

Wambui, a 32-year-old single mother who earns her living as a street hawker, was admitted to the hospital for pregnancy-related complications at 28 weeks. As her fever rose and her condition deteriorated, the hospital staff decided to perform a hysterectomy — an operation to remove her uterus. Upon surgery, a catheter was discovered inside her abdomen. Wambui admitted she had sought an abortion from a village quack — already the mother of two children, she did not think she could provide for another. She explained that the quack had started the abortion, then told her to go to the public hospital. Despite the surgery, Wambui's health continued to decline and she died after 10 days in intensive care.

Background

The World Health Organization (WHO) estimates that there are more than 5 million unsafe abortions in Africa each year, resulting in the deaths of more than 35,000 women — almost 100 women die each day from unsafe abortion-related complications. The situation is all the more tragic because these senseless deaths are preventable.

Restrictive abortion laws play a major role in abortion-related mortality — and in no place else in the world does

unsafe abortion account for so many deaths. East Africa and parts of West Africa have some of the most restrictive abortion laws in the world and, correspondingly, the highest death rates from unsafe abortion. In Kenya, where abortion is legal only to save a woman's life, complications from unsafe abortions account for up to 20,000 hospitalizations each year in the public health-care system alone (Gebreselassie et al. 2005). In Uganda, which has similar laws, an estimated 300,000 women and girls have unsafe abortions each year, and close to 85,000 seek medical treatment for complications (Singh et al. 2005).

During the last few decades several African countries have reformed their laws to allow first-trimester abortion for a broad range of circumstances. These include Tunisia (1965), Cape Verde (1985), South Africa (1996) and, most recently, Ethiopia (2005). Other countries, including Benin, Burkina Faso, Chad, Guinea and Togo, have reviewed their national laws to allow abortion to preserve physical health, and in cases of rape, incest and/or fetal impairment. Unfortunately, liberal laws do not necessarily mean that safe services will be accessible or available. For example, despite the presence of favorable laws in Botswana, Ghana, Zambia and Zimbabwe, women continue to die in great numbers from unsafe abortions, because they either can't get to legal services or they don't know legal services exist.

Several other factors contribute to the lack of access to safe services, including underdeveloped and underfunded

Statistic	Kenya	Malawi	Mozambique	Zambia
National population	36,900,000	13,100,000	20,400,000	11,500,000
Total fertility rate for women aged 15–49	4.9	6.3	5.4	5.5
Maternal mortality ratio (deaths per 100,000 live births)	560	1100	520	830
Percent age of married women married aged 15–49 using modern contraception	32	39	12	23

health systems, lack of financial and geographic access to services, a dearth of trained personnel and the stigma that surrounds abortion.

With limited access to contraceptives and safe abortion services, women — especially young women and girls — have no option but to resort to unsafe abortions. Studies in various countries, including Kenya, Malawi, Uganda and Zambia, show that adolescents make up a significant number of unsafe abortion-related hospital admissions — many of which result in death.

Over the last decade, following major world conferences on women, many African countries have recognized unsafe abortion as a huge public health crisis and a violation of human rights. The United Nations Millennium Development Goals have also prompted many African countries to address unsafe abortion in the bid to reduce maternal mortality by 75 percent by 2015.

At the regional level, Africa has seen tremendous progress toward recognizing the importance of access to abortion as a human right. The Additional Protocol on the Rights of Women to the African Charter on Human and People's Rights, adopted by the Heads of Government of the African Union in 2003, is the first international human rights

instrument that explicitly protects access to abortion as a human right. Forty-three African countries have signed the Additional Protocol, and 20 have ratified it.

In 2006, African Union (AU) Ministers of Health adopted the Maputo Plan of Action, which was incorporated into an overall Continental Health Strategy. Governments committed to addressing death and injury from unsafe abortion by taking action to “enact policies and legal frameworks to reduce the incidence of unsafe abortion” and to “provide safe abortion services to the fullest extent of the law.” These regional agreements and recommendations provide policymakers and advocates with an important tool to leverage support for increasing access to safe abortion.

Based in Nairobi and working in more than 14 countries across the region, the Ipas Africa Alliance, along with partners — including government ministries, parliamentarians and women's rights activists — will use these regional and international agreements to accelerate the pace of change in reducing abortion-related maternal deaths and enhancing women's reproductive rights.



Key accomplishments

- In June 2007, the Ipas Africa Alliance partnered with the African Union Special Rapporteur on the rights of women in a regional women leaders' workshop on the AU Additional Protocol on the Rights of Women and the Maputo Plan of Action for Sexual and Reproductive Health and Rights.
- Ipas Africa Alliance participated in the special session of African Union Ministers of Health on the continental strategy for sexual and reproductive health and influenced the language on abortion in the Maputo Plan of Action, approved by the African Heads of Government in January 2007.
- Ipas Africa Alliance partnered with WHO to introduce the strategic approach tools for assessment of abortion care services to five Anglophone countries.
- In June 2007, Ipas Africa Alliance supported advocacy workshops including values clarifications for the International Planned Parenthood Federation Africa Regional office's 44 country directors and for the Family Health Options Kenya Board of Directors.
- Ipas Africa Alliance provided technical assistance and financial support for the development of safe abortion service protocols and guidelines for Ghana and Zambia.
- Ipas Africa Alliance developed a corps of master trainers and trainers for comprehensive abortion care (CAC) in 18 Anglophone and Francophone countries, and established model training and service-delivery centers in Benin, Burkina Faso, Kenya, Malawi, Mali, Uganda and Zambia.
- Ipas Africa Alliance co-convoked and organized the first Africa conference on "Research into Action," which identified an abortion research agenda for the continent and led to the formation of an African research consortium.
- Ipas Africa Alliance improved access to manual vacuum aspiration (MVA) by holding a workshop for 10 countries on the sustainability of reproductive health commodities and establishing in-country distributors to help move MVA to service-provision points in Francophone Africa, Kenya, Tanzania and Uganda.

What Ipas's work means for women

Ipas Africa Alliance's activities are aimed at creating and improving an enabling environment for access to safe abortion services for women. The Alliance's work on training and advocacy with midwives benefits women directly through the provision of safe, high-quality services, counseling and postabortion family planning, which serve to prevent the vicious cycle of unwanted pregnancy and unsafe abortions. By maintaining a constant dialogue on abortion, Ipas Africa Alliance's work promotes discussion and helps to dispel the stigma that surrounds abortion.

Ipas Africa Alliance will continue its work to reduce abortion-related deaths and injuries and ensure high-quality reproductive health care for all people, including engaging with the African Union and other partners, such as women lawyers, to support implementation of policies and agreements that favor women's right to safe abortion and a review of restrictive abortion laws; supporting countries in developing service protocols and standards for safe abortion and postabortion care; continuing to train providers, including midlevel professionals, to improve access to safe abortion services; and working to introduce medical abortion as an additional choice for women.



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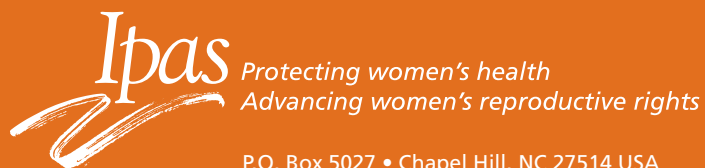
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