



CONTACT

info.projectos@profamilia.org.co

Jennifer Chantal Valencia, nurse at Profamilia. Nurses hold a unique position as agents of change within the organization. They have the potential to influence colleagues' attitudes around abortion, and thus the possibility to improve access to timely and respectful care.



implementation story:

Working towards a stigma-free health worker culture, to improve access to abortion care for all who need it in Colombia



“I have experienced verbal violence when speaking of abortion and of my work at the PAEND programme. But I know that by providing safe abortion care, I contribute to saving women’s lives. We nurses do not convince people to have an abortion; we simply advocate for women’s rights to have an abortion when they want and need one.”

– Jennifer Chantal Valencia, nurse in the PAEND programme

BACKGROUND AND CONTEXT

In 2006, access to abortion was expanded in Colombia to include three circumstances: when the continuation of the pregnancy constitutes a danger to the life or health of the woman; when there is a serious fetal anomaly; and when the pregnancy is the result of sexual violence and/or incest. Since that important decision, the Constitutional Court has issued more than 18 rulings, recognizing the right to abortion care to protect pregnant people’s health and well-being. In turn, as a result of these court rulings, public authorities such as the Ministry of Health and the Attorney General’s Office have issued specific regulations on abortion, in compliance with the orders given by the Constitutional Court. In addition, in February 2022, the Constitutional Court further reinforced this right to abortion and decriminalized abortion during the first 24 weeks of pregnancy, regardless of the reason for the abortion (1). Despite these advances, women and girls in the country continue to face multiple barriers to accessing safe, timely and dignified abortion care (2–7).

ADMINISTRATIVE BARRIERS AND CONSCIENTIOUS OBJECTION

The general population in Colombia has limited knowledge about abortion, including how to access it, and what the law says about it (3,4,8–11). This lack of knowledge puts people in a vulnerable situation, in particular as there are many administrative barriers in the health and legal systems that jeopardize access to timely and respectful care.

Administrative barriers often cause delays in the provision of abortion care. For example, service providers, health entities and the justice sector often lack an understanding of the abortion care pathway, including all the steps a person must take and which institutions need to be contacted to obtain an abortion. While health facilities are legally obliged to provide an abortion within five days where possible, many facilities lack specific protocols to facilitate this process (12). As a result, access to abortion may be delayed, potentially putting pregnant people's physical and mental health, well-being and rights at risk (10,12).

In addition, the role of insurance companies in the Colombian health system causes further barriers. Even when a patient has a certificate stating that her pregnancy poses a risk to her life or health, some abortion providers will not recognize such a certificate if it is issued at another health facility linked to another insurance company. This is particularly problematic when the interpretation of legal grounds may differ between parties. For example, a provider such as Profamilia may take depression and anxiety into account under health considerations, while not all insurance companies recognize mental health issues in the same way (13). Furthermore, when a pregnant person requests abortion care, judicial officials sometimes refuse to order a health care facility to perform an induced abortion, because of a strict interpretation of the concept of health grounds (14).

Attitudes of health-care providers further complicate access to timely and respectful abortion care. Many health providers have limited understanding of, or respect for, clients' right to privacy, to autonomy and to being treated with dignity. In addition, many are reluctant to facilitate abortion care because of personal beliefs (conscientious objection). Health workers also often request authorization from a third party (a spouse, a legal representative, a legal adviser or several doctors) (10) before providing abortion care, which is contrary to the law (1, 15).

PEOPLE IN VULNERABLE SITUATIONS AT GREATER RISK

Due to cultural, religious and political reasons, negative attitudes towards abortion are very common in Colombian society, and there is great stigma surrounding the topic (8). Barriers to accessing abortion services disproportionately affect groups in marginalized situations, such as women and girls with low socioeconomic status, of certain ethnicities, with immigration status or with disabilities, and trans and non-binary people who are able to gestate.

Many women and girls who live in rural areas and small cities or who are migrants do not have the means or the necessary information to access safe procedures in a timely, safe and dignified manner. For example, a lack of health-care facilities in some parts of Colombia results in long travel distances to access care, and the high economic costs add to the barriers to accessing safe and timely care (4). According to research conducted by Profamilia in 2015, 41.4% of women in rural areas said that they did not seek medical care, including sexual and reproductive health (SRH) services, due to a lack of reachable facilities and economic resources. This is in contrast to the more developed subregions, where 20.6% of the women cited economic factors, difficulties in accessing services, or infrastructure as an impediment to accessing health care in general, and where only 5.4% experienced these factors as barriers to access SRH services specifically (4). In 2018, Profamilia found that, for immigrant women from Venezuela located in four main border cities of Colombia, safe abortion and post-abortion care were among the five primary unmet needs in SRH care (16).

In the case of people with disabilities, the Constitutional Court protects the decision-making power of people with disabilities when it comes to whether or not to continue a pregnancy. Nevertheless, many people with disabilities are unaware of their legal right to make autonomous decisions on matters related to their sexuality and reproduction.

Moreover, gender identity can be another factor affecting access to care. In a Profamilia survey of 141 trans and non-binary people, 10% of the respondents said that they had experienced a need for abortion services in their lifetime. However, 44% of those who sought abortion services believed that their gender identity was a barrier to accessing care (17).

A PROGRAMME TO INCREASE ACCESS TO SAFE AND RESPECTFUL ABORTION CARE FOR ALL

Profamilia is a nongovernmental organization (NGO) that promotes and protects the sexual and reproductive rights of all people living in Colombia. Before 2006, Profamilia focused its work on contraceptive care, but as abortion was decriminalized under three grounds, Profamilia gradually began to provide abortion, within the Colombian legal framework.

In 2018, Profamilia developed and implemented the Programme for the Prevention and Care of Unwanted Pregnancy (PAEND in Spanish), under the leadership of Marta Royo, Profamilia's Executive Director. The aim was to improve access to safe, stigma-free and humanized comprehensive abortion care, including induced abortion. The programme is grounded on the principles of human rights and a public health approach, recognizing that access to safe abortion supports long-term health. Under this programme, Profamilia provides abortion care and promotes access to contraception, information and comprehensive sexuality education, to raise awareness of the right to autonomy and reproductive self-determination of all people – including people in vulnerable situations, and regardless of gender.

“Our mission is none other than to fight, with facts and concrete proposals, against poverty, injustice and gender inequality, through the defence of the sexual and reproductive rights of all people.”

– Marta Royo, Executive Director, Profamilia

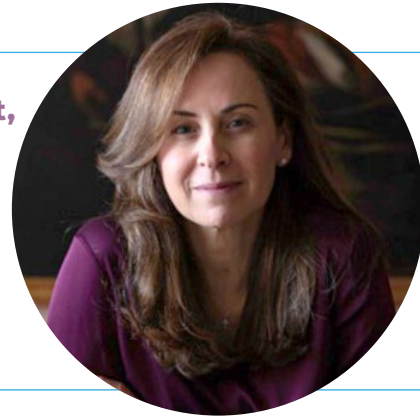


Photo credit: Profamilia

As this programme was rolled out, Profamilia rebuilt its organizational culture to tackle stigma and negative attitudes about abortion among its staff, so that the provision of timely and respectful care could be ensured.

WHO ABORTION GUIDELINES AND TOOLS

To provide guidance on the legal situation in the country following the 2006 regulations, as well as clinical recommendations throughout the continuum of care, Profamilia decided to develop a guidance document targeting Colombian health workers. In this process, WHO guidelines on abortion care were used as a reference and adapted to the Colombian context.

Although abortion regulations of the Colombian Ministry of Health allow only doctors to perform abortions (1), Profamilia used the WHO guideline [Health worker roles in providing safe abortion care and post-abortion contraception](#) (18)¹ to expand the types of health workers in Profamilia clinics that can provide additional abortion services, such as emotional support and post-abortion care, within the Colombian legal framework.

Furthermore, the WHO guideline [Medical management of abortion](#) (19)² was used for clinical advice on the use of mifepristone for medical abortion. Profamilia also referred to WHO guidelines when developing a strategy to support self-management of medical abortion using telemedicine approaches, within the Colombian legal framework.

1, 2 These and other WHO abortion-related guidelines have been replaced by the WHO [Abortion care guideline](#) (2022), a consolidated guideline on comprehensive abortion care across the continuum of care, spanning clinical care, service delivery, and law and policy. Additional resources on abortion care can be found [here](#).

IMPLEMENTATION STORY

IDENTIFYING NEGATIVE ATTITUDES TO ABORTION AMONG MEDICAL AND ADMINISTRATIVE STAFF

As Profamilia began to set up PAEND in 2018, the organization conducted a thorough review of its organizational structure. Systemic barriers to access to abortion care were identified – in society at large, but also internally within the organization. In particular, it was concluded that abortion stigma was still ingrained throughout Colombian society, including among health professionals.

As abortion was decriminalized on specific grounds in Colombia from 2006, Profamilia had begun organizing training sessions for general and specialized medical personnel on different safe methods of abortion. A new administrative team had also been set up to manage the growing range of abortion care services that Profamilia committed to provide, including induced abortions.

However, at this time, there had been a great lack of awareness of and support for the abortion guidelines issued by the Colombian Ministry of Health. Health workers had tended to apply strict interpretations of the grounds defined by Colombian legislation. In addition, many had still refused to provide abortion care, citing personal conscience as the reason. Therefore, it had been difficult for Profamilia to find health professionals who would agree to perform abortion care under PAEND – in particular, those willing to perform vacuum aspiration up to the 15th week of gestation. Also among the administrative staff at Profamilia, there were many who had opposed the idea of induced abortion. While administrative staff do not perform abortions themselves, they are involved in abortion processes by administering the abortion care pathway, which is an important factor contributing to whether patients' rights are respected.

All these challenges proved resilient, and had remained until 2018, when PAEND was initiated. To address these internal barriers, Profamilia identified the need to challenge its own organizational culture and to mitigate stigma and negative attitudes towards abortion among both health workers and administrative staff.

TRANSFORMING THE ORGANIZATIONAL CULTURE TO ENSURE RESPECTFUL ABORTION CARE

Profamilia initiated an awareness-raising campaign, including mandatory training for all staff – both clinical practitioners and administrative staff. This training emphasizes that abortion is a care service that protects health and human rights, and highlights how to treat patients in a dignified and respectful manner.

Based on WHO recommendations, Profamilia designed seminars, workshops and virtual courses. These activities functioned as safe spaces for health workers, based on compassion and trust, in which abortion-related questions and taboos could be discussed, demystified and de-stigmatized. In this way, Profamilia managed to shape an organizational culture clearly linked to the organization's mission to defend sexual and reproductive rights, and this helped to shift negative attitudes towards abortion and prevent conscientious objection.

“It is gratifying to be part of the process of strengthening the skills of staff and of supporting the protection of the right to health as expressed in the law.” ”

– Jennifer Chantal Valencia, nurse in the PAEND programme

The training has been permanently integrated into the organization and is now mandatory for all new team members. In addition, the recruitment process for new staff includes a survey about candidates' values and perceptions on abortion. This survey serves as an opportunity to identify the risk of conscientious objection, and to ensure that staff share the organization's values of access to abortion and informed decision-making as a right.

INTRODUCING “ABORTION MANAGERS” TO SUPPORT THE ADMINISTRATIVE PATHWAY TO ABORTION CARE

Profamilia’s abortion services are based on a multidisciplinary, comprehensive care model that includes medical professionals, nurses, psychologists and administrative assistants. As part of PAEND, Profamilia also defined a new role that it calls “abortion managers”. These are staff whose purpose is not to perform clinical or counselling services, but rather to facilitate and expedite the administrative aspects of the abortion process, so that the client can receive an abortion within five days after the request, in accordance with the law. Their tasks include leveraging their relationships with insurance companies to request financial coverage of abortion; scheduling a date for the procedure (in cases of a surgical abortion); keeping the patient informed about the dates; and organizing follow-ups in Profamilia clinics. Most often, these abortion managers are administrative staff; however, in clinics with limited personnel, doctors and nurses also take on the role as abortion managers. Because of the abortion managers’ experience in navigating each administrative step of the planning and follow-up of an abortion, abortions can be provided more quickly and with less risk of patients being questioned about their need for care across multiple steps along the abortion care pathway. This can reduce the emotional and financial stress of the person seeking care.

In addition, the abortion care pathway at Profamilia was reviewed and adjusted to improve access to abortion in the organization’s clinics. For instance, in line with WHO recommendations, the organization removed the requirement to undergo a psychological consultation before receiving abortion care. The removal of this barrier likely improved clients’ experiences of care, and willingness to seek care.

RECOGNIZING NURSES AS ADVOCATES FOR SAFE AND RESPECTFUL ABORTION CARE

Although abortion regulations of the Colombian Ministry of Health allow only doctors to perform abortions, Profamilia used WHO guidelines on abortion care to expand the types of health workers that can provide other abortion services in their clinics, such as emotional support and post-abortion care, within the Colombian legal framework.

In particular, nurses play an important role in PAEND, as they have the opportunity to streamline processes, eliminate barriers, support attitude change, and act when colleagues do not comply with Profamilia’s vision of providing timely and respectful care. Ultimately, they hold a unique position to make the right to abortion a reality for all who turn to Profamilia to seek it. Because of this critical role of the Profamilia nurses, it is important to focus on nurses’ attitudes towards abortion, and to also optimize opportunities to use nurses as agents of change within the organization.

“We nurses have become central in creating an advocacy space in the area of health and justice.”

– Jennifer Chantal Valencia, nurse in the PAEND programme



Photo credit: Julian Jutirico Avila

Nurses play an important role in streamlining processes, supporting other staff in changing negative attitudes about abortion, and acting when colleagues do not comply with Profamilia’s vision of providing timely, respectful and non-judgmental abortion care.

Nurse Jennifer Chantal Valencia takes pride in providing abortion care in Profamilia clinics.



Nicolas Giraldo, Coordinator for political and legal change, Profamilia

RESPONDING TO GROUPS OPPOSING ACCESS TO ABORTION

In its efforts to combat abortion stigma, Profamilia also identified the need to monitor and mitigate the challenges posed by external groups that oppose the provision of abortion care. Profamilia began mapping and analysing such stakeholders; built knowledge about how these groups use social networks; and incorporated risk analysis into all its activities. For abortion cases that pose considerable reputational risk, a specific risk committee at Profamilia was set up to analyse each angle of the case and identify relevant risk reduction actions accordingly.

To promote and protect the mental health and well-being of its staff, Profamilia also implemented a programme to provide support in cases where health workers or administrative staff experience stigma, physical violence or discrimination as a result of providing abortion care. In the future, Profamilia also plans to develop a holistic security strategy, ensuring that the organization is prepared to respond to any type of risk to the physical, mental or digital security of its staff.

“Effectively responding to groups opposing abortion is a work in progress, in which we continue to make small advances.



There is still much to be done; however, Profamilia is already more robust in understanding and mitigating the actions of opponents. Now, we are more aware of our different audiences, which include groups opposed to sexual and reproductive rights.”

– Nicolas Giraldo, Coordinator for political and legal change, Profamilia

TELEMEDICINE AND SUBSIDIZED CARE: IMPROVING ACCESS TO ABORTION FOR PEOPLE IN VULNERABLE SITUATIONS

Profamilia offers abortion services to the Indigenous population in Colombia – a commitment that entails various challenges. Indigenous communities are located in areas that are remote or difficult to access. In addition, within some Indigenous communities, views on religion and the definition of life contribute to scepticism towards abortion.

To further complicate the situation, Profamilia learned through interactions with clients from Indigenous communities that they are sometimes governed by additional laws beyond the Colombian Constitution. For example, in some Indigenous communities, people are required to seek permission from the community leader before they can undergo an abortion. These types of contradictions between the state jurisdiction and the Indigenous jurisdiction often result in stigmatization, mistreatment and denial of abortion services. For example, some Indigenous women who are Profamilia clients avoid using their insurance plans as a way to ensure that their abortions are not revealed to the Indigenous justice sector. However, these women then need to pay for their abortion care out of pocket. Migrant women without health insurance coverage face similar financial barriers.

With the roll-out of PAEND, Profamilia applied interventions that took into consideration the specific circumstances of rural, Indigenous and migrant women. These approaches have contributed to the uptake of abortion services that are safe and that take women's privacy into consideration – also for women in some of the most vulnerable situations. For example, by referring to WHO recommendations on self-management of abortion, Profamilia

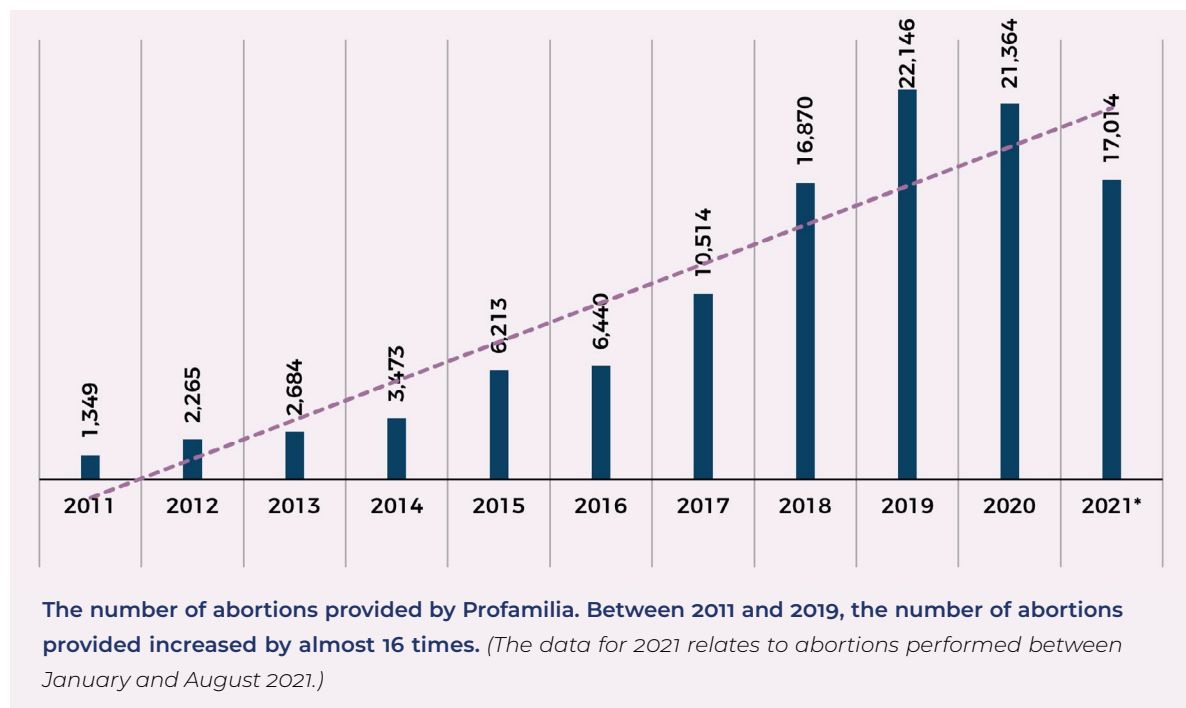
designed a strategy to support self-management through a telemedicine approach. In this way, the organization was able to reach the most remote regions of Colombia. In some specific cases, Profamilia also subsidized – on its own or sometimes in collaboration with other NGOs – abortion care services for Indigenous women who did not want their abortions to be scrutinized by the Indigenous jurisdiction but who could not afford to pay for an abortion on their own. In addition, Profamilia joined forces with other stakeholders such as donors and other NGOs to secure a pool of subsidies aimed primarily at migrant women who do not have health insurance. In 2019, Profamilia also provided abortion care to its first transgender client, manifesting the organization’s non-discriminatory approach to abortion care.

SUPPORTING AUTONOMOUS DECISION-MAKING AMONG PEOPLE WITH DISABILITIES

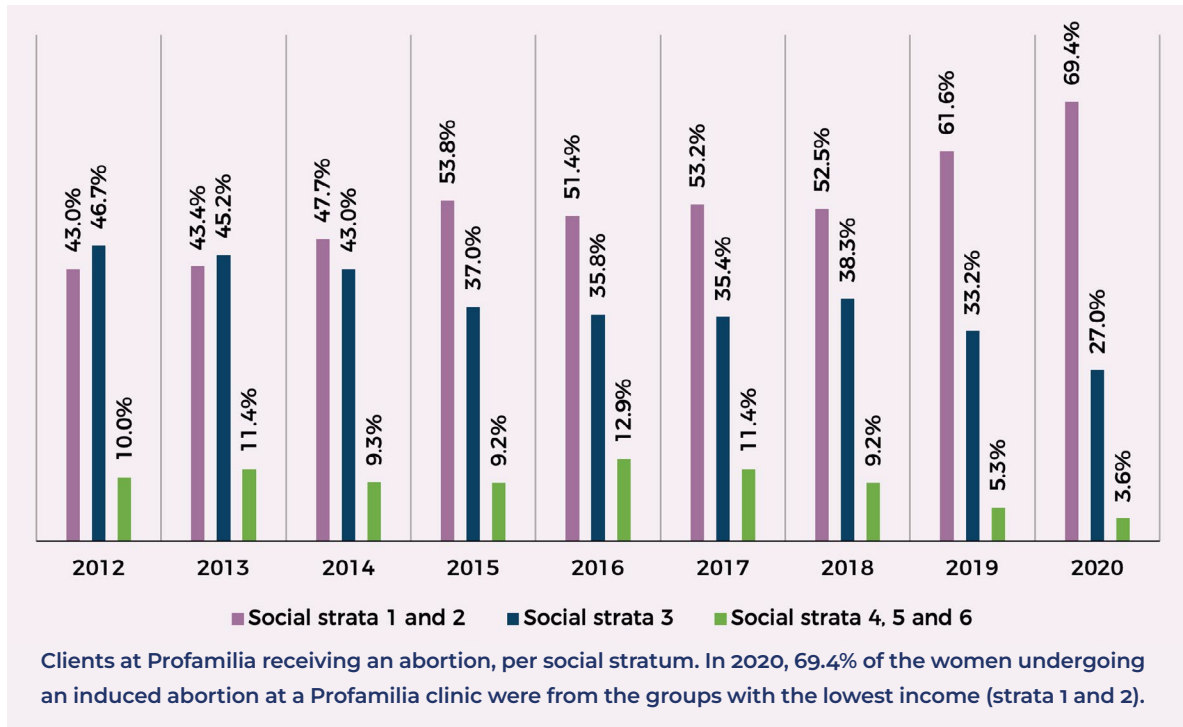
The Convention on the Rights of Persons with Disabilities (CRPD) (20) has been ratified by Colombia (21). This means that people with disabilities must be guaranteed their legal right to make autonomous decisions about their lives, including about their SRH. This, in turn, includes whether and when to have an abortion: no one but the pregnant person may decide whether to continue a pregnancy. To support the exercise of this right to autonomous decision-making, Profamilia ensured it adapted its communication with people with disabilities. For example, information about the abortion process was developed in a variety of formats, including using sign language and visual charts, to make it easier for people with different forms of disabilities to understand the information.

IMPROVED ACCESS TO ABORTION

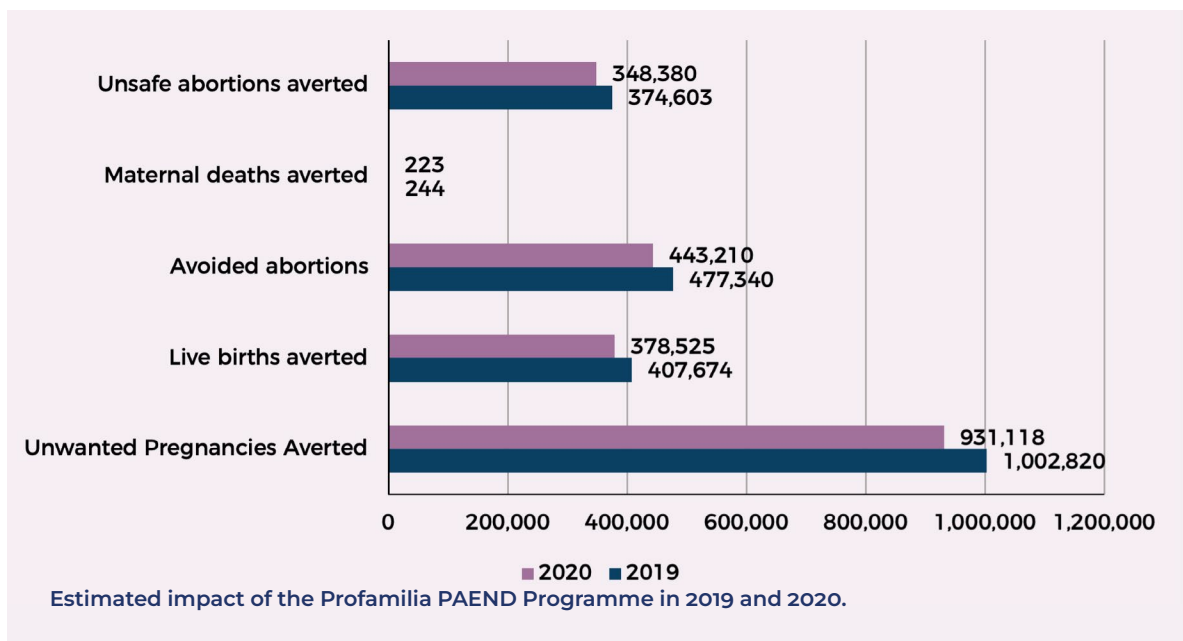
The awareness-raising campaigns and focus on reaching people in vulnerable situations, combined with an expansion of the number of Profamilia clinics, resulted in a dramatic increase in the number of women who received abortion care from Profamilia. In 2011, a total of 1349 abortions took place in Profamilia facilities. This number rose to 16 870 in 2018 (12.5 times the figure in 2011), and to more than 21 000 per year in 2019 and 2020 (almost 16 times the number in 2011).



This increased access to services particularly involved the most socioeconomically disadvantaged women in Colombian society. In 2012, 43% of the women undergoing an induced abortion at a Profamilia clinic were from the groups with the lowest income (strata 1 and 2), while 46.7% were from the middle stratum (stratum 3), and only 10% were from the groups with greater resources (strata 4, 5 and 6). In 2020, 69.4% of the abortions were provided to women in strata 1 and 2. In 2021, forty-three migrant women without health insurance received subsidized care.



Marie Stopes International (now MSI Reproductive Choices) and Profamilia estimated that in 2020, the provision of contraception and respectful abortion services through PAEND prevented 931 118 unwanted pregnancies, 443 210 abortions – out of which 348 380 unsafe abortions – and 223 maternal deaths (22).



“I defend the right of women to decide when and at what time it is appropriate for them to have children. Some women are overwhelmed by their pregnancy, but also by the taboos and prejudices about abortion that exist in society. I know that by providing safe abortion care, I contribute to saving women’s lives.”

– Jennifer Chantal Valencia, nurse in the PAEND programme

While Profamilia's campaign has resulted in measurable positive health outcomes, there are also other types of impact that have not been quantified but are likely to have contributed to women's well-being. For example, the focus of PAEND on the importance of respectful abortion care has reduced stigma and eliminated negative attitudes towards abortion. This has likely contributed to Profamilia clients having positive experiences of their abortion care process along the care pathway – not only when receiving care from clinical staff but also when interacting with administrative staff.

CONTINUOUS EFFORTS TO IMPROVE ACCESS TO ABORTION CARE

For medical abortion, mifepristone is only recommended until week 10 in Colombia. To further improve access to abortion, even at later gestational stages, Profamilia continues to advocate for an update of the INVIMA registration (the registration issued by the Colombian Government), for legal regulation to use mifepristone up until the 13th week of gestation, in line with WHO recommendations.

Profamilia is also continuing its efforts to influence the perception of abortion. The process of changing attitudes about abortion in Colombian society has proven slow, and work remains to be done to entirely eliminate abortion stigma in Colombia, and to further improve access to safe, affordable and geographically reachable abortion care.

“Our work continues, and we still struggle to make the PAEND programme known, so that more people with the capacity to get pregnant can understand the abortion care pathway and its benefits.”



– Jennifer Chantal Valencia, nurse in the PAEND programme

LESSONS LEARNED

It is important to develop specific abortion care pathways for different groups, such as Indigenous populations and people with disabilities. Different groups have different needs and may benefit from different approaches. It is also important to recognize differences **within** a subpopulation. For example, all people with disabilities should not be treated like a homogeneous group that is assumed to respond to one single solution. Instead, they should be recognized as individuals for whom there are different needs and appropriate approaches.

Changing negative attitudes about abortion is a slow process, but strategic efforts can make a difference over time.

tips for SRHR implementation

- 01 Identify and address negative attitudes towards abortion within your organization.** Challenge organizational cultures that pose barriers to respectful abortion care.
- 02 Sensitization and capacity-building should be integrated into the organizational culture and implemented permanently.** All staff at all levels should be included, and all aspects of abortion should be addressed, including clinical aspects, attitudes and values, project management and research.
- 03 Find pragmatic solutions to concretely address barriers faced by marginalized groups.** For example, if people do not seek safe abortion care due to stigma or limited resources, an offer to cover their abortion care costs could enable them to receive the care they need – in a safe and timely manner and with respect to their needs.



For more information and recent WHO resources on abortion care, please visit the **WHO Abortion webpage**.

This story was written by Profamilia, with support from the IBP Network and the Prevention of Unsafe Abortion Unit, the WHO Department of Sexual and Reproductive Health and Research (including the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction – HRP). This document does not necessarily represent the decisions, policy or views of WHO or HRP. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO or HRP in preference to others of a similar nature that are not mentioned.

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