

Addressing Unsafe Abortion: A Commitment To Saving Women's Lives

WHY IS UNSAFE ABORTION A MAJOR PUBLIC-HEALTH AND WOMEN'S-RIGHTS ISSUE?

The international community recognized unsafe abortion as a major public-health issue at the International Conference on Population and Development (ICPD) held in Cairo in 1994.¹ At that meeting, 179 countries emphasized the importance of preventing unsafe abortion through increasing the availability of family-planning services and ensuring that where abortion is legal, it is safe. The following year at the Fourth World Conference on Women (FWCW), governments agreed to consider reviewing laws that contain punitive measures against women who have undergone an abortion. In 1999, at the five-year review of the ICPD Programme of Action, governments agreed that health-care systems need to train and equip providers and take other measures to ensure that women have access to safe abortion services in countries where abortion is legal.

The ICPD Programme of Action builds on human rights agreements that support women's most basic rights: the rights to health and life. The International Covenant on Economic, Social and Cultural Rights affirms "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."² The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)³ is the first treaty that requires member countries to eliminate all forms of discrimination that only affect women. When women do not have access to services during pregnancy, childbirth or the postnatal period, their rights are being denied. This is also the case when women are deprived of access to safe abortion services.

However, in the past decade, well over half a million women have died from the complications of unsafe abortions. In a clear violation of their reproductive rights as defined in the ICPD Programme of Action, over 100 million women alive today will experience the risks and trauma of an unsafe abortion during their lives unless they can avoid unwanted pregnancies.⁴ Many of these women live in poverty or suffer from serious health conditions such as HIV/AIDS or malaria. Many are adolescents, survivors of sexual violence, refugees or displaced persons living in situations characterized by violence and lacking access to adequate health services.

- **Around the world, 42 million abortions take place every year.⁵ Of these, the World Health Organization (WHO) estimates that nearly 20 million are unsafe,** yielding a ratio of one unsafe abortion for every seven live births. Approximately 95% of unsafe abortions take place in poor countries, where access to family-planning services is limited.⁶
- **Each year, close to 70,000 women across the globe die from unsafe abortions⁷** and countless others suffer serious injuries. Unsafe abortions affect women, their families and existing children, and their communities.
- **Women often face barriers to making their own choices about sexuality and fertility.** Women and adolescents often do not have access to comprehensive sexuality education. Even if all contraceptive users used these methods correctly at all times, an estimated six million unintended pregnancies would still occur each year.⁸ In addition, women and adolescents may experience unwanted pregnancies because they are survivors of rape or incest, they want to finish school, or they don't have the financial means to raise more children.
- **Unsafe abortion, and the death and injury it causes, is almost entirely preventable.** When performed by a skilled provider under safe conditions and with modern methods, abortion is one of the safest surgical procedures.⁹
- **Complications resulting from unsafe abortion place a financial burden on health systems already functioning with limited resources.**
- **As long as women continue to experience unwanted pregnancies, access to safe and legal abortion services will remain an essential element of women's health care.**



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1 Unsafe abortion is defined as a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both. World Health Organization, 2003.

2 International Covenant on Economic, Social and Cultural Rights. United Nations: The Office of the High Commissioner for Human Rights. Adopted in 1966 and entered into force in 1976.

3 The Convention on the Elimination of All Forms of Discrimination Against Women. United Nations: Division for the Advancement of Women. Adopted in 1979 and entered into force in 1981.

4 This is a conservative estimate derived from the WHO estimate of 19 million unsafe abortion procedures annually.

5 Sedgh, Gilda, Stanley Henshaw, Susheela Singh, Elisabeth Ahman, Iqbal H Shah. 2007. Induced abortion: estimated rates and trends worldwide. *The Lancet*. 370: 1338-45

6 World Health Organization. 2003. *Safe abortion: Technical and policy guidance for health systems*. Geneva: WHO, p. 2.

7 World Health Organization. 2007. *Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003*. Geneva: WHO, p. 13.

8 World Health Organization. 2003. *Safe abortion: Technical and policy guidance for health systems*. Geneva: WHO, p. 12.

9 *Ibid.*, p. 14.

INTERNATIONAL CONSENSUS ON UNSAFE ABORTION

International Conference on Population and Development (ICPD), Cairo, 1994

“In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions.”

Programme of Action, Paragraph 8.25

Fourth World Conference on Women, Beijing, 1995

“The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.”

Paragraph 96

“Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions [should]:

k. In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development... consider reviewing laws containing punitive measures against women who have undergone illegal abortions.”

Paragraph 106

ICPD+5 Review of Progress, New York, 1999

“... 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. Additional measures should be taken to safeguard women's health.”

Key actions for further implementation of the Programme of Action of the ICPD, Paragraph 63(iii)–special session of the UN general assembly

Estimated annual incidence of unsafe abortion worldwide¹⁰

United Nations Region	Estimated number of unsafe abortions	Incidence ratio (unsafe abortions per 100 live births)	Incidence rate (unsafe abortions per 1000 women aged 15-49)
World	19,700,000	15	14
More developed nations	500,000	3	2
Less developed nations	19,200,000	16	16
Africa	5,500,000	17	29
Eastern Africa	2,300,000	20	39
Middle Africa	600,000	12	26
Northern Africa	1,000,000	20	22
Southern Africa	200,000	18	18
Western Africa	1,500,000	14	28
Asia	9,800,000	13	11
South-central Asia	6,300,000	16	18
South-eastern Asia	3,100,000	27	23
Western Asia	400,000	7	8
Europe	500,000	6	3
Eastern Europe	400,000	13	5
Northern Europe	2,000	0.1	0.1
Southern Europe	100,000	7	3
Western Europe	*	*	*
Latin America and Caribbean	3,900,000	33	29
Caribbean	100,000	19	16
Central America	900,000	26	25
South America	2,900,000	38	33
North America	*	*	*
Oceania	20,000	8	11

**For regions where the incidence is negligible no estimates are shown*

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1999

“11. Measures to eliminate discrimination against women are considered to be inappropriate if a health care system lacks services to prevent, deter and treat illnesses specific to women. It is discriminatory for a State party to refuse to legally provide for the performance of certain reproductive health services for women. For instance, if health service providers refuse to perform such services based on objection, measures should be introduced to ensure that women are referred to alternative health providers.

14. States parties should not restrict women’s access to health services or to the clinics that provide those services on the ground that women do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried or because they are women. Other barriers to women’s access to appropriate health care include laws that criminalize health procedures only needed by women and that punish women who undergo those procedures.

29. States parties should implement a comprehensive national strategy to promote women’s health through their lifespan. This will include interventions aimed at both the prevention and treatment of diseases and conditions affecting women, as well as responding to violence against women, and will ensure universal access for all women to a full range of high-quality and affordable health-care, including sexual and reproductive health services.

31. States parties should also, in particular:

(c) Prioritize the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance. When possible, legislation criminalizing abortion should be amended to remove punitive provisions imposed on women who undergo abortion.”

General recommendation No. 24 regarding CEDAW
Article 12 on Women and Health

Second International Consultation on HIV/AIDS and Human Rights, Geneva, 1996

“Laws should also be enacted to ensure women’s reproductive and sexual rights, including the right of independent access to reproductive and STD health information and services and means of contraception, including safe and legal abortion and the freedom to choose among these, the right to determine the number and spacing of children, the right to demand safer sex practices and the right to legal protection from sexual violence, outside and inside marriage, including legal provisions for marital rape.”

HIV/AIDS and Human Rights, International Guidelines,
Guideline 5, Paragraph 30(f)

UN Millennium Development Goals, 2000

“Goal 5. Improve maternal health. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.”

APPLYING INTERNATIONAL RECOMMENDATIONS TO IMPROVE WOMEN’S LIVES ACROSS THE WORLD

A variety of approaches has been used over the past ten years to implement the abortion-related ICPD recommendations. These include:

- expanding postabortion care (PAC) services
- developing technical guidance for health systems
- modifying reproductive-health and abortion-related policies
- issuing policy statements on abortion
- removing restrictions from abortion laws

- Life-saving **postabortion care (PAC) services** have expanded substantially since the ICPD. Services are in place in over 40 countries around the world and are helping to reduce high maternal mortality rates.¹¹
- In 2003, WHO issued *Safe abortion: Technical and policy guidance for health systems* which provides **technical and policy guidance** to government officials, policy makers, and health professionals for implementing ICPD recommendations 8.25 and 63iii. The guidance was introduced at the first ever African meeting to discuss unsafe abortion, **Action to reduce maternal mortality in Africa: A regional consultation on unsafe abortion**, held March 5-7, 2003 in Addis Ababa, Ethiopia.
- **Professional organizations and medical groups** have issued useful recommendations on abortion, including the International Federation of Ob-Gyns (FIGO) which has issued ethical guidelines stating that women have the right to access legal, safe, effective, acceptable and affordable methods of contraception and safe abortion services.¹²

¹¹ Cobb, Laurel, Pam Putney, Roger Rochat, Julie Solo, Nicole Buono, John Dunlop and Mary Vanderbroucke. 2001. *Global evaluation of USAID’s postabortion care program*. Washington, DC: Population Technical Assistance Project.
¹² FIGO Ethical Guidelines Regarding Induced Abortion for Non-Medical Reasons. Adopted by the FIGO General Assembly as part of the pre-Congress Workshop Report at the XVI FIGO World Congress, Washington, DC, September 2000.

The WHO guidance recommends the use of vacuum aspiration and medical methods of abortion as preferred abortion methods.

The legal frameworks pertaining to abortion vary widely from country to country and are a critical factor in women's ability to access abortion care. Since the ICPD, a number of countries from all regions of the world have reformed their laws to permit women to end unwanted pregnancies under certain circumstances¹³, including: Albania (1996), Benin (2003), Burkina Faso (1996), Cambodia (1997), Chad (2002), France (2001), Guinea (2000), Guyana (1995), Mali (2002), Nepal (2002), South Africa (1996) and Switzerland (2002).

WHAT MORE NEEDS TO BE DONE?

Women around the world continue to die from unsafe abortions, and some countries have created dangerous barriers for women seeking to safely terminate pregnancies. In 1997, **El Salvador** and **Poland** passed laws restricting access to abortion services. In 2006, **Nicaragua** completely criminalized all abortions. Movements in countries with more liberal laws, including the **United States, Hungary** and **Russia**, are also working to inhibit women's access to safe abortion services by implementing restrictions such as parental notification requirements and gestation limits. These types of legal and regulatory barriers often have a disproportionately negative effect on poor, young and rural women.

The Mexico City Policy, or **Global Gag Rule (GGR)**, is one of the greatest worldwide threats to the health and rights of women. The GGR, enacted by President George W. Bush on January 22, 2001, denies U.S. funding to non-American nongovernmental organizations (NGOs) that include abortion care, referral or counseling services in their family-planning programs, even if those services are paid for with their own resources. Hundreds of NGOs in sixty countries around the world are affected by this policy, and many of these organizations are among the few sources of health care for otherwise underserved populations. NGOs that sign the GGR cannot inform their clients of abortion options, even if abortion is legal in their country, and cannot advocate for the liberalization of outdated abortion laws. This policy restricts freedom of speech and hinders medical professionals' ethical obligation to offer a full range of medical care. In addition, the GGR reduces women's access to reproductive-health services and weakens efforts to prevent HIV/AIDS transmission.

The way forward:

- Reaffirm **active commitment** by government and donors to implement the ICPD Programme of Action and ICPD+5 recommendations
- Ensure that **all** women, regardless of socioeconomic class, age, race, ethnicity, marital status, religious affiliation, HIV status or disability, have access to voluntary, comprehensive sexual- and reproductive-health education and services, including access to safe abortion care
- Address the **Millennium Development Goal #5** of reducing maternal mortality by three-quarters between 1990-2015 by ensuring that women do not have to risk their lives when faced with an unwanted pregnancy
- **Resist conservative trends toward restricting laws and policies on abortion and contraception** which result in unnecessarily high levels of maternal mortality from unsafe abortion and barriers to women's ability to exercise their reproductive and sexual rights
- **Advocate for the U.S. government's repeal of the GGR**, which contributes to the premature deaths and injuries of women around the world
- **Ensure that human rights principles** linked to women's reproductive health and self-determination guide programmatic and policy interventions

¹³ Katzive, Laura. *Abortion law changes since 1994*. Unpublished update from the Center for Reproductive Rights.



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