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Statement submitted by IPAS, a non-governmental organization in special consultative status with the United Nations Economic and Social Council

Ipas, a global nongovernmental organization dedicated to ending preventable deaths and injuries to women from unsafe abortion, views the 47th session of CPD as a critical opportunity to evaluate the first twenty years of the ICPD. Further, this year's CPD will contribute to shaping inputs to the post-2015 development framework and the 20-year review of the 1995 Fourth World Conference on Women in Beijing Declaration, as well as other global and regional commitments to gender equality and health and development.

Crucial to the 20-year review of ICPD is identifying priorities that have been neglected, and among these, unsafe abortion persists as a challenge that calls for a stronger global response at all levels. Ensuring access to safe abortion is still an overlooked part of women's health, constituting a public health crisis, a social injustice, and a violation of women's human rights. At least one million women have died from unsafe abortion since the ICPD. Their deaths could have been prevented with available safe technologies.

While the global community has made some headway, and some governments have taken action to expand access to safe abortion, stubborn roadblocks remain. The ICPD Programme of Action drew attention to the negative consequences of unsafe abortion and called on countries to make a commitment to women's health and well-being. Abortion was addressed in paragraph 8.25: "*In circumstances where abortion is not against the law such abortion should be safe.*"ⁱ

Five years later, in 1999, the UN General Assembly established key actions for the ongoing implementation of the Programme of Action of ICPD and stated: “*In recognizing and implementing the above, and 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*” (para 63iii).ⁱⁱ In 2003, the World Health Organisation (WHO) provided clear technical guidance for how to operationalize these recommendations in its landmark document for health systems, which has been instrumental in supporting expanded access for safe care in many countries around the world.ⁱⁱⁱ

Regional policy advancements have also moved the world closer to meeting the objectives of ICPD, particularly the 2003 Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (also known as the Maputo Protocol)^{iv}, which broadly protects women’s human rights in Africa, including their right to safe, legal abortion.

The 2011 landmark Report of the Special Rapporteur [Anand Grover] on *the Right of every one to the enjoyment of the highest attainable standard of physical and mental health*, presented to the UN General Assembly at the Sixty-sixth session in August 2011, provides another significant step forward in further articulating the importance of safe, legal abortion and the discrimination inherent in criminal abortion penalties. The report affirms the right to safe abortion: “In applying a right-to-health approach, States should undertake reforms toward the development and implementation of policies and programmes relating to sexual and reproductive health as required by international human rights law. In that context, the Special Rapporteur calls upon States to: (h) Decriminalize abortion, including related laws, such as those concerning abetment of abortion....”^v

Yet while technically the easiest maternal health challenge to solve, eliminating unsafe abortion has proven to be extremely difficult. Insufficient resources, lack of political will, failure to recognize access to safe abortion as a fundamental element of a woman’s reproductive health, stigma and strong cultural and religious opposition present the biggest barriers. Despite increased high-level policy commitments and a clear trend toward liberalization of abortion laws, the global community has too often failed women by not speaking out forcefully against continued restrictions on access to safe and legal abortion, which lead to significant legal as well as health risks for women and girls. Not only do women suffer and die as a result of illegal and unsafely performed procedures, but we see daily that women, girls and their healthcare providers are condemned as criminals and jailed for seeking or providing care. Despite the normative guidance established by ICPD and successor global policy statements, most governments are not held accountable for ensuring that legal services are accessible.

According to the WHO, “Unsafe abortions present a critical public health and human rights challenge of the present time. Deaths and disability due to unsafe abortion continue to occur

against the backdrop of major advances in the medical profession, especially in terms of the availability of safe and effective technologies and skills for induced abortion.”^{vi} “Since ICPD, safe and effective methods of abortion, including manual vacuum aspiration and medical abortion, have become more widely available. The combined regimen of medical abortion consisting of mifepristone and misoprostol is now approved in 57 countries.”^{vii}

The last twenty years have demonstrated the limitations as well as the strengths of the Cairo Programme of Action’s attention to abortion. There is a clear need to renew our commitment to protect the human rights of all women, not just those who happen to reside in a country where abortion is legal. The Cairo commitments limit the benefits and protections afforded by safe abortion to women who live in countries where abortion is legally permitted, at least for certain indications, leaving millions elsewhere to face dangerous, clandestine and illegal services or no options at all. Cairo and other global and regional commitments have been limited by an unwillingness to recognize that legally restricting abortion violates women’s autonomy and most fundamental human rights to self-determination, equality and non-discrimination and the reproductive right to safe and legal abortion care. As a result, a significant number of women have spent the last twenty years without access to safe, legal abortion services simply because of where they happen to live. Twenty years after the landmark commitments made by the world’s governments at the ICPD, maternal deaths and injuries due to unsafe abortion remain unacceptably high. We cannot afford—morally or otherwise—to allow the situation to remain the same for the next two decades.

- Globally, about 21 million unsafe abortions take place each year (WHO 2010), more than half of all abortions globally. **This number and the proportion of all abortions that are unsafe have remained virtually unchanged for two decades.**
- 47,000 women die from unsafe abortion and roughly 5 million experience acute or long-lasting injuries each year.
- Close to half of all deaths are to women and girls under the age of 24.
- The huge majority of deaths from unsafe abortion take place in countries with restrictive laws.
- Restricting access to safe abortion violates the human rights principles of equality and non-discrimination.

One thing is clear: Criminalization of abortion does not serve as a deterrent for women who want to terminate an unwanted pregnancy. Whether or not abortion is restricted by law, abortions continue to take place. Abortion rates are actually higher in restrictive legal settings than in settings where abortion is permitted for a broad set of indications. In restrictive legal settings, the rates of unsafe abortion and subsequent maternal mortality remain high. Where abortion is legally restricted, access to safe abortion is an issue of discrimination and social justice: Women in urban

settings or those with enough money to travel outside the country for treatment are most likely to access safe providers, while rural, poor and young women too often have only the option of unsafe abortion available.^{viii}

However, progress is being made: The global trend in the last two decades has moved slowly toward liberalization of abortion laws. The number of countries not permitting any abortion declined from 8% to 3% (2011). Countries in which abortion is allowed upon request rose from 22% to 30%. Further, 70 countries made the grounds for accessing abortion broader, whereas just 11 countries narrowed legal access.^{ix}

Increasingly, human rights treaty bodies have affirmed the obligations of states to ensure women's access to legal abortion. Further, the current review process benefits greatly from the advances made in the ICPD regional conferences, in particular the Montevideo Consensus language on abortion adopted in the Latin American region in 2013, which recommends that countries review their punitive laws, and the Bali Global Youth Forum Declaration, which calls on governments to make safe and legal abortion accessible to young women. These agreements must inform the global consensus that it is necessary to take the next step. It is time to seek new global consensus on the need to eliminate preventable deaths and injuries caused by unsafe abortion by amending punitive laws on abortion that criminalize women and providers. In a just world, defined by respect and protection of basic human rights, abortion must be not only safe, but legal, available and affordable as an integral component of comprehensive, high-quality reproductive health care for all women.

As Dr. Nafis Sadik, Secretary-General of the International Conference on Population and Development in 1994, stated in her keynote address at the July 2013 ICPD International Conference on Human Rights, "Pregnancy should not entail an avoidable risk of death: that is a simple extension of the human right to health. Illegal abortion is unsafe almost by definition. Surely it is time to recognise and address this urgent question, not only within countries and cultures but at the global level?"^x

Ipas supports efforts to liberalize restrictive abortion laws and urge states to take all necessary measures to rescind criminal penalties for women based on their personal reproductive decisions. We call for a strong global commitment to safe and legal abortion in the new development framework for the post-2015 era. The time is now for action to transform the theoretical and ideologically driven debate into effective policy change to secure women's universal access to safe and legal abortion.

ⁱ *International Conference on Population and Development - ICPD - Programme of Action*. New York: United Nations Population Fund, 1995 (A/CONF171/13/Rev.1).

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf

ⁱⁱ Ibid.

ⁱⁱⁱ *Safe abortion: technical and policy guidance for health systems*. Second Edition. Geneva: World Health Organization, 2012. http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

^{iv} *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*. Maputo: African Charter on Human and Peoples' Rights, 11 July 2003. <http://www.achpr.org/instruments/women-protocol/>

^v *Right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. United Nations General Assembly: 3 August 2011 (A/66/254).

http://www.un.org/ga/search/view_doc.asp?symbol=A/66/254

^{vi} *Safe abortion: technical and policy guidance for health systems*. Second Edition. Geneva: World Health Organization, 2012. http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

^{vii} *Access to Safe Abortion: Progress and Challenges since the 1994 International Conference on Population and Development (ICPD)*. Background paper # 3 from ICPD Beyond 2014 Expert Meeting on Women's Health. Iqbal H. Shah, Elisabeth Åhman and Nuriye Ortayli. Mexico City: 2013.

http://icpdbeyond2014.org/uploads/browser/files/access_to_safe_abortion.pdf

^{viii} Ibid.

^{ix} Ibid.

^x *Sexual and Reproductive Health and Rights: the Next Twenty Years*. Keynote address at the ICPD International Conference on Human Rights. Nafis Sadik. 8 July 2013. <http://icpdbeyond2014.org/whats-new/view/id/55/sexual-and-reproductive-health-and-rights-the-next-twenty-years#sthash.yCKdCF8W.dpuf>