



# Safe Abortion Care in Red Cross and Red Crescent (RCRC) Emergency Response Units

“Sexual Health and Rights under Pressure:  
Resistance and Challenges”

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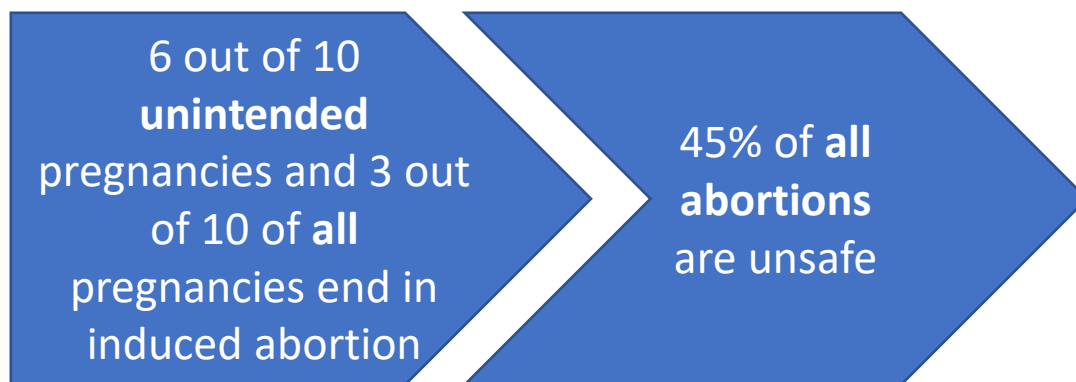
# What are Emergency IFRC Response Units (ERU)?

- Teams of specialized personnel and equipment that can deploy at short notice to sudden and slow on-set disasters.
- Health ERUs provide a range of preventative and life-saving clinical and public health services in support of government health systems. These can be for instance mobile emergency clinics or hospitals.
  - IFRC-WHO Red Channel Agreement on the Emergency Medical Team (EMT) Initiative

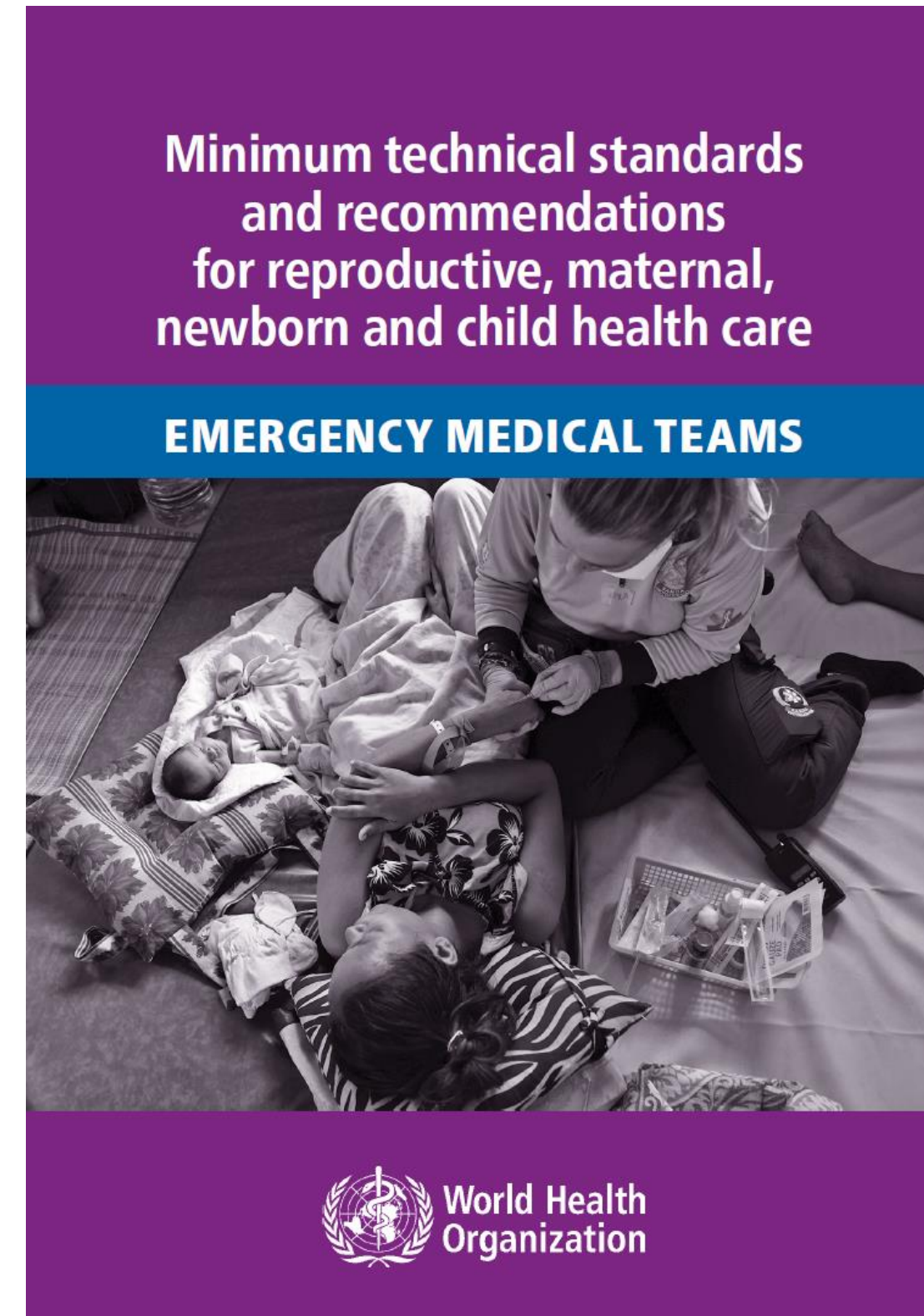


# Some of such WHO EMT standards relate to SRH, and specifically to Safe Abortion Care:

- All teams should offer management of complications of abortion (**post-abortion care**)
- All teams should **offer, or ensure access to, safe abortion care** to the fullest extent of the law in the context within which they are working.



At the IFRC therefore, we started working on the integration of SAC into clinical ERUs



# Resistance and challenges to SAC *within* the RCRC movement health teams: What are the drivers?

***"It is too sensitive"***

Environment of secrecy, denial and dismissal of the service

***"It is too risky for National Societies"*** Fear of repercussions for local staff

***"We can't risk funding on this"***  
Fear of losing funding

***"It's illegal"***  
Misinformation about abortion laws

***"Others maybe can, but we cannot"***  
Harm to professional relationships between National Societies favourable/not favourable

***"It is not appropriate for this region"***  
Resistance to educational initiatives for health care workers

***"What will the government say?"***  
Reputational fear (in their "auxiliary" role)

***"Why did she?"***  
Stigma: Perceptions of unwanted pregnancies as resulting from discreditable behavior or that people "regret" abortions



# Strategies to strengthen SRSR in a hostile environment:

## What is the RCRC doing in ERUs in terms of SAC?



- **Information sessions:** Global rates of abortion and unwanted pregnancies; unsafe abortion; spectrum of abortion laws; WHO standards for SAC in EMTs; beliefs and values around abortion; socio-economic and mental health impacts; SAC experiences from other organizations; abortion laws
- **Value Clarification spaces**



- Team identified (IFRC Emergency Health/PGI/Legal/MHPSS, German RC, Canadian RC)





## Discrimination and stigmatisation regarding SRHR in health care: What needs to be done?

- **Organizational position and its operationalization:**
  - Unsafe abortion as a critical public health issue
  - Adherence to principles of:
    - **Impartiality:** Decisions made on a needs basis, not be influenced by personal considerations or feelings. Effort to reject influence of personal factors (conscious or unconscious).
    - **Humanity:** Medical teams should help and protect others regardless of who they are or what they have done. Key is to challenge abortion stigma.
    - **Independence:** Allows the RCRC to do work that might be controversial or culturally sensitive. Although auxiliary to the public authorities, NS retain their autonomy.
  - Legal challenges and security risks for patients and providers > need to develop tools
  - Training for health professionals: clinical and to address abortion stigma
  - Funding challenges > essential to identify donors that are favorable to the provision SAC
- **Advocacy** among other international organizations and governments, particularly those favorable to SAC, in a unique position to influence health policy elsewhere and to drive efforts towards increasing access to SAC.



Thank you !