

Improving the quality of sexual and reproductive health and rights (SRHR)
through pre-service training, research, and evidence-based clinical care
delivery in Sub-Saharan Africa



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Understanding the Ethiopian Policy Landscape on Abortion Services Using a Health Policy triangle framework

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Background: The World Health Organization emphasises the importance of prioritising women's health and rights in abortion policies. In 2005, the Ethiopian government revised the legal framework to expand the circumstances under which abortion is legally permitted. This study investigated and described the current policy landscape in Ethiopia in the last two decades.

Methods: Informed by the Walt and Gilson health policy triangle framework, this study employed a document content analysis. A policy document was defined as a document that involved laws, policies or policy directives, national strategy, clinical guidelines, and working documents. To identify relevant policy documents, we searched the Ministry of Health website, national academic institution platforms, and the grey literature. We also contacted stakeholders working at the Ministry of Health to identify if there were relevant documents that had not been published online. Furthermore, we undertook key informant interviews with individuals actively involved in policy reform or implementation processes. Participants were selected using purposive sampling techniques. A semi-structured questionnaire was utilised during the interviews to collect relevant data, which was then analysed using deductive thematic analysis. Findings are presented under four pre-determined themes: context, actors, process, and content, based on the framework.

Results: Eight policy documents were included in the final synthesis and analysis. Political transition, the government's desire to avert high maternal deaths, and civil society pressures were key contextual factors that triggered the policy reforms. The Federal government, civil society and a few international organisations were frequently mentioned as actors in policy reform. Following the 2005 legal reform that lessened the hurdles for receiving safe abortion services, the Ministry of Health initiated a range of implementation programmes aimed at expanding abortion services to primary facilities and private sectors. Despite the enabling legal framework, access to abortion services remains challenging due to persistent stigma, lack of awareness about the legal provisions, and attributed burden placed on healthcare providers associated with policy dilemmas.

Conclusions: Ethiopia has made significant strides in liberalising abortion laws, but access to safe abortion services remains a major challenge. Comprehensive strategies that align with international reproductive health rights are recommended to improve policy implementation.

Authors: AMANTA, Negash Wakgari (Curtin School of Nursing, Curtin University, Perth, Western Australia, Australia); Prof. BEKELE, Delayehu (Department of Obstetrics and Gynaecology, St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia); Dr WATSON, Stuart J (Curtin School of Nursing, Curtin University, Perth, Western Australia, Australia); Dr BRADFIELD, Zoe (Curtin School of Nursing, Curtin University, Perth, Western Australia, Australia); Dr WONDAFRASH, Mekitie (St. Paul Institute for Reproductive Health and Rights, Addis Ababa, Ethiopia); Dr TESSEMA, Gizachew A (Curtin School of Population Health, Curtin University, Perth, Western Australia, Australia)

Presenter: AMANTA, Negash Wakgari (Curtin School of Nursing, Curtin University, Perth, Western Australia, Australia)

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