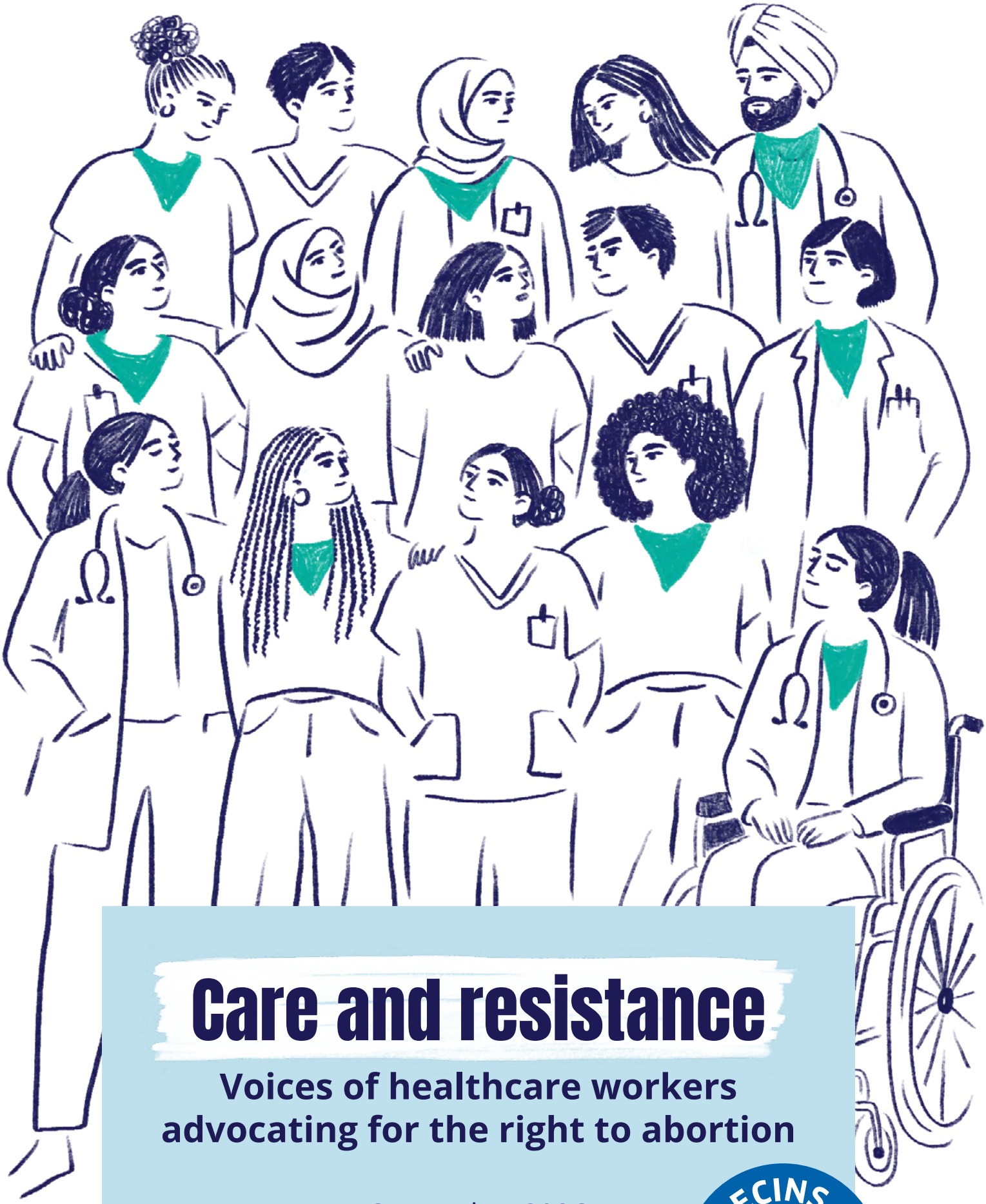

Care and resistance

Voices of healthcare workers advocating for the right to abortion

September 2026

MÉDECINS DU MONDE

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Acknowledgments

This report has been produced thanks to the generosity and engagement of the healthcare and support staff who agreed to share their stories, sometimes in contexts where defending the right to abortion involves putting themselves at risk. We would also like to thank MSI Reproductive Choices and Ipas for their valuable support which has helped to ensure the depth and diversity of these experiences is heard.

Foreword

"Abortion is essential healthcare".

It's a simple, routine procedure, yet it's still one of the few healthcare interventions to be criminalised in multiple countries. This has devastating consequences – restrictive laws don't prevent people from having abortions, but they do determine the conditions in which abortions can take place, at the expense of women's health, dignity and sometimes their lives.

Legal advances achieved in recent decades as a result of the efforts of feminist movements have enabled millions of people to gain autonomy and make decisions about their bodies and their futures. However, these achievements remain fragile and access to abortion is still very unequal. Where you live, your income, your age, your migration status and your exposure to violence can still influence your ability to exercise this right. Today, around **40%[1] of women don't have the right to terminate an unintended pregnancy.** Every year, restrictions and conditions around access to abortion lead to unsafe abortions that result in around **39,000 deaths[2] and almost 7 million hospital admissions[3] globally.**

This situation is part of a wider offensive against equality and human rights which encompasses anti-gender strategies and attacks on sexual and reproductive rights, LGBTQIA+ people and migrants. In the face of this rise in conservative and anti-rights movements, defending access to abortion also means defending the notion of a society based on equality, fundamental freedoms and the ability of each individual to freely make decisions about their body and their life.

For Médecins du Monde, as a health organisation, our response lies in providing care and when that care is not provided the consequences can be devastating, as we have seen over many years in the places where we work.

Our approach is enshrined in our history. Since the beginning, MdM has developed and promoted a **harm reduction** approach, especially with regard to people whose activities are criminalised. This involves distributing sterile equipment and substitution treatment to people who use drugs and offering care and support to people involved in sex work. Here, in the same way as in access to abortion, it's about starting from people's realities rather than judging them or making their access to healthcare conditional on them changing their behaviour. It's a pragmatic, public health approach. Facilitating access to abortion when it's restricted or even criminalised is therefore fully in line with MdM's history and with this approach to healthcare provision.

1. Data from the Center for Reproductive Rights, 2024.
2. WHO data, 2022.
3. WHO data, 2025.

Many healthcare professionals I've met talk about their experiences of two opposing realities. First there are the potentially drastic consequences when people are prevented from accessing abortion care – someone who arrives too late, a complication that could have been avoided or sometimes a woman who dies due to a lack of care. Then there is the other side of the coin represented by the power of healthcare when it enables access to safe and dignified abortion care by informing, listening, supporting, caring and giving individuals the chance to decide for themselves. Sometimes, by providing abortion care, we are also redressing the consequences of injustice. Defending access to abortion means enabling each individual to choose the care that works for them, whether that's a conventional medical procedure, a self-managed approach or community-based care. Access to information, medicines and different forms of follow-up care are not mutually exclusive, they are complementary. Offering a choice of self-management, local care or referral to the health system, depending on need, contributes to better health and greater autonomy for each individual.

Since the 2010s, defending the right to access to abortion has played an increasingly important role in MdM's strategy. This development has been driven primarily by the teams on the ground who are seeing on a daily basis the health, social and psychological impacts of lack of access to safe abortion. It's this experience and these voices from the ground that have made us want to take this campaign to a wider audience.
The testimonies contained in this report come from the intersection of health, human rights, feminism and social justice. They highlight the experiences on the ground and show the realities faced by healthcare professionals, but they also demonstrate the powerful impact of their actions. The accounts reflect people working in very different contexts but they all share the same conviction that ensuring access to safe, dignified and freely chosen abortions requires unwavering commitment.

By publishing their testimonies we are reaffirming the place of healthcare workers and support staff in the development of healthcare and in defending the right to abortion. They are often part of a medical profession that is still seen as vertical and paternalistic, but they have nevertheless helped to change the care relationship and the way healthcare is practised and viewed. With this report, we hope to show a different way of practising medicine – delivered alongside the patient and taking account of their choices, their reality and their way of life.

Sandrine Simon, Executive Director of Médecins du Monde France

I. Médecins du Monde and the right to abortion

Since it was founded in 1980, Médecins du Monde has campaigned to ensure access to healthcare for the most vulnerable and to bear witness to rights violations in the places where we work. MdM believes that bodily autonomy is an essential foundation of human dignity and freedom and over the years we have established ourselves as an organisation committed to sexual and reproductive health and rights.

Drawing on the expertise gained from the programmes we run and maintaining the harm reduction approach we have adopted since the start, we are working to strengthen our international advocacy work. At major conferences and in decision-making forums on global health, we speak on behalf of our members and those we care for to remind people that abortion is not just a rights issue but also a key public health challenge. We focus on strong networks by running campaigns alongside local feminist organisations and sharing and supporting their messages – our approach is always about listening to people. Every year around 25 million abortions are performed worldwide in dangerous conditions, leading to 39,000 deaths and millions of avoidable hospital admissions.

The erosion of rights seen in numerous parts of the world in recent years has led us to redouble our efforts. The overturning of the Roe v. Wade judgment in the United States in 2022 was an important alarm call for MdM and all organisations committed to upholding the right to abortion as a fundamental right. In response to the rise in movements opposing sexual and reproductive rights, the different sections of Médecins du Monde decided that the next step was to strengthen our operational engagement. Specific resources have been dedicated to supporting access to abortion in the areas where we work, developing information about rights, supporting local partners, especially feminist organisations, and promoting innovative approaches such as self-care.

Médecins du Monde is now focusing on a reproductive justice approach which seeks to guarantee that everyone has the right to decide freely whether or not to have children and to bring them up in dignity. This vision is part of a wider campaign for gender justice and against inequalities that limit access to healthcare. It is based on an intersectional approach which takes into account the multiple forms of discrimination and exclusion that affect health pathways.

This evolving approach has also led MdM to adopt a more clearly feminist position. In close collaboration with the people affected, local partners and rights movements, Médecins du Monde is working to bring about lasting change in access to healthcare and sexual and reproductive rights. We promote high-quality services centred on people's needs, campaign against disinformation and work to remove the financial, geographical, administrative, legal and socio-cultural barriers that block access to healthcare.

In places where rights are restricted or criminalised, Médecins du Monde sees access to abortion as essential care. When policy or regulatory frameworks compromise people's health or lives, we prioritise our medical duty and the interests of our patients. This means continuing to provide essential care, supporting local networks and developing self-care approaches which help to give people greater autonomy and self-determination.

This work is especially important in humanitarian settings. Crises, conflicts and population displacements cause an increase in sexual and reproductive health needs at the same time as health systems are collapsing and access to services is restricted. Yet despite their vital importance, contraception and safe abortion continue to be the most overlooked components of the Minimum Initial Service Package (MISP) established for humanitarian responses. Médecins du Monde is therefore committed to integrating these services into our emergency responses and to promoting their recognition as essential healthcare interventions.

In places where access to abortion is permitted, MdM campaigns against stigmatisation and barriers to access, whether they are administrative, geographical or come from the medical profession.

MdM today reaffirms its unequivocal commitment to the right to safe abortion, in accordance with World Health Organization recommendations. We defend access to abortion without stigmatisation, violence, criminalisation or unjustified barriers. This commitment guides our action on the ground, as well as our partnerships, advocacy and decision-making as an organisation. It reflects the central belief held by healthcare professionals for many years that access to abortion is a fundamental right and essential healthcare which should never be dependent on where someone lives or the circumstances they find themselves in.

Methodology

This report is based on a collection of voluntarily provided testimonies gathered in July and August 2026 from Médecins du Monde's networks and partners. A call for contributions was shared widely, targeted at MdM teams and partner organisations, as well as healthcare professionals, support workers and institutional bodies involved in access to abortion. The participants were invited to record in writing or by video their experiences, the reasons for their engagement and situations that have influenced their professional life or campaigning activities.

This was not a scientific research project and it was not intended to produce representative results. The aim was primarily to collect and use accounts of experiences from a wide range of settings to facilitate a better understanding of the reality of people who work on a daily basis to ensure access to abortion. It was decided to focus on the voices of healthcare professionals and support workers, without trying to speak on behalf of those who seek abortions.

In total 33 written and 14 video testimonies were received. The contributions came from 15 countries covering a wide range of settings from Myanmar to the United Kingdom, Benin and Mexico and many different roles from social workers to gynaecologists, midwives and doctors. They reflect the diversity of experiences around access to abortion across the world. For editorial reasons and considerations of length, we have not been able to include the full testimonies in this report. The texts presented here are a selection of extracts from the written contributions and transcriptions of the video testimonies. Together they offer an insight into the wealth of experiences and actions encountered through this initiative.

II. Voices from the field - care, support and resistance

The 47 testimonies collected allow us to hear voices from very different contexts, countries and career paths. But alongside this diversity, a common thread runs through all the accounts. Access to abortion is not solely a matter of legal texts, it is also a question of healthcare practices, the relationship between professionals and the people they support, the capacity of health systems to meet demand and, more broadly, the social and political conditions that enable – or prevent – decisions to be freely made.

One thing emerges very clearly: **providing support for an abortion does not mean making a decision on behalf of the individual concerned.** The healthcare professionals talk about a concept of care based on listening, providing information and non-judgment.

The testimonies also provide very concrete examples of restrictions, conscientious objection, **administrative and financial barriers and discrimination** which are more likely to affect certain people, including teenage girls, migrants and refugees, survivors of violence and people living in vulnerable situations. In these cases, providing support for an abortion sometimes means seeking to **remedy as far as possible the impacts of an unequal system.** The stories also demonstrate the capacity of healthcare to produce the opposite effect – fostering autonomy, bringing relief and restoring dignity.

Finally, behind the professional practices lies **a broader conception of the role of healthcare in society.** Several testimonies describe providing abortion support as a form of resistance – resistance to stigma, shaming, moral imperatives and the urge to make decisions on behalf of other people. This resistance does not depend solely on access to a medical service, it can also be based on self-care, that is the ability of individuals to manage certain stages of an abortion themselves with the aid of good information and appropriate support, while still having access to healthcare when they need it.

Two main themes emerge from the responses collected. The first concerns **the relationship between healthcare and the role of professionals in the individual's decision-making process** – looking at how people can be enabled to make a free and informed decision within a framework based on listening and non-judgment. The second considers the broader picture **of what these practices say about society and the place of abortion in the struggles for autonomy, equality and human rights** and how healthcare can, in some contexts, become an act of resistance.

1. Listening, informing and supporting - making a free and informed decision possible

SUPPORT WITHOUT JUDGMENT, RESPECT WITHOUT MAKING A DECISION ON SOMEONE ELSE'S BEHALF - A DIFFERENT WAY OF THINKING ABOUT HEALTHCARE

"To create truly person-centred medicine, we first have to agree to dismantle the control historically exercised by the medical profession. For too long feminist movements have thought about emancipation without taking healthcare professionals into account and this is a criticism we should heed. Today, our role is to be active allies, to work with women in a relationship of complete trust to support their capacity to act."

Najat, midwife and SRHR advisor for MdM.

"It's not our role to make the decision for them." Variations of this sentence are found in many of the testimonies and it sums up a shared approach to care based on autonomy. Supporting someone seeking an abortion is above all about providing information, listening and offering support without judgment or pressure, while fully recognising people's capacity to make their own decisions.

In the words of a nurse in Mexico:

"Supporting doesn't mean directing".

The role of the professionals is to use their knowledge and skills to help the individual, without it becoming a substitute for the individual making their own decision:

"Our knowledge can't replace their decisions, it should be used to help them".

Claudia, a mental health professional in Mexico, emphasises:

"Our role is to provide person-centred care, give clear information, offer support without judgment, respect the individual's autonomy and identify their specific support needs."

This stance, which may seem self-evident, takes on a particular significance in the case of abortion, a healthcare intervention still surrounded by taboos, moral norms, judgment and power relations. In the testimonies, providing support in response to someone seeking an abortion means first and foremost providing information, listening, answering questions and explaining the different options and their consequences. It also means giving the individual the space they need to make their own decision. **Care means not directing someone towards a decision, it means enabling them to make their own free and informed choice.**

The testimonies from Ethiopia illustrate what this approach involves when access to care is directly limited by the legal framework. A midwife describes helping a 17-year-old girl who feared the social consequences of both a pregnancy and an abortion. In a safe space the midwife listened to the girl's concerns in confidence, provided her with the information she needed and supported her in her decision and throughout the abortion procedure.

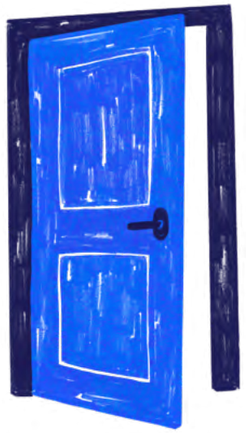
"My first responsibility was not to make decisions for her but to listen"

the midwife explained.

Respecting the autonomy of individuals means recognising that wanting or not wanting a pregnancy is a deeply personal experience which does not have to be justified in order for it to be respected. **The role of the professional is not to approve or even to understand the individual's decision but to create the conditions in which they have the freedom to make their own choices.** A gynaecologist talked about a conversation with a patient who was distressed about the stigma associated with this medical procedure:

"I reminded her that it was her own morals that were most important. That those who condemn are no more in the right than those who support. That her choice, if she decided on a termination, deserved the same respect as if she decided to continue with the pregnancy and vice versa."

A PERSON-CENTRED APPROACH: CREATING SAFE SPACES AND GUARANTEEING CONFIDENTIALITY



The stories highlight the importance of **creating safe spaces,** protected from the mechanisms of stigmatisation and shaming that too often surround abortion. These safe spaces help people to feel they can speak freely without fear or judgment.

A gynaecologist talked about how individual consultations where a woman can be examined without her husband become "much more than a medical consultation". They become confidential conversations where it's possible to ask questions and openly express concerns. Dimitra, a gynaecologist in Greece, told us:

"Reproductive autonomy is, first and foremost, about creating a safe place where women can speak openly and make decisions about their own bodies. Sometimes, especially in situations like these, one of the most important things we can offer is not an immediate solution, but the reassurance that, perhaps for the first time, someone is listening, without judging them. That their voices are heard, loud and clear. No compromise, no shame."

Another testimony, from Bangladesh, reinforces this idea of active listening and **a person-centred approach as a prerequisite for care:**

"Supporting people in these moments requires more than sharing information. It requires listening, understanding their situation and responding without judgement... When someone comes to me, I first try to understand their situation. I ask questions, listen carefully and then provide guidance prioritising their choices. If I do not understand their situation properly, I cannot provide the right support."

For some people, especially those exposed to violence or pressure from their family or partner and those in very vulnerable situations, being able to speak to a professional one-to-one is an essential precondition for autonomy.

Other testimonies show how much this **relationship of trust can transform the experience of healthcare.** In Greece, a young woman who didn't have a residence permit or health coverage and was isolated with no support network gradually came to realise she was in a place where she was "believed rather than judged". Because she was able to ask questions and be involved in decisions about her body, she became more confident and regained her capacity to act. The healthcare professional who supported her summed it up:

"Ultimately, healthcare is not only about treating the body properly. It is about restoring dignity, safety and trust."

In another account, a woman who was accompanied by a man who did the talking for her needed time before she was able to speak. Information about her rights, guaranteed confidentiality and support to attend an abortion facility gradually helped her to regain confidence. A few weeks after her abortion she returned transformed – she now felt entitled to use the health service when she needed it.

Trust takes on particular significance when **fear itself is a barrier to accessing care.** In Sweden, several testimonies talked about migrant people without residence permits who feared being reported to the authorities or thought they couldn't afford treatment. A support worker noted:

"This reminds us that legal access alone is not enough. Rights must be known, trusted and practically accessible for everyone, regardless of migration status... Recognising the patient's vulnerability and a significant language barrier, the clinic immediately initiated a coordinated, multidisciplinary response... This cultural bridging established a secure, trusting environment, allowing the patient to articulate her fears and psychosocial needs without judgment."

REMOVING THE OBSTACLES TO ABORTION - THE ROLE OF HEALTHCARE STAFF

The stories collected show that listening without judgment is vital when working to **remove the obstacles that prevent a person's choice** from being implemented in practice. These may be linguistic, geographical, administrative or financial barriers; the fear of being reported; or the weight of stigma and isolation. In all cases, **the role of healthcare** is also to **create the specific conditions needed for the individual to exercise autonomy.** The testimonies also show that removing these barriers sometimes means adapting to the realities of people's lives rather than requiring them to conform to the way the health system works. This may involve finding a solution when confidentiality isn't guaranteed at home, accompanying someone who isn't able to travel alone or helping people to overcome administrative barriers. The support provided thus becomes a very concrete way of protecting the individual's ability to exercise their freedom of choice. A story from Ethiopia illustrates this:

"As a woman and midwife, this experience [of support] reminds me why access to safe abortion care is an essential part of a comprehensive health service. [...] ***As healthcare providers, our role is to ensure that no one is forced to choose between their health, their future and their safety because they cannot access the care they need."***

The stories also show that support is not restricted to a face-to-face consultation between a professional and an individual. It may involve a team, a network or community workers. In Bangladesh, a community health worker explained that, with some people, the first contact is made in the home. The support may begin well before a case formally enters the healthcare system and may continue beyond the clinical care the individual receives. In other cases healthcare workers mentioned real "chains of solidarity" which enabled someone to obtain the abortion care they sought.

This issue of barriers is one that concerned a gynaecologist in France who was outraged by cases where women only just managed to access a pregnancy termination in time due to differing interpretations of the length of a pregnancy:

"Because of the legal ambiguity due to the fact that the law just talks about '16 weeks' amenorrhoea', we decided collectively to take the 90th percentile as the threshold. How can such a precious right, in a country that has chosen to enshrine it in its Constitution, still depend on chance encounters, interpretations and the good will of those who make it possible?"

Testimonies from the Central African Republic, Ethiopia and Sierra Leone, in particular, show that professionals operating within restrictive legal frameworks may be profoundly affected by certain situations, such as a forced pregnancy, an illegal abortion with serious health consequences or even a death that could have been prevented. Such cases shine a light on **the real impact of criminalising abortion**, not just for the individuals concerned but also for those who treat and care for them.

One person talked about having supported a young woman who had been driven to pay for an unsafe abortion because her pregnancy was too advanced for her to have a legal termination:

"She survived, but she was forced to take a perilous, illegal and expensive path [...] The healthcare providers are on the frontlines. We are the ones who have to look into the eyes of desperate young girls and say 'no' because of a legislative line drawn on a piece of paper. We are the ones who lie awake at night wondering if that patient made it home alive. We are the ones who suffer moral injury when our ethics clash with the penal code."

Testimony from Ethiopia.

Such situations also present professionals with a difficult question: what does it mean to respect a legal framework if you know that not providing treatment or a referral may put an individual at serious risk of harm? It can give rise to **feelings of helplessness, ethical distress or conflict between what the law allows and what is required by the duty to protect someone in danger.** For some people these experiences become a tipping point, leading them to question the limits of the framework within which they work and, sometimes, to operate outside their strictly professional role to defend the right to access abortion.

The healthcare experience can thus become a political experience. Several of the testimonies help us to understand this shift from adherence to the existing framework to questioning it in the face of the realities encountered. Professional practice takes on an almost campaigning character, as demonstrated by the testimony of an Ethiopian healthcare worker:

"The girl's story reminds us that protecting reproductive rights is not only about providing clinical services, but also about safeguarding health, dignity, education and the opportunity to build the future they choose."

This demands **a rethinking of the place of the health system. Making autonomy possible doesn't mean medicalising each stage of the abortion process.** Reliable information, access to medicines and community support can enable people to manage their abortion themselves, knowing that they can access professional care if they need it.

For healthcare professionals and support workers, listening and support form the foundations of the caring relationship. However, in a context where abortion remains stigmatised or individuals' autonomy is regularly called into question, guaranteeing the effective exercising of this right may go beyond the realm of healthcare alone. The following testimonies explore this boundary – when does supporting someone in their decision become a conscious commitment or even a form of resistance?

2. Beyond healthcare: support as an act of engagement and resistance

The section above set out what is involved in supporting someone on their abortion care pathway: listening, providing information, respecting their decision and creating the necessary conditions for them to exercise autonomy. However, many of the testimonies include an additional step. **When people are confronted with stigma, discrimination, family or societal pressure, denial of treatment or laws that restrict their access to abortion, supporting them doesn't just involve responding to a request for healthcare, it may become a way of challenging the obstacles preventing their request from being heard.**

This was summed up by a Mexican nurse: "Supporting an abortion is a deeply human experience." The practice thus becomes "a form of resistance", a way of resisting the stigma that still forces many people to experience their abortion in fear or silence.

HninSi, in Myanmar, shared this:

"My dedication to safe abortion care is rooted in the women and girls I have seen, the stories I have heard, the colleagues I have learned from and the lives that could have been saved. As long as women and girls continue to face preventable suffering because they cannot access safe and dignified abortion care, I will continue to speak, learn, share and work for better solutions."

RESISTING STIGMA AND RESTRICTIVE NORMS

Several testimonies show how support can become an **act of resistance against the way abortion is viewed.** It involves allowing people to talk about their pregnancy and their decision without shame, to consider abortion as just one experience of healthcare and life among others. A midwife in Benin told us:

"Through these experiences it has become clear to me that access to safe abortion care is more than a medical intervention, it's a maternal protection measure, a way to prevent future vulnerabilities and protect the social fabric. For me, safe abortion should be recognised as an essential public health intervention, a strategic tool of reproductive equity and a human response to realities that are all too often trivialised."

For some people, this work is also **a way of contesting the social norms that designate maternity as an obligation.** A French midwife talked about how her professional experience had convinced her that wanting or not wanting a pregnancy is a very intimate experience that can be difficult to understand for those close to the person.

"One abortion story comes to mind. A woman had been undergoing fertility treatment for five years without becoming pregnant. She had come to terms with not becoming pregnant. Then a few months later, she conceived naturally and came to me for an abortion. She had no longer envisaged being pregnant... This story shows how wanting or not wanting to be pregnant is an internal process that is sometimes difficult to understand from the outside."

Defending the right to abortion thus means defending the possibility for people to make decisions about their reproductive lives, including when these decisions may not correspond to the expectations of the family, the couple or society.

RESISTING DISCRIMINATION AND EXCLUSION

Working in this area may also involve dismantling barriers which, beyond the law, result in inequalities in access. Many testimonies from migrants who are in vulnerable situations or face discrimination show that the right to abortion may remain theoretical if material and social conditions don't allow this right to be exercised.

In the United Kingdom, for example, a support worker talked about working with people who fear they will be reported to the authorities because of their migration status or who don't think they can afford to pay for their treatment. The worker's role involved helping people to overcome administrative obstacles and gain effective access to services:

"We are committed to ensuring that everyone can access safe, timely and compassionate abortion care. We believe that access to safe abortion is a fundamental right and we work to remove the barriers that prevent people from exercising that right."

The work here is in the gap between formal rights and the possibility of exercising that right in practice.

In Mexico, healthcare professionals also talked about wanting to address the issue of denial of care, in particular when it involves conscientious objection. Their work consists of trying to ensure that this doesn't become an obstacle to people accessing safe, dignified and informed abortion care:

"For me too it's a form of resistance. It's resisting the stigmatisation that still forces lots of people to go through an abortion in fear or silence. It's resisting the idea that someone else can decide what we do with our bodies. And it's also resisting the way we do healthcare, because too often we pay more attention to protocols than to people. My own experience taught me that barriers can change the course of someone's life."

Some stories reveal very practical forms of engagement. For example, organising appointments for a different purpose to enable a patient to access a termination without their family finding out about it or physically accompanying someone to hospital. One healthcare worker talked about a situation in France:

"So there were, establishing a system of 'false' appointments at MdM in order to go to the 'real' appointment at the women's centre."

Sometimes it means creating a pathway where the individual's circumstances prevent it. This kind of action is also found in community networks. In Bolivia, for example, there is a network of volunteers who support people before, during and after their abortion. These networks are established in places where institutions are not addressing the needs that exist.

"We help each other... What we're doing is not unusual. These local networks are helping women all over the world. Our collective is diverse – young and old, women who've had abortions and who haven't, lesbian women like me and my partner, trans and gay men, mums – even my own mum." [4]

The support becomes a collective practice of solidarity and mutual assistance which enables people to reclaim their agency in the face of systems that deprive them of it.

4. This quote is from a testimony collected by the organisation MSI Reproductive Choices and is accessible online here.

Jamal expressed his outrage:

"Since I was very young I've come up against taboos around abortion. Having spent part of my childhood and lots of holidays in Morocco, I saw at a very early age the real consequences of the restrictions on women's rights... When my family and I heard stories of unsafe abortions experienced by friends, neighbours or acquaintances, I felt a deep feeling of sadness and injustice. In response, a real sense of community gradually developed around us. We organised help for our friends, loved ones and sisters. Sometimes it was contributions to pay for travel from Nador to Casablanca or Melilla, other times it was just supporting them so they could access safe, dignified services. These experiences marked my childhood and shaped a promise I made to myself when I was very young: when I'm grown up I'm going to help my sisters."

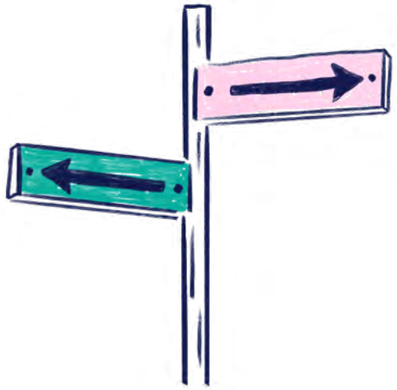
WHEN RESPECTING THE LAW MEANS PUTTING SOMEONE AT RISK

Testimonies from places where abortion is still criminalised add a more radical dimension to the issue. The experience of a midwife in Ireland shows how, in a situation where the law prevented healthcare workers from responding to a request from a woman who was a victim of rape, two professionals chose to break the law to help her access the care she needed.

"...I remember she had come into one of our maternal intensive care units because she was experiencing moderate bleeding, which suggested she was starting to miscarry. But the embryo still had a heartbeat and, despite her repeated requests for an abortion (she'd never wanted to keep the pregnancy), Irish law was very clear: she wasn't in immediate danger and the pregnancy was still viable, so we couldn't do anything apart from keep her in for observation. After a few hours when nothing had changed and we were struggling to relieve her increasing pain levels and she was repeatedly asking for the pregnancy to be terminated, the consultant and I mutually agreed to lie in the medical file. We noted that the heartbeat had stopped (which wasn't true) and initiated the protocol for abortion in the case of a non-viable pregnancy with bleeding. It was against the law but it seemed to us to be the best thing to do for that patient, and definitely the most humane. I'd have no hesitation in doing it again in a similar situation."

This story echoes other accounts, in particular from the Central African Republic (CAR) and Ethiopia, where professionals talk of being confronted with the drastic consequences of criminalisation. **The consequences of denying abortion are well known – the individual turns instead to dangerous practices, leading to serious complications and even death – so respecting the law can come into contradiction with what healthcare professionals consider to be their responsibility in relation to someone who is in danger.** This story from a doctor who refused to provide care to a young woman in the CAR shows the engagement it led to:

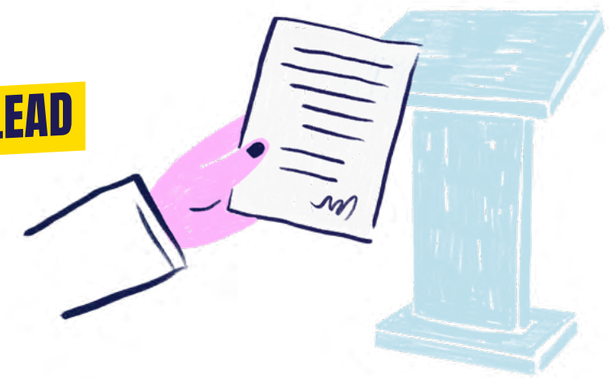
"I've often thought that if I had just referred her to the right services she might still be alive today. This experience profoundly changed my perception of abortion and the responsibility of healthcare professionals. It was a turning point for me. From then on I made a commitment to ensure that women and girls can access safe abortion services that provide a good quality of care and respect their dignity and their rights."



It leads to people questioning the rules they previously complied with and coming to the conclusion that **not acting is also a choice.** In Ethiopia, a support worker explained:

*"I tried to see the consequences to the client and her children if I refused to provide her this service. I am lucky there were no challenges. Because the risks were entirely professional and legal, I was engaging in a legal violation. If a facility or colleague discovered that the patient's file was based on an unverified claim to bypass the law, I would have to face a criminal prosecution, prison time and the permanent loss of my medical licence... **Restrictive laws do not stop the need for abortions. They only eliminate safe options and punish the most vulnerable women.**"*

THE PATHWAYS THAT START WITH HEALTHCARE AND LEAD TO RESISTANCE



The common thread running through these accounts is perhaps that engagement doesn't necessarily stem from a pre-existing activist stance. It may come from an encounter with an individual, an unsettling situation, repeated confrontations with injustice or an awareness of the real-life consequences of a law.

An Ethiopian midwife who, after seeing the consequences of unsafe abortions, chose to make access to abortion an integral part of her professional career and now defends the gains made through legislation against movements that seek to undermine them summed it up:

"As a medical professional, I want to be part of showing decision-makers the positive and life-saving impacts of legal abortion."

"I want to say to them: look at a young woman – no law should decide to end her life."

An Ethiopian midwife.

Her commitment is based on what she has seen – the effects of a health policy are not abstract when you can directly observe the impacts on bodies and lives.

Other testimonies defend the idea that access to abortion involves **applying your skills and resources to a collective struggle for human rights.**

These stories show that providing support can become an act of resistance when it refuses to allow stigma, social norms, discrimination or criminalisation to determine what a person can do with their body. **In this case resistance does not necessarily mean disobeying the law – it may start with providing information and guidance, protecting confidentiality, giving support, establishing solidarity networks or just refusing to judge.** But in some contexts it may also lead to breaking the rules if they put people directly at risk.

As well as the healthcare aspect, these testimonies also reveal **a political side to providing support.** Defending access to abortion means defending the possibility for each individual to make their own decisions about their reproductive life. It also means challenging power relations, norms and policies that seek to restrict this capacity to act.

Marion, a midwife in France, prompts us to ask questions:

"We need to be able to collectively question our current practices in France in light of what has already been shown in other countries. For example, the repeal of laws that limit the statutory time limit for access to abortion in Canada or the introduction of self-managed abortions where an individual can manage the whole medical abortion process or part of it at home if they wish to, as recommended by the WHO for the last few years."

In a context marked by the advance of conservative movements and repeated challenges to sexual and reproductive rights, many professionals expressed **the belief that remaining passive is not an option.** The knowledge we have today about the consequences of barriers to abortion are unequivocal – not acting is also a choice, with real repercussions for health, dignity and sometimes the lives of the individuals concerned. The testimonies illustrate how healthcare can become a space for advocating for rights, social justice and self-determination.

The option of a **self-managed medical abortion is now a key tool for strengthening individual autonomy and reducing the obstacles to access to pregnancy termination**. This approach is recommended by the World Health Organization when it is part of a framework that ensures access to reliable information and to healthcare professionals when necessary. It also helps to limit the impact of restrictions and anti-rights movements on the abortion process. Increasing numbers of healthcare professionals see it as a way of restoring power to those affected and to continuing the demedicalisation of abortion without compromising on quality.

"Abortion and self-care are not threats or demedicalisation by default – this is just one reality: women have the power to do it. Self-management is an extension of our healthcare support, centred on people's actual needs. As healthcare professionals, we should promote this approach without hesitation because it's the key to woman-centred, emancipatory medicine that is firmly focused on autonomy."

Najat, midwife and SRHR advisor for MdM.

Rather than providing a single definition of abortion practice, the testimonies gathered here present a **shared ethics of care:** informing without compelling, listening without judging, supporting without deciding on someone else's behalf, providing medical care when necessary and facilitating autonomy when possible. They also show that healthcare professionals do not simply witness the policies around abortion – through their practice, their choices and their actions, they can actually help to transform the conditions for accessing abortion services.

III. Recommendations

The testimonies in this report serve as a reminder that abortion is not just a health issue, it's also a matter of law, autonomy and social justice. Behind each individual experience lie the very real consequences of the administrative, geographical, financial, political and symbolic barriers that continue to hinder access to abortion in many situations. The stories also shine a light on the commitment of healthcare professionals, support workers and campaigners who work every day to ensure everyone is able to decide freely about their reproductive future.

Based on these testimonies, Médecins du Monde has formulated the following recommendations which seek to respond to the key challenges highlighted here.

1. Protect and support healthcare professionals and rights defenders

Professionals who perform or provide support for abortions and advocates of sexual and reproductive rights play an essential role in making access to abortion possible. Their commitment must be recognised and supported and they must be able to carry out their activities without being subjected to threats, prosecution, discrimination or violence. In the light of increasing attacks by anti-rights movements, particular attention must be paid to protecting abortion providers, support networks and organisations and feminist campaigners. It is also important to reaffirm the legitimacy of the role of healthcare professionals who work with people seeking an abortion and to ensure they have a framework for their practice which protects them against pressure and attacks.

2. Guarantee reliable information and promote a positive narrative around abortion

Public authorities and healthcare agencies must ensure provision of reliable, comprehensible and accessible information on rights, abortion methods and ways to access care, especially for those who are most disconnected from the health system. Account must also be taken here of the need for translation and interpreting. Against a backdrop of rising conservative and anti-rights rhetoric, defending access to abortion also means challenging narratives that present it as a shameful, traumatic act and seek to impose a single interpretation of sexuality, maternity and family. We need to collectively promote a positive and emancipatory narrative of abortion founded on rights, autonomy, freedom, health and social justice. This narrative must be based on reliable scientific data to counter disinformation and help challenge shaming and stigmatisation around abortion. Particular attention should be paid to the digital space where there is widespread misleading and shame-inducing content.

3. Support feminist and community movements that make access to abortion possible

Feminist movements are at the heart of progress around the right to abortion and campaigning for access to abortion services. Whether these movements exist as organisations or networks or are more informal in structure, they play an essential role in informing, guiding, supporting and defending the rights of those who seek abortions, including where the healthcare system is inadequate or the legal framework restricts access to care.

They must be recognised as fully fledged stakeholders in the matter of access to healthcare and must be provided with sustainable support, especially through long-term funding and protection against intimidation and attacks.

4. Recognise and support self-management for abortion

Self-management approaches, especially self-administered medical abortion, must be recognised, promoted and supported. These processes enable individuals to have more control over their abortion and their health, without consultation with a professional or healthcare facility automatically being a condition of access to care.

This approach involves a feminist and 'demedicalisation' perspective which recognises individuals seeking an abortion as agents of their own health and challenges the concentration of knowledge and decision-making power in the hands of professionals. At the same time, it must take into account social inequalities and different degrees of room for manoeuvre depending on the situation. Health systems must be regarded as supporting people's power to act and not as obstacles. This includes training professionals in these approaches and co-designing tools with the individuals affected.

In addition to the recommendations drawn directly from the testimonies, MdM has put together a wider set of recommendations to ensure the right to abortion and effective access to abortion services. These recommendations are based on a **reproductive justice** approach and, more broadly, on **social justice**. Guaranteeing access to abortion for all means paying particular attention to those individuals who face the greatest obstacles and who are furthest from the health system.

1. Fully decriminalise abortion and remove the barriers to access[5] (gestational limits and obstacles related to the conscience clause) in order to guarantee access without any unjustified criteria, conditions or restrictions.

2. Put reproductive justice and social justice at the heart of policies on access to abortion
Guarantee effective access for those who experience the greatest obstacles, in particular by ensuring access is **free of charge** and by removing administrative barriers, especially those related to migration status; establish centres and mobile facilities near to where people live; guarantee **professional interpreting provision** and take into account needs around mobility and confidentiality.

3. Integrate comprehensive abortion care into the humanitarian response from the earliest phases of a crisis, especially through the **Minimum Initial Service Package (MISP).**

4. Allow more healthcare professionals to perform abortions through more sharing of tasks and skills, in particular by allowing midwives to perform **surgical abortions** and allowing **community health workers** to help with access to abortion within the scope of their competences.

5. Prevent unintended pregnancies by guaranteeing access to comprehensive sexual and reproductive healthcare services and particularly through the development of comprehensive sexuality education, access to reliable information and the removal of barriers to a wide range of contraceptive methods. These contraceptive methods should be **accessible and free of charge, with particular attention paid to emergency contraception** which should be able to be **supplied in advance.**

5. This is included in the World Health Organization (WHO) recommendations published in 2022.

IV. Call to action

Get involved, speak up, stand together - let's take action!

In light of the efforts of anti-rights movements to erode rights and induce shame around abortion, silence and inaction are no longer an option. The testimonies in this report remind us that our role does not end at the door of our offices or healthcare facilities.

Standing by individuals who seek abortions means rejecting a position of neutrality and taking action to promote medical care that is emancipatory, feminist and rights-respecting. It means being part of the solution rather than part of the problem. It sometimes means disobeying laws or regulations that are in contradiction with our duty to protect and provide care.

Defending abortion means defending a society where each individual can make decisions about their own body and life and build their own future. It means defending freedom, equality and autonomy.

Healthcare is an act of resistance. Our voices as healthcare professionals who support people seeking abortions are an extension of this. It is our place to take action so that no one is forced to risk their health, their dignity or their life to make decisions about their body and their future.

GRAPHIC DESIGN AND ILLUSTRATIONS
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My body,
my choice
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