



Ensuring African Women's Access to Safe Abortion:

A Key Strategy for Achieving ICPD, Beijing and Millennium Development Goals

Beginning with the International Conference on Population and Development (ICPD) in 1994, a series of global and regional commitments to reduce maternal mortality and morbidity and to promote sexual and reproductive rights has included calls to address the critical global problem of unsafe abortion. Although progress has occurred, it has been insufficient to stem the tide of maternal death and injury from unsafe abortion, whose tragic impact is strongest in sub-Saharan Africa.

Unsafe abortion constitutes a public health crisis, a social injustice, and a violation of women's human rights and dignity. **Eliminating unsafe abortion is imperative to fulfill objectives articulated at the ICPD and the 1995 Fourth World Conference on Women in Beijing, as well as the Millennium Development Goals (MDGs) and other global and regional commitments.** Moreover, effectively addressing unsafe abortion is essential to ensure fewer maternal deaths and better reproductive health, especially for women in developing countries. Steps required include:

- Increasing couples' access to modern contraception to prevent unintended pregnancy;
- Improving the quality and accessibility of postabortion care;
- Expanding access to safe, legal, voluntary and affordable abortion care.

Global Commitments to Address Unsafe Abortion

In 1994, the Programme of Action from the **International Conference on Population and Development**, held in Cairo, asserted, "In circumstances where abortion is not against the law, such abortion should be safe" (Paragraph 8.25) and that prevention of abortion and management of its complications should be integrated into reproductive health-care services at the primary health-care level (Paragraph 7.6). (United Nations 1994)

In 1995, at the **Fourth World Conference on Women** in Beijing, governments reiterated recognition of unsafe abortion as a major public health concern and called on nations to "consider reviewing laws containing punitive measures against women who have undergone illegal abortions" (Paragraph 106[k]). (United Nations 1995)

In 1999, the United Nations' **five-year review of ICPD implementation** stated, "In circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible." (United Nations 1999)

Adopted in 2000, the **Millennium Development Goals (MDGs)** set targets for ending poverty, improving health and promoting gender equality by 2015 (United Nations 2008). All eight goals have a bearing on maternal health and mortality. MDG 5, "Improve Maternal Health," includes two complementary targets: Reduce by three-quarters the maternal mortality ratio, and achieve universal access to reproductive health.

A major, preventable cause of maternal deaths and injuries

Abortion is an extremely common experience. Worldwide, women terminate about 41.6 million pregnancies every year. **At least 95 percent of abortions performed in Africa and Latin America and about 60 percent in Asia (excluding Eastern Asia) are unsafe** (WHO 2007).

Globally, at least 66,500 women die each year from unsafe abortion. In just the last decade, more than half a million women lost their lives because they lacked access to safe abortion services – women in the prime of life and who most often had children and families to care for (WHO 2007).

Unsafe abortion accounts for approximately 13 percent of global deaths from complications of pregnancy and childbirth, and a much higher proportion in many regions and countries, especially in the developing world (WHO 2007). **Almost all deaths from unsafe abortion occur in developing countries, with African women facing the highest risk.**

According to the World Health Organization, 650 deaths occur per 100,000 unsafe abortion procedures in Africa, compared with only 10 in developed regions (WHO 2007). Yet **unsafe abortion is one of the easiest causes of maternal mortality to address**, through improved access to family planning information and services, high-quality

African Commitments to Address Unsafe Abortion

In 2003, the African Union adopted the **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa**, calling on member states to promote and respect women's sexual and reproductive health and rights, including the right to control their fertility and to decide whether and when to have children. The Protocol mandates states to "protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus" (Article 14). (African Union 2003)

In 2006, African Health Ministers adopted the **Maputo Plan of Action for Sexual and Reproductive Health and Rights**, which identifies addressing unsafe abortion as one of nine key areas for action. The plan outlines several strategies for reducing the incidence of unsafe abortion, including providing safe abortion services to the fullest extent of the law, educating communities on available safe abortion services, and training health-care providers in prevention and management of unsafe abortion. (African Union 2006)

The **Africa Health Strategy: 2007-2015** asserts "Recognising the morbidity and mortality from unsafe abortions especially for the poor, safe termination of pregnancy and post-abortion services should be included" in accordance with each country's law. (African Union 2006)

Key facts

Globally, about 20 million unsafe abortions take place each year, about 5.5 million in Africa (WHO 2007).

98 percent of unsafe abortions occur in developing countries with restrictive abortion laws (WHO 2007).

Every year at least 36,000 African women and girls die from unsafe abortion, accounting for 14 percent of all maternal deaths in the region (WHO 2007).

More than 1 million African women and girls are hospitalised each year for treatment of complications of unsafe abortion; globally this number rises to 5 million (Singh 2006).

postabortion care, and safe, legal abortion. All that is lacking is the political will to do so.

Women terminate pregnancies just as frequently where abortion is legally restricted as where it is broadly permitted, but deaths and injuries from unsafe abortion occur at much higher rates in restrictive settings.

The toll of unsafe abortion is especially high in sub-Saharan Africa, where abortion laws generally are very restrictive. **About 100 African women and girls die from unsafe abortion every day**, after relying on unqualified medical practitioners; self-inducing abortion by ingesting poisonous substances, inserting tools or twigs into their uterus; or resorting to other dangerous methods. **Almost 60 percent of annual deaths from unsafe abortion in Africa occur among women and girls younger than 25** (WHO 2007).

Unsafe abortion also commonly results in long-term and chronic health problems, including reproductive tract infections and infertility. As with related deaths, the women most at risk of suffering serious complications from unsafe abortion are young, poor and reside in rural areas of countries with restrictive abortion laws.

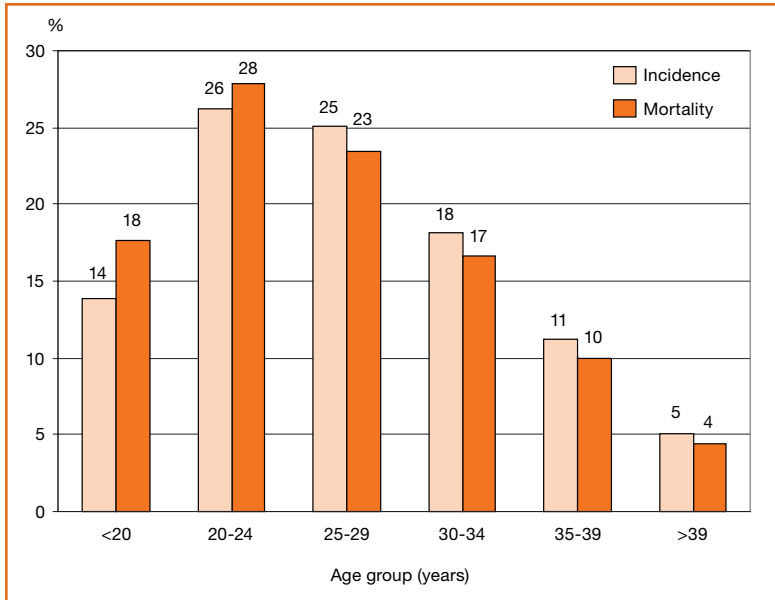
Ethiopia moves to protect youths from unsafe abortion

About 2.5 million girls and women under the age of 20 undergo unsafe abortions every year in developing countries, and women younger than 24 account for almost 46 percent of related global deaths (WHO 2007).

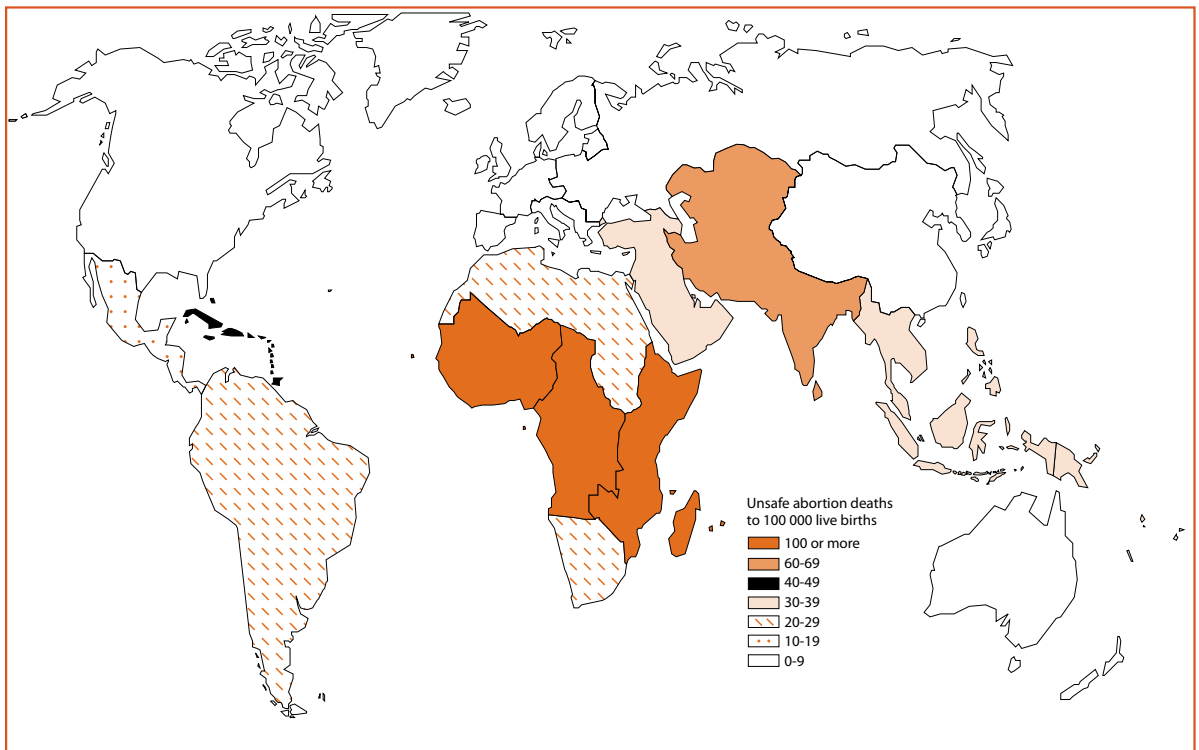
Ethiopian lawmakers recognised the disproportionate impact of unwanted pregnancy, sexual violence and unsafe abortion on young women when they liberalised the abortion law in 2005. Among a number of other conditions, the new law permits abortion when pregnancy results from rape or incest, and for minors who are physically or psychologically unprepared to raise a child.

Percentage distribution of estimated unsafe abortions and associated mortality by age, all developing regions, 2003.

Source: WHO 2007



Estimated annual maternal deaths due to unsafe abortions per 100,000 live births by subregion, 2003. Adapted from: WHO 2007



Global and regional estimates of annual incidence of unsafe abortion and associated mortality, 2003. Source: WHO 2007

United Nations Region	Number (rounded) [†]	Number of deaths (rounded) [†]	Percentage of all maternal deaths
World	19,700,000	66,500	13
Developed countries	500,000	<60	4
Developing countries	19,200,000	66,400	13
Least developed countries	4,000,000	24,000	10
Other developing countries	15,300,000	42,400	15
Sub-Saharan Africa	4,700,000	35,600	14
Africa	5,500,000	36,000	14
Eastern Africa	2,300,000	17,600	17
Middle Africa	600,000	5,000	10
Northern Africa	1,000,000	1,100	11
Southern Africa	200,000	300	9
Western Africa	1,500,000	11,900	13
Asia	9,800,000	28,400	12
Europe	500,000	<60	6
Latin America and Caribbean	3,900,000	2,000	11
North America	Negligible	Negligible	Negligible
Oceania	20,000	<100	10

[†]Figures may not exactly add up to totals because of rounding

Progress addressing unsafe abortion – significant but insufficient

Improved health services

Progress in addressing issues underlying abortion-related morbidity and mortality in the last several decades includes a dramatic overall **increase in use of modern family planning methods**. Between 1960 and 2000, the proportion of married women in developing countries using contraception to prevent unintended pregnancy rose from less than 10 percent to 60 percent (Cleland et al. 2006). Such improvements have been uneven, however, with many poor countries still reporting very low contraceptive prevalence rates. In Africa, for instance, the percentage of married women using modern contraceptive methods ranges from a low of 1 percent in Somalia to a high of 60 percent in South Africa (PRB and APHRC 2008).

With support from donors and strong government commitments in many countries, one important achievement has been **expanding women’s access to postabortion care** – treatment of abortion

complications linked to postabortion family planning, to prevent repeat abortions, and other critical reproductive health services. Improving the availability and quality of postabortion care has saved women's lives, improved their health and benefitted health systems by reducing costs and freeing up resources for other needs.

The 15 years since the ICPD have also brought some **improvements in access to safe abortion as permitted by law**. In 2003, the World Health Organization (WHO) issued *Safe abortion: Technical and policy guidance for health systems*, a groundbreaking resource that paved the way for countries such as Ethiopia, Ghana and Zambia to develop and disseminate **national standards and guidelines on the scope and quality of abortion care** (WHO 2003; Government of Zambia 2009). There has also been notable, though still insufficient, progress in **training physicians, midwives, and other health-care providers and in making technologies for safe abortion available and affordable**, including vacuum aspiration instruments and pharmacological agents as recommended by WHO.

Other organisations and medical groups, including the International Planned Parenthood Federation (IPPF 2006) and the International Federation of Gynecology and Obstetrics (FIGO 2006), have issued **clinical and ethical guidance on abortion**. FIGO's guidelines state that women have the right to access legal, safe, effective, acceptable and affordable methods of contraception and safe abortion services. Guidelines from the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Joint United Nations Programme of HIV/AIDS (UNAIDS) state that women living with HIV have a right to safe legal abortion (OHCHR and UNAIDS 1998). Responding to a need articulated by women living with HIV around the world (ICW 2008), WHO's guidance on reproductive health care for HIV-positive women emphasises the importance of ensuring that they know about options for safe legal abortion (WHO and UNFPA 2006).

Legal reform

Among the most important actions to reduce deaths and injuries from unsafe abortion is **liberalising 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). In Africa, these include **Benin, Burkina Faso, Chad, Ethiopia, Guinea, Mali, Niger, South Africa, Swaziland and Togo**.

Notably, immediately after adopting a post-apartheid constitution recognising citizens' civil and political rights, **South Africa** enacted the Choice on Termination of Pregnancy Act (CTOP), which affirms women's reproductive rights. In **Ethiopia**, a coalition of women's groups, medical professionals and legal experts emphasised the health consequences of unsafe abortion and women's right to reproductive self-determination in their successful arguments for liberalising access to abortion.

Decreases in hospital admissions and maternal deaths from unsafe abortion following abortion law reform

South Africa saw a 91.1 percent reduction in deaths from unsafe abortion from 1994-2001; the Choice on Termination of Pregnancy Act went into effect in February 1997 (Jewkes et al. 2005).

In Guyana, within six months of liberalising the abortion law, hospital admissions for abortion complications dropped by 41 percent at Georgetown Hospital (Nunes and Delph 1997).

A number of other national, state and provincial governments are considering amending their laws to increase women's access to legal termination of pregnancy. As of mid-2009, reform of national abortion laws is actively being considered in **Mozambique, Rwanda, Uganda** and a number of other countries, and sub-national changes are under consideration in several states in **Nigeria**.

Human rights advances

Within the United Nations human rights system, Treaty Monitoring Committees periodically assess governments' compliance with human rights conventions they have endorsed. **Increasingly, these bodies have urged governments to ensure women's ability to access safe abortion and postabortion care in accordance with existing laws;** they have also recommended that governments review legal restrictions on abortion

Selected Human Rights Treaty Monitoring Committee observations to African governments

Committee on the Elimination of Discrimination against Women (CEDAW) 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. ... 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. ... The Committee **calls upon the State party to assess the impact of abortion on the maternal mortality rate and to give consideration to the reform or modification of its legal status.**"

Committee on Economic, Social and Cultural Rights, to Kenya, 2008:

"[Concerned] about...the high number of unsafe clandestine abortions..., [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, by eliminating formal and informal user fees for public and private family planning services, adequately funding the free distribution of contraceptives, raising public awareness and strengthening school education on sexual and reproductive health, and **decriminalising abortion in certain situations, including rape and incest.**"

Committee on the Rights of the Child, to Chad, 1999:

"The Committee encourages the State party to **review its practices under the existing legislation authorising abortions for therapeutic reasons with a view to preventing illegal abortion and to improving protection of the mental and physical health of girls.**"

in light of evidence of unsafe abortion's negative impact on women and girls and potential conflict with human rights commitments.

Actions urgently needed to save African women's lives

Despite these improvements, much remains to be done if we are to stop women and girls from dying from unsafe abortions. **Making safe abortion accessible to African women, and to women worldwide, can contribute significantly to achievement of ICPD and Beijing objectives and the Millennium Development Goals;** conversely, reliance on unsafe abortion perpetuates women's poverty and ill health. African leaders and the international community urgently need to:

1. **Work to change the conditions that lead to unwanted pregnancies,** including poverty, lack of gender equity, sexual violence and lack of access to contraception;
2. **Establish, preserve and fully implement laws, norms and regulations that make modern contraceptive methods, including emergency contraception, and safe, legal abortion accessible and available** to every woman who chooses it, free from the threat of violence or coercion;
3. **Ensure that postabortion care and safe 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, including nurses and midwives;
4. **Prioritise adolescents' and young women's needs** in establishment of policies, programs and guidelines, to reduce the impact of unsafe abortion among this population and to facilitate their access to comprehensive reproductive health services.
5. **Implement these recommendations in line with principles of social justice and human rights,** such as non-discrimination and equitable access, and ensure that services are offered with minimal barriers, as outlined in WHO technical guidance on safe abortion;
6. **Promote multi-sectoral, South-South and South-North collaborations in the field of sexual and reproductive health and rights** in order to ensure that global and local tools and experiences benefit women in all parts of the world;
7. **Ensure that these efforts receive sufficient financial support.**

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Advancing women's reproductive rights*

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