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WHO: World Health Organisation

Research Report

Topic 1: Discussing abortion as a necessary medical treatment.



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Introduction:

Abortion, which is the deliberate termination of pregnancy, has been known and around since ancient times, with varying methods to perform and attempt abortions. In previous times in history before medical advancements, there was use of abortifacient herbs, sharpened implements, and creating abdominal pressure.¹ Today, abortion is seen by some perspectives as necessary healthcare, whilst condemned and seen as immoral in other cultures. Various nations around the world have different abortion laws and regulations, with some only allowing them in medical emergencies, and some nations allowing free abortions whenever.

The WHO views induced abortion as a common health procedure, and requires that all individuals have access to quality health care, which includes comprehensive abortion care services.² According to the WHO, Each year, almost half of all pregnancies (112 million) are unintended. 6 out of 10 of those are unintended pregnancies, and 3 out of 10 total pregnancies end in induced abortion.³ Comprehensive abortion care, as defined by the WHO includes the provision of information, abortion management, along with post-abortion care.

However, many people face hardships in attaining safe abortions, that are affordable, and geographically reachable, leading many to resort to unsafe abortions. Estimates from 2010-2014, show that 45% of total induced abortions are unsafe, and of those unsafe abortions, a third were under dangerous conditions such as, untrained medical staff and invasive methods.⁴ The creation of legal barriers in accessing induced abortions often result in people going to dangerous and unsafe methods, posing a risk to the health of citizens and societies around the world.

Definition of Key Terms:

Abortion (Induced Abortion): The deliberate medical or surgical termination of a pregnancy by healthcare providers or through medically approved methods.⁵

Unsafe Abortion: As by the WHO, a procedure for terminating a pregnancy carried out by individuals lacking the necessary medical skills or in environments that do not meet minimum medical standards.⁶

Comprehensive Abortion Care: A healthcare framework that includes accurate information, access to safe abortion services, and post-abortion care to prevent complications and promote reproductive health.⁷

¹ History of abortion, *Wikipedia*, accessed December 17, 2025

² World Health Organisation, "Abortion," *WHO Health Topics*, accessed December 17, 2025

³ WHO, *Abortion*, accessed December 17, 2025.

⁴ World Health Organisation, "Abortion," *WHO Fact Sheet*, updated March 14, 2023

⁵ Induced abortion, *Amboss*, accessed January 15th, 2026

⁶ WHO, *Abortion*, accessed December 17, 2025.

⁷ WHO, *Abortion*, accessed December 17, 2025.

Reproductive Healthcare: Medical services related to the reproductive system, including family planning, maternal health, contraception, abortion services, and post-abortion care.⁸

Maternal Mortality: Deaths resulting from complications related to pregnancy or childbirth, including those arising from unsafe abortion practices.⁹

Fetal Viability: The stage of pregnancy at which a fetus has the potential to survive outside the womb with medical support.¹⁰

Background:

The debate around abortion as a necessary medical treatment has emerged alongside the development of modern medicine and legal systems. Prior to the nineteenth century, pregnancy complications weren't understood well, leading to high maternal mortality rates.¹¹ With scientific advancements and strengthened understanding of human anatomy and reproduction, physicians began to recognise that certain pregnancy-related conditions couldn't be resolved without terminating the pregnancy.

As a result, abortions are now considered a standard healthcare practice, however access still varies significantly across regions and legal systems, creating healthcare inequalities. Currently, around 77 countries allow abortion on request or for socio-economic reasons as of 2025¹², and around 21 countries prohibit abortion altogether¹³. Nations such as the Philippines, El Salvador, and Egypt¹⁴ have a total ban on abortions, including even in circumstances to save the mother's life. Other nations have varying laws based on how long the pregnancy has been or depending on the medical state of the mother in terms of necessity. Most Western European nations such as France, Germany, and Denmark provide abortions as available within the regulated healthcare systems and covered under national health services. These countries report some of the lowest maternal mortality rates globally¹⁵, which can underline the impact and importance of reproductive medical care rather than criminalisation.

Furthermore, it is important to note that restrictive frameworks do not eliminate abortions but instead influence the conditions under which they occur. In countries where abortion access is limited or criminalised, individuals are likely to seek unsafe or unregulated procedures. Every year, around half of the total abortions are considered unsafe, with out of 42 million abortions, 20 million are unsafe.¹⁶ This is evident in regions such as Sub-Saharan Africa, along with parts of Latin America, and can lead to complications and death, with around 68,000 women dying annually from

⁸ WHO, Reproductive Health, accessed January 15, 2026

⁹ WHO, Maternal Mortality, accessed January 15, 2026

¹⁰ Wikipedia, Fetal viability, accessed January 15, 2026

¹¹ Chamberlain, British maternal mortality in the 19th and early 20th centuries, accessed January 15, 2026

¹² Focus2030, "Where Do Abortion Rights Stand in the World in 2024?" accessed December 17, 2025

¹³ Guttmacher Institute, "World Abortion Laws," *Reproductive Rights*, accessed December 17, 2025

¹⁴ Time, "Countries Where Abortion Is Illegal or Highly Restricted," August 31, 2022

¹⁵ World population review, Maternal Mortality Rate by Country 2026, accessed 15 January 2026

¹⁶ Marge Berer, "Safety and Availability of Abortion Worldwide," *Reproductive Health Matters* 14, no. 27 (2006): 13–23

unsafe abortions, making it account for 13% of total maternal mortalities.¹⁷ Healthcare facilities and systems in these regions are often already fragile and strained, and complications from unsafe abortions place additional pressure on their already limited medical resources.

Legal developments in recent time have proven how changes in abortion policy can directly affect medical practice, with an example being the United States of America, where the removal of nationwide abortion protections in 2022, have led to the implementation of strict abortion bans in multiple states. States with strict abortion laws now, have seen to have a 6% increase in infant mortality, and 9% increase in specific states such as Texas and Kentucky that now have strict abortion regulations.¹⁸ Medical professionals have also reported increased uncertainty when treating complications relating to pregnancy, as legal ambiguity has caused delays in providing necessary medical care. In some cases, patients experiencing incomplete miscarriages or even life-threatening infections have been required to wait until their condition worsened before getting treatment, raising concerns about safety and medical ethics.

Along with this, restrictive abortion laws disproportionately affect vulnerable populations, including adolescents, low-income citizens, and those living in rural areas. Social stigma also plays a role in making access to legal abortion services difficult, when exceptions exist. As a result, these groups face higher health risks and lack of access to post-abortion care, and these disparities highlight how abortion access also includes matters of health equity and social justice.

Major Countries and Organisations Involved:

United States of America: The United States plays a role in the global debate due to political influence and recent legal changes. Following the 2022 *Dobbs v. Jackson* decision, abortion laws now vary by state, ranging from almost full bans to broad legal access. These changes have impacted public health outcomes and have influenced global discussions on abortion as necessary medical treatment.¹⁹

El Salvador: El Salvador enforces one of the most restrictive abortion laws globally, with abortion prohibited under all circumstances, including cases where the pregnant individual's life is at risk. Healthcare professionals face severe legal penalties for providing abortion related care, which has raised international concern regarding patient safety and human rights.²⁰

Philippines: Abortion is criminalised in the Philippines without exception. Access to reproductive healthcare is limited, and unsafe abortion remains a public health concern. The country is often cited

¹⁷ Marge Berer, "Safety and Availability of Abortion Worldwide,"

¹⁸ Johns Hopkins Bloomberg School of Public Health, "The Unequal Impacts of Abortion Bans," March 13, 2025

¹⁹ Paula M. Lantz et al., "Abortion Policy in the United States: The New Legal Landscape and Its Threats to Health and Socioeconomic Well-Being," *Milbank Quarterly* 101, no. Suppl 1 (March 24, 2023): 283–301

²⁰ *The Total Criminalization of Abortion in El Salvador*, Reproductive Rights Center, September 17, 2014, ReproductiveRights.org

in international discussions due to the intersection of legal restrictions, religious influence, and maternal health challenges.²¹

France: France represents countries that provide abortion as part of public healthcare systems. Abortion is legally accessible and covered by national health insurance, and the country reports low maternal mortality rates. France often advocates for reproductive healthcare access within international forums.²²

India: India permits abortion under a range of conditions under the Medical Termination of Pregnancy Act. While the legal framework allows for abortion as medical treatment, access remains uneven, particularly in rural areas. India highlights the challenges faced by middle income countries in translating legal access into practical healthcare services.²³

WHO: As the primary UN body responsible for international public health, the WHO plays a huge role in defining abortion as a healthcare issue. It provides medical guidelines, collects global data on abortion safety, and promotes safe abortion care to reduce maternal mortality.²⁴

United Nations Population Fund (UNFPA): UNFPA focuses on sexual and reproductive health and rights, supporting countries in improving maternal health outcomes. The organisation funds reproductive healthcare programmes and advocates for safe abortion access where permitted by law.²⁵

Guttmacher Institute: The Guttmacher Institute is a leading research organisation that provides data on abortion access, safety, and policy worldwide. Its research is frequently used by the WHO and UN bodies to inform policy discussions.²⁶

Doctors Without Borders: They provide abortion and post-abortion care in humanitarian and conflict settings where healthcare systems are weak or inaccessible. The organisation emphasises abortion as essential medical treatment in emergency contexts.²⁷

²¹ *Facts on Abortion in the Philippines: Criminalization and a General Ban on Abortion*, fact sheet, Center for Reproductive Rights, August 2018

²² France, “France Calls for Continued Progress on Sexual and Reproductive Health and Rights,” *Delegation of France to the United Nations*, April 8, 2025,

²³ Satvik N. Pai and Krithi S. Chandra, “Medical Termination of Pregnancy Act of India: Treading the Path between Practical and Ethical Reproductive Justice,” *Indian Journal of Community Medicine* 48, no. 4 (July 14, 2023): 510–513

²⁴ WHO, *Abortion*.

²⁵ United Nations Population Fund (UNFPA), *UNFPA: United Nations Sexual and Reproductive Health Agency*, accessed January 16, 2026

²⁶ Guttmacher Institute, *Abortion*, Guttmacher Institute, accessed January 16, 2026

²⁷ *Safe Abortion Care Is Health Care*, Doctors Without Borders/Médecins Sans Frontières (MSF), last updated January 24, 2024, accessed January 17, 2026

Relevant UN Resolutions:

International Conference on Population and Development (ICPD) – Programme of Action (1994): *“In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organisations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion 20/ as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority, and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling.”*²⁸ (paragraph 8.25)

Beijing Declaration and Platform for Action (1995): *“Unsafe abortions threaten the lives of a large number of women, representing a grave public health problem as it is primarily the poorest and youngest who take the highest risk. Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care, recognising the right of women and men to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”*²⁹ (paragraph 97)

UN General Assembly Resolution 70/1 – 2030 Agenda for Sustainable Development (2015): *“Ensure healthy lives and promote well-being for all at all ages.”*³⁰ (Goal 3)
3.7 *“By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”*³¹ (target 3.7 under goal 3)

²⁸ United Nations, *Programme of Action of the International Conference on Population and Development, Cairo, 5–13 September 1994* (New York: United Nations, 1995)

²⁹ United Nations, *Beijing Declaration and Platform for Action* (New York: United Nations, 1995)

³⁰ United Nations, *Transforming our World: the 2030 Agenda for Sustainable Development*, UN General Assembly Resolution 70/1, 2015

³¹ UN, *Transforming our World: 2030 Agenda for Sustainable Development*, 2015.

Previous Attempts to Address the Issue:

(Note: some resolutions in previous section can also be seen as previous attempts to address the issue)

1. **World Health Organisation (WHO) - Safe Abortion Guidelines**
 - a. WHO published evidence based technical guidance on safe abortion care, post-abortion care and comprehensive reproductive health as a global framework to structure abortion services and training globally.
 - i. This has caused reforms in Europe, Asia, and Africa, to help reduce unsafe abortions.
2. **United Nations Population Fund (UNFPA) - Global Reproductive Health Programs**
 - a. UNFPA provides funding and training for reproductive services in over 150 countries, which includes post-abortion care, emergency obstetric services, and advocates for safe abortions where legal.
 - i. Programs in Sub-Saharan Africa have improved access to medically safe abortion and reduced maternal mortality rates.
3. **Guttmacher Institute - Global Research and Policy Advocacy**
 - a. They conduct worldwide research on abortion rates, safety, and policy impacts, which creates data-driven guidance for governments and international organisations as a solution to track and monitor safe access to abortions.
 - i. Their studies on unsafe abortions in Latin America has influenced UNFPA and WHO strategies in promoting safe abortions.

Proposed Solutions:

- Countries should implement WHO-recommended guidelines for comprehensive abortion care, including pre abortion counselling, safe medical abortion, and post abortion care.
- Ensure that services are geographically accessible, affordable, and staffed with trained healthcare professionals.
- Governments should review restrictions on abortion laws to allow for termination when medically needed, including cases of risk to the mother's life or health.
- Supporting UNFPA, WHO, and other international organisations can provide resources for training healthcare providers, and supplying medical equipment, and strengthening reproductive health systems.
- Providing education campaigns to increase awareness of reproductive health, and safe abortions, especially targeting vulnerable populations.
- Promote access to contraceptives and family planning services to reduce unintended pregnancies, reducing the need for abortions.
- Encourage governments and organisations to collect and share data on abortion incidence, safety, and outcomes to inform policy.

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