



World Health Organization

Establishing facilities for safe abortion in Central and West Africa

Antonia Elise Bonnarie
Vanessa Mawuena Obro

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Introduction

During 2010 and 2014, 75% of all abortions in Africa fell under the category of unsafe abortions. Africa is the world region with the highest number of abortion related deaths: In 2014, at least 9% (which translates to 16 000) maternal deaths were as result of unsafe abortion. And for those that go unscathed, severe complications arise as a result of their attempt. These include incomplete abortion, excessive blood loss, harms to the genital tract and internal organs, disability as well as infections. Cases like these are highly prevalent in countries that have legislations against abortion. An estimated 93% of Africa women of live in countries with restrictive abortion laws. Even in countries where abortion is allowed only few women are likely to obtain a safe and legal procedure. This situation greatly affects especially women with the fewest resources because they cannot afford to have a safe abortion. The restrictive laws vary from country to country. Some permit under certain circumstances, for example, if the pregnancy is dangerous to the woman's health. Being concerned by this situation, the World health organization has set up a committee to discuss the issue and come with an implementable framework for establishing facilities for safe abortion in Central and West Africa. Access to safe and legal abortion improves women's health and wellbeing and those of their children and families.

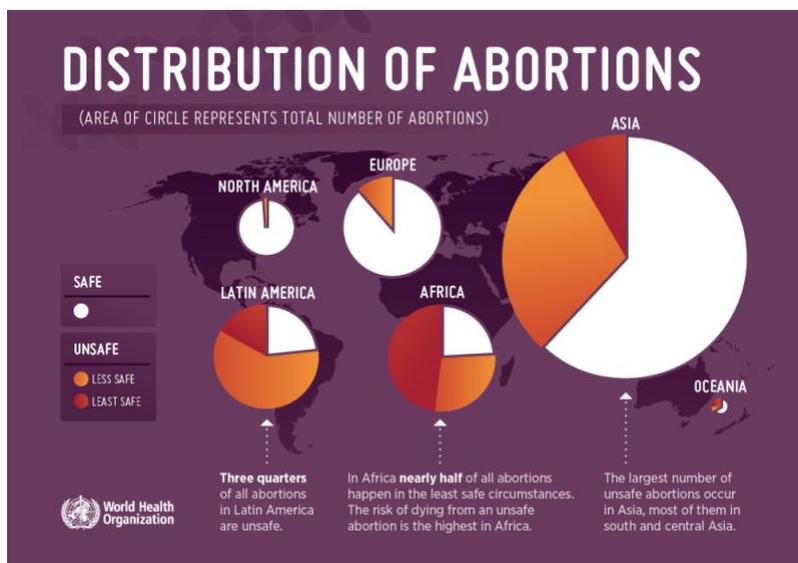


Figure 1: Distribution of Abortion

Definition of Key Terms

Abortion:

The induced expulsion of a human fetus or embryo which results in the termination of a pregnancy

Unsafe abortion:

Abortion carried out by a person lacking the necessary skills or in an environment lacking minimal medical standards

Safe abortion:

An abortion that does not affect the pregnant woman, carried out with methods considered as safe by the World Health Organisation

(Medical abortion: the use of misoprostal pills (medication) to induce an abortion, Vacuum aspiration: Involves the evacuation of the contents of the uterus)

Foetal Impairment:

Life-threatening or serious anatomical signs at the fetus' body that will lead to either an impaired quality of its life or even render the foetus unable to survive outside a pregnant woman's body. Reason for abortion.

Contraception:

The deliberate prevention of conception



General Overview

Abortion is considered as safe if it is done with a method recommended by WHO that is appropriate to the pregnancy duration and if the person providing or supporting the abortion is trained. Such abortions can be done using tablets (medical abortion) or a simple outpatient procedure. Unsafe abortion is a major public health problem and a major human rights issue. Abortion is carried out if the pregnancy is unintended or dangerous to the mother’s health. However, in western and central Africa, most women are unable to access safe abortion services, often due to the existence of legal barriers. The acceptance of abortion varies from country to country, some governments allow it under certain circumstances. There are four African countries with relatively liberal abortion laws, however 10 out of 54 African countries don’t permit abortion for any reason, ignorant of the woman’s health condition.

Countries in Africa can be classified into six categories, according to the reasons for which abortion is legally permitted.

Reason	Countries
Prohibited altogether, (no explicit legal exception)	Angola, Congo-Brazzaville, Congo-Kinshasa, Egypt, Gabon, Guinea-Bissau, Madagascar, Mauritania, São Tomé and Príncipe, Senegal
To save life of woman	Côte d’Ivoire, Libya, Malawi, Mali (a,b), Nigeria, Somalia, South Sudan, Sudan (a), Tanzania, Uganda
To save life of woman/preserve physical health*	Benin (a,b,c), Burkina Faso (a,b,c), Burundi, Cameroon (a), Cen. African Republic (a,b,c), Chad (c), Comoros, Djibouti, Equatorial Guinea (d,e), Ethiopia (a,b,c), Guinea (a,b,c), Kenya, Lesotho (a,b,c), Morocco (e), Niger (c), Rwanda (a,b,c), Togo (a,b,c), Zimbabwe (a,b,c)
To save life of woman/preserve physical or mental health	Algeria, Botswana (a,b,c), Eritrea (a,b), Gambia, Ghana (a,b,c), Liberia (a,b,c), Mauritius (a,b,c,d), Mozambique (a,b,c), Namibia (a,b,c), Seychelles (a,b,c), Sierra Leone, Swaziland (a,b,c)
To save life of woman/preserve physical or mental health/socio-economic reasons	Zambia (c)
Without restriction as to reason	Cape Verde, South Africa, Tunisia

*Includes countries with laws that refer simply to “health” or “therapeutic” indications, which may be interpreted more broadly than physical health. *Notes:* Some countries also allow abortion in cases of (a) rape, (b) incest, (c) fetal anomaly. Some restrict abortion by requiring (d) parental or (e) spousal authorization. Countries that allow abortion without restriction as to reason have gestational age limits (generally the first trimester); for legal abortions in categories 2 through 5, gestational age limits differ by prescribed grounds.

Figure 2: Legality of abortion, 2007



In order to discourage women from abortion, governments don't provide help and safe abortion facilities. Instead of reducing the rate of abortion, this measure only increases the number of unsafe abortions, because the number of unintended pregnancies stays the same (between 2010-2014, the unintended pregnancy rate in Africa as a whole is 89 to 1000) Unintended pregnancies are attributed to poor family planning, religious belief, lack of reproductive health education, lack of inter-partner communication and sexual violence. Inadequate access to or understanding of contraception is another major reason for unintended pregnancy (as of 2017, about 58 million women of reproductive age in Africa have an unmet need for modern contraception) An estimated 21,6 million unintended pregnancies occur each year in Africa, of which 38% end up in abortion. Because of restrictive laws concerning abortion, women have to fall back on indigenous methods or clandestine clinics. Performed by unskilled providers or in unsanitary conditions, unsafe abortion can lead to maternal death, as well as physical and mental health issues.

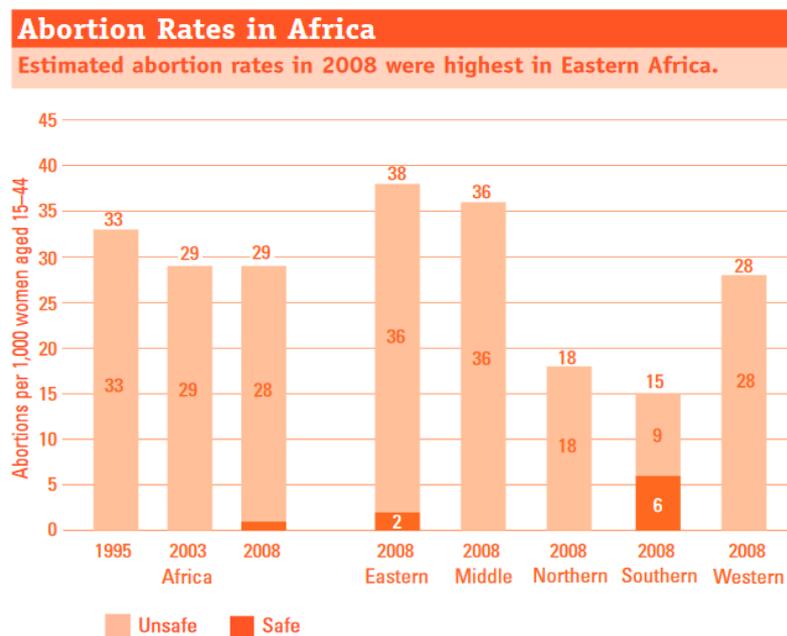


Figure 3: Abortion rates in Africa

But even if abortion is officially legal, there are many more obstacles that prevent the woman from carrying out a safe abortion. Such include:

- The remoteness of a village
- Lack of infrastructure i.e. abortion clinics



- Cost factors (economic burden on poor families)
- Moral factors (ethic discussion about the mother's role in deciding about the embryo's life, conscientious objection of health-care providers)
- Societal rejection (intervention in woman's decision-making, justified by religion, social norms)
- Ignorance (lack of knowledge about safe abortion methods)

Major Parties Involved

Angola

In Angola, laws against abortion of any kind are highly restrictive. Abortion is only permitted if and only if it is to save the life of the woman. Even then it requires the woman consent and breach of this law results in jail time of 4 to 10 years. There are no legally recognized facilities for abortion in Angola let alone any recognized for safe abortion.

Cape Verde

Cape Verde is one of only four African countries, alongside with South Africa, Mozambique and Tunisia, to permit abortion with almost no restriction. Abortion is legal upon 12 weeks of pregnancy afterwards it may only be carried out if the pregnancy poses a risk to the woman's physical or mental health or if the fetus is impaired. When Donald Trump reinstated the "Mexico City Policy" the 23rd of January, an order to ban funding for NGOs that perform, promote, or mention abortion as a family planning option, Cape Verde joined seven other nations to raise funds for women's health. It recognized the danger of the funding shortfall for American NGOs which operate in Africa, which impacts the local communities in these developing countries

Cameroon

Cameroon is under most circumstances restricted the only exclusions being cases of rape or medical necessity. However, one out of five young urban women in this country have had at least one abortion according to the Guttmacher



institute. These abortions although always performed by a physician or a nurse were done in unsafe ways or using unsafe methods. The case in Cameroon is such that many of the pregnancies of women in school end up in abortions.

United States of America

Abortion is and has always been a controversial topic. Many anti-abortion laws have been in place since the 1900s. However, since abortion was decriminalized in 1973. Even though about 48% consider abortion to be morally wrong, facilities have been provided for safely aborting babies under a certain timeline given to the women in question. On January 23, 2017, Donald Trump reinstated the Mexico City policy, a gag order that bans funding to American NGOs who perform, promote, or mention abortion as a family planning option. Some experts project this policy will cause 6.5 million unintended pregnancies, 2.1 million unsafe abortions, and 21,700 maternal deaths.

Timeline of Events

Month Year	Event
1994	International Conference on Population and Development Addressing Reproductive health rights
1995	The United Nations Fourth World Conference on Women
1999	General Recommendation 24 on women and health The Committee on the Elimination of Discrimination against Women affirmed that access to health care, including reproductive health, is a basic right under the Convention on the Elimination of All Forms of Discrimination against Women.
2003	Publication of the WHO's guideline "Safe Abortion: technical and policy guidance for health systems"
2007	110: Resolution on the Health and Reproductive Rights of Women in Africa



2011	UN General Assembly's "Practices in adopting a human rights-based approach to eliminate preventable maternal mortality and human rights"
2014	Expert Meeting on Women's Health - rights, empowerment and social determinants
2015	Publication of the WHO's guideline "Health Worker roles in providing safe abortion care and post-abortion contraception"
2017	Launch of new online-database to increase transparency of abortion laws and policies

Treaties and Resolutions

• Resolution Number (S/RES/2342 (2017)) Date (23 February 2017)...

- Beijing Declaration and Platform for Action (15 September 1995)
agenda for women's empowerment, promote and protect the full enjoyment of all human rights and the fundamental freedoms of all women throughout their life cycle

- 110: Resolution on the Health and Reproductive Rights of Women in Africa (30 May 2007)
- RES/15/17 (October 2010)

Preparation of an analytical compilation of good or effective practices in adopting a human rights-based approach to eliminating preventable maternal mortality and morbidity

- A/66/254 (3 August 2011)

Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including International human rights law and the right to sexual and reproductive health, Criminal laws and other legal restriction affecting the right to sexual and reproductive health



Evaluation of the Previous Attempts to Resolve the Issue

The past resolutions did not adequately resolve the situation at hand especially in Africa. They were theoretical in nature but not the practical solutions needed to effectively solve this issue. They were necessary to guarantee that the right to health applied to women as well as to men and to clarify that this right includes reproductive health. Recent resolutions focused on the issue of maternal mortality and morbidity, which certainly includes abortion, but does not directly address it. Based on the fact that the region being discussed has one of the highest rates of unsafe abortion in the world, future resolutions should do well to focus on practical measures that are narrowed down specifically for the African community.

Possible Solutions

Reducing abortion rates:

Through educative programs, governments are encouraged to improve women's and men's knowledge about modern contraceptive methods to reduce the number of unintended pregnancies and consequently the number of unwanted birth or abortion which often follow.

Reducing unsafe abortion rates:

To reduce the number of clandestine abortion procedures and their negative consequences, the grounds for legal abortion should be broadened. Advocacy is required to implement existing liberal laws and to change other restrictive laws. Data on abortion should be collected in all countries and should be used for appropriate policy development and decision making.

However, liberal abortion laws alone do not ensure the abortions' safety. One has to consider the non-legal obstacles women encounter when seeking for abortion service.

The access to safe abortion facilities must be improved, technical and policy guidelines have to be adopted. Furthermore, providers and gynecologists must



be trained, to meet the need of abortion service providers, nurses and midwives who are already working could have advanced training.

Raising awareness of safe abortion methods among the population in Africa's Centre and West, is also a component that might be considered.

One might also think about subsidizing abortion services to reduce the costs for the concerned families.

Reducing negative consequences on woman's health:

The provision of post abortion care must be improved and expanded to reduce illnesses, mental disorders or deaths from unsafe abortion.

Important Links

http://www.un.org/en/development/desa/population/publications/pdf/policy/WorldAbortionPolicies2013/WorldAbortionPolicies2013_WallChart.pdf

Overview over abortion policies of countries all over the world

<http://www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.shtml>

Fact sheet: abortion in Africa



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<https://www.fidh.org/en/region/americas/chile/abortion-in-chile-women-face-countless-obstacles>

[https://www.tandfonline.com/doi/full/10.1016/S0968-8080\(04\)24026-5](https://www.tandfonline.com/doi/full/10.1016/S0968-8080(04)24026-5)

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