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SUPPLEMENT ARTICLE

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Professional societies of obstetrics and gynecology as agents of change in sexual and reproductive health: FIGO's 10-country safe abortion advocacy project in Africa and Latin America

Jessica L. Morris[1] | Sinéad Armitage[1] | Jema Davis[1] | Jameen Kaur[1] | Matthew Pretty[1] | Sophie Ea[1] | Jane Seok[1] | Irene de Vries[2]

[1]FIGO, London, UK

[2]The Royal Tropical Institute, Amsterdam, Netherlands

Correspondence
Jessica L. Morris. FIGO House, Suite 3, Waterloo Court, 10 Theed Street, London SE1 8ST, UK.
Email: jessica@figo.org

Abstract

In 2019, FIGO started implementing its abortion project focusing on advocacy. The Advocacy for Safe Abortion (ASA) Project was conducted in partnership with 10 national professional societies of obstetrics and gynecology in Latin America and Africa. The project aimed to strengthen national societies, support them to be leaders in sexual and reproductive health, and enable them to obtain context-specific advocacy goals that improve access to safe abortion. Innovative monitoring and evaluation methodology enabled tracking of outcomes, consideration of their contribution to success, and cross-country evaluation. The project saw success through some key strategies: institutional capacity strengthening; enhanced work through collaborations; training to increase knowledge and reduce abortion-related stigma with a broad array of stakeholders; and generation and use of evidence to influence decision-makers. This article describes the project and methodology used and provides tangible examples of how societies have been agents of change in their countries and of the need for such important work to continue.

KEYWORDS
abortion, advocacy, healthcare professionals, maternal morbidity and mortality, professional associations, sexual and reproductive health and rights

1 | BACKGROUND

An estimate sets that over 35 million unsafe abortions take place globally a year.[1] Unsafe abortion is a leading cause of high numbers of deaths and disabilities, almost all of which are entirely preventable.[2,3] Countries must tackle unsafe abortions if they are to meet their agreed national and international targets to reduce preventable maternal deaths and disabilities.[4] This will in turn ensure that women and girls can exercise their reproductive rights, which include their rights to equality, self-determination, and bodily autonomy.[5]

Abortion is time-sensitive and essential health care. Evidence demonstrates that national professional associations of obstetrics and gynecology (hereafter called ObGyn societies) are well placed to strengthen abortion care from service delivery and health systems, to using their expertise and evidence to inform best practice law and policy and influence behavior change. Their direct exposure to the

[French and Spanish] translations are available in the Supporting Information.

consequences of unsafe abortion, their understanding of the barriers and risk factors women and girls may experience in accessing abortion care, their close links and advisory roles with their ministries of health and other influential decision-makers, their role in national task-force groups, and their leverage in influencing healthcare professionals, including their ability to convene members for education and training, all contribute to elevate their status as credible and impartial yet influential scientific bodies.[6–14]

FIGO is the world's largest alliance of national societies of obstetrics and gynecology, representing more than 132 autonomous professional societies, and is dedicated to the health and well-being of women, girls, and newborns. FIGO works across four pillars: education, research implementation, advocacy, and capacity-building, which are delivered through its convenings and communications, the work of thematic expert committees, and projects. FIGO has been actively engaged on the topic of abortion since 2007 with the formation of an expert working group and an international project focused on reducing unsafe abortion and its consequences. In 2018, this re-focus on improving access to safe abortion has been centered on advocacy. Along with this, the working group became the Safe Abortion Committee and a new project was initiated. FIGO has been able to scale up its international work through using its evidence to inform decision-making forums, steering international campaigns, and sharing its best practice with the scientific community through its scientific journal, conferences, webinars, and communications.[15] FIGO reaffirmed its commitment to sexual and reproductive health and rights (SRHR) in 2021[16] and has disseminated progressive position statements on various aspects of abortion,[17] while also strengthening its leadership as a safe abortion and gender equality champion through collaborative efforts with national, regional, and global stakeholders.

As mentioned, in 2018, FIGO initiated an Advocacy for Safe Abortion (ASA) Project to support 10 ObGyn societies in their work to advocate for improved access to safe and quality abortion care, and to enhance their potential as leaders in SRHR in their countries. Country selection was done in consultation with member societies and was based on the following criteria: (1) experience with the country in a previous prevention of unsafe abortion initiative; (2) geographical area of interest for the funding agency (anonymous donor); (3) need and potential for change; and (4) willingness to participate. The 10 selected countries (Table 1) were involved in an extensive participatory needs assessment in 2018. The purpose of the needs assessment was twofold: (1) to explore the contexts the ObGyn societies work in, including existing evidence on the burden, legal and political context, abortion stigma, and service delivery environment; and (2) to identify barriers and opportunities for the societies to leverage their role in advocacy for safe abortion, including professional attitudes, organizational strengths and weaknesses, and previous advocacy efforts and opportunities.[16]

The needs assessment found that the majority of the ObGyn societies work in restrictive legal and/or political environments. Common reasons that further limited access to safe abortion were unavailability of services, lack of technical guidance, unawareness and ambiguity about the existing legal framework among health professionals and women/girls who sought the service, and the absence of accurate data, further compounded by sociocultural norms, gender inequalities, and abortion stigma. It was also found that within all societies, per definition a heterogeneous group of medical professionals, the views and opinions on abortion were highly divided, limiting a constructive abortion debate among members and the ability to raise an institutional voice. Only the ObGyn societies in Peru and Mozambique had a clear, public, and well-disseminated institutional documentation on safe abortion before the start of the project. As a result, advocacy activities were often conducted by individual members who engaged as advisors on safe abortion, for example in the development of national guidelines rather than as society representatives. It highlighted the need for individual society members to further reflect on how to balance personal values and beliefs with professional obligations, as well as strengthen their engagement with civil society, other medical bodies, and the political environment. It also recognized the high workloads of clinicians and limited technical support staff in most societies, indicating a need to make people and time available to drive change.[18]

The 10 ObGyn societies implemented the project from 2019 to 2021. Based on results and experiences from the project, this practice paper demonstrates how ObGyn societies are central in influencing policy and practice on abortion care. It provides cross-cutting strategies and tangible examples of how the societies leveraged their advocacy role to bring change.

2 | PROJECT DESIGN AND METHODOLOGY

Based on the needs identified in the needs assessment, the project was designed with a framework that centered around five pathways of change:

1. Strengthen the management and organizational capacities of the national societies.
2. Establish or strengthen a coordinated network with like-minded stakeholders and health system partners to advocate safe abortion and improved access to comprehensive abortion care.
3. Address abortion-related stigma by creating increased acceptance of safe abortion among health workers, policymakers, and the general population.
4. Communication and sensitization about the national legal frameworks and guidelines on safe abortion and, where applicable, engage in educational nonlobbying advocacy for improved legal dimensions.
5. Advocate for better generation and use of scientific evidence on abortion in the country.

It was hypothesized that the first pathway on organizational capacity strengthening, including creating a dedicated project management unit, would be key for the change model and a prerequisite for national societies to implement and sustain their roles as advocates

TABLE 1 The 10 ObGyn societies involved in the Advocacy for Safe Abortion Project (2019–2021) including legal status of abortion.

Country	ObGyn society	Legal status of abortion (date)
West Africa		
Benin	Collège National des Gynécologues Obstétriciens du Bénin (CNGOB)	"Semi-liberalized" (to protect women's health) (2003), which was revised during project period to "liberalized" (broad social or economic grounds—gestational limits vary) (2021)
Cameroon	Société Gynécologues-Obstétriciens du Cameroun (SOGOC)	"Semi-liberalized" (to protect women's health) (2016)
Ivory Coast	Societe de Gynecologie et d'Obstetrique de Cote d'Ivoire (SOGOCI)	Restrictive (only in the case of risk to a woman's life and/or incest/rape/fetal malformation) (2019)
Mali	Societé Malienne de Gynécologie Obstétrique (SOMAGO)	Restrictive (only in the case of risk to a woman's life and/or incest/rape) (2001, 2002)
East, Central, Southern Africa		
Kenya	Kenya Obstetrical and Gynecological Society (KOGS)	"Semi-liberalized" (to protect women's health) (2009, 2010)
Mozambique	Associação Moçambicana de Obstetras e Ginecologistas (AMOG)	"Liberalized" (on request—gestational limits vary) (2014)
Uganda	Association of Obstetricians and Gynecologists of Uganda (AOGU)	Restrictive (only in the case of risk to a woman's life and/or incest/rape/fetal malformation) (1995, 2007)
Zambia	Zambia Association of Gynecologists and Obstetricians (ZAGO)	"Semi-liberalized" (to protect women's health) (1994)
Latin America		
Panama	Sociedad Panamenã de Obstetricia y Ginecología (SPOG)	Restrictive (only in the case of risk to a woman's life) (2015)
Peru	Sociedad Peruana de Obstetricia y Ginecología (SPOG)	"Semi-liberalized" (to protect women's health) (1991)

for safe abortion and women's health in general. The other pathways were formed to address challenges and barriers that were identified across all societies. Within this framework, each society created nuanced action plans tailored to fit their unique contexts (national and organizational). Societies were encouraged to use recommendations from the needs assessment and suggestions were provided to ensure there were activities included for each pathway, but the exact approach and activities were decided by the societies themselves with no core activities required.

An outcome harvesting approach was used to monitor and evaluate the success of the advocacy efforts and to feed iteratively into the learning and adaptation of the project. National teams would work together to identify project outcomes that would then be evaluated with external stakeholder groups to substantiate their credibility, impact, and level of responsibility. Regular review and learning meetings were conducted, especially at the end of each project year, but also during midterm and final evaluation. Additionally, there were frequent opportunities for the country teams to learn from each other, replicating successes by identifying and adapting solutions to their own contexts, through virtual and in-person learning and reflection meetings, as well as regional and global webinars. The description of key findings regarding the advocacy role of ObGyn societies is based on project feedback through these meetings, observations, qualitative case studies, review of internal documents, periodic collection of output level data, and externally-led country specific and cross-cutting evaluations that also led to the development of key recommendations.[19]

3 | KEY FINDINGS

Considerable data demonstrated the positive contributions of the project; however, in some cases it remains too early to see large-scale impact. Accordingly, our results focus on learning and qualitative insights.

Regular reporting mechanisms validated that all 10 ObGyn societies were highly active in their implementation of the project and were able to continue throughout the COVID-19 pandemic, by adapting their activities as required. Feedback from the annual learning meetings suggested that the five pathways of change from the framework were useful and, as such, they were retained throughout the 3 years of implementation with learnings from results used to intensify or re-strategize under each pathway. Monitoring and evaluation data showed positive outcomes identified across all pathways, with the final evaluation compiling evidence of over 200 verified outcomes. Examples of successful activities are presented here under the five pathways structure of the project.

1. **Strengthen management and organizational capacities of national ObGyn societies**

Examples of activities under Pathway 1:

- Creating and disseminating a strategic plan for the national society, and other key governance and operational documents
- Training for society executive members and focal points across multiple themes including project management, finance, advocacy, communications, fundraising, etc
- Establishing or expanding and strengthening of regional sections of the society

Through various domains, the ObGyn societies strengthened their organizations in terms of their management and human resources, governance, leadership and membership, project management, financial management, advocacy, and communications. While the majority of these elements were not explicitly linked to work on safe abortion, this pathway engendered a strong focus on capacity strengthening and resourcing for societies on elements previously overlooked due to limited resources and clashing priorities, but which could create a stronger foundation to be able to carry out effective and sustainable advocacy activities. All societies were able to hire dedicated staff, convene their executive structures to write or revise governance and policy documents, and received training and support in some or all of the above areas.

Examples of societies enhancing their skills include ZAGO in Zambia that invested in project management training for its executive members to help them better manage the organization and develop clear implementation plans. This led to outputs such as an updated strategic plan, a business case, and a fundraising round table event with potential donors, all of which contributed toward an institutionally stronger organization.

Some institutionalization practices such as regional expansion out of capital cities were shown to have a positive impact on safe abortion advocacy, as seen with SOGOCI in Côte d'Ivoire with the establishment of 16 regional sections that expanded the society's presence and leveraged its ability to deliver trainings in abortion care across the entire country. To strengthen communication and engagement with members, the regional sections were able to conduct their own advocacy activities including trainings and radio broadcasts. Similarly, SPOG in Peru boosted its regional chapters' delivery of work through online scientific sessions. Support from the central society to the chapters in running webinars for local healthcare professionals not only served to improve its outreach, but also increased visibility and interaction with members, leading to a rise in the society's membership. The shift online—a creative response to travel restrictions due to COVID-19—changed the way the society engaged with its membership and provided more member benefit and engagement continuing after the pandemic.

Other ObGyn societies focused on the production and dissemination of policies and procedures, both internally for their members and externally for ObGyns more broadly. AMOG in Mozambique developed an updated code of ethics to inform its members of the ethical obligations of ObGyns; disseminated in health facilities and to all members, this gave new prominence to considerations around providing abortion services in line with the liberalization of the legal framework in 2014, as well as a new focus on ensuring access to reproductive health services for adolescents. In Kenya, KOGS produced internal policies and procedures on areas such as research ethics, safeguarding, and sexual harassment, ensuring that these were integrated into the society's governance infrastructure permanently.

Qualitative data from evaluations and internal surveys showed that people within the society and outside partners perceived the project to have contributed to the strength and sustainability of the organization itself. Skilling members in organizational, financial, and project management has helped to create resilient organizations, better able to secure funding and run projects. Overall, the final evaluation indicated that institutional strengthening was a critical step for societies to be in a strong position to advocate for safe abortion.[19]

2. **Strengthen collaborations with a variety of partners**

Examples of activities from Pathway 2:

- Creating or mobilizing a network of SRHR stakeholders to advocate for safe abortion
- Engaging government ministries on the theme of safe abortion
- Developing and delivering a joint strategy with partners

Regular reporting mechanisms demonstrated that from the outset the societies were working in collaboration with key partners. Where a network already existed, it was expanded and strengthened and where there was none before, networks were created and activated. These networks were multidisciplinary, multisector engagements often with legal partners, human rights experts, nongovernmental organizations (NGOs), United Nations agencies, ministries, policymakers, journalists, medical schools, other medical or health provider associations, youth groups, and student associations.

The diversity of the network often worked well to bring different voices and expertise together. Some were especially well coordinated and able to deliver joint activities. SPOG in Peru, for example, deepened its relationship with youth networks, particularly Medical Students for Choice, and women's NGOs, and together delivered webinars and informative seminars for their members. These events provided mentoring opportunities for younger doctors who were learning how to advocate for SRHR within their health system and university curriculum, and amplified the voices of SRHR advocates within a medical setting.

While all societies worked directly with government representatives, some were able to gain their membership and active involvement in the network. AMOG in Mozambique, as one example, brought Ministry of Health representatives into the network, thus ensuring an immediate and direct collaboration between a broad stakeholder body and national decision-makers. In addition, AMOG managed to ensure the network represented the whole country by having focal points from civil society organizations from across all regions. The society's monitoring data and the final evaluation showed that this network was effective in supporting AMOG to deliver multiple activities across the country, including training workshops with providers, and joint campaigns around international commemorative dates.[20]

While all societies had previous involvement working with governmental bodies, the project enabled higher levels of engagement and resultant successes. For example, AOGU in Uganda managed to establish official relations with the Ministry of Health and other relevant ministries through a new Joint Ministerial Forum. This allowed the team a direct route to discuss critical topics with important policy makers and advocate for action. SOGOC in Cameroon engaged with both the Ministry of Women's Empowerment and the Family and the Ministry of Justice, as well as the Ministry of Health. One result of this partnership was a joint effort to improve timely access to abortion services for rape survivors.[21]

The final evaluation and annual meetings highlighted the symbiotic benefit of working as a network for the partners involved—the societies were able to improve their standing as national leaders on SRHR, while nonclinical partners benefitted from the respected authority and nonpolitical scientific approach of the ObGyn societies, which brought power to open up the safe abortion debate nationally.[19]

3. Create increased acceptance of safe abortion

Examples of activities under Pathway 3:

- Conducting values clarification and attitude transformation (VCAT) workshops with various stakeholders including doctors and other healthcare providers, journalists, parliamentarians etc
- Engaging and training journalists and media houses to report on unsafe and safe abortion without stigma
- Conducting community dialogue activities to dispel misinformation

All 10 societies involved in the project carried out activities with their own members and other cadres of healthcare providers to create increased acceptance for safe abortion. This often took the form of values clarification and attitude transformation (VCAT) workshops evidenced as an effective tool for improving participants' knowledge and attitudes about abortion, as well as their intentions to support abortion care.[22] SPOG in Peru used this method extensively, reaching 4817 medical professionals with VCAT sessions over the course of the project. Engaging with healthcare leaders across Peru's regions enabled further discussion of therapeutic abortion with decision-makers in local hospitals.[23] In Kenya, KOGS developed its own VCAT training package, which was shown in the final evaluation to have helped change the attitudes of attendees. This utilized the expertise and experience of senior ObGyns who delivered these specialist trainings, and refined them for use specifically with clinicians.[24]

Most of the societies collected data from before and after the workshops to evaluate any changes they produced. These often showed that they were a valuable way to increase knowledge and understanding about the context of abortion, and in some cases made healthcare professionals more willing to provide abortion care. Qualitative data from AOGU in Uganda demonstrated that its trainings in the Eastern province led to increased knowledge of the law, reduced fear of health workers (from an improved understanding of the law), and changed attitudes. Personal testimonies provided evidence that health workers were providing more abortion care services and that their engagement with local communities was resulting in an increased demand. Similar findings from SOMAGO in Mali indicated that fewer clinicians were calling on conscientious objection to avoid providing legal services as a result of the trainings they had received.

As well as offering these trainings to existing healthcare providers, in Peru, Uganda, and Zambia the ObGyn societies sought ways to integrate safe abortion care into medical school curricula. Collaborating with training institutes, they identified and filled gaps in the program, as well as providing training to the lecturers to bring them on board. In Peru, SPOG's advocacy in this prompted the integration of abortion care into the curriculum of Peru's largest teaching hospital for the first time, enabling a space for learning as well as conversations on abortion care to happen for all first year medicine students, as shown in the final evaluation.[19]

All of the ObGyn societies also collaborated with a wide range of diverse stakeholders to facilitate improved public perception of safe abortion. In Zambia, Uganda, and Cameroon the societies specifically targeted traditional healers as providers of unsafe abortion, raising awareness of how these traditional practitioners could refer women to formal healthcare providers.[25] ZAGO in Zambia also targeted marriage counselors with information about safe abortion, and had great success engaging young people through a Safe Choices campaign that educated adolescents through community events, social media, and radio. Data collected by the society showed that the partnership enabled it to widen its outreach and sensitize a large contingent of the target audience.[26] ZAGO also established and trained a network of peer educators in five towns to be agents of change, as outlined in its regular reporting to FIGO. SOMAGO in Mali worked closely with religious leaders, inviting an Imam to participate in many of their training sessions to help set at ease those who were opposed to abortion from religious conviction by validating the compatibility between the conditions provided by the Malian law

and the conditions authorized by Islam, to be able to carry out safe abortion.

Most societies used the media to bring messaging to the public. Mozambican and Zambian societies conducted workshops with large media houses that resulted in numerous stories on television, radio, and print media reaching the public, and a general shift away from negative reporting on abortion. The workshops also helped to establish a longer-term trusted relationship between the media and ObGyn societies, with the latter now being consulted as clinical experts on women's health stories. In Cameroon, Zambia, Benin, Mozambique, and Côte d'Ivoire the societies contributed to radio broadcasts to raise awareness on safe abortion; in Panama SPOG contributed to radio broadcasts and ran a podcast series on SRHR to further reach a youth audience. These activities helped contribute to the enhanced visibility of the societies and their position as national leaders on SRH as reported by partners.

4. **Communicate and sensitize about legal frameworks and guidelines on safe abortion**

Examples of activities under Pathway 4:

- Disseminating policies and clinical guidelines to improve access to and delivery of safe abortion; working to include abortion in medical school curricula
- Conducting awareness-raising sessions with community stakeholders (e.g. teachers, police officers, and youth etc) on abortion legal frameworks
- Educating decision-makers on negative results from having inconsistencies between laws and policies; developing or revising guidelines

In some contexts, conflicting and contradictory legal frameworks leave healthcare workers and other stakeholders unsure of what services they can provide and hesitant to provide any. Consequently, the ObGyn societies in Cameroon, Côte d'Ivoire, Mali, and Kenya all worked on attempts to align relevant laws and policy. In Kenya, KOGS developed a paper detailing the contrasting legal frameworks; this was used for a discussion with policy makers. Following an update to the penal code in 2019, SOGOCI in Côte d'Ivoire worked with partners to ensure healthcare professionals understood the new law and what it meant for them in practice.[27]

Sensitization about the legal context was found to be important in relatively liberal legal contexts. In Mozambique, AMOG focused on educating healthcare providers about the law that passed in 2014 via sensitization workshops held at health facilities across the country.[28] AMOG also brought this information to the public through a coordinated and extensive (social) media strategy, including promotion of a song about safe abortion with well-known musicians, as well as with journalists who then started to report correctly about the law.[29]

In more restrictive legal contexts, ObGyn societies sought to educate and clarify common misconceptions among key stakeholders in the community. For example, in Mali, SOMAGO worked to dispel a common myth (held by providers and other relevant stakeholders, such as members of the police and judiciary), that there are no legal grounds for abortion in the country.[19] Likewise, in Uganda the society held sensitization workshops with groups including community leaders, religious leaders, and parliamentarians to clarify the existing legal provisions for safe abortion. On some occasions this led to trained community stakeholders further cascading advocacy efforts to their communities, as demonstrated in the final evaluations in Uganda and Zambia.

One key outcome during the project was a new law on sexual and reproductive health that was approved in the Benin parliament in October 2021 and extends the conditions under which abortion may legally be accessed.[30] In its advocacy process, the Collège National des Gynécologues Obstétriciens du Bénin (CNGOB) worked with partners to engage with both parliamentarians and members of the public on the problems with the current law and the impact of unsafe abortion on maternal mortality in Benin. Leaders of the society were invited to provide expert testimony to parliament during the debates. Since the vote passed, CNGOB has carried out multiple sensitization sessions with targeted groups in different regions of Benin, for example reaching just over half of the elected mayors in the country to explain the new legal framework on safe abortion. Qualitative data from the final evaluation show an improved understanding of the legal framework among providers and other stakeholder groups who received training.

The project deepened understanding and linkages between national–regional and international human rights standards and calls and commitments made by relevant stakeholders, which included ministries of law and justice and ministries of health. This enabled the societies to inform their advocacy calls, to build on commitments made by their governments at regional and international platforms. For example, KOGS in Kenya strategized with its partners to integrate the findings of Kenya's performance review conducted by the UN Human Rights Committee within its national advocacy plan. SPOG (both in Panama and Peru) conducted awareness raising with their members and partners on the observations of the UN Committee to Eliminate Discrimination Against Women, which raised questions/concerns on the barriers faced by women and girls in accessing safe abortion care, specifically indigenous, rural, and adolescent groups who were placed at higher risk of unsafe abortion. AMOG in Mozambique shared evidence on medical abortion with UN experts responsible for monitoring governments' legal human rights obligations including SRHR, to improve their understanding of the barriers to safe abortion as well as the solutions required by health workers and women and girls to strengthen access. Interviews with partners confirmed that these insights informed UN experts' recommendations to national governments to strengthen accountability for the delivery of safe abortion care.

5. **Advocate for better generation and use of evidence**

Examples of activities under Pathway 5:

- Advocating with government ministries for abortion indicators to be included in national data collection systems
- Generation and publication of new abortion-related research
- Collection and presentation of evidence to drive advocacy work

Several research studies were carried out as part of the project to generate evidence useful for advocacy. In Kenya, KOGS undertook facility assessments to evaluate the readiness to implement post-abortion care services in Kajiado county and used this to produce a paper and advocate with the county Ministry of Health for needed improvements (paper submitted for publication). Similarly, AMOG in Mozambique conducted facility assessments across three provinces to assess health system readiness to implement national safe abortion guidelines, including the provision of commodities, which has been used to advocate with the Ministry of Health on gaps that need addressing and also forms the action plan for the coalition working on safe abortion in the country. SPOG in Peru conducted research studies including some that provided evidence to dismantle common myths that abortion results in psychological damage.[31,32] SOGOCI in Côte d'Ivoire carried out a research study into task sharing that showed that it was safe for midwives to carry out manual vacuum aspiration as part of postabortion care services. AOGU in Uganda supported a number of small-scale research studies on topics such as an evaluation of the impact of VCAT trainings, pain control in abortion care, prevalence and factors associated with second-trimester abortion, and knowledge of complications, practice, and attitudes of induced abortion.[33] In Zambia, ZAGO produced new studies looking at the magnitude, determinants, healthcare service provision, barriers to access, and patient perceptions of unsafe abortion in Zambian women.[34] In some cases, the societies used this evidence to develop policy briefs; in Cameroon the society did this for use with policy makers from the relevant ministries and the topics are currently under consideration by the relevant ministries.[35]

As well as conducting research, some societies worked to improve national-level data collection by relevant authorities, or by starting to collect their own data to demonstrate the importance and utility of national-level data being collected, such as in Benin and Mali. In Panama, SPOG had great success through consolidating data from the dual healthcare system and implementing the digitalization of maternal data collection nationwide. This has considerably increased the data available for future studies on all aspects of maternal and neonatal health, including on abortion care.[19] In Uganda, AOGU commissioned research to show the gaps in national-level data collection and the missed opportunities therein.[36] This was discussed with the Ministry of Health and other relevant ministries as part of the Joint Ministerial Forum, and advocacy work is ongoing to bring improvements to national data collection.

The final evaluation noted the important gains from pathway five on research and data, while highlighting the need to always ensure it is used for advocacy rather than generating data and evidence as an end in itself.

4 | DISCUSSION

The results showed the diverse ways that ObGyn societies demonstrated national leadership in SRHR and advocated for safe abortion in their countries. The following sections unpack and explore some of the key themes and patterns illuminating contextual differences, challenges, and factors for success.

4.1 | Navigating organizational and national contexts

Experiences in project implementation highlighted the critical role of the organizational context and the external social, legal, and political landscapes that influenced ObGyn societies' advocacy work and approach. From the outset, these factors influenced how they ensured buy-in from internal and external stakeholders, as well as how they responded to opportunities and addressed challenges and barriers. Regarding internal stakeholders, society leadership buy-in was a critical first step to begin implementation of the project, and without their support the project (and safe abortion advocacy) could not take place. For one society, internal opposition greatly delayed the start of the project. For others, this likely affected the approach and effectiveness at times. Regardless of whether the society was young or well established, supportive leadership and strong organizational structures were shown to be drivers for building a culture for sustainable safe abortion advocacy. In addition, the project provided space to operationalize various policies and systems that strengthened societies as organizations and were believed to contribute to the sustainability of their operations. Given that executive functions in most societies change every 2 years, changing leadership could affect the ability to work on the topic of abortion. Some societies put in place measures to ensure that abortion would remain an important focus despite leadership transitions. These included the development of position statements or commentary on abortion, establishing SRHR subcommittees and formal agreements with their network and partners.

The project operated in many challenging national contexts. The chosen advocacy objectives, the route needed to achieve them, and the entry points with stakeholders had to be pragmatically chosen and context specific. In highly restrictive settings, for example, aiming for legal reform or decriminalization was not considered possible; to do so may have had serious repercussions,

such as excluding members and partners and legal threat from antichoice organizations (one society was threatened with prosecution from an antichoice organization even though they were not pushing a legally progressive agenda). Instead, opportunities were taken that opened the door to communication and started building some levels of acceptance. Where abortion was only permitted to save a woman's life or in the cases of rape or incest (Cameroon for example), the specific focus was given to messages contributing to improved comprehensive abortion care in these cases. These societies were able to work to dispel the myth that all abortion was illegal, remove some of the barriers to accessing abortion under these circumstances, raise awareness and empathy for these women, as well as create enabling environments to increase the number of healthcare workers providing abortion services. In other settings (Côte d'Ivoire and Kenya for example), it was noted that postabortion care was often used as the entry point to discuss abortion-related issues. This gentler approach often meant that even oppositional parties would converse with the societies on SRHR and consider improving access to services; such an approach also helped spread awareness and tackle abortion-related stigma.

4.2 | Advocacy narratives and allied communications strategies chosen

In addition to the different objectives selected by the societies was *how* they framed their arguments. While throughout the project various narratives were introduced and discussed, the key argument most heavily replied upon was the public health perspective—unsafe abortion as a key contributor to high rates of preventable maternal mortality and morbidity. This narrative is both a good fit for medical organizations, was familiar to many through previous work (with FIGO and others), and was seen as the one most likely to bring action from decision-makers. Another example of this narrative was the harm reduction framing that some used as an entry point to find common ground and even acceptance, especially in restrictive national contexts. While the overall project was named Advocating for Safe Abortion, many societies chose to use the name "prevention of unsafe abortion". Throughout the project a human rights narrative was encouraged through training and involvement with UN mechanisms, although this argument around the human right to make decisions that affect one's life and body were only used later on in the project cycle by some societies and usually with a targeted set of stakeholders.

The project aimed to further build communications competencies at the societies, although based on national contexts there was not a one-size-fits-all approach and, at times, there was a tension between the use of images and communication approaches by national member societies and what is considered by some organizations to be the best way to communicate on the issue of abortion/SRHR. For example, the Kenyan society felt that it was important for its internal advocacy with ObGyns to use graphic images to demonstrate the consequences for women's lives and bodies when they are denied access to a safe abortion and forced to seek an unsafe abortion. However, in society sharing learning circles, the risks of such an approach were raised by members of the Zambian society as they drew on the learnings from advocacy regarding HIV/AIDS, and how graphic images can contribute to stigmatization and blame of the people living with HIV/AIDS as well as the health issue itself. Similarly, the stigmatizing risks associated with the use of images of women with pregnant stomachs and fetuses were raised by partner organizations with SPOG Panama as contributing to the stigmatization of abortion care, particularly regarding the inaccuracy of using such images given that the majority of abortions take place under 10 weeks of pregnancy. A third example was the promotion of abstinence, which the Zambian society found to be a workable entry point to promote youth-friendly SRHR services and avoid backlash, while getting support from integral faith-based allies.

The ASA Project has facilitated honest and safe places for ObGyn member societies to have frank discussions on the challenges that each must consider and face regarding how they position themselves and how they communicate. Communication trainings on abortion were also conducted with ObGyn member societies, to further sensitize them on the importance of understanding and applying human rights-centered language, how to obtain and use images ethically, and the pros and cons of certain positioning.

4.3 | Benefits of partnerships

Strengthened networks and partnerships proved to be an essential strategy for effective advocacy in this initiative. Diversity and complementarity of network partners was a critical factor for a successful network, with national ObGyn societies often relied upon for providing technical expertise, and often for liaison with the Ministry of Health. Limited other factors related to network establishment correlated with success across the 10 countries. For example, some networks were very large, which sometimes slowed decision-making and collective action, but did bring strength from diversity. Where some networks were pre-existing, others had to be initiated as part of the project. Pre-existing networks may have been able to move decisions and actions forwards more quickly due to their familiarity and experience of working together, but in some instances these pre-existing networks were more inflexible because they were unable or unwilling to change from a fixed course, or were reliant on individual actors within the network. Success was seen in some instances via the development of joint action plans that outlined each organization's role and remit, and this would be a recommendation for future initiatives. The project showed the importance of involvement of national ObGyn societies (and their networks) with their respective Ministries of Health, and it showed in some instances that this can be done successfully via direct involvement through the network.

4.4 | Successes and challenges working with diverse stakeholders to increase acceptance of abortion

The most consistent activity applied by all societies was VCAT and sensitizations on the legal framework, which contributed to changed perceptions toward safe abortion. These trainings were used in various ways with diverse stakeholder groups and the data presented add support to existing evidence on the effectiveness of VCAT workshops to address internal resistance and build support for SRHR and abortion.[22] The evidence also anecdotally supports the assumption that training to understand the legal context better would lead to an increase in service provision. Unfortunately, data on this were not collected consistently across the countries (such as pre- and post-tests or longer-term follow-up). While societies adjusted their VCAT to different audiences, these data would perhaps have provided more insight into which components work best with which audience, and further evidence of the need to continue funding this element. While the societies reached a large target audience, there is much more to be done, and with many people, multiple interventions would likely be needed to bring lasting attitude and practice change.

The evidence collected throughout the project substantiates the view that societies are well positioned to carry out advocacy efforts due to their credibility, leverage of clinical technical expertise, their position with key stakeholders including government ministries, and their ability to bring together different cadres of practitioners, who are often the first point of contact for women. Their privileged position facilitates linkages between key community stakeholders such as chiefs and marriage counselors in Zambia, traditional healers in Cameroon, cultural leaders and village health committees in Uganda, and religious leaders in Benin, Côte d'Ivoire, and Mali. While there is compelling evidence of ObGyn societies' success working with healthcare professionals, health systems, clinical practice, and policy/law on abortion,[6–14] this project also demonstrates their successful ability to influence nontypical stakeholder groups, such as religious and traditional leaders and healers, young people, police/judiciary, media, and the public.

4.5 | Final reflections

This project was an advocacy project that on one hand provided a promising foundation for long-lasting change and on the other revealed the complex and lengthy processes necessary for achieving national-level change or change in health outcomes. The short project timeframe does not allow observation of the longer-term outcomes that the work is intended to eventually yield. As mentioned previously, work to improve attitudes takes considerable time, networks too require longer-term investments to become fruitful. For example, the project was continually shaped and influenced by feedback loops on what was working and areas for growth. Bringing the societies in each region together to share, learn, and inspire each other facilitated this process, although this took time to establish. By year three, convening the ObGyn societies had resulted in a cohesive group of experts, taking each other's successes forward in their own contexts. These factors demonstrate the need for long-term investment in national societies to continue work that is sometimes slow moving but is nonetheless essential to see progress on long-term goals.

Another factor that strongly determined the productivity of this work was having a project management unit in the societies to drive the advocacy agenda and activities. ObGyns involved in a society's work do not always have sufficient time to organize the variety of activities needed to implement the project. Similarly, having non-clinical staff take roles in communications, finance, monitoring, and evaluation ensures key influencers can focus on their critical area of impact. Although the project has strengthened societies to be better advocates for SRHR and make strides in safe abortion advocacy, the pace at which they will continue to do so will undoubtedly slow without dedicated staff or funds.

For FIGO, working with these ObGyn societies has been an important element in its commitment to SRHR. FIGO will continue to advocate for improved access to safe abortion through work with national ObGyn societies, international campaigns, and education through its scientific journal, conferences, webinars, and communications. Especially given the current climate, work on international, regional, and national levels must continue, with ObGyn societies remaining actively engaged on this topic to ensure gains are not lost and movement continues toward improved health and human rights for women and girls. This article demonstrates yet again the natural role of ObGyn societies as national leaders in SRHR, and their vital role in improving access to safe abortion.

AUTHOR CONTRIBUTIONS

Jessica L. Morris contributed to conceptualization, methodology, and supervision of the project and was responsible for overall paper concept, design, and coordination of writing. Irene de Vries contributed to conceptualization, methodology, and validation of the project. Sinéad Armitage, Jema Davis, Matthew Pretty, Jameen Kaur, Sophie Ea, and Jane Seok all had key roles in delivering the project. All authors were involved in writing and editing all sections of the paper and all approved the final version.

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CONFLICT OF INTEREST STATEMENT

IdV is a researcher for KIT, the organization contracted by FIGO to inform the design, monitoring, evaluation, and learning of this project. Other authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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