financial struggles.

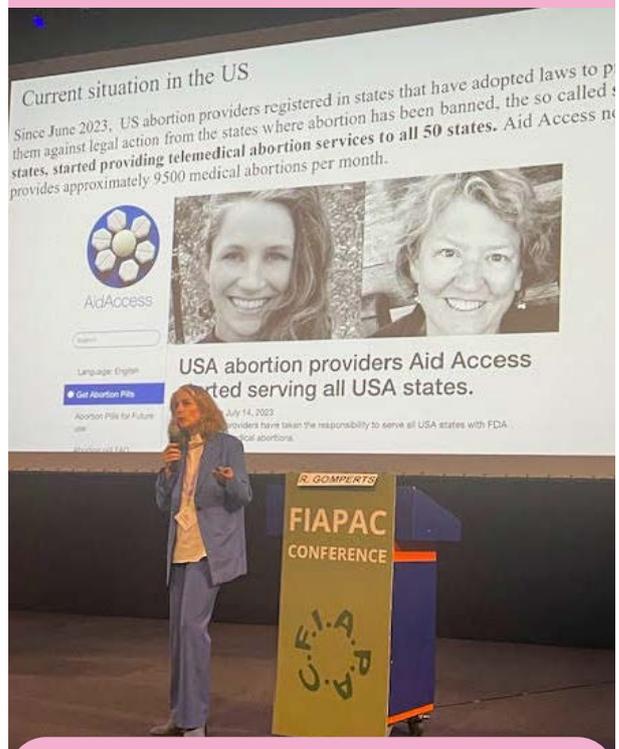
Self-Management of Abortion

Abortion groups and collectives such as [Women on Web](#) and [Women Help Women](#) make abortion accessible even when laws, practice or money are a barrier. They are all part of a global feminist activist movement around self-managed abortion. Their aim is to move toward abortion freedom through the demystification, demedicalisation, destigmatisation and decriminalisation of self-managed abortion. They aim to get abortion pills and information into the hands of those who need it, regardless of where they live.

[Women on Web](#) is a Canadian organisation who supports access to abortion pills worldwide, even if you are not yet pregnant. Following the US election in November 2024, they saw an increase in people ordering abortion pills as a safety net. Requests for abortion pills went up by 250% according to a LinkedIn post on 11 November 2024, less than a week after the election. Women on Web is founded by [Dr Rebecca Gomperts](#), a Dutch physician and abortion advocate who also founded [Women on Waves](#), which distributes abortion medication and has conducted campaigns using abortion robots, drones or boats in countries where abortion is illegal. By mooring boats in international waters, Women on Waves found a way to prescribe abortion pills without breaking the law of the nearby country.



Members of the Abortion Network Amsterdam and Women Help Women in Amsterdam 16/09/2024



Dr Rebecca Gomperts at the FIAPAC Conference in Brussels 21/09/2024



Women on Waves boat



Rutgers International, Netherlands office, Utrecht 16/09/2024



Rutgers International, SEGGSY online platform for young people

Research, Data and Evidence & Storytelling

[Rutgers International](#) is involved in advocacy globally as they work in over 20 countries and deliver international programs. They support organisations in partnerships and recognising the privilege their organisation has in accessing spaces and information so they use that to uplift partners with a focus on women's voices speaking for themselves. They use qualitative research and document stories on unsafe abortion in the countries they partner with. This helps emphasise the health aspects and demonstrates how restrictions to abortion have an impact on maternal mortality. They are considering a whole of health approach, not just an abortion approach, and firmly positioning abortion as healthcare. They can then use this when advocating in global spaces such as the United Nations.



BELGIUM

Abortion services are generally accessible, and the procedure is covered by the Belgian health insurance system. After 14 weeks, people in Belgium travel to the Netherlands for an abortion which can cost €1,000.



Photo by Lukenn Sabellano

Fellowship experience:

Brussels, 17 - 22 September 2024



In 2023, an [expert group was formed by the Belgian Parliament to review Belgium's abortion laws and access](#), and they reached a scientific consensus on 25 recommendations. The number one recommendation was recognising abortion as healthcare. Other recommendations were to increase the gestational limit for abortion from 14 weeks to 20 weeks, and removal of the mandatory

waiting period. The voting was scheduled for the 25 September 2024 but has been put on hold by the current parliament.

On 19 September 2024, while I was in Brussels on my Fellowship, a collaborative action between a variety of groups in Belgium (including Amnesty International, Abortion Right and My Voice, My Choice, and a bus full of people representing the Belgium people



- [European Parliamentary Forum for Sexual & Reproductive Rights.](#)
- [FIAPAC - International Federation of Abortion and Contraception Providers Biennial Conference 19-21 September.](#)
- [Luna abortion clinics.](#)
- [Doctors for Choice UK.](#)
- [My Voice, My Choice.](#)
- [Sensoa International.](#)
- [Abortion Right.](#)
- [Abortion Dream Team.](#)
- [Women on Waves.](#)
- [Aid Access.](#)
- [World Health Organization.](#)

who have to travel to the Netherlands to access abortion) [drove a bus through the city, and pulled up outside the Palace of Justice at Place Poelaert.](#) They stood outside holding luggage and a Dutch tulip, wearing a purple scarf (symbol of the global struggle for gender justice) and speaking to different experiences of abortion. The personal stories ranged from married women with strong

family and social support to undocumented women with no resources or social security. The group was calling on parliamentarians to address barriers and discrimination in access to abortion in Belgium and adopt the recommendations from the scientific report.

Abortion Right bus in Brussels 19/09/2024





Dr Deborah Bateson opening FIAPAC 2024 in Brussels and speaking about the Australian experience, in the Gothic Chamber of the City Hall at the Grand Palace 19/09/2024

FIAPAC ‘Building the Case for Reproductive Choice’

I was in Brussels to attend the [FIAPAC Conference](#), a biennial event. FIAPAC is the International Federation of Abortion and Contraception Professionals. I had a poster presentation for the FIAPAC Conference on Abortion Advocacy models, and it detailed some of the work I have done in Australia, both the successes and challenges. It reminded me how rapidly the landscape in Australia was changing, further cemented by Dr Deborah Bateson’s presentations on Abortion in Australia at the opening event and main conference. Even writing this report and on my Fellowship, there were changes in Australia with advocacy, access and research that I could barely keep up with.

FIAPAC was more research and medically focused than LTAS in Washington DC, but it still had an advocacy element and supported my observation that many people working in sexual and reproductive healthcare find themselves as advocates due to systems that create barriers and challenges, and how important the crossover of grassroots activists with academics and practitioners is for effective advocacy. There were legitimate legends in the room, people who had been providing abortion care or been advocates for decades, who were still fighting for change. There were also the bold and brave advocates newer to the space who were challenging the over medicalisation of abortion and taking power back into the hands of abortion seekers. Longevity is not vital in advocacy and while the knowledge and expertise of people who have been around for a long time is important and should always be acknowledged, we need the newer folk to challenge and disrupt the status quo.

BUILDING THE CASE FOR REPRODUCTIVE CHOICE

15th FIAPAC CONFERENCE
20-21 September 2024, Brussels, Belgium
www.fiapac.org



FIAPAC Program 2024

15th Conference of the
International Federation of Abortion and
Contraception Professionals

20 - 21 September 2024
Brussels, Belgium



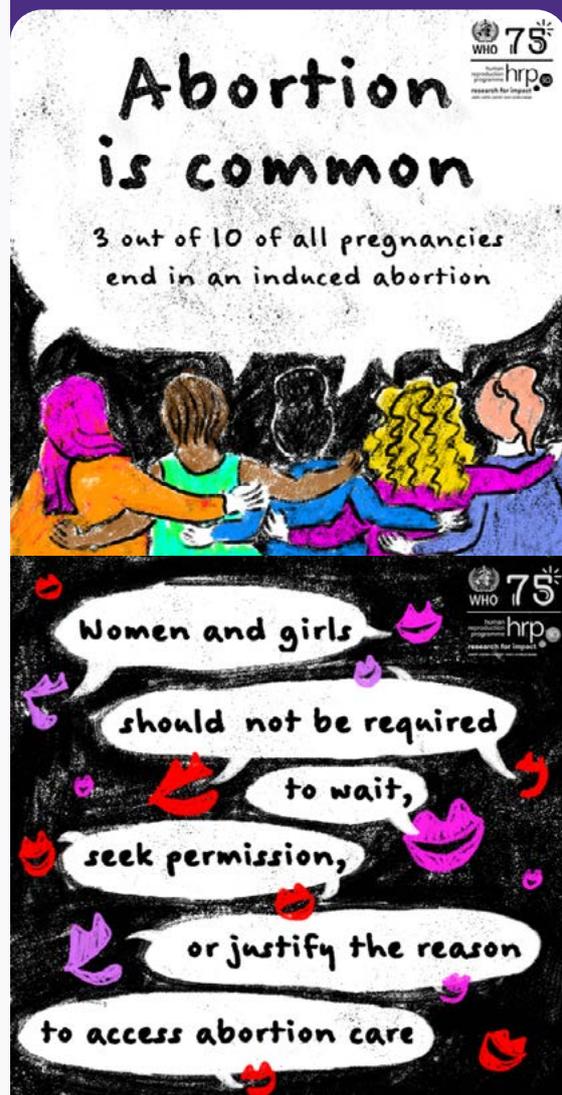
Lucia Berra Pizzarosa, International Human Rights Lawyer speaking about self-managed abortion at FIAPAC 21/09/2024



Dr Bela Ganatra from WHO presenting at FIAPAC in Brussels 20/09/2024

Dr Bela Ganatra from the WHO spoke of [Values Clarification for Action and Transformation](#) (VCAT) activities being embedded into medical training to centre the values of the person seeking the abortion. VCAT is an important advocacy tool which has been used to influence systems and policy. Dr Ganatra spoke of self-managed abortion as an option within a multidisciplinary system instead of self-management being the only option in restricted systems. Dr Ganatra emphasised quality beyond safety, and quality care being the ultimate goal. She said every country in the world has a problem with actualising choice.

WHO Abortion care access infographics



Politicians don't have our backs, but we do.

Let's support each other like best friends do!

Abotak!

BECOME OUR BFF!



Abotak, Abortion Clinic and Abortion Dream Team, Campaign imagery from Poland

Doctors for Choice in the United Kingdom was attempting to inspire the next generation of abortion care providers at the conference. Doctors for Choice UK focus on decriminalisation, destigmatisation and education with curriculum champions who have an eight-step plan for addressing barriers to comprehensive abortion education for healthcare students across the UK. The medical students' education encompasses political, clinical and ethical topics. Doctors for Choice UK have practical resources, including lesson plans and teaching sessions as well as a document which can be used to advocate for additional curriculum time. Practical tools designed to empower medical professionals and students to advocate for the education they need to provide abortion care is essential to addressing some of the barriers that currently exist in the university systems. Doctors for Choice is not just in the UK, and other countries have similar groups with the same aims to decriminalise, destigmatise and get more doctors trained and providing abortion, as well as accessible contraception.



Doctors for Choice UK stall at FIAPAC 20/09/2024



Justyna Wydrzyńska and Abotak
at FIAPAC 21/09/2024

I learned a lot about the challenges of abortion across Europe, where in some countries the laws were very liberal and access was available to anyone who travelled there (usually for a cost), and countries like Malta and Poland where abortion was illegal. At FIAPAC I heard from people who were working to ensure abortion access and information was available in those countries, and heard from [Justyna Wydrzyńska](#) who was arrested in Poland for helping someone get an abortion in 2020. A Polish group of advocates, [The Abortion Dream Team](#), who are not doctors, were planning on opening a free abortion clinic in Poland despite the illegality of abortion and when asked about being arrested or targeted, said they didn't care and welcomed it. Their tactics and civil disobedience were reminiscent of the [French movie, Annie's Fire](#) and of what I heard about the 1970s and 80s in Queensland.

While I'm thankful we aren't in 1970s and 80s Queensland for a range of rights-based reasons, I wonder what would happen now if we had the defiant and disruptive feminist movements we did back then, and even if that type of advocacy would work in 2025? There are many examples of bold advocates in Australia now, providing care in secret because their hospital won't allow it, or whistleblowing when abortion care is denied, which has led to better access outcomes. The most recent being in Orange, New South Wales, where abortion was legalised in 2019 but a leaked hospital directive and a patient being turned away caused a media and political storm, leading to swift action from the state government and the hospital [27]. Defiance is still in practice in abortion advocacy but has evolved as society and laws have.





NEW ZEALAND

Abortion services are generally accessible, although some regions may have limited surgical abortion availability. The procedure is covered by the public healthcare system, which helps reduce financial barriers.

Fellowship experience:

Wellington, 25 September - 4 October 2024



- [Sexual Wellbeing Aotearoa](#).
- Past Health Minister of New Zealand - [Hon Dr Ayesha Verrall](#).
- [Te Mahoe Unit](#) at Wellington Regional Hospital.
- Social workers in various New Zealand hospitals.
- [Te Herenga Waka](#) - Victoria University of Wellington

Multidisciplinary Access

After abortion was decriminalised in 2020, the New Zealand government launched [DECIDE](#) - a game changing website and telemedicine line with information on abortion and access, as well as an option of having a consultation and the abortion pills sent directly to your home address, for free [28]. This was a collaboration with [Sexual Wellbeing Aotearoa](#) and a pharmaceutical company, [Magma Healthcare](#) which meant that any New Zealand citizen didn't have cost or travel as a barrier to accessing abortion.

While abortion with pills is not a suitable option for everyone and surgical options and access over 9 - 12 weeks gestation (usually the recommendation for abortion with pills) will always be needed, this is a great solution to ensuring universal healthcare for abortion access. Regardless of where you live in New Zealand, if you are a citizen, you can utilise this free service and take the pills in your own home, which helps overcome a lot of the barriers people face accessing all healthcare, but especially abortions. DECIDE also sends

out contraception (condoms or progesterone pills) for people to start once they have had the abortion, which again means if cost is an issue for contraception methods, this barrier is overcome.

Public hospitals in New Zealand offer abortion services, surgical or medical induction. Together with the DECIDE option for abortion with pills under nine weeks, this should create a good environment for abortion access. However, it is workforce capacity that creates challenges for access. Much like in Australia, while there are some areas and jurisdictions who would like to provide abortion care, the practitioners don't have the skills or experience for providing this care. There are three doctors in New Zealand who provide abortion after 18 weeks and one of those is due to retire in the next few years. Workforce depends on training and mentoring and without a willing trainer, there isn't the ability to learn the skills needed for the rarer but more complex second and third trimester abortions.



Te Herenga Waka - Victoria University of Wellington
02/10/2024



New Zealand Parliament, Wellington 03/10/2024
Photo by [Zane Lee](#)



Daile and the Hon Dr Ayesha Verrall at New Zealand Parliament, Wellington 03/04/2024

Te Wāhanga Tātai Hauora

Wellington Faculty of Health



VICTORIA UNIVERSITY OF
WELLINGTON
TE HERENGA WAKA



Te Herenga Waka - Victoria University of Wellington, Faculty of Health 02/10/2024

Political Advocates

Someone who was instrumental in the legislative reform in New Zealand and the subsequent implementation of access across the country was the former New Zealand Health Minister, Hon Dr Ayesha Verrall. Prior to being elected to parliament, Ayesha was an infectious-diseases physician, and researcher with expertise in tuberculosis and international health.

As a doctor who had worked in hospitals in New Zealand, Ayesha understood what was needed to implement any legislative reform.

After the law changed in 2020 the government worked with Sexual Wellbeing Aotearoa and Magma Healthcare to develop DECIDE. A multi-pronged approach, utilising primary, private and public healthcare systems. Working with organisations who were already delivering care in this space has led to a good uptake of the services and coverage of care for most people, especially in the first nine weeks of pregnancy. Using technology to give choice and power back to the people.

Conclusion

“It seems as if everywhere in the world, if you have money, you can access abortion”

Reflection from one interviewee during my Fellowship

Advocacy models to influence government policy to increase access to abortion in Australia was the topic I set out to learn about. With the richness and diversity of countries, organisations, experiences and ideals, I gathered a range of different methods that could be proven to directly and indirectly inform and influence government policy.

- Direct models such as using **research and evidence** to inform **economic arguments** or
- using **lived experience** and **ethical storytelling** to create media and **public conversations** which led to being put on the political agenda.
- Using **legal frameworks** to challenge constitutions and litigate individual cases and experiences of restrictions, with a human rights lens.
- **Actions and movements** such as the Green Wave, My Voice, My Choice signatures and the Abortion Right bus in Belgium have had an impact on **keeping the issues visible** and encouraging the public to become involved in a tangible way.

In Australia, we have many examples of advocacy, some similar to my learnings from the Fellowship. Champions within systems, communities of practice, evidence and research, storytelling and individuals with lived experience, and working with the media to keep abortion access on the agenda. **Some of the biggest wins in Australia recently have been:**

- [The Senate Inquiry into Universal Access to Reproductive Healthcare](#) and the recommendations produced
- [NSW Health committing to abortion access in the public system](#)
- [Queensland's Termination of Pregnancy Action Plan 2024-27](#)
- [ACT government implementing free abortions for residents](#)
- [WA's 1800 4 Choice](#) phone line.

My biggest takeaway was the collaboration of movements working together, with researchers, health professionals, lived experience, activists and government. Not competing for a siloed topic or compromising one right for another but ensuring that access to abortion as healthcare is intersectional and utilising the skills, knowledge and experience that exists. Combining national approaches with localised grassroots approaches and having the abortion seeker at the centre of everything we do.

“Alone we can do so little, together we can do so much.”

Helen Keller

Dissemination and Implementation

Taking all the conversations, curious questions and learnings, I hope to disseminate this report, findings and reflections through meetings with stakeholders within the sexual and reproductive health, rights and justice spaces nationally.

While on the Fellowship, I used my LinkedIn and Instagram channels to share information, reflections and meetings, as well as to connect with people I was interested in meeting with.

Presentations relating to the Fellowship have occurred at the following events:

- Te Herenga Waka - Victoria University of Wellington, New Zealand.
- International Planned Parenthood Federation (IPPF) Meeting and Youth Forum for East & South East Asia and Oceania Region (ESEAOR) in Iloilo, Philippines.
- FIAPAC Conference in Brussels, Belgium.

There are also planned presentations (webinars and in person) for key stakeholder groups in the weeks and months ahead.

Planned presentations include:

- ASAP (Asia Safe Abortion Partnership) Academy Convening 2025, Bangkok, Thailand, February 2025
- Family Planning Alliance Australia webinar, virtual, June 2025
- Australian Pharmacy Professionals (APP) Conference, Gold Coast, March 2025
- International Population Conference, Brisbane, Australia, July 2025

Dissemination:

- Key learning and recommendations distributed to key stakeholders including state and territory government, NGOs, partners and advocates.
- Utilising LinkedIn and Instagram to share to interested followers and colleagues.

I will utilise this knowledge as CEO of Family Planning Alliance Australia, with a focus on policy and advocacy for sexual and reproductive health and rights, and as Board Member of the Australian Women's Health Alliance.

GUEST SEMINAR BEYOND LAW REFORM: AUSTRALIAN ABORTION REFORM, PAST, PRESENT AND FUTURE

PRESENTED BY DAILE KELLEHER

Noon, Wednesday 2 October, AM103 and Zoom

This conversation, hosted by Daile Kelleher—CEO of Family Planning Alliance Australia and Churchill Fellowship on abortion advocacy—will provide an overview of the history of abortion reform in Australia, recent developments, innovations, framing it within a global context.

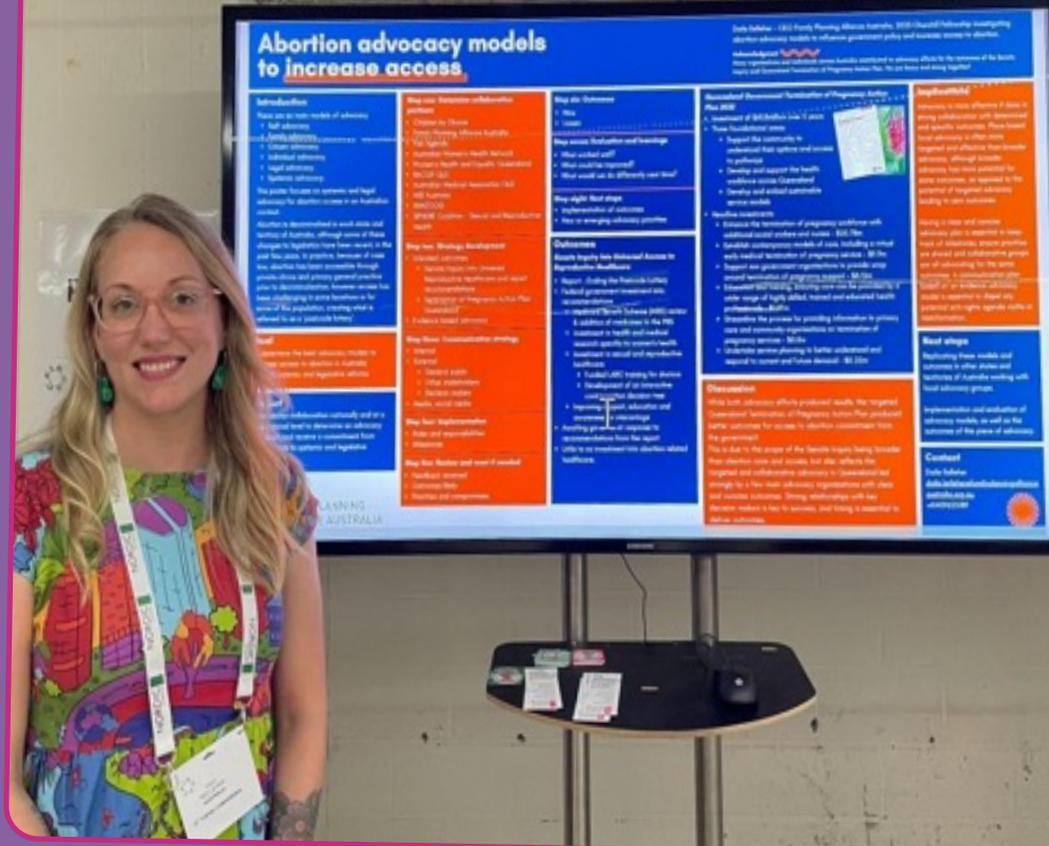


For queries, please email george.parker@vuw.ac.nz

To join via Zoom, scan the QR code



Te Herenga Waka - Victoria University of Wellington
guest seminar 02/10/2024



Daile with her poster on Australian abortion advocacy at FIAPAC, Brussels 21/09/2024



International Planned Parenthood Federation (IPPF) Regional Meeting and Youth Forum for East & South East Asia and Oceania Region, Iloilo, Philippines, 23/10/2024

Notes on terminology

Abortion - Abortion is the removal or expulsion of pregnancy tissue or the fetus and placenta from the uterus.

Medical abortion - Medical abortion uses prescription medication to induce the end of a pregnancy. Though it's commonly called the 'abortion pill', it's actually two medications that work together. In Australia, the medication package is called MS-2 Step and includes Mifepristone and Misoprostol pills. Prescribed in Australia for use up to nine weeks (63 days) in accordance with TGA authorisation of MS-2 Step.

MS-2 Step - A product used in Australia for medical abortion up to 63 days after the patients' last menstrual period. It can be prescribed by medical practitioners, nurse practitioners and endorsed midwives in some jurisdictions.

Dilatation & curettage (D&C) - Dilatation of the cervix using surgical dilators and removal of pregnancy tissue using a surgical curette. D&C is usually used before 14 weeks.

Vacuum aspiration - Vacuum aspiration involves evacuation of the contents of the uterus through a plastic or metal cannula, attached to a vacuum source. Electric vacuum aspiration (EVA) employs an electric vacuum pump. With manual vacuum aspiration (MVA), the vacuum is created using a hand-

held, hand-activated, aspirator (also called a syringe).

TGA - Therapeutic Goods Administration. The Australian government authority responsible for evaluating, assessing, and monitoring medicines and medical devices.

WHO - World Health Organization

NGO - Non-Governmental Organisation

GP - General Practitioners are specialist doctors that have completed training in general practice. They have a broad range of knowledge and skills to support the health of the community across the lifespan.

SRH - Sexual and Reproductive Health. A broad term referring to the key elements of sexual and reproductive healthcare. For this report, this includes contraception, abortion, and pregnancy options. When talking about sexual and reproductive health and rights, the acronym SRHR is used.

PBS - the Pharmaceutical Benefits Scheme, which is an Australian government program that helps lower the cost of prescription medicines.

Medicare - Medicare is Australia's universal health insurance scheme. It guarantees all Australians (and some overseas visitors) access to a wide range of health and hospital services at low or no cost.

Conscientious objection - Where a health practitioner refuses to offer or support a person to access abortion because of a personal belief. It is the law in most jurisdictions in Australia that compels the conscientious objector to declare their objection and direct the person to someone/some service who does not hold a conscientious objection.

Gestational limits - Gestational limits in legislation refer to how many weeks gestation a pregnancy must be for a single doctor or health practitioner assessment, two doctor assessment, or only under specified circumstances.

Woman or pregnant person - Refers to the person who is pregnant, most commonly women, who will make the decision whether to proceed with their pregnancy. Pregnant person refers to the trans men and non-binary people who also experience pregnancy, and some of whom choose to proceed with abortion care.

Glossary of acronyms

ARCC – Abortion Rights Coalition of Canada

ANDAR – Alianza Nacional por el Derecho a Decidir (National Alliance for the Right to Choose)

CART – Contraception and Abortion Research Team

CDD – Catholics for the Right to Decide

COMS – Communications Opinion and Messaging Strategy

EPF – European Parliamentary Forum

FIAPAC – International Federation for Abortion and Contraception Professionals

GIRE – Grupo de Información en Reproducción Elegida (Information Group on Reproductive Choice)

GP – General Practitioner

IPPF – International Planned Parenthood Federation

JDP – Jane’s Due Process

LAFD – Mexico City Legislative Assembly

LARC – Long Acting Reversible Contraception

LTAS – Let’s Talk About Sex!

MEP’s for SRR – Members of European Parliaments for Sexual and Reproductive Rights

NGO – Non Government Organisation

NHMRC – National Health and Medical Research Council

NWLC – National Women’s Law Centre

PBS – Pharmaceutical Benefit Scheme

PPFA – Planned Parenthood Federation of America

RCA – Reproductive Coercion and Abuse

SAAF – Safe Abortion Action Fund

SCJN – Mexico’s Supreme Court of Justice

SDGs – Sustainable Development Goals

SRHR – Sexual and Reproductive Health and Rights

UBC – University of British Columbia

VCAT – Values Clarification for Action and Transformation

WHO – World Health Organization



PPFA office, Washington DC 27/08/2024

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