



*CommonHealth, constituted in 2006, is a multi-state coalition of organizations and individuals advocating for better sexual and reproductive health, with a specific focus on maternal health and safe abortion.*

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## **Right to Safe Abortion Think Tank**

The Guttmacher study has estimated that 15.6 million abortions that were performed in India in 2015 of which less than a fourth (22%) were performed in health facilities. Although all public health facilities have been approved for medical termination of pregnancy (MTP), challenges to accessing safe and legal abortion services continue to persist. Inefficiencies exist in private institutions too, given the overall lack of trained professionals and the cumbersome approval and certification mechanisms. The close interplay between the early age at marriage, predominance of permanent methods of contraception and decline in sex ratio has also shaped access to abortions in India. While absence of comprehensive sexuality education and acceptable spacing methods has resulted in abortion becoming the preferred method for preventing unwanted pregnancies, programmatic emphasis on ‘*save the daughters*’ has had a chilling effect on provision of services. The harsh crackdowns on service providers under the Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994 (PCPNDT Act) with the aim of curbing sex-selection has also led to a reluctance to offer abortion services post 12 weeks of pregnancy.

In the recent past, some High Courts have relied on anti-abortion rhetoric and focused on the rights of the foetus over the rights of the pregnant person. This has contributed to stigma against abortion, especially when religious sentiments are relied on to glorify motherhood. The barriers in accessing safe abortion services have been amplified due to the COVID-19 pandemic and consequent lockdown; the restrictions on mobility coupled with the conversion of many public health centres into COVID facilities has intensified existing systemic shortfall in the healthcare system. Despite the recognition of abortion as an ‘essential service’ to be provided during lockdown, studies have estimated that more than a million women in India lost access to contraceptives and abortion services during this period. Reviews of service policies and recently proposed amendments to the Medical Termination of Pregnancy Act, 1971 (MTP Act) have done little to address the challenging situation. There is strong reproductive rights jurisprudence in India that establishes reproductive autonomy as a fundamental right – linking together the rights to life and liberty, privacy, dignity, equality and sexual autonomy. Unfortunately, this has not led to an enabling environment for pregnant persons to access abortions due to the criminalization of abortion under Section 312 of the Indian Penal Code, 1860 (IPC) as well as the interplay of various laws such as the PCNPNDT Act and the POCSO Act. Hence, there is an urgent need to review the situation holistically, consolidate evidence and conduct advocacy to promote access to safe and high-quality abortion services as a service seeker’s right.

CommonHealth (CH), under its project “Claiming the Right to Safe Abortion: Strategic Partnership in Asia” has an overall advocacy goal to create an environment where persons in need of safe abortion services of all ages can access these services without stigma. The project aims to do this by spreading awareness using a rights-based discourse and increasing the availability of safe and legal abortion services. To achieve this goal, its strategies for last two years were focussed on ground level initiatives that involved building alliances, building capacity of CBO/CSO/PRI members and creating champions to increase awareness about legality, public health importance, availability and different methods of abortion at local level in select states. To complement these efforts and in pursuit of the larger goal, a national level Think Tank of experts who believe in safe abortion as a right, understand the current status of safe abortion access and laws in India, the changing context and the future advocacy needs, is needed. Think Tanks that are politically neutral, that engage in comprehensive review of topic of interest and contemplate and propose evidence based policy options to mitigate emerging challenges and benefit those in need, especially those disenfranchised by the system, can play a critical role.

Currently there is no technical Think Tank to deliberate on safe abortion rights ,though there is a dire need for it in the current changing policy and legal environment and challenges to meet reproductive health needs. CommonHealth therefore proposes constituting a Think Tank in collaboration with the Jindal Global Law School. The said Think Tank would be a collective of individuals with diverse expertise who have a right-based ideology and have either been working on access to safe abortion as a right or have been working on reproductive health rights. It is expected to take a comprehensive yet nuanced approach towards articulating safe abortion as a right of a person while taking into account the concerns of different constituencies and providing tactical inputs.

### **Specific objectives:**

- Analysis of existing ecosystem – identification of existing and potential barriers and opportunities for securing safe abortion as a right for individuals in need; and
- Deliberate and propose contextually aligned solutions and strategies including legal, policy, programmatic and systemic reforms to address challenges to securing safe abortion as a right for individuals in need

### **Expected outputs:**

- Policy briefs, opinion pieces or blogs
- Annual report on state of concerned issue / topic

### **Working model:**

**Members:** Members with expertise in law, gender issues, health programmes, policies, health system both government & private, research, advocacy etc. Members will deliberate on

identified / emerging issues or propose issues for discussion based on their experiences / expertise.

***Secretariat:*** For the first year secretariat will be with CH. During this period CH will co-ordinate, manage and finance all related administrative work including correspondence, arranging meetings (virtual), documenting minutes, development of draft documents, maintenance of drop box / Google docs, co-ordination and publication of briefs, opinion pieces, blogs and annual reports and dissemination of these through various platforms – in consultation with members. After a year the secretariat will move to another institution.

***Phases:*** The Think Tank work will be undertaken in three phases.

Phase I: This phase will set the scene for the subsequent two phases. It will involve finalisation of Theory of Change, working model, scope and outputs mentioned above – in consultation with members.

Phase II: In this phase focus would be on identification of gaps / issues / topics for deliberations relevant to safe abortion as a right.

Phase III: In this phase actual deliberations and outputs based on those will be developed.