

## **Ensuring women's access to safe abortion: a key strategy for reducing maternal mortality and morbidity as part of women's right to health**

Submission by Ipas (<http://www.ipas.org>) for consideration in preparation of the study mandated by HRC resolution 11/8: "Preventable maternal mortality and morbidity, and human rights"

### **The human rights context of unsafe abortion**

One aspect of maternal mortality and morbidity which the international community has failed to address adequately is unsafe abortion. Treaty Monitoring Committees have pointed out time and again that a failure to address unsafe abortion is a violation of women's rights. A few recent examples:

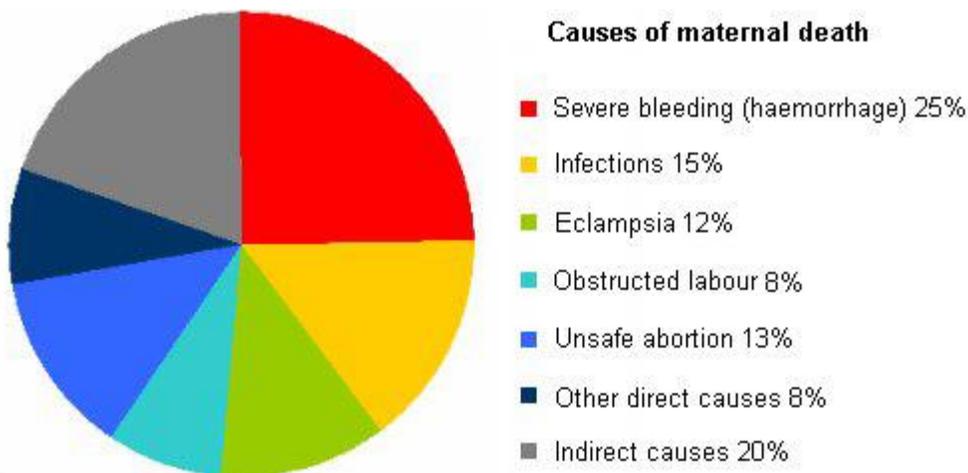
- **CEDAW Committee Concluding Observations to Cameroon, 2009:** "The Committee remains concerned at the high incidence of maternal mortality, the leading cause of which is the practice of unsafe abortion. The Committee is also concerned that no strategies for the reduction of maternal mortality have been developed. It further notes that women are not able to opt for abortion in the case of rape, even if abortion in this context does not constitute a criminal offence according to the Penal Code. It also regrets that no statistical information has been provided on the number of abortions, or on other causes of mortality for women, and that this lack of reporting is due to the State party's culture of silence."
- **Committee against Torture Concluding Observations, to Chile, 2004:** "The Committee recommends that the State party should...eliminate the practice of extracting confessions for prosecution purposes from women seeking emergency medical care as a result of illegal abortion....In accordance with World Health Organization guidelines, the State party should ensure immediate and unconditional treatment of persons seeking emergency medical care."
- **Human Rights Committee Concluding Observations to Ireland, 2008:** "The Committee reiterates its concern regarding the highly restrictive circumstances under which women can lawfully have an abortion in the State party....The State party should bring its abortion laws into line with the Covenant. It should take measures to help women avoid unwanted pregnancies so that they do not have to resort to illegal or unsafe abortions that could put their lives at risk (article 6) or to abortions abroad (articles 26 and 6)."
- **CESCR Committee Concluding Observations to Kenya, 2008:** "The Committee is concerned about the limited access to sexual and reproductive health services and contraceptives, especially in rural and deprived urban areas, as well as about the high number of unsafe clandestine abortions in the State party. The Committee recommends that the State party ensure affordable access for everyone, including adolescents, to comprehensive family planning services, contraceptives and safe abortion services, especially in rural and deprived urban areas... adequately funding the free distribution of contraceptives, raising public awareness and strengthening school education on sexual and reproductive health, and decriminalizing abortion in certain situations, including rape and incest."
- **Committee on the Rights of the Child, Concluding Observations to the Philippines, 2009:** "The Committee remains seriously concerned at the inadequate reproductive health services and information, the low rates of contraceptive use (36 per cent of women relied on modern family planning methods in 2006) and the difficulties in

obtaining access to artificial methods of contraception, which contribute to the high rates of teenage pregnancies and maternal deaths existing in the State party. The Committee welcomes the enactment of the Magna Carta of Women but it remains especially concerned at the lack of effective measures to promote the reproductive rights of women and girls and that particular beliefs and religious values are preventing their fulfillment...."

**Maternal mortality and morbidity – the context**

Every day, 1500 women die from pregnancy- or childbirth-related complications (WHO 2005), which is equivalent to the possible loss of life through three jumbo jet crashes. When one jet has an accident, it makes the worldwide news; the loss of triple the number of women's lives every 24 hours tends to go largely unnoticed in the worldwide arena. Most of these deaths take place in developing countries where 85% of the world's population lives.

Unsafe abortion is one of the five major direct causes of maternal deaths.



Source: *The World Health Report 2005. Make every mother and child count.* Geneva, World Health Organization, 2005.

**Unsafe abortion – scope of the problem**

Worldwide, women end about 41.6 million pregnancies every year. Women terminate pregnancies equally often in countries where abortion is legally restricted and broadly permitted, but deaths and injuries from unsafe abortions occur at much higher rates in restrictive settings. At least 95% of abortions in Africa and Latin America and about 60% in Asia (excluding Eastern Asia) are unsafe; 650 deaths occur per 100,000 unsafe abortion procedures in Africa, compared with only 10 in industrialized countries (WHO 2007). In just the last decade, more than half a million women lost their lives because they lacked access to safe abortion services. WHO has pointed out that many of these deaths involved women who were young and already mothers (WHO 2007).

The women most at risk of suffering serious morbidity from unsafe abortion are also young and poor. The complications of unsafe abortions include: hemorrhage; sepsis; peritonitis; cervical and vaginal lacerations; bowel or uterine perforations; tetanus;

pelvic infections and abscesses; chronic pelvic inflammatory disease, and secondary infertility (de Bruyn and Packer 2004; Grimes et al. 2006).

The enormous disparity in maternal mortality and morbidity from unsafe abortion between rich and poor countries underscores that access to safe, comprehensive reproductive health services, including abortion-related care, is a development issue. Civil society groups have accordingly spoken out on the need for safe abortion services, such as the International Community of Women Living with HIV/AIDS (ICW 2008(+)) and the MenEngage Alliance (MenEngage 2009).

### **Actions taken so far to address unsafe abortion**

Unsafe abortion not only constitutes a violation of women's human rights and dignity; it also reflects a public health crisis and social injustice. Eliminating unsafe abortion is imperative to fulfill objectives articulated at the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women in Beijing, as well as the Millennium Development Goals (MDGs).

Some progress has occurred. Strong government commitments in many countries have expanded women's access to treatment of abortion complications linked to family-planning counseling to prevent repeat abortions (Ipas 2009; Karki 2009). This has benefited health systems by reducing costs and freeing up resources for other needs.

In 2003, WHO issued *Safe abortion: Technical and policy guidance for health systems*, a resource that assisted countries such as Zambia to develop and disseminate national guidelines on abortion care (WHO 2003; Government of Zambia 2009). The International Federation of Gynecology and Obstetrics (FIGO) issued clinical and ethical guidance stating that women have the right to legal, safe, effective, acceptable and affordable methods of contraception and safe abortion services (FIGO 2006). The International Confederation of Midwives advocates the education of midwives to prepare them for their role in providing abortion-related services that ensure women's safety and wellbeing (ICM 2008).

Among the most important actions to reduce deaths and injuries from unsafe abortion is liberalizing abortion laws, which 24 countries from all regions of the world did, to varying degrees, between 1995 and 2008 (Boland and Katzive 2008, Center for Reproductive Rights 2007, Cook et al. 1999).

### **A continued need for action**

Despite such improvements, much remains to be done if we are to stop women and girls from dying from unsafe abortions. In October 2009, Ministers at the High-Level Meeting on Maternal Health urged Presidents and Ministers to provide effective and comprehensive voluntary family planning, as well as safe abortion and postabortion care in line with the ICPD Programme of Action (High-Level Meeting 2009). Over 400 legislators and Ministers at the Fourth Global Parliamentarians' Conference on Population and Development reiterated this and called for a review of "all laws and practices that still restrict access to sexual and reproductive health services" (Addis Ababa Statement of Commitment 2009).

Unsafe abortion is one of the easiest causes of maternal mortality to eradicate. The Human Rights Council can do the following to address unsafe abortion as a violation of women's rights to health, privacy and confidentiality, the benefits of scientific progress, and freedom from discrimination:

- Ask governments to report on the following issues in their Universal Periodic Review reports:
  - Measures taken to increase couples' access to modern contraceptive methods by establishing and fully implementing laws, norms and regulations that make these methods, including emergency contraception, acceptable and affordable
  - Measures taken to ensure that post-abortion care and legal abortion services are included in both public and private health services, and that both surgical and pharmacological methods can be provided by doctors and midlevel providers
  - Measures taken to establish and fully implement laws, norms and regulations to make safe, legal abortion accessible and available to every woman who chooses it, free from the threat of violence or coercion.
  - Measures taken to ensure that medical supplies and medications needed for (post)abortion care are included in essential medication/supply lists and in health-care budgets.
- Urge Special Procedures besides the Special Rapporteurs on Health and Violence against Women to include the issue of maternal mortality and morbidity in their work as appropriate.
- Urge Un Member States to implement recommendations related to maternal mortality and morbidity from Treaty Monitoring Bodies and Special Procedures, including those related to unsafe abortion and safe abortion care.
- Adopt a resolution mandating an annual update and discussion on progress made in addressing maternal mortality and morbidity (e.g., summarizing information contained in UPR reports).

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