



THE MAKING ABORTION SAFE PROGRAMME: EMPOWERING HEALTHCARE PROVIDERS

The Centre for Women's Global Health

Foreword by Raneë Thakar, RCOG President

Unsafe abortion remains a significant global health crisis, with an estimated 25 million unsafe abortions occurring annually, making it a leading cause of maternal mortality and morbidity.¹ Abortion-related deaths are largely preventable by providing access to contraception, quality abortion care and timely post-abortion care. Furthermore, investing in improving access to quality abortion care is crucial to upholding fundamental human rights.

We at the Royal College of Obstetricians and Gynaecologists (RCOG) firmly believe that quality abortion care should be accessible to all those who need it, and that mainstreaming contraceptive and abortion services in health systems is key to reducing maternal morbidity and mortality. We also believe that

healthcare professionals are uniquely placed as advocates to improve services for the women and girls that they serve.

That is why, back in 2020, the RCOG launched the Making Abortion Safe (MAS) programme in collaboration with sexual and reproductive health and rights (SRHR) champions in Zimbabwe, Sierra Leone, Sudan, Nigeria and Rwanda, to work to address this critical issue. Through training healthcare providers, advocating for change in policy and practice, supporting the development and updating of clinical guidance and developing educational resources, the MAS programme has empowered healthcare professionals to advocate for increased access to quality abortion and post-abortion care services, while building capacity for long-term change.



Unsafe abortion remains a significant global health crisis, with an estimated 25 million unsafe abortions occurring annually. Photo: Renate Wefers/istockphoto

Programme goals and objectives

The MAS programme aimed to reduce unsafe abortions by improving access to quality abortion and timely post-abortion care. It sought to achieve this by fostering a global network of healthcare champions equipped to influence policy, raise standards of care and drive sustainable change.

The MAS programme centred around four core pillars:



Professionalism

Improve the knowledge of healthcare professionals on the provision of quality abortion and post-abortion care, in line with RCOG best practice.



Leadership

Support champions to conduct research and advocacy in the field of abortion and post-abortion care.



Normalisation

Reduce stigma experienced by healthcare professionals working to provide abortion and post-abortion care.



RCOG voice

Increase the influence of RCOG and its membership to reduce barriers to abortion and post-abortion care services at national and international levels.

RCOG champion model

The RCOG is proud to have created a legacy of 60 MAS 'champions' as advocates for quality abortion care by supporting their capacity and the implementation of advocacy plans in Nigeria, Rwanda and Zimbabwe. Healthcare providers are pivotal advocates; their respected and informed voices serve as bridges between policy makers and communities, enabling them to identify and implement strategies that address barriers to care.

The unwavering efforts of these champions – dedicated professionals across five African countries – have made a sustainable impact on regulatory improvements that will influence the provision of quality abortion care in the long term, through the updating of national guidelines and the dissemination of best practice papers. The independent evaluation report² concluded:

“The champion model was praised by national as well as international stakeholders; champions were well positioned, complementary to each other and strong acknowledged leaders.”

“Project results – especially those achieved in the regulatory framework, such as the contribution to best practice papers, guidelines and incorporation of safe abortion best practices in examination questions – are established and will continue to influence the practices of healthcare providers.”



The Making Abortion Safe programme brings together advocates, medical practitioners, doctors, midwives and researchers... across five countries, building regional solidarity in the movement for safe abortion.

Memory Pamela Kadau, Making Abortion Safe champion, Zimbabwe





As a champion, what worked around policy was the synergy that we were able to create with parliamentarians and policy makers; we were able to engage parliamentarians on the safe abortion agenda. We saw many parliamentarians openly talking about the safe abortion agenda; we also saw it in communities that are traditionally very conservative.
Mildred Mushunje, Making Abortion Safe champion, Zimbabwe



Key impact highlights

- **Educating healthcare professionals**

The MAS programme enabled nearly **3,000 healthcare professionals** to access online learning resources about abortion and post-abortion care. These resources, available for free, have equipped providers with the skills and knowledge needed to deliver safe, high-quality care and supported educators to teach on abortion care.

- **Collaborative advocacy and champion engagement**

The programme worked with **60 MAS champions** across five African countries (Rwanda, Zimbabwe, Sierra Leone, Sudan and Nigeria), supporting the implementation of national advocacy plans in Nigeria, Zimbabwe and Rwanda. These champions lead efforts to advocate for safe abortion policies, update national abortion care guidelines, conduct medical curricula audits, mobilise communities and improve access to services.

- **Developing and updating clinical guidelines**

The MAS programme promoted excellence in abortion care by developing and updating best practice papers on key topics such as abortion, post-abortion care, telemedicine abortion and post-abortion contraception. These guidelines have been tailored to local contexts and **viewed over 10,000 times globally**, ensuring relevance and accessibility for healthcare professionals in diverse settings.

- **Research and addressing stigma**

The programme expanded the evidence base on the stigma faced by healthcare professionals providing abortion care, through a **global stigma survey of 1,675 providers**. It produced valuable resources and tools aimed at supporting providers and professional societies to reduce stigma, ensuring that providers can deliver care without fear of discrimination, and collaborated with champions to develop papers for academic publication, contributing to the growing body of global literature on abortion stigma.

- **Supporting policy influence and advocacy**

The MAS programme capitalised on the RCOG's position as a leader in women's health to advocate internationally for increased access to quality abortion care, bringing diverse healthcare provider voices to these platforms and giving them access to advocacy spaces, where their expertise and frontline experience can inform policy and practice. This has empowered healthcare professionals to influence change at national and global levels.

- **Professional development for early-career researchers**

A bespoke workshop series was conducted for early-career African researchers with an interest in abortion care. The workshops focused on developing grant-writing skills, and grants were awarded to researchers in Sierra Leone to conduct post-abortion care research. These efforts ensured that new generations of researchers are equipped to continue advancing safe abortion practices.



The RCOG has really been very supportive. As a person and a professional I have really gained; I have been able to attend conferences, I have been able to present in the congresses of the RCOG, I have been able to reach out to other organisations. The other day I was able to make a presentation on our research, I was able to train them. I got all these opportunities through the Royal College of Obstetricians and Gynaecologists.

Dr S Kailani-Ahmadu, Making Abortion Safe champion, Nigeria



Country-level outcomes³

Sierra Leone

- Two research grants were provided to early-career researchers for studies on post-abortion care.
- The resulting findings and recommendations were presented to the Ministry of Health to inform policy and practice improvements.

Nigeria

- The Federal Ministry of Health officially endorsed the Nigeria best practice paper on post-abortion care, advocating its use by healthcare workers, trainees and policy makers.
- Healthcare providers have greater awareness of the national guidelines on safe termination of pregnancy, leading to improvements in clinical practice.
- Medical students have significantly improved their knowledge of comprehensive safe abortion care, resulting in the establishment of numerous SRHR forums in universities.
- MAS champions have conducted audits of medical education curricula, producing recommendations and hosting events to improve SRHR teaching.
- Two papers have been published based on Nigerian data from the global stigma survey.

Rwanda

- The Ministry of Health (MoH) approved widespread distribution of the adapted RCOG best practice paper across healthcare facilities and incorporated MAS champions' feedback into the national guidelines for safe abortion. This included key areas of the paper, such as counselling approaches and stigma reduction.
- Universities, stakeholders and the MoH invited MAS champions to participate in technical working groups to contribute their expertise on abortion care.
- Healthcare workers have greater awareness of the 2019 Ministerial Order, which outlines the conditions required for a medical doctor to perform an abortion. This has clarified patient pathways, reducing delays and denials for abortion services.
- The collective efforts of stakeholders, including MAS champions, resulted in a significant rise in legal abortions in public facilities between 2020 and 2023.

Zimbabwe

- In 2024, the Ministry of Health endorsed comprehensive abortion care guidelines that align with the World Health Organization's 2022 standards, and acknowledged the crucial role of MAS champions in shaping the guidelines.
- Healthcare providers have greater awareness of the Termination of Pregnancy Act and its provisions for lawful abortion and post-abortion care services.
- Healthcare stakeholders and the public have been sensitised to abortion laws.
- Media platforms have created open forums for public discussion on safe abortion and post-abortion care, fostering greater community engagement and understanding of these issues.



Scaling up our efforts to improve access to quality abortion care globally

The sustainability of the MAS programme is grounded in the comprehensive advocacy training for champions. These skills, along with the networks established, have equipped MAS champions to continue advocating for improved abortion care at various levels, from their healthcare facilities to international platforms. As highlighted in the independent evaluation report,⁴ many champions will continue their advocacy efforts, further empowered by the MAS programme.



Healthcare providers are the main actors; we are in the field, we are there ready to provide the services... we can't just stay at the hospital. We really need to sensitise, to communicate with policy makers, with communities, that there is a service available or a service needed, and we should really work together to prevent unsafe abortion.

Dr John Muganda, MAS champion, Rwanda



Looking ahead, the RCOG is committed to scaling up its efforts to improve access to quality abortion care globally. Building on the successes of the MAS programme, we will expand our work by partnering with in-country healthcare providers, national ministries of health, professional societies and local NGOs. Our future strategy focuses on three core areas: enhancing education, training and clinical guidance to equip healthcare professionals with the skills needed to provide comprehensive abortion and post-abortion care; tackling the stigma faced by abortion providers through research and tailored support tools; and strengthening advocacy efforts by supporting healthcare providers to access advocacy spaces and capitalising on the RCOG's global reputation to influence policy reforms.

Through this strategic approach, the RCOG aims to ensure that healthcare providers worldwide are empowered to deliver safe and high-quality abortion services, free from stigma. With an ongoing commitment to partnership development and policy advocacy, we are committed to driving lasting improvements in abortion care access and reproductive rights for women globally.

Making Abortion Safe resources

The RCOG has a range of resources, including the following:

Key messages

Setting out the RCOG's and Faculty of Sexual and Reproductive Health's key messages and positions regarding safe abortion care.

Best practice papers

Evidence-based guidance setting out the essential elements of abortion care, post-abortion care, post-abortion contraception and telemedicine abortion provision.

Stigma guidance toolkit

Summarises the evidence base and identifies current practices and resources that could help reduce and manage the stigma experienced globally by those working in abortion care.

Abortion advocacy eResources

Seven courses to support healthcare professionals with an interest in abortion advocacy to develop and strengthen their advocacy work at local, national or international level.

Abortion care eResources

Eight courses to help health workers, healthcare students and clinical educators gain practical and applicable knowledge about safe abortion care across global contexts.

Find out more

To find out more about our global health work, see <https://www.rcog.org.uk/about-us/global-network/centre-for-womens-global-health/>

If you are interested in partnering with us or funding our work, please contact us at cfwgh@rcog.org.uk

¹ Ganatra B., Gerdtz C., Rossier C., Johnson Jr B.R., Tuncalp Ö., Assifi A., Sedgh G., Singh S., Bankole A., Popinchalk A., Bearak J., Kang Z., Alkema L. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet. 2017

² An independent evaluation was conducted by KIT, The Royal Tropical Institute, between January 2024 and March 2024.

³ Country-level outcomes were identified through the independent evaluation conducted by KIT.

⁴ Ibid.