

Comment on the article by Baum et al.

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<http://dx.doi.org/10.1590/0102-311XCO070516>*Ana Cristina
González-Vélez*¹¹ Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.
acgonzalezvelez@gmail.com

The article by Paige Baum et al. addresses the limitations of the Brazilian health sector's protocol concerning the consequences of the Zika virus on issues related to abortion. In general terms, the challenges raised in this article are based on questioning of what the authors call the protocol's "silence" vis-à-vis the need for legal abortion in the context of the epidemic and the potential fetal malformations resulting from Zika.

According to the authors, this silence has at least three consequences: the risk of an increase in unsafe abortions, deepening inequalities in access to abortion, particularly impacting the poorest, and the limited supply of legal abortion. Without a doubt, this signal is essential for understanding how the Brazilian authorities can incorporate issues pertaining to abortion in the immediate future, in the context of comprehensive reproductive health care for women with Zika virus infection. In this sense, it is helpful to examine the normative framework in Colombia, another of the countries of the region most affected by this virus.

Unlike Brazil, the guidelines adopted by Colombia address the management of childbearing-age women from a comprehensive perspective, and propose prevention first, centered on the availability of a wide range of contraceptive methods in the prevailing legal framework in the Colombian health system¹ (This disposition is accompanied by the health authorities' recommendation to postpone the pregnancy when the couple considers it a feasible option within their life project. The recommendation was widely criticized and finally defends this approach if, and only if, the State can promise wide access to contraceptive methods²). According to the article commented on here, Brazil's protocol also fails to address this issue. This prevention further includes access to barrier methods to reduce the possibility of sexual transmission of the Zika virus, besides general measures for pregnant women.

With regard to abortion, unlike Brazil, Colombia's protocol emphasizes the importance of information in the following terms: "*pregnant women with Zika infection should be informed on*

the existence of an association between the infection and congenital anomalies in the newborn's skull and central nervous system..."³ (p. 18). In this context, the protocol explicitly addresses the issue of abortion, reiterating the right of Colombian women to have an abortion under three circumstances, one of which includes harm to their health^{4,5}.

From the protocol's perspective, the application of "health grounds"⁴ (the indication of legal abortion when the woman's health may be in jeopardy) to the psychological sphere means considering that "*mental health includes psychological anguish, mental suffering, forced sexual acts, or the diagnosis of severe fetal injury*"⁶. In this context, what the protocol explicitly proposes is that all women be informed of the three legal grounds for abortion in Colombia, and especially understanding that the protection of health – as one of these indications – assumes that the latter is protected comprehensively, in its three dimensions: physical, mental, and social. And beyond the protocol's explicit recognition of women's right to abortion – including those infected with the Zika virus whose suffering jeopardizes their health – reaffirms that the decision to interrupt the pregnancy is up to the woman, while it is up to the physician or health professional to provide the certification – mandatory in Colombia – of the existence of this health risk or that of the malformation.

In the protocol's own terms, "*health professionals that provide care to a woman who requests to interrupt her pregnancy are required to provide guarantee of full confidentiality, respecting women's right to their intimacy and dignity; this, in the framework of the provision on professional secrecy as required of health services providers*"⁷. In this context we can conclude that Colombia's protocol is not silent on the abortion issue; on the contrary, the way it addresses the issue points to the recognition of the right to legal abortion and the State's obligation on the conditions that guarantee access. Thus, the measures contained here point in a possible direction concerning women's rights and the reduction of inequalities, opening a policy horizon for other countries, including Brazil, in relation to Zika and abortion.

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