Working Paper

Legal Abortion in Argentina

Policy Recommendations Based on Community and Professional Providers' Perspectives

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1.- INTRODUCTION

For nearly a century, the Argentine Penal Code criminalized abortion, authorizing its practice under a limited set of circumstances: in cases of rape or risk to the pregnant woman's life or health. Even so, an informal rule made access to abortion rarely available in practice (Bergallo 2014). Only in 2003 did the availability of sexual and reproductive health services begin to expand through the National Sexual Health and Responsible Procreation Program (Law 25.673, *Programa Nacional de Salud Sexual y Procreación Responsable*). In 2007, the approval of protocols for access to non-punishable abortion began a slow process of broadening access. A few years later, the 2012 Supreme Court ruling in the F.A.L. case clearly established the legality of the exceptions and the need to facilitate access (Asociación por los Derechos Civiles 2013; Monte 2017). After this ruling, new protocols for access helped to expand legal abortion (Legal Interruption of Pregnancy or LIP) services in accordance with the exceptions laid out in the Penal Code.

However, before legalization, it was difficult to determine the scope of abortion as a social and public health issue. At the request of the Ministry of Health, Mario & Pantelides (2009), estimated that between 371,965 and 522,000 abortions were performed annually. Unsafe abortions have been a leading cause of maternal mortality since 1980 and, since the return to democracy in Argentina, a total of 3,030 women died because of criminalization and the lack of access to safe procedures (ELA, CEDES, and REDAAS 2018).

In the face of these injustices, women's and feminist movements used the institutional channels of democracy and other non-institutional tactics to advance abortion access and legalization (Sutton and Vacarezza 2021). Legalization was a central goal consolidated by the creation of the National Campaign for the Right to Legal, Safe, and Free Abortion (*Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito*, herein, the Campaign) (Zurbriggen and Anzorena 2013). Since the 2000s, various initiatives expanded access to safe abortions both within the healthcare system and outside it. Within the formal healthcare system, "bottom up" initiatives were developed to offer pre- and post-abortion counseling, following risk and damage reduction models (Fernández Vázquez & Swarc 2018; Fernández Vázquez 2017). After 2007, and with a strong commitment on the part of healthcare professionals, abortion services in the formal healthcare system began to expand and gain strength, thanks to the adoption of more progressive procedural norms. To support these developments, the Safe Abortion Access Network (*Red de Acceso al Aborto Seguro*, REDAAS in its Spanish acronym) was created in 2011 to bring together healthcare and legal professionals working for access to abortions. As a part of the Campaign, the Network of Healthcare Professionals for the Right to Choose (*Red de Profesionales de la Salud por el*

Derecho a Decidir) was created in 2014 and included professionals who guaranteed the right to abortion in the healthcare system (Drovetta 2018). Other significant initiatives for abortion access arose from the feminist movement outside the healthcare system. As of 2009, lay activists began offering information and accompaniment for safe and self-managed medical abortion (Mines et al. 2013; McReynolds-Pérez 2017). Also, within the Campaign, in 2012, the Network of *Socorristas* (first responders) (*Socorristas en Red*, herein Socorristas) was created, a national organization that not only accompanied medical abortions but also established alliances with the healthcare system and demanded compliance with legislation in force (Maffeo et al. 2015; Burton and Peralta 2016; Burton 2017, 2020).

After decades of struggles, the legalization of abortion was debated for the first time in Congress in 2018, but, despite enormous social pressure, it did not pass (Pecheny and Herrera 2019; Brown 2020). Two years later, amid the COVID-19 pandemic, Argentina's national Congress voted in favor of the Access to Voluntary Interruption of Pregnancy Law (no. 27,610, VIP Law) (Sutton 2021; Fernández Anderson 2021). This law came into force in January 2021 and allows for abortion through the fourteenth week of pregnancy. After this period, abortion is authorized when the pregnancy is the product of rape or poses danger to the overall health of the pregnant person. The procedure must in all cases be free of charge and carried out within a maximum of ten days.[1]

This enormous victory, however, should not be interpreted as a finishing point but rather as the beginning of a new period, with significant challenges regarding the implementation of the right to abortion. This project is based on the premise that lay activists, activist healthcare professionals, and professionals participating in issue networks for abortion access have a privileged perspective to inform public policy: they have the greatest experience in providing care, understand the barriers within the healthcare system and work tirelessly to improve quality and access. Further, I propose considering implementation of the Law as part of a longer process of expansion of abortion access that does not begin with the Law being passed, and is not restricted to the formal healthcare system. In this sense, the legalization of abortion has the advantage of not beginning from scratch. On the contrary, the Law provides an extraordinary opportunity to broaden, strengthen, and improve services that were already being offered both within and outside of the healthcare system.

2.- METHODS

This project draws on qualitative methods, specifically, on 21 in-depth interviews with activists from the three key organizations/networks that have been working on abortion access in Argentina. Six interviewees are part of the Safe Abortion Access Network (REDAAS), eight interviewees belong to the Network of Health Professionals for the Right to Choose, and, finally, seven interviewees are part of Socorristas. Participants live in different regions of Argentina and were recruited to form a purposeful sample based on my previous contacts with activists. The interviewees were between 26 and 65 years of age, with an average age of 41. In professional and occupational terms, eleven interviewees were healthcare workers: five general practitioners, three obstetricians/gynecologists, one psychologist, one social worker, and one midwife. Ten of them worked mainly in the public sector. I also interviewed two lawyers, three teachers, and four people with other occupations. These data sources are supplemented with information from reports by the Health Ministry, reports and monitoring by academic and advocacy organizations, and conversations with public officials.

3.- IMPLEMENTATION OF THE VOLUNTARY INTERRUPTION OF PREGNANCY LAW

A thorough analysis of the implementation of the VIP Law must consider not only what took place during the short time since it has been in force but also the capabilities established for access to safe and legal abortion that existed previously. In the Argentine context, we can use Naomi Braine's (2020) distinction between the "institutional medical system" and "autonomous health movements," as initiatives to provide abortion access exist both within and outside of the healthcare system. Both have contributed to the safety and legitimatization of abortion as a right.

a) The Public Healthcare System

Prior to legalization, services for legal abortion in the public healthcare system began to gradually expand thanks to the diligent guidance of the National Office for Sexual Health and Responsible Procreation (*Dirección Nacional de Salud Sexual y Procreación Responsable*), within the Health Ministry. As previously stated, the sustained commitment of healthcare professionals to providing access was also of key importance. However, the provision of Legal Interruptions of Pregnancy (LIPs) varied widely among different jurisdictions, and unfortunately there are no systematic data available to trace the process. A recent report based on official data indicates that 1,312 LIPs were performed in the City of Rosario in 2019, 8,388 in the City of Buenos Aires in 2019, and 5,028 in the Province of Buenos Aires during the first half of 2020 (Romero & Moisés 2020).

The official data that are becoming available on the implementation of the VIP Law show the importance of understanding that this process does not begin with passage of that law. Before legalization, in December 2020, there were 907 providers who offered abortion services in the public healthcare system. That number rose to 1,164 in May 2021 (Ministerio de Salud 2021) and to 1,347 in December 2021.[2] In the first six months after implementation, 25,894 girls, teens, women, and other people able to become pregnant accessed legal abortions in the public sector (Romero et al. 2021). Another important tool is the hotline 0800-222-3444, which provides information on sexual health and reproduction and received 15,168 queries about legal abortion between January and October of 2021.[3]

b) Feminist Strategies of Community Healthcare

Since 2012, Socorristas has offered information and accompaniment in medical abortions throughout Argentina. To give an idea of the scope of their work, between 2014 and 2020, 55,650 people received information about safe abortion from this organization (Socorristas en Red 2021). Of those, 40,803 people accessed self-managed abortion with the organization's help, and 7,938 were accompanied on their visits to access legal abortions within the healthcare system (Socorristas en Red 2021). In 2020, during the worst moment of the COVID-19 pandemic, they provided information to 17,534 people. Of those, 8,867 were accompanied in their self-managed abortions and 6,430 were accompanied to the healthcare system (Socorristas en Red 2021).

Since abortion was legalized in 2021, Socorristas has continued its work aiding in self-managed abortions and accompanying those who decide to receive care within the healthcare system. In total, they provided information on abortion to 13,502 people throughout the country. Of those, 9,172 decided to self-manage their abortions, while 2,609 requested care in the healthcare system.

4.- PROVIDERS' PERSPECTIVES ON IMPLEMENTATION

a) The Legitimacy of the Law and the Labor of Healthcare Professionals

In keeping with the findings published by Proyecto Mirar (Romero et al. 2021), my interviews showed that the legalization of abortion provided support to those who offered abortion services both within and outside of the healthcare system. Indeed, one teacher and Socorrista interviewee from Neuquén stated that "the Law recognizes the right of people who abort and also places value on those who guarantee the practice" (Ruth Zurbriggen). The Law relieved tensions within the healthcare system and offered greater security to professionals. For their part, abortion accompaniment activists consider the legal change to be an opportunity to expand their work and deepen cooperation with the formal healthcare system.

Providers, regardless of whether they work within or outside of the healthcare system, are aware of the importance of their work in terms of broadening access to abortions. That effort is something not easily dissociated from their activism and the political, ethical, and moral convictions that often help to confront varying degrees of stigma, hostile situations, isolation, and even violence.

However, for many providers in the formal healthcare system, the feeling became more acute that the responsibility and work of implementing the Law falls on their shoulders. As has been noted in Ireland, legalization legitimizes work and provides a renewed sense of purpose that protects professionals against burnout, but this may not be sustained over time (Dempsey et al. 2021). Exhaustion and overwork have been more strongly felt in the context of the COVID-19 pandemic. One psychologist from Salta affiliated to the Network of Healthcare Professionals for the Right to Choose commented that:

> in practice, the professionals are the same, the obstacles are the same, the overloading is the same. (…) These doctors haven't set aside other tasks because they're performing abortions. They've increased the amount of their work, especially during the pandemic (…) I wouldn't be wrong to say that throughout the country, the Law still rests on the activism of professionals who are convinced that this is a right. (Verónica Cuevas)

Indeed, the academic literature recognizes that abortion providers are prone to burnout and suffer high levels of work-related stress, stigma, and isolation (Martin et al. 2014, 2014a, 2018). The literature also indicates that psychological and physical exhaustion are associated with providing care in situations of injustice, violence, or trauma, such as those often associated with abortion (Stamm 1999; Baird & Jenkins 2003).

While the providers within the autonomous movement have different political strategies to deal with stress, providers within the formal healthcare system hope their efforts will be recognized and supported in more substantial ways by different levels of management. Generally, they do not demand greater economic compensation but rather actions aimed at relieving their workload, supporting their efforts in meaningful ways, and showing appreciation for their work.

b) Geographical Disparities in the Availability of Services

Although they recognize the progress in implementation, interviewees pointed out the geographical disparity in the availability of abortion services. This was also highlighted by Proyecto Mirar (Romero et al. 2021), which estimated abortion levels by province. While the national rate is 3.2 per thousand women of childbearing age, some provinces register surprisingly low rates: Corrientes (0.6), Formosa (0.6), Misiones (0.6), San Juan (0.9), and Chaco (0.9). These provinces are all politically and culturally more conservative, and abortion services were barely available there before legalization. In these provinces,

implementation is occurring much more slowly, and despite the efforts of activists, the state must play a more active role. One general practitioner from Buenos Aires affiliated to the Network of Healthcare Professionals for the Right to Choose recalled "[there are] places that historically had enormous problems with access, for example, (…) Corrientes, which is the worst province for abortion access." She added: "We never managed to establish ourselves there as the Network [of Healthcare Professionals for the Right to Choose], we never had colleagues (…) How can access there be worked on by the state?" (Clara Noceti).

This health professional believed that geographical disparity is one of the most significant barriers to abortion access. Indeed, the academic literature has highlighted this problem, even in countries with a long history of legal abortion like the United States or Canada (Sethna & Doull 2013; Bearak, Lagasse Burke and Jones 2017; Jones, Ingerick & Jerman 2018). The scarcity of services creates inequalities between people depending on their place of residence, intersecting with other forms of inequality (based on socioeconomic class, race, age, etc.) that exacerbate barriers to access.

In the interviewee's opinions, the state must lead initiatives focused on influencing the provision of services in the provinces to guarantee compliance with the Law. They indicate that the main problems are the lack of professionals trained and willing to provide services, the scarcity of management resources at the provincial level, and the high degree of social stigma in those provinces. With a view toward public policy on abortion that goes beyond formal healthcare institutions, they stress the importance of carrying out effective informational and awareness campaigns paired with strategies to involve different social and political actors in implementation.

c) The Desire to Improve the Quality of Care

For healthcare providers, the concern over broadening access to abortion is of equal importance to improving the quality of care. Moreover, they believe that quality must become a priority. A gynecologist with extensive experience as provider in the formal healthcare system and affiliated to REDAAS noted that

> before the Law it was like, okay, I'll give you what I can, what I have, and you should be grateful that I'm offering you an interruption of pregnancy (…) that was the most we could aspire to (…) I think now we have the challenge of breaking down that logic, and I think it's something we still have to do (…) guarantee access, but not just any old way; we have to take care with all the details, guaranteeing comfortable conditions for the practice. (Beatriz Ludueña)

The new legal framework is perceived as an opportunity to raise the standards of quality and develop comprehensive care models that, in addition to being technically excellent, offer quality in personal interactions. Indeed, quality of healthcare services has historically been defined through technical and clinical issues, but more recent definitions—in keeping with WHO guidelines—have expanded what is understood as quality of care in reproductive sexual health and abortion (Creel, Sass & Yinger, 2002; WHO, 2006; Dennis, Blanchard & Bessenaar, 2017; Darney et al. 2018).

Infrastructure and the availability of materials are key factors to the quality of abortion care. Providers acknowledge significant advancements in the distribution of misoprostol in the healthcare system.[4] Still, they maintain that it is necessary to progress in the approval and provision of mifepristone, the drug necessary for offering the highest quality medical abortions. They also agree on the importance of expanding the ability to offer abortion services through manual vacuum aspiration.[5] To do so, healthcare

centers must be provided with equipment, spaces must be adapted for the procedure, and professionals must be more widely trained.

The technical instruction of providers is also crucial to offering quality services. In this sense, interviewees formally trained in the health professions emphasized the near absence of training they received in medical school and acknowledged current efforts to offer opportunities for continued professional training.[6] They also stated that it is necessary both to offer quality professional training and to evaluate and monitor its effects on the provision of care.

Finally, the interviewees agreed on the need for developing comprehensive and patient-centered care models. From their perspective, this is essential to combating the hierarchical relationships between doctors and patients that have been a hotbed of various forms of violence. This work involves creating care models centered on the rights, needs, and decisions of those who need abortion care. Providers, in this sense, have the willingness to listen attentively and without prejudice, while also offering complete and high-quality information to foster informed decision-making. In this regard, Socorristas has developed comprehensive forms of care that include self-care and wellbeing practices, non-medical strategies for pain management, and emotionally supportive care that is kind and empathetic. Feminist models of abortion care like that of Socorristas have been highlighted in the academic literature for the quality of care they offer both technically and interpersonally (Gerdts & Hudaya 2016; Zurbriggen, Keefe-Oates & Gerdts 2018; Bercu et al. 2021). In addition, within the formal healthcare system, professionals with viewpoints associated with social justice, social medicine, and feminist activism have developed innovative models of high-quality comprehensive care.

d) The Importance of Collective Organization and Coordination with Civil Society

The interviews revealed the centrality of grassroots activism, collective organization, and networking to move abortion policy forward. Interviewees also emphasized that being a part of networks and of different types of experiences of collective organization helped strengthen their practice and maintain it over time, even in the face of different kinds of attacks and violence.

The interviews gave an account of the political connections that allowed for significant advancements in the provision of abortion services. The three networks for access to abortion have various and meaningful cooperative connections among them. To mention just a few examples, healthcare professionals aligned with Socorristas have contributed to training activists in different technical capacities. Socorristas has also participated in training initiatives for healthcare professionals, in which they transfer knowledge on the safe use of medications for abortions and share their model of emotionally supportive abortion care.

Each of the networks makes concerted efforts toward coordinating with different political, labor, civic, and territorial organizations to share their work and build social support for legal and safe abortion. From the perspective of providers, expansion of access and the sustainability of legality over time is directly associated with the ability to build broad social alliances that are not restricted to the legal or healthcare fields. A long-time Socorrista and teacher from Neuquén stated, "we must deepen our work and collaborate with other spaces, not just the healthcare system. We have to see how organizations and labor unions can come together to guarantee the Law better. The more coordination, the better." (Belén Grosso) In short, an active civil society that demands the fulfillment of rights is the strongest guarantee to continue progressing and avoid setbacks.

5.- RECOMMENDATIONS

a) Investing in the Wellbeing of Healthcare Professionals

Ensuring the continuity of healthcare teams that provide access to legal abortion must be a priority, and it is therefore crucial to invest in their wellbeing. These interventions may be especially important in areas where there are few providers, or where pressure, stigma, and violence toward them are particularly strong. These actions can also have multiplying effects and work as incentives so that other professionals become interested in providing services.

First, it is important to design strategies aimed at improving working conditions for those who offer abortion care, bearing in mind the physical, mental, and emotional strain inherent to this work. To make progress, we might prioritize the positions of those who provide services, offer exclusive hours dedicated to this type of work, and provide days off or reduce the number of hours worked in favor of rest, professional training, or wellbeing activities.

Second, we may support and prioritize the work of these professionals by offering favorable training opportunities. For example, grants could be given for specific graduate or specialization programs, or high-level training possibilities could be offered with renowned professionals in Argentina and abroad. This type of opportunities would help expand a critical mass of highly trained professionals who could eventually have a multiplying effect, focusing on education and mentorship of less experienced colleagues.

Finally, we must develop strategies aimed at promoting professionals' wellbeing. Those in management positions could develop strategies to demonstrate appreciation and acknowledgement of professionals. It would also be important to create spaces that combine wellbeing, reflection, and collective reinforcement for those who provide abortion care. Experiences like the "Providers Share Workshop" (Harris et al. 2011; Debbink et al. 2016) can be an excellent model for maintaining a sense of purpose, combating the effects of stigma, and relieving the burden of overwork.

b) Decreasing Geographical Disparity in Services

Another priority for public policy on abortion must be the expansion of access and the reduction of geographical inequalities regarding the provision of services. Interventions must be developed to combine actions at the provincial and local levels.

In the healthcare system, we might create task forces of highly trained professionals who travel to provinces and municipalities with a deficit of services in order to build new healthcare teams. In keeping with WHO guidelines (2015), it is important to create interdisciplinary healthcare teams that include general and family practitioners, OB/GYNs, nurses, midwives, psychologists, and social workers. Awareness-rising campaigns for support personnel, such as administrators, janitorial staff, and receptionists, is also important because they can otherwise act to impede or make access more difficult in different ways. The monitoring of teams, the provision of technical support, and sustained actions aimed at the wellbeing of professionals are all crucial to the success of these interventions (see point 5.a).

Also, it will be important to provide increased resources, political support, and mentorship opportunities to those who are responsible for implementation in provinces with lower levels of access. It could be feasible to establish pairs of officials in provinces with more and less advanced levels of implementation (e.g., Santa Fe and Corrientes) to generate reasonable convergences, mentorship opportunities, and

even resource synergies. It could also be relevant to replicate at the provincial level the successful model implemented federally by the Assessment Council of the National Office of Sexual Health and Reproduction (*Consejo Asesor de la Dirección Nacional de Salud Sexual y Reproductiva*), which brings together officials and actors in civil society to ensure citizen participation and constant communication with local organizations and specialists.

Indeed, public policy related to abortion requires the participation of civil society, as well as collaboration with institutions and individuals in the fields of education, healthcare, and law. It is also important to invest in comprehensive awareness and education campaigns regarding the new Law. All actions aimed at making abortion and sexual and reproductive health a part of community life, and not just an issue restricted to healthcare services, ensure the protection of those who provide services and the sustainability of these policies in the long term.

c) Promoting the Development of Models for Quality Abortion Care

Legalization is an opportunity to consolidate models of quality abortion in partnership with professionals and activists who have worked for years to offer excellent standards of care. In this regard, Argentina is in an exceptional position to offer the world an innovative model of quality abortion care.

Providing proper equipment and infrastructure, as well as ensuring the constant and opportune supply of materials are key factors for offering quality services. In this regard, significant progress has been made in the provision of misoprostol, but we must improve availability of mifepristone to ensure the highest quality medical abortions. It is also important to scale up the ability to offer abortion through manual vacuum aspiration, which is a recommended method not only due to its low cost but also its low complexity.

Another top priority is to deepen efforts to train healthcare personnel in order to build interdisciplinary teams capable of task-sharing and task-shifting. As restrictions imposed by the COVID-19 pandemic are eased, it becomes more relevant to offer in-person training, which creates more opportunities for meaningful learning, dialogue, and mutual reinforcement among professionals. It is also important to monitor these educational experiences to ensure that what is learned effectively translates into higher quality of care.

Finally, but not least importantly, the model of quality abortion care must especially include the facet of personal interaction. Public policy can benefit from the care models created by activists and professionals who place the patient at the center and consider attentive listening and emotional support as an integral part of abortion care.

d) Strengthening Cooperation Between the Formal Healthcare System and Autonomous Organizations

The synergy of knowledge and resources among providers within the community and within the formal healthcare system have been highlighted in the academic literature as a strategic advantage in Argentina and as a way forward in abortion policy worldwide (Yanow, Pizzarossa & Yelinska 2021). To continue progressing in this sense, the state must strengthen the capacities established in the healthcare system, but it can also contribute to reinforcing the capacities of individuals, communities, and civil society organizations to become active agents for their own health. From this perspective, it becomes pertinent to support the collaboration and dialogue that already exist between the formal healthcare system and autonomous movements.

Feminist organizations that accompany abortions could benefit from the resources and legitimacy offered by the state. Lay activists could also strengthen their ability to provide quality abortion services if they had medical education opportunities and high-quality technical assistance. Further, permits and authorizations could be offered to facilitate access to healthcare institutions for lay activists when they accompany people who are seeking abortion services in the formal healthcare system. Supporting the role of volunteer escorts within the healthcare system is important because they provide emotional support, offer wellness and non-medical pain management opportunities (e.g., massage, essential oils, relaxing music), and protect the people who require abortions from potential situations of mistreatment and violence.

In addition, healthcare professionals and the formal healthcare system could benefit from both technical knowledge on abortion through medication as well as interpersonal care models developed by lay activists over the years. Likewise, feminist organizations have developed innovative educational models for abortion care training that could be an optimal complement to traditional technical education within medicine and healthcare.

5.- FINAL REMARKS

This project suggests the need for a series of public policy proposals based on the knowledge, perspectives, and needs of activist and professional abortion providers committed to social and gender justice in Argentina. The recommendations aimed at broadening access to abortion by supporting the work of those who provide services and expanding teams of providers. Second, these recommendations indicate that quality of care must be a priority and that Argentina is in an excellent position to advance innovative and comprehensive care models based on the experience developed by providers working both within the healthcare system and outside it. Third, these recommendations emphasize the need for collaborative work with civil society to create public policies on abortion that are effective and sustainable over time.

More generally, this work aims to take on the question of what contributions can be made by social movements to the reinforcement and sustainability over time of public policy on abortion. This is especially relevant in Argentina, where sexual and reproductive rights have been established “from the bottom up” through pressure exerted by the feminist and women’s movement, as well as through multiple strategies ranging from public demonstrations, protests, and the creation of efficient issue networks to advocacy among political parties and the establishment of technical and political frameworks in the state. Abortion is a case in point given that the movement had a leading role, both in the political process that resulted in legal change and in the expansion of access to safe abortion.

The movement for the right to abortion in Argentina can offer useful lessons for the implementation of public policies on abortion both in Argentina and worldwide. First, the formation of broad social coalitions based on delimited political agreements such as legal, safe, and free abortion (Sutton & Borland 2021) are crucial. An active civil society is key to supporting and ensuring the continuity of public policies on abortion in volatile political contexts and in the face of conservative backlash. Second, the Argentine movement managed to position the right to abortion as a matter of democratic quality, social rights, and human rights that cannot be limited to the protection of an individual decision from a liberal point of view (Sutton & Borland 2019; Sutton & Vacarezza 2021). In this sense, public policies on abortion that are not based on a broad vision of rights and social justice run the risk of becoming a privilege reserved for those who are already ensured access to other rights and economic, social, and cultural resources. Finally, the Argentine movement has demonstrated the importance of not considering abortion to be a matter of health

restricted to the sphere of medical knowledge. Feminist strategies of community healthcare and their positive collaboration with the formal healthcare system are key to access to safe abortions both in contexts of legal restriction and contexts of legality.

Finally, a few issues that are beyond the scope of this study but are important to explore with forward-looking thinking include the following: abortion during the second trimester of pregnancy, conscientious objection, public policy accountability and evaluation, and access to abortion in private healthcare and other types of health insurance.

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[1] A set of three national procedural norms of lower hierarchy are part of the new legal framework: A reglementary decree (516/2021), the "Protocol for the Integral Attention of Persons with Right to the Voluntary and Legal Interruption of Pregnancy" (Ministerial Resolution 1531/2021), and the "Guide of recommendations for the quality and comprehensiveness of care during post-abortion" (Ministerial Resolution 4172/2021).

[2] Personal communication with Valeria Isla, Director of the National Sexual Health and Responsible Procreation Program (*Programa Nacional de Salud Sexual y Procreación Responsable*).

[3] Based on the available series of bimonthly reports of operation of the sexual health hotline.

[4] During the first half of 2021, 15,445 doses of misoprostol were distributed, and purchase processes were initiated for 100,000 more doses (Ministerio de Salud 2021).

[5] Ipas reported a donation of 250 manual vacuum aspirators that would be delivered to provinces in the second half of 2021 (Ministerio de Salud 2021).

[6] The Ministry of Health (2021) detailed professional continued training activities offered in the first half of 2021, as well as their scope in quantitative terms by province.