POLICY BRIEF AUGUST 2024

BARRIERS & SOLUTIONS

ABORTION PROVIDER PERSPECTIVES ON ACHIEVING ADEQUATE ACCESS

Sexual and Reproductive Justice Coalition
Working Together for Reproductive Justice

SRJC

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Introduction

The Sexual and Reproductive Justice Coalition (SRJC), established in 2015, comprises 184 members[1] dedicated to mobilizing, producing evidence, and advocating for sexual and reproductive justice. We foster informed public debate and hold policymakers accountable.

SRJC has worked with clinicians in South Africa to support access to abortion services since its founding. Internationally, abortion providers' leadership has been shown to contribute to increased protection of the right to bodily autonomy. We believe providers' understanding of poor access to abortion services offers a complementary perspective to routine health information as reported by the Department of Health. This report and policy brief result from an investigation conducted in 2023 with providers from seven provinces to increase knowledge about their perspectives on how to improve access to Choice of Termination of Pregnancy (CTOP) services.

The report and policy brief present comprehensive data on the legal and social context and the lived experiences of CTOP service providers in South Africa. The reports importantly offer actionable solutions aimed at addressing discrimination, poor monitoring, and human resources to meet the legal standard and achieve comprehensive abortion care nationwide.

Problem Description

South African law and policy have one of the strongest protective frameworks for reproductive health when compared globally. The Choice on Termination of Pregnancy Act (CTOP) of 1996, amended in 2008, has expanded safe abortion care up to 20 weeks. The law introduced a rights-based framework to protect and promote women's rights and advance gender equality.

South Africa has not invested adequately to achieve its goal of every facility providing CTOP services. Data to date finds that approximately 50% of abortions occur outside designated health facilities.[2] While the implementation of the CTOP Act has prevented large-scale maternal mortality caused by unsafe abortions, preventable deaths due to illegal procedures and lack of access to quality abortion care continue to be reported.[3] Literature notes high rates of stigma and discrimination experienced by providers,[4] and unequal access to services among women and girls who are economically and geographically disenfranchised.[5] Some authors suggest that since gaining legal protection, public support for abortion provision has waned. While certain circumstances stipulated in the law create allowances for second-trimester services, access to these services is often not available to poor, black, and rural women.[6]

Moreover, a national investigation in 2021 by the Commission for Gender Equality (CGE), an independent State institution, showed little to no monitoring of CTOP services by the Department of Health (DOH). This lack of oversight includes infrastructure, management, distribution of resources, reporting structures and requirements, as well as clinical monitoring. The CGE report also noted a lack of information about the service, and some districts, regions, and local facilities not providing the service, which results in a denial of access in these areas.

1 27 national and international organisations and 157 individual members.

2 Durban: Health Economics and HIV/AIDS Research Division 'Unsafe abortion in South Africa: country factsheet (2016) HEARD University of Kwazulu-Natal.

3 Massyn N, Day C, Ndlovu N, Padayachee T, editors. District Health Barometer 2019/20. Durban: Health Systems Trust; December 2020

4 Jim A, Magwentshu M, Menzel J, Küng SA, August S-A, van Rooyen J, Chingwende R and Pearson E (2023) Stigma towards women requesting abortion and association with health facility staff facilitation and obstruction of abortion care in South Africa. Front. Glob. Womens Health 4:1142638. doi: 10.3389/fgwh.2023.1142638

5 C Albertyn Claiming and defending abortion rights in South Africa (2015) Revista Direito GV, 11(2), 429-454. https://doi.org/10.1590/1808-2432201519.

6 Amnesty International (2017) 'The South African Government's Human Rights Obligation to Ensure Access to Safe and Legal Abortion Services'.; Harries, J., & Constant, D. (2020). Providing safe abortion services: Experiences and perspectives of providers in South Africa. Best Practice & Research Clinical Obstetrics & Gynaecology, 62, 79-89.

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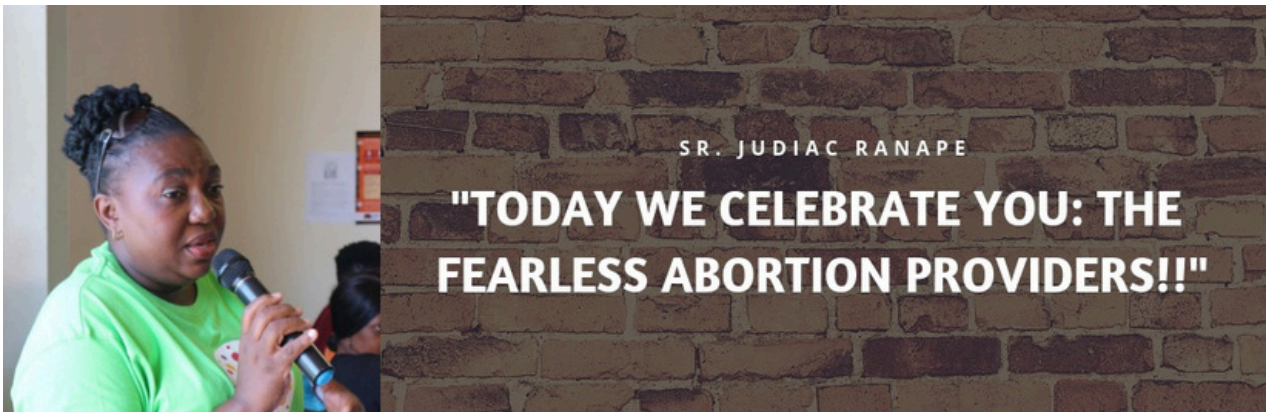
Key Findings

The incorrect application of a clause in the CTOP Act of 1996 on *Conscientious Objection* creates barriers to access by raising issues of competing constitutional rights: women's reproductive autonomy versus healthcare professionals' right to freedom of conscience, belief, thought and religion. According to the CTOP Act, the refusal to administer an abortion only applies to the abortion itself. Healthcare providers who are not directly involved in the procedure cannot use their beliefs to deny assistance to a woman seeking abortion services. Respondents reported that DOH Managers and Administrators' implementation of this clause effectively creates barriers to service provision in clinics and districts. This finding is supported by other research.[8]

Both medical and surgical methods are provided free of charge or at subsidized costs in designated facilities accredited by the DOH. Accredited private health facilities and clinics also offer medical, surgical, and, to a lesser extent, self-managed abortion services. Notably, medical insurance schemes cover CTOP services as part of Prescribed Minimum Benefits (PMBs). PMBs are a legally mandated set of healthcare services that medical schemes must cover entirely, irrespective of the specific plan or option selected by the member. Private sector costs for CTOP services vary widely, with medical abortions costing between R1,700 and R1,800, and surgical abortions ranging from R1,500 to R7,410, depending on pregnancy stage, sedation, private health facility, location, and equipment used. Self-managed abortions (SMA) are less costly because no clinical assistance is provided. SMAs are accessible through some pharmacies and private clinics and are being piloted by the DOH to consider broadening accessibility.



7 Commission for Gender Equality. (2021). Investigation into Choice of Termination of Pregnancies in South Africa. https://cge.org.za/wp-content/uploads/2021/08/Investigation-into-choice-on-Termination-of-Pregnancies-in-SA.pdf

8 See note 4

Challenges, Solutions & Actions

Survey responses and focus group discussions (FGD) revealed a shared understanding that the existing abortion health systems are not meeting the standards set by the law.

	Challenge	Solutions	Actions
1	**Lack of Government & Departmental Support & Resourcing**	Integrate CTOP into SRH, NHI service package esp at PHCs	Normalise CTOP healthcare as basic human rights.- Government & Departments
2	**Lack of Managerial, Facility, Mentorship and Collegial Support**	All MCWH provincial, district and facility managers VCAT. Supervisors trained on gender responsive planning & budgeting	Supervisors and staff Training, M&E, Held Accountable for Fulfilling Scope of Duties - District Directors Departments of Health
3	**Limited clinical and support staffing**	Increase Remuneration	Advocate Human Rights Defenders/Professionalisation & Funding CTOP providers - Unions, NGOs, Providers, & Professional Associations
4	**Societal stigma**	Change Societal Perspective: Values Clarification, Action & Transformation (VCAT)	National Public Information Campaigns & Local Outreach - DoH, DSD, DoE, TVET, Providers, and Community Leaders
5	**Facility-based Discrimination**	Bi-annual VCAT & debriefing budgeted for DoH, Province, Districts	Training, M&E, Held Accountable - District Directors Departments of Health, IPAS
6	**Illegal Back Street Operators**	Clear National Strategy Policing & Punishment	Investigations, Arrest and Punishment - SAPS, DoJ, Public Works
7	**Isolation, Burn Out**	Peer Provider Debriefing Network Budgeted For	Quarterly Provider Meetings - Departments of Health, Providers, Unions, NGOs

Policy Recommendations

- **Invest in Services & Staff:** Increase remuneration, training, and debriefing.
- **Align Law & Policy:** Enact and monitor standardized law-based policy on refusal to care to ensure alignment in practice and law at the facility level.
- **Enhance Public Sector SRH Services:** Enact standard monitoring, including retirements, training new staff, and integrating CTOP into broader SRH services.
- **End Stigma:** Widespread use of VCAT at the facility and community levels through staff and CHWs.
- **Foster Collaboration & Support:** Establish digital peer support nationally among CTOP providers, including public-private monitoring, collaboration, and best practice training.
- **Ensure Medication & Information Availability:** Ensure Essential Medicine List (EML) commodities and medications are procured and distributed; provide information on CTOP provisions and the dangers of backstreet operators.

We found proud providers who are interested in playing a leading role in the expansion of CTOP services despite the stigmatisation and discrimination they and abortion services endure. By partnering with providers through the implementation of these recommendations and closing the policy-practice gap, South Africa can fulfil its great opportunity to be the global leader in protecting women's and birthing persons' freedom and dignity.