**HARM REDUCTION MODEL, PRINCIPLES AND KEY MOMENTS**

The harm reduction model to prevent unsafe abortion was developed in 2001 by Iniciativas Sanitarias (IS), an association of health professionals in Uruguay, as a response to the problem of unsafe abortion, which was one of the principal causes of maternal death in the country. Abortion was not legal in this South American country. By 2004, there was already a clear decrease in the number of emergency visits to the hospital for abortion complication and in the number of maternal deaths for this reason. This led the Ministry of Health to give the MODEL official status by Ministerial Decree, regulation 369, in which the State acknowledges that unsafe abortion is a public health problem and pregnant persons are entitled to be advised of the risks in the event of an unwanted pregnancy. The Decree facilitated dissemination of the counselling services for persons with an unwanted pregnancy.

The harm reduction model is based on the bioethical principles of autonomy, justice, maximization of welfare of each individual and do not harm. The strategy seeks to empower pregnant persons, while also strengthening the commitment of health professionals to address the reality of persons facing unwanted and/or unplanned pregnancies. Recognizing that persons facing unwanted pregnancies in restrictive contexts could resort to any of the options available to end a pregnancy (including highly risky practices such as the use of toxic chemicals or the insertion of sharp objects into the uterus), the harm reduction model encourages health professionals to acknowledge and inform pregnant persons about the risks and complications resulting from unsafe abortion methods and the safer abortion methods potentially available. The model also reinforces the responsibility of health institutions to address this potentially serious clinical situation within the health system.

The intervention focuses on these ‘before’ and ‘after’ periods, recommending that pregnant persons planning to have an abortion have at least one consultation before and another after the abortion if they decide to end their pregnancy.

The intervention reinforces the notion that health professionals not only can but have the responsibility to act in order to reduce (and in some cases eliminate) the risks and harm associated with unsafe abortion, by offering pregnant persons accurate and up to date information.

The harm reduction model focuses on pregnant persons as the primary decision-makers and promotes the idea that providing pregnant persons with information during an initial consultation guarantees that they will be in a better position to decide about their pregnancy, according to their own personal situation, life circumstances and values (Briozzo et al. 2006). Within this model, access to information, in conjunction with access to reproductive health services and contraceptive methods, ensures that health professionals and health institutions can help persons who can become pregnant reduce unwanted pregnancies and the need for abortions in the future.

The model is builds on the human rights framework, the right to information, the right health and the right to autonomous decision making are foundation of the model. The harm reduction approach enables clients to access the information they need to make an educated decision and adequately care for their own health.

With changing technologies, access to information can be lifesaving for persons facing an unwanted pregnancy and highlights the need to ensure that all persons are able to exercise this right. In many countries, pregnant persons with resources and education often access information about safer abortion methods, such as the use of misoprostol, through the internet. The model ensures that all persons – not just those with greater social capital – are ensured access to lifesaving information and the support of health services that will help them safely manage their health when dealing with unwanted pregnancies.

The goal of the counselling services is to provide persons who can become pregnant with information, support, and options for addressing their personal situation and that are relevant in their context. In general, options counselling is offered to pregnant persons following a pregnancy test or to those clients soliciting information about ending their pregnancies.

**The Objectives of the model are to:**

* Reduce morbidity and mortality associated to unsafe abortion.
* Reduce the number of abortions performed in high-risk conditions.
* Reduce the risk of unsafe abortion.
* Increase access to post abortion family planning.

**Visual Representation of the harm reduction intervention**

**AFTER**

During this consultation the following is discussed:

* Decision made by the person.
* Prevention of complications
* Referrals as needed.
* Contraception

**BEFORE**

During this consultation the following is discussed:

* Options when facing an unwanted pregnancy.
* Legal situation of abortion in the context
* Safe and unsafe abortion methods available in different countries
* The importance of post abortion care
* Contraception

**DURING THE ABORTION**

No intervention from health provider, in legally restricted setting

The intervention focuses on these two moments, the “before” and the “after.” It is grounded in the idea that even if abortion is illegal, persons who contemplate terminating their pregnancy should have access to a pre consultation and a post-consultation with trained health providers who offer clients comprehensive and humanizing care.

**Conceptual Pillars of the Model**

**The harm reduction approach:** The harm reduction framework refers to programs and public health policies that seek to reduce the harms associated with a specific activity which is often stigmatized or prohibited. Accordingly, educational, social and health services are provided within this framework without moral judgment about the activity. As a strategy, the harm reduction framework has been effective in reducing the negative effects of drug use, including the transmission of HIV/AIDS.

**The human rights framework:** The harm reduction model stems from the international human rights framework, specifically the right to health, dignity, physical integrity, liberty, autonomy, equality, information, privacy, freedom from cruel, inhuman, and degrading treatment and the benefit of scientific progress.

**Tenets of the Model**

* The model promotes the provision of support to persons with unwanted pregnancies, to the extent allowed by the national legislation.
* Institutions implementing the model support prevention generally and prevention of unsafe abortions, in particular.
* The model opposes unsafe abortions and poorly performed abortions that put pregnant persons’ lives and health at risk. It seeks to create conditions that reduce these risks.
* The model is grounded in health professionals’ medical duty and professional responsibility to protect people’s health and ensure that they have access to information.
* The harm reduction model has already been implemented in (name of context), showing high effectiveness and acceptability by both clients and providers.
* The harm reduction approach has a long history of effectiveness in the public health field, particularly in the context of reducing HIV transmission risk among drug users.
* It is grounded in the principle of providing health education and other services without prior moral judgment. Professionals provide information to reduce the risks associated with a specific practice.
* Harm reduction services for unsafe abortion provide clients with information and support so that they can make informed, responsible, and autonomous decisions.
* The model creates an opportunity for persons who can become pregnant to access lifesaving contraceptive services.