

Commission on Population and Development

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Oral Statement by Ipas

Mr. Chairman, distinguished delegates, ladies and gentlemen,

As a representative of Ipas, an international organization dedicated to reducing deaths and injuries of women due to unsafe abortion, I call on members of the Commission on Population and Development to take a firm and unwavering stance in support of women's reproductive health and rights.

In 1994, the ICPD affirmed the links between women's control over their own fertility and sustained economic growth and development. The Programme of Action established that achieving development depends largely on women's access to sexual and reproductive health services, including family planning methods and abortion as permitted by law. After that, the Millennium Development Goals established universal access to reproductive health as a target for 2015.

The last decade has seen significant progress in addressing unwanted pregnancy and unsafe abortion. We have seen changes in laws and policies broadening legal indications for abortion in numerous countries. In addition, the World Health Organization continues to support strategic assessments at the request of Health Ministries and has provided guidelines for integrating safe abortion care into health systems that stand as a strong normative framework, not only for governments but also for the entire United Nations system.

Despite advances in the years since the adoption of the ICPD Programme of Action, the MDGs and other international agreements, unsafe abortion remains a pervasive and neglected reproductive health problem.

Unsafe abortion is a major contributor to maternal mortality and morbidity, accounting for some 47,000 women's and girl's deaths annually according to the latest available estimates from WHO. Almost half are under the age of 25 years. In addition, up to 5 million women and girls suffer short- and long-term injuries due to the consequences of unsafe abortions. These deaths and injuries are entirely preventable. Early abortion by trained providers in hygienic circumstances is among the safest of medical procedures, making the loss of these women's lives a flagrant tragedy.

MDG 1 calls for eradicating extreme poverty and hunger. Poverty can be defined broadly as the sustained deprivation of resources, choices and opportunities that are essential for human dignity. Most women who die from unsafe abortions are resource-poor and certainly have been denied the ability to make decisions about their health and lives. Legalizing abortion can decrease financial barriers to health care, including by reducing the prevalence of black-market services. When women are able to make safe reproductive choices, they can take better advantage of opportunities for education and employment.

MDG 3 calls for promoting gender equality and empowering women, both of which are integral to women's most basic human rights — the rights to health, survival and security. Denying women control over their own reproductive decision-making denies them full citizenship. It limits their self-determination and impedes their equal participation in their nations' social, political and economic life.

Unsafe abortion is one of the easiest causes of maternal mortality and morbidity to address, through improved access to family planning information and services, high-quality post abortion care, and accessible safe, legal abortion. This issue must be brought out of the shadows and addressed forthrightly. We have a commitment to fulfill international agreements such as the ICPD Programme of Action and the MDGs, yes, but we must not lose sight of the real commitment – our commitment to the women around the world whose lives depend on our action. We must not allow yet more mothers, wives, sisters and daughters to be lost so needlessly. We must declare with complete conviction that their lives are worth saving. After all, investing in women and girls benefits us all.