



FOS FEMINISTA



THE AGA KHAN UNIVERSITY



Overturning Roe v. Wade: Concerns for Accessing Sexual and Reproductive Health Services, Including Safe Abortion

PMNCH Special Report

Table of Contents

1. Background

2. Survey methodology

Design

Data Collection and Analysis

- Survey of PMNCH members and partners
- Key informant interviews by Fòs Feminista

Limitations

3. Key findings and results

Sociodemographic characteristics

- Constituency distribution
- Country and the primary focus of work distribution

Survey Insights

Access to essential services

- Abortion and post-abortion services
- Other SRH services

Financing for essential services

- Abortion and post-abortion services
- Other SRH services

Multi-stakeholder collaboration and advocacy

Adolescents and Youth constituency sub-analysis

4. Discussion and Mitigation Actions

Rippling Effect in LMICs

Implications on Adolescents and Youth

Solutions on Policy, Service delivery and Financing for Abortion, Post-abortion and SRHR

- Partnership building
- SRH financing

5. Next Steps

Appendix

Executive Summary

In March 2023, PMNCH launched a survey disseminated within PMNCH networks to evaluate the perceived impact of the U.S. Supreme Court's decision to overturn Roe v. Wade on safe abortion services and comprehensive sexual and reproductive health and rights. By July 2023, 52 anonymous responses were received from organizations active in 187 countries, primarily in Africa, South Asia and the Americas.

The report herein is complemented by interview findings from a [report by Fòs Feminista](#), an international alliance working to advance sexual and reproductive health, rights, and justice for women, girls, and gender-diverse people. These findings enrich the PMNCH survey results by offering insights into impact and mitigation strategies, presented as country boxes in this report.

1

A substantial number of respondents believe that the U.S. Supreme Court's decision to overturn Roe v. Wade has reduced access to abortion and SRH services in their own countries

One-third of respondents believe there is less access to SRH services including abortion and post-abortion care, and family planning in their countries following the June 2022 U.S. Supreme Court decision.

2

Some respondents also believe that overturning Roe v. Wade is reducing abortion and SRHR financing in their own countries

One-quarter of respondents perceive negative changes in domestic financing and international funding for SRH services including abortion and post-abortion care, and family planning.

3

Most respondents believe anti-abortion movements are increasing

More than half of respondents perceive that overturning Roe v. Wade has emboldened anti-abortion movements in their countries.

4

Within country experience shows that dedicated advocacy and education on the benefits of SRH services and the harmful effects of the U.S. Supreme Court ruling may help safeguard access to abortion and SRH services

For example, in Colombia, educating the public about the impact of overturning Roe v. Wade has been seen as essential to effective advocacy and campaigning for equitable access to abortion and other essential SRH services.

1. Background

The background of the slide is composed of several overlapping, wavy, organic shapes. The top portion is a solid dark gray. Below this, a large black shape curves across the middle. At the bottom, there are two shades of purple: a darker, muted purple on the left and a vibrant, bright purple on the right, which appears to be a gradient or a separate layer.

On 24 June 2022, the United States (U.S.) Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* overturned the federal constitutional right to abortion (*Roe v. Wade*, 1973) in the U.S. As of September 2023, abortion has been banned or heavily restricted in 22 US states, with more expected to ban or restrict access to the service.

With the stroke of a pen, the U.S. Supreme Court's decision to overturn *Roe v. Wade* has introduced dire threats to reproductive rights in the U.S. and around the world.

As often said, "When the U.S. sneezes, the world catches a cold"¹. Following the U.S. Supreme Court's decision, PMNCH initiated a survey to understand how this change in protections for safe abortions in the U.S. is perceived and experienced in different countries.

Are the much-feared risks being realized, and if so, in what ways, and with what effects?² The overturning of the constitutional right to abortion in the U.S. has been reported globally as a major assault on sexual and reproductive health and rights (SRHR)^{3,4}, leading to calls for a comprehensive assessment of its effects on SRHR policy frameworks, service delivery, and financing, particularly in low- and middle-income countries (LMICs).

This report provides findings and key messages resulting from a voluntary survey conducted among 52 PMNCH members and partners actively engaged in advocating for the health and well-being of women, children, and adolescents. The questions were disseminated between March and July 2023 among self-selected respondents. This report is complemented by illustrative examples compiled by Fòs Feminista, an international alliance that centers its work on women, girls, and gender-diverse people, sexual and reproductive health care, and transforming advocacy spaces with voices from the Global South.

This report, proposed by the PMNCH Strategic Advocacy Committee and guided by the PMNCH Knowledge & Evidence Working Group, was not developed as a research endeavor, but rather a rapid mapping of perceived impact, country-based stories of resistance and determination, and practical actions to protect sexual and reproductive health and rights.

The report aims to inform advocacy and mobilization efforts by providing decision makers, advocates and stakeholders with insights into potential effects of overturning *Roe v. Wade* on policies, service delivery, and financing.

The report also explores the perceived impact on international efforts and commitments to SRHR, including funding allocations and programming. The report was conceived not only as an exploration of challenges but also as a platform to showcase progressive exemplary practices, provide support, and equip PMNCH partners with practical tools and solutions to enhance accountability for SRHR within their respective domains.

Preventing and managing unsafe abortion as part of providing comprehensive quality SRH services are critical components of Universal Health Coverage (UHC) and other development goals. Published on the eve of the UN High Level Meeting on UHC in September 2023, this report reinforces the need for SRHR to be prioritized at the highest political levels. The findings highlight the critical role that strategic advocacy, political leadership, and public education can play in pushing back against policies that restrict human rights and undermine public health around the world. The report further emphasizes the urgent need for worldwide action to implement the [1994 International Conference on Population and Development's Program of Action](#), a commitment pivotal in strengthening women's decision-making and equitable access to health-care services, as well as the implementation of progressive policies and comprehensive SRHR put forth in regional agreements, including the [African Union's Maputo Plan of Action 2016-2030](#).

2.

Survey methodology

Design

In March 2023, PMNCH launched a survey (Appendix 1) to understand the perceived effects of the U.S. Supreme Court's decision to overturn *Roe v. Wade* on advocacy, policy, service delivery, financing abortion care services, and advancing comprehensive SRHR. The questions were developed following a collaborative approach involving comprehensive input from key stakeholders, including the PMNCH Expert Workstream on SRHR. The survey results aim to inform PMNCH members and partners with insights to support advocacy efforts addressing the potential impacts of overturning *Roe v. Wade* on safe abortion services and reproductive health rights.

Data Collection and Analysis

Survey of PMNCH members and partners

The questions were disseminated within PMNCH networks, including PMNCH members and partners active in advocacy on women's, children's and adolescents' health and well-being. A wide dissemination approach requesting participation was done via the PMNCH newsletter, PMNCH social media channels (Twitter, LinkedIn), and PMNCH Digital Advocacy Hubs. and responses were solicited voluntarily. A targeted constituency outreach was also done through direct contact with partners during PMNCH constituency meetings. The survey closed on 10 July 2023, with 52 responses received.

Although all participants voluntarily participated in the survey, PMNCH is committed to ensuring the security and confidentiality of the information collected, particularly in anticipation that sensitive information may be relayed. For this purpose, Typeform's secure platform was employed to gather survey responses. Once the information enters the systems, it is secured through multiple levels of encryption. For more details, you can refer to Typeform's [Security Page](#). Importantly no personal identifiable information that permits inferring the identity of an individual was collected.

The information is collected directly from PMNCH survey responses and does not come from official country statistics or data sets. It represents the perceptions expressed by the organizations at the time of the survey, and any conclusions drawn from these responses are the responsibility of the user, not PMNCH. PMNCH is committed to respecting, promoting and protecting the rights and well-being of all individuals. Any views expressed in the responses or published materials emerging from this report that contradict this commitment are not endorsed by PMNCH.

The findings presented in this report primarily employ a top-level analysis approach, featuring only aggregated data at the country, country-income level, or individual constituency level i.e. NGO, DF etc.

Given that the overturn of *Roe v. Wade* may have distinct implications for the United States compared to other countries, results from participants in the US were analyzed separately from those in low or middle-income countries. Other sub-analyses were also conducted on respondents representing the Adolescent and Youth (AY) constituency.

Key informant interviews by Fòs Feminista

Alongside PMNCH's survey, Fòs Feminista, a member of the PMNCH NGO constituency, and its partners developed a [report](#) with 66 key informant interviews about the impact of Dobbs v. Jackson Women's Health Organization with government officials, abortion service providers, SRHR civil society representatives, academics, journalists, researchers, philanthropy actors, and anti-rights actors in Colombia, India, Kenya, and Nigeria. Fos Feminista's interview findings are included in this report to enrich the PMNCH survey findings, contributing illustrative examples of impact and mitigation strategies, included as country boxes in this report.

The interviews were conducted between March and April 2023. To conduct these interviews, Fòs Feminista and their national level research partners collaboratively developed an initial list of respondents spanning government officials, SRHR civil society actors, service providers, and others, with a focus on ensuring diversity of experiences within the list. Subsequently, snowball sampling was used to ask the initial list of respondents to connect Fòs Feminista forward with others who fit the informant profile. Research aims were communicated and informed consent was obtained.

Limitations

The survey, while informative, has several limitations that must be considered. First and foremost, it is important to emphasize that the survey should not be construed as a research project but rather as a rapid mapping exercise. This distinction underscores that the questions were designed for a quick overview and exploration of effects, rather than an in-depth research endeavor. Consequently, the findings should be interpreted within the context of this methodology, recognizing its limitations and the need for further, more comprehensive research to understand the impact of overturning Roe v. Wade in a variety of settings.

Additionally, the survey reflects a relatively small sample size (n=52), making it insufficient to represent global findings comprehensively. Furthermore, it is important to acknowledge that the responses primarily reflect the perspectives of organizations involved, i.e. PMNCH members and partners. Therefore, caution should be exercised when generalizing the results to broader contexts, as they may not capture the full spectrum of experiences. Another limitation pertains to the framing of questions and the possibility of the broad interpretation of "impacted access". Consequently, the specific implications of the impact, encompassing aspects such as legality, service availability, and resources, including commodities and healthcare personnel, remain unclear.

3.

Key Findings and Results

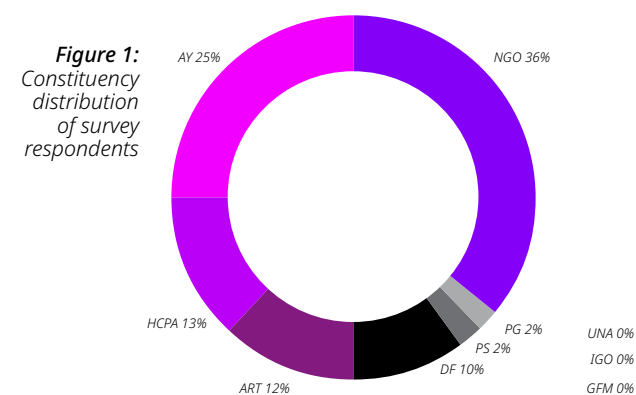


Sociodemographic Characteristics

Constituency distribution

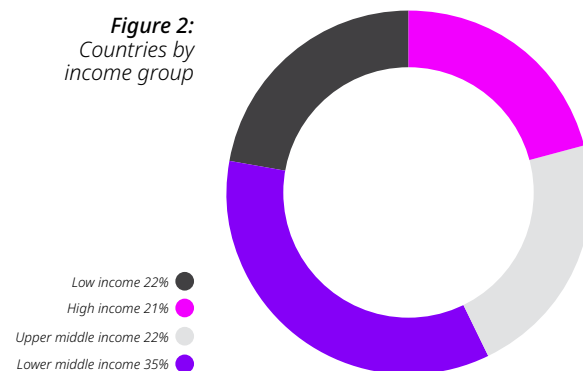
Respondents were asked to identify themselves as belonging to one of 10 PMNCH constituencies: Non-Governmental Organizations (NGO), Adolescents and Youth (AY), Health-Care Professional Associations (HCPA), Academic, Research and Training Institutes (ART), Donors and Foundations (DF), Partner Governments (PG), Private Sector (PS), Global Financing Mechanisms (GFM), Inter-Governmental Organizations (IGO), United Nations Agencies (UNA).

More than one-third (36.5%) of respondents identified their constituency as Non-Governmental Organizations, 25% as Adolescents and Youth, and 13.5% as Health-Care Professional Associations.



Country and the primary focus of work distribution

Respondents came nearly equally from low, upper, middle, and high-income countries (Figure 2), with most representing lower- and middle-income countries (35%). Among those based in high-income countries, most respondents were from the U.S. There was a strong representation of Sub-Saharan African countries among respondents based in lower and middle-income settings (Figure 3). India had the highest representation overall (15%).



Survey Insights

Access to essential services

Abortion and post-abortion services

Among respondents exclusively active in LMICs, slightly less than one in three (29%) perceived that the overturning of Roe v. Wade impacted access to abortion and post-abortion services where they work.

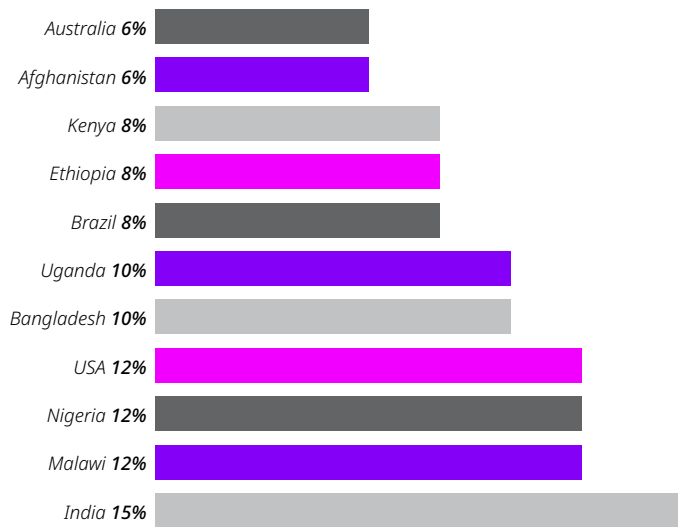
Among respondents active in the United States of America, two in three (67%) perceived that the overturning of Roe v. Wade impacted access to abortion and post-abortion services where they work.

13.4% of total respondents perceived no effect yet but said they may expect to see a potential impact on access to these services within the next 6-12 months on issues including:

“Difficulty in accessing safe abortion services, denial and, in some instances, persecution based on seeking abortion services, and regulatory restrictions on medication abortion”

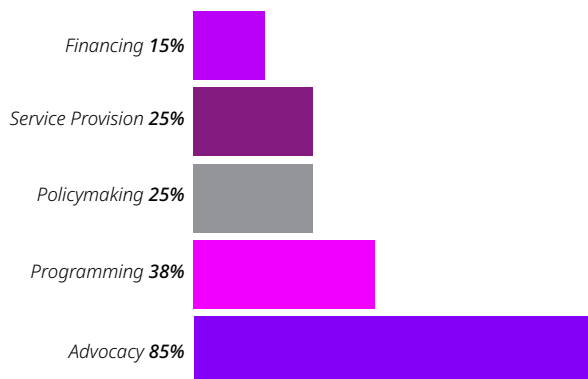
DONORS AND
FOUNDATIONS
CONSTITUENCY

Figure 3: Primary country or territory of work

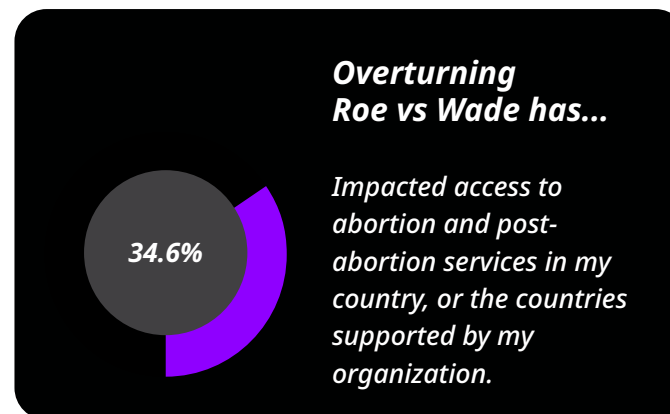


Regarding the primary focus of work, 84.6% of respondents were primarily engaged in advocacy, 38.5% in programming, and 25% in policymaking (Figure 4).

Figure 4: Primary focus of work



More than one-third of respondents (34.6%) perceived that the overturning of Roe v. Wade had impacted access to abortion and post-abortion services in their country or the countries supported by their organization.



“In Malawi, the future of safe abortion is under threat. This is mostly a result of conservative leadership [at the] national level. However, the overturning of Roe v. Wade reinforces and validates the restrictive policy environment. This is evident in the lack of funding in the civil society space and the national budget. This is resulting in the loss of life and a hefty cost on post-abortion care.”

NGO
CONSTITUENCY,
MALAWI

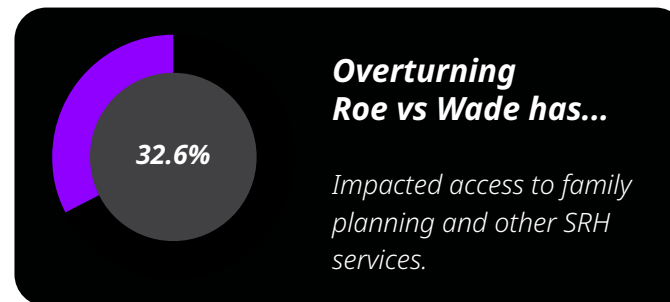
Country box 1: Nigeria: Impact on laws, policies and legislation (Fòs Feminista)

In Nigeria, the U.S. Supreme Court decision overturning Roe v. Wade was used in arguments against the domestication of the Safe Termination of Pregnancy for Legal Indications Guidelines in Lagos State. Respondents saw the U.S. Supreme Court's decision and anti-guidelines mobilization as linked efforts. The Guidelines were launched in Lagos State on 9 July 2022. Shortly after their launch, anti-abortion actors mobilized against the Guidelines, citing the U.S. Supreme Court's decision as justification. Due to pressure from the anti-abortion actors, the Lagos State government directed the suspension of the guidelines on 18 July, nine days after the launch.

Policymakers started self-censorship regarding the incorporation of safe abortion provisions into the national law, fearing that the overturning of Roe v. Wade would reinstate the Global Gag Rule (GGR). The GGR is a U.S. foreign policy that, when in place, prohibits foreign NGOs that receive U.S. global health assistance from providing, advocating for, counseling on, or referring for abortion services as a method of family planning.

Other SRH services

One-third (32.6%) of respondents perceived that the overturning of Roe v. Wade had impacted access to SRH services including family planning in the countries supported by their organizations. A further 7.6% of respondents may expect to see a potential impact within the next 6-12 months.



Among respondents active exclusively in LMICs, approximately one in three (32%) perceived that the overturning of Roe v. Wade had impacted access to SRH services including family planning.

Among respondents active in the United States of America, two in three (67%) perceived that the overturning of Roe v. Wade had impacted access to SRH services including family planning.

NGO
CONSTITUENCY,
UGANDA

"Most likely, abortion advocacy in the country will be impacted, especially for us at the forefront. We also anticipate that women will go into hiding and procure unsafe abortions rather than having the courage to go to (the health) facilities."

NGO
CONSTITUENCY,
MALAWI

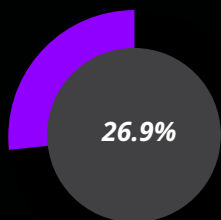
"There will be a harmonization of the health and education policies, which, to some extent, will compromise access to SRH services by students."



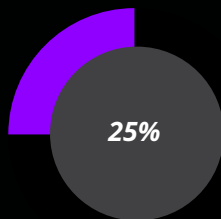
Financing for essential services

Abortion and post-abortion services

More than one quarter (26.9%) of respondents perceived that the overturning of Roe v. Wade had impacted domestic funding, and 25% perceived it impacted international funding for abortion and post-abortion services.



Overturning Roe vs Wade has...
Impacted domestic funding for abortion and post-abortion services.



Overturning Roe vs Wade has...
Impacted international funding for abortion and post-abortion services.

Among respondents active exclusively in LMICs, less than one in four (21%) perceived that the overturning of Roe v. Wade had impacted domestic funding, and one in four (25%) perceived it impacted international funding for abortion and post-abortion services.

Among respondents active in the United States of America, two in three (67%) perceived that the overturning of Roe v. Wade had impacted domestic funding, and five in six (83%) perceived it impacted international funding for abortion and post-abortion services.



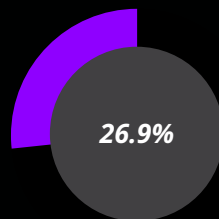
“Lack of funding support to grassroots organizations working to strengthen safe abortion services.”



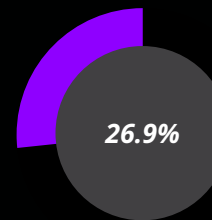
“Funders are finding abortion more precarious, possibly politically contentious, and so are moving away from funding this issue.”

Other SRH services

More than one quarter (26.9%) of respondents perceived that the overturning of Roe v. Wade had impacted domestic and international funding for other SRH services, including family planning services in the countries supported by their organizations.



Overturning Roe vs Wade has...
Impacted domestic funding to other SRH services, including family planning



Overturning Roe vs Wade has...
Impacted international funding to other SRH services, including family planning

Among respondents active in only LMICs, more than one in four (29%) perceived that the overturning of Roe v. Wade impacted domestic and international funding for other SRH services, including family planning services in the countries supported by their organizations.

Among respondents active in the United States of America, half (50%) perceived that the overturning of Roe v. Wade impacted domestic and international funding for other SRH services, including family planning services in the countries supported by their organizations.



“In Malawi, the SRHR budget is almost completely donor-funded because it is not a national priority. Overall, health funding has gone down drastically. This means that SRHR funding has been significantly affected.”



“Our major donor took long to launch their girls and women’s strategy. Even after the launch, they have not made any funding commitments. This is affecting the future of our organization.”

Multi-stakeholder collaboration and advocacy

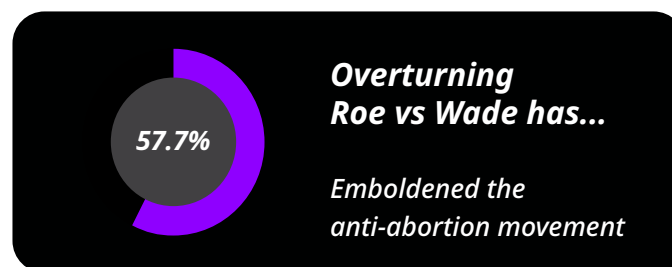
More than one-third (36.5%) of respondents perceived that the overturning of Roe v. Wade had limited opportunities among key stakeholders and decision makers to discuss and support abortion, post-abortion, and SRHR policies, including family planning laws and policy frameworks. Specifically, four of the six respondents from Nigeria perceived that the overturning of Roe v. Wade had significantly affected their capacity building, advocacy and demand generation work

Among respondents active exclusively in LMICs, more than one in three (39%) perceived that the overturning of Roe v. Wade had limited opportunities among key stakeholders and decision makers to discuss and support abortion, post-abortion, and SRHR policies, including family planning laws and policy frameworks.

Among respondents active in the United States of America, two in three (67%) perceived that the overturning of Roe v. Wade had limited opportunities among key stakeholders and decision makers to discuss and support abortion, post-abortion, and SRHR policies, including family planning laws and policy frameworks.

**NGO
CONSTITUENCY,
GLOBAL** *“Religious organizations have begun to make similar arguments against safe abortion, particularly in sub-Saharan Africa and Latin America.”*

Nearly 60% of respondents perceived that the overturning of Roe v. Wade had emboldened the anti-abortion movement. This was particularly noted among respondents active in India (65.2%).



Among respondents active exclusively in LMICs, more than half (54%) perceived that the overturning of Roe v. Wade had emboldened the anti-abortion movement.

Among respondents active in the United States of America, all (100%) perceived that the overturning of Roe v. Wade had emboldened the anti-abortion movement.

**DONOR AND
FOUNDATIONS
CONSTITUENCY,
INDIA** *“India has for the first time seen an anti-choice protest across the country and judicial appeals by faith-based opposition groups to ban or restrict access to abortion. This has never been the case in India, but it is emerging in the post-Roe era.”*

**NGO
CONSTITUENCY,
UGANDA** *“We have been listed in various fora organized by religious leaders as an abortionist institution. The [overturning of] Roe also gave them a platform because it happened when Uganda was having public hearings on the East African SRH Bill. It was extremely traumatizing for us.”*

**(NGO
CONSTITUENCY,
HONDURAS)** *“The Supreme Court decided against the decriminalization of therapeutic abortion, and is used as an argument against sex-ed law and the recent legalization of plan B pill.”*

Country box 2: India: Impact on the SRHR movement (Fòs Feminista)

In India, shortly after the decision to overturn Roe v. Wade, the first March for Life took place around the 51st anniversary of the Medical Termination of Pregnancy Act (MTP) of 1971. The press release for the march quoted a spokesperson from Right to Life UK, stating, “It is an exciting time for the pro-life movement. As we’re seeing, the end of Roe v. Wade presents an opportunity and a cause for hope – because it demonstrates to countries like India that such unjust laws can be overturned.”

Many respondents also perceived a future impact on SRHR movements in the next 6-12 months:

DONOR AND
FOUNDATIONS
CONSTITUENCY

“I feel that the opposition will continue to grow and organize better, which can lead to challenges in accessing and providing safe abortion services.”

NGO
CONSTITUENCY,
CUBA

“I believe that there will always be countries that will join the new decisions of some U.S. states (to restrict abortions). Other countries that were about to achieve the decriminalization of abortion may delay this decision, but other countries will not back down on this decision. Although I believe that it will transform the thinking of the executors of the procedure.”

The overturning of Roe v. Wade was perceived to negatively influence public opinion on abortion rights, according to more than one in four respondents (34.6%).

Among respondents active in only LMICs, more than one in three (39%) perceived that the overturning of Roe v. Wade has negatively influenced public opinion on abortion rights.

Among respondents active in the United States of America, one in three (33%) perceived that the overturning of Roe v. Wade has negatively influenced public opinion on abortion rights.

DONOR AND
FOUNDATIONS
CONSTITUENCY

“Some West African countries and Latin American countries like Brazil during Bolsonaro emulated the wording and propaganda of USA.”

The media attention on overturning Roe v Wade has presented an opportunity for country-level stakeholders to advocate for SRHR. This includes addressing the lack of clarity on abortion rights, proactively planning for potential threats to these rights, and establishing platforms for global knowledge sharing and learning (Country boxes 3 and 4).

Country box 3: India: Tackling Lack of Clarity on Abortion Rights with Public Education (Fòs Feminista)

In India, there is confusion among many citizens regarding abortion legality and the Medical Termination of Pregnancy (MTP) Act amendments. Interviewees considered it positive to educate people on the MTP Act and Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) via newspapers, radio stations, television, social media, and community discussions.

Country box 4: Colombia: Reinforcing feminist advocacy (Fòs Feminista)

In Colombia, interviewees noted that the Roe v. Wade decision was a stark reminder to the feminist movement of the importance of continued and sustained abortion advocacy. They emphasized the need to educate and raise awareness with the public regarding the significance of the Court ruling on SRHR in the country. Respondents also saw this decision as an opportunity for the feminist movement to create spaces for cross-regional exchange. Many interviewees believed that the Latin American and Caribbean experience, including in Colombia, could significantly help others worldwide and continue fostering changes in dynamics, helping to localize funding and decolonize the sector.

Adolescents and Youth constituency sub-analysis

As the Roe v. Wade overturn could significantly affect adolescents and young adults by limiting their access to safe and legal abortion services, a sub-analysis was conducted on respondents representing the Adolescent and Youth (AY) constituency.

A quarter of respondents (25%) represented the AY constituency. In response to any potential change that occurred or may occur to access of abortion and post-abortion services following the overturning of Roe v. Wade, AY respondents expressed:

ADOLESCENTS
AND YOUTH
CONSTITUENCY,
GLOBAL

“Topics such as plan B pill or abortion pill ban, imposing of age limitation for discussing sexual and reproductive health matters in formal education settings, stricter or rigid access to abortion services or lack of access to such services or a ban on abortion altogether, are now given a bigger platform which affects people’s understanding of the issue, which impacts the health and well-being of young people.”

ADOLESCENTS
AND YOUTH
CONSTITUENCY,
SIERRA LEONE

“Abortion being an illegal service in Sierra Leone, the overturning of Roe v. Wade has impacted negatively the earlier strides made in advocacy and care provision as means to better respond to young women’s sexual and reproductive health rights.”

ADOLESCENTS
AND YOUTH
CONSTITUENCY,
INDIA

“We believe that even if the law protecting the provision of abortion services doesn’t get repealed immediately, the increase in stigma caused by pro-life marches can cause serious setbacks in the progress made so far.”

One Sierra Leone-based respondent also explained how domestic funding for abortion and post-abortion services may be impacted:

ADOLESCENTS
AND YOUTH
CONSTITUENCY,
SIERRA LEONE

“Funding for abortion advocacy has always been a challenge, but the overturning of Roe v. Wade has doubled the constraints and challenges around access to funding. The anticipated future impact will be far-reaching if the needed funding is not available to continue providing the much-needed right-based services to women and girls.”

More than half of PMNCH Adolescent and Youth constituency respondents (7 of 13; 54%) perceived that the overturning of Roe v. Wade has emboldened the anti-abortion movement, and approximately half (46%) perceived that it has negatively influenced public opinion on abortion rights in their respective countries.

Over one in four (6 of 13; 31%) of AY respondents perceived that the U.S. Supreme Court’s decision impacted access to SRH services including family planning, in the countries supported by their organizations.

4.

Discussion and Mitigation Actions

Rippling Effect in LMICs

The results suggest that the U.S. Supreme Court's decision to overturn *Roe v. Wade* may send ripples across the globe, potentially influencing policy making and funding for safe abortion services and comprehensive SRHR, including in LMICs. The overturn may threaten to reduce the availability of safe abortion services and may lead to an increase in unsafe, clandestine procedures in regions already grappling with high maternal mortality rates.

Additionally, it potentially sets a concerning precedent that challenges the very foundations of reproductive rights, potentially emboldening conservative forces in LMICs to curtail access to contraception and comprehensive SRH services. In terms of funding, the results suggest that the decision may potentially trigger shifts in international aid and domestic funding priorities, as organizations and governments may redirect resources away from reproductive health services in LMICs.

Still, some respondents in LMIC regions felt that they or their organizations are taking an alternative, transformative approach in advancing progressive SRHR agendas. Many are diligently working to advance health promotion in favor of comprehensive reproductive rights, and to establish forums for knowledge exchange and evidence-based decision-making. The overturn has therefore inspired the need to fortify domestic policies and legal frameworks to safeguard SRHR, preparing for potential future assaults on reproductive rights.

In this context, the decision underscores that the promotion of safe abortion is an ongoing struggle that requires steadfast commitment, international collaboration, the creation of spaces for shared learning, and resilient funding mechanisms to safeguard these critical services for the most vulnerable populations.

Implications on Adolescents and Youth

The interconnected challenges faced by adolescents and young adults in response to the overturning of *Roe v. Wade* indicate that the consequences extend beyond the realm of reproductive rights, potentially impacting the broader life trajectories of this demographic. The potential disruption resulting from the overturning of *Roe v. Wade* may affect young people's education, career prospects, and economic stability, while also possibly intensifying the stigma surrounding unintended pregnancies.

This disruption could arise from the heightened logistical and financial challenges associated with accessing safe and legal abortion services, compelling many to make challenging decisions and exacerbating the psychological burden faced by young individuals in such circumstances. Advocacy efforts aimed at protecting sexual and reproductive rights and ensuring access to safe and legal abortion services must continue to be a focal point of policy reform in order to better support the overall well-being of young individuals.

Solutions on Policy, Service delivery and Financing for Abortion, Post-abortion and SRHR

Amid ongoing threats to abortion rights, the need for swift and coordinated global solutions to safeguard reproductive health and rights is paramount.

Partnership building

A strategic and collaborative approach involving international organizations, advocacy groups, and governmental bodies is imperative at the policy level. This collaboration should focus on advocating for establishing and strengthening progressive laws that place a premium on individual bodily autonomy. Simultaneously, concerted actions should be directed at guaranteeing accessible and safe abortion services. The WHO abortion care guideline provides a standardized foundation that can be adapted and tailored to specific country contexts, helping policymakers, healthcare providers, and advocates make informed decisions that align with the unique needs and circumstances of their populations⁵.

The guideline encompasses recommendations across three critical domains essential for the provision of abortion care: law and policy, clinical services, and service delivery. By drawing upon these guidelines, PMNCH partners implicated by the *Roe v. Wade* overturn can work towards ensuring that safe and high-quality abortion services are accessible and available, even in challenging legal or political environments.

Efforts should also be coordinated to ensure the promotion and availability of comprehensive sexual and reproductive health education, contraceptives and family planning service provision through both the public and private sectors. This multi-pronged collaboration can influence national policy by creating a harmonized global voice and a cohesive approach toward prioritizing women's rights and reproductive health.

Moreover, initiatives must be implemented to counteract the potential impact of stigmatization and misinformation surrounding reproductive health choices. Public awareness campaigns and community engagement will reduce stigma and foster open conversations about abortion and reproductive health. The country examples shared in this report underline why this can be an important and effective approach to countering pushbacks to SRHR.

In all these efforts, collaboration among governments, international organizations, non-governmental organizations, and civil society is crucial. Mobilizing resources and expertise globally is necessary to ensure that even in the absence of strong legal protections like *Roe v. Wade*, every individual's right to accessible and safe reproductive healthcare remains upheld and respected.

SRH financing

Developing and financing health benefits packages inclusive of comprehensive SRH services and increased access to such services is crucial to the progressive realization of Universal Health Coverage (UHC) and gender equality. Such is also instrumental in generating substantial health and economic benefits by giving newborns a healthy start in life, protecting the health of women in reproductive age, and contributing to human capital development.

A package of SRH services for approximately US\$ 10.60 per person annually would provide multiple health, social and economic benefits, including decreased unintended pregnancies by 68%, unsafe abortions by 72%, and maternal deaths by 62%⁶. It would also lead to improved ability of women and girls to exercise their rights and increased participation of girls in schools and women in the labor market.

While domestic resource mobilization is integral to sustainable investments for SRHR interventions, the current “polycrisis” may stand in the way of creating adequate fiscal space at the country level to fund such interventions, especially in low-income countries. It is, therefore, imperative to mobilize sufficient resources externally and complement domestic efforts and commitments for SRHR.



5.

Next steps

The survey findings as well as the interview results from Fòs Feminista, demonstrate that the impact of overturning Roe v. Wade on essential SRHR interventions including abortion and post-abortion care is felt globally and throughout different constituencies.

Many respondents expressed concern that restrictive laws may potentially reduce access to safe procedures, leading to increased unsafe abortions and compromised post-abortion care services. The adverse consequences to women's health, reproductive rights and gender equality are well documented⁷.

These findings have the potential to inspire PMNCH partners to use robust evidence and guidance to support informed policy decisions, including the [WHO abortion care guidelines](#). This invaluable resource not only streamlines the provision of essential reproductive healthcare but also assists partners in ensuring the availability and accessibility of evidence-based, high-quality abortion care on a global scale. It empowers stakeholders within countries to advocate for progressive changes in abortion policies and service delivery, thereby making a substantial contribution to enhancing reproductive health outcomes.

The survey findings indicate that there is an urgent need for stakeholders across the world to protect and scale up access to comprehensive and accessible reproductive health-care services and to safeguard the well-being of individuals seeking abortion and other SRH services. The findings further highlight the urgent need for global action in implementing the 1994 International Conference on Population and Development's Program of Action at national level, as well as the implementation of progressive policies and comprehensive SRHR put forth in regional agreements, including the African Union's Maputo Plan of Action 2016-2030. This is crucial to bolstering women's agency and decision-making power while advancing reproductive rights and ensuring equitable access to health care and information for women worldwide.

The findings from adolescents and youth respondents build on the work of the Adolescent Well-being Initiative and will support the upcoming Agenda for Action for Adolescents⁸, including the importance of comprehensive sexuality education. The Agenda for Action will drive the 1.8 Billion Young People for Change Campaign, catalyzing multi-stakeholder collaboration and mobilizing political and financial commitments for enhanced and continued attention and investments in adolescents and their well-being. This aligns with the five domains of adolescent well-being⁹, where SRHR is a cross-cutting component.

Five domains of adolescent well-being



Good Health and Well-being



Connectedness, positive values and contribution to society



Safety and a Supportive Environment



Learning, competencies, education, employability



Agency and Resilience

The findings underscore the ripple effect of overturning Roe v. Wade and the profound interconnectedness of national policy-making processes on matters of reproductive rights at both national levels and more widely.

Respondents expressed concern in the palpable realization of mutual influence between advocacy movements and policy-shaping, transcending geographical boundaries. This interconnected dynamic is a compelling rationale for fostering cross-border partnerships, as nations recognize the collective power of collaborative action. In this evolving landscape, organizations like PMNCH emerge as pivotal facilitators of SRHR advocacy, nurturing and amplifying connections that drive global progress and shape a unified approach to complex and vital challenges.

National actors must work with global partners to prioritize action, advocate and invest in progressive SRHR. High-level political advocacy and leadership are required through collaborative platforms, including the G7, G20, Inter-Parliamentary Union, and the PMNCH Global Leaders Network. Regional bodies such as the African Union should be engaged to convene leaders at the highest possible level to combat rising threats to the health and well-being of women, children and adolescents.

To achieve these goals, it is essential to hold decision-makers accountable by responding to grassroots pressure from governments, NGOs, donors, and various stakeholders. This also includes adolescents, youth, healthcare providers, and communities dealing with SRHR challenges. Upholding sexual and reproductive rights will require strong accountability approaches embedded in legal and policy frameworks supporting safe abortion and post-abortion care. Efforts and investments are required to strengthen policies and systems aiming to ensure SRHR and prevent unsafe abortion, especially in settings where support for regressive SRHR policies is gaining momentum.

PMNCH partners have a fundamental role in advocacy and advancing inter-sectoral approaches supporting reproductive rights. Therefore, the findings are important in informing advocacy and accountability efforts led by various stakeholders, including multi-stakeholder platforms advancing this agenda at national and sub-national levels, such as PMNCH partners leading the Collaborative Advocacy and Action Plans (CAAP) at the country level.

Enhancing access to comprehensive abortion care within the healthcare system is essential for advancing the Sustainable Development Goals (SDGs) related to good health and well-being (SDG3) as well as gender equality (SDG5). Therefore, at the midway point of the SDGs, the urgency to accelerate progress towards comprehensive SRHR has never been greater. Collaboration and advocacy remain key in the quest for women to access high-quality services and data-based information. Maintaining commitments to prioritizing and safeguarding SRHR at the highest levels of policy and action is crucial.

Appendix

Abortion services, policy, laws and/or funding

The overturning of Roe v. Wade has impacted abortion and post-abortion services in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

If No, please share one or more country or region-specific examples of what change you have seen. If you anticipate a future impact, please describe what you think will change.

The overturning of Roe v. Wade has impacted domestic funding for abortion and post-abortion services in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what change you have seen and how it happened.

If you anticipate a future impact, please describe what you think will change.

About your organization

PMNCH Constituency

(List all 10 constituencies and do not know, as a drop-down)

Primary Country or territory of work (List all countries, global, WHO regions and, as a drop-down)

Primary focus of work (List; policymaking, advocacy, programming, financing, service provision, as a drop-down)

The overturning of Roe v. Wade has impacted access to abortion and post-abortion services in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what change you have seen and how it happened.

If you anticipate a future impact, please describe what you think will change

The overturning of Roe v. Wade has impacted international funding for abortion and post-abortion services in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what change you have seen and how it happened.

If you anticipate a future impact, please describe what you think will change.

The overturning of Roe v. Wade has impacted advocacy capacity building and demand generation efforts and opportunities to discuss abortion and post-abortion policies, laws and legal frameworks among stakeholders and key decision makers in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what change you have seen and how it happened.

If you anticipate a future impact, please describe what you think will change.

Other SRH services, policy, funding and advocacy

The overturning of Roe v. Wade has impacted other sexual and reproductive health and rights, including family planning services in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

If No, please share one or more country or region-specific examples of what change you have seen.

If you anticipate a future impact, please describe what you think will change.

The overturning of Roe v. Wade has impacted access to other sexual and reproductive health and rights, including family planning services in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what change you have seen for specific services and how it happened.

If you anticipate a future impact, please describe what you think will change and for which services.

The overturning of Roe v. Wade has impacted domestic funding for other SRH services, including family planning in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what you have seen and/or estimate a quantifiable impact on funding.

If you anticipate a future impact, please describe what you think will change.

The overturning of Roe v. Wade has impacted international funding for other SRH services, including family planning in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what you have seen and/or estimate a quantifiable impact on funding. If you anticipate a future impact, please describe what you think will change.

The overturning of Roe v. Wade has impacted advocacy capacity building and demand generation efforts and opportunities to discuss and support SRHR, including family planning policies, laws and legal frameworks among stakeholders and key decision makers in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what change you have seen and how it happened. If you anticipate a future impact, please describe what you think will change.

Opposition

The overturning of Roe v. Wade has emboldened the anti-abortion movement in my country or the countries supported by my organization

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what you have seen. If possible, please be specific about the country or region. If you anticipate a future impact, please describe what you think will change.

Public Opinion

The overturning of Roe v. Wade has negatively influenced public opinion on abortion rights in my country or the countries supported by my organization:

- Yes
- Don't know
- No
- Not yet, but expecting to see an impact within the next 6-12 months

Please share one or more country or region-specific examples of what you have seen. If possible, please be specific about the country or region. If you anticipate a future impact, please describe what you think will change.

Citations

1 Clark, H (2022). Repeal of Wade v. Roe has fired the starting gun in urgent race to protect sexual and reproductive rights. PMNCH (Accessed 21 August 2023)

2 OHCHR (2023). 'United States: Abortion bans put millions of women and girls at risk, UN experts say'. 2 June. (Accessed 25 July 2023).

3 Clark, H (2022). 'Repeal of Roe v. Wade has fired the starting gun in urgent race to protect sexual and reproductive rights.' PMNCH. (Accessed 25 July 2023).

4 Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., ... Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *The Lancet*, 391(10140), 2642–2692. doi:10.1016/S0140-6736(18)30293-9

5 Abortion care guideline. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

6 World Health Organization. (2023). Investing in Sexual and Reproductive Health and Rights: Essential Elements of Universal Health Coverage. Retrieved from [https://www.who.int/publications/m/item/investing-in-sexual-and-reproductive-health-and-rights-essential-elements-of-universal-health-coverage]

7 Ishola, F., Ukah, U. V., Alli, B. Y., & Nandi, A. (2021). Impact of abortion law reforms on health services and health outcomes in low- and middle-income countries: a systematic review. *Health policy and planning*, 36(9), 1483–1498. https://doi.org/10.1093/heapol/czab069

8 Partnership for Maternal, Newborn & Child Health. Action Plan 2022-2023: Third Global Forum on Human Resources for Health. Internal Document. [Accessed August 21, 2023].

9 Ross, D. A., Hinton, R., Melles-Brewer, M., Engel, D., Zeck, W., Fagan, L., Herat, J., Phaladi, G., Imbago-Jácome, D., Anyona, P., Sanchez, A., Damji, N., Terki, F., Baltag, V., Patton, G., Silverman, A., Fogstad, H., Banerjee, A., & Mohan, A. (2020). Adolescent Well-Being: A Definition and Conceptual Framework. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, 67(4), 472–476. https://doi.org/10.1016/j.jadohealth.2020.06.042



