

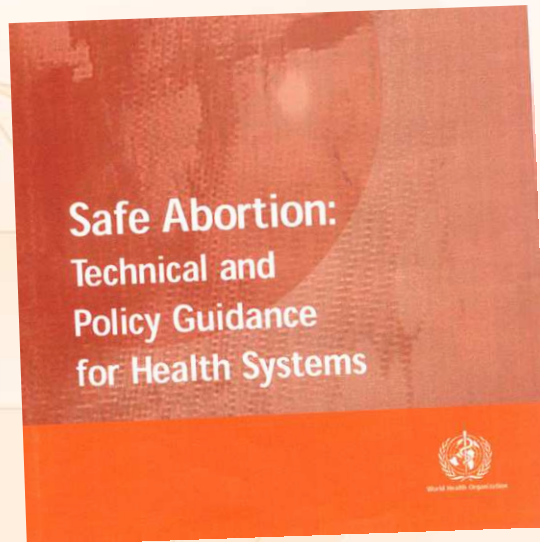
Update on Safe Abortion Guidelines and the context of Unsafe abortion

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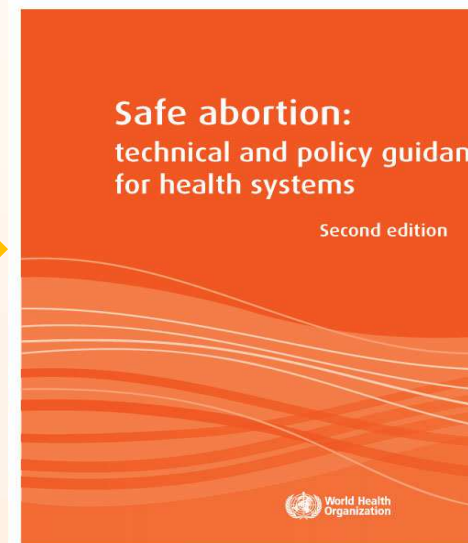
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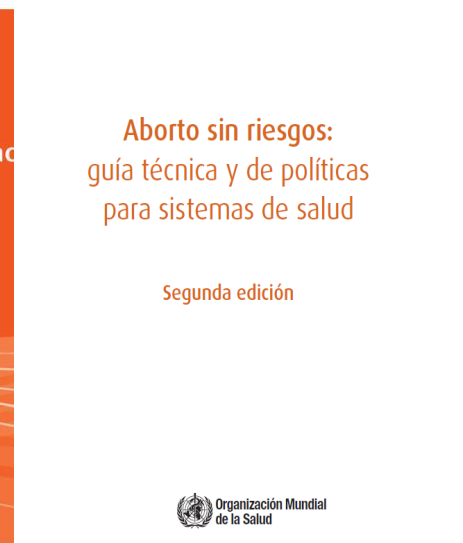
Madrid, October 31st 2012



2003



2012



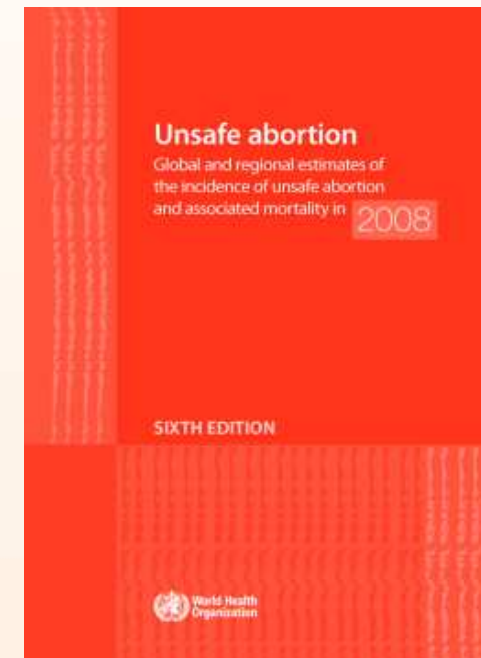
About the Guidelines

- ❑ **Evidence based : systematic review of evidence, involvement of experts from around the world.**

- ❑ **Contents:**
 - Public health dimensions, human rights dimensions
 - Clinical care and service delivery guidelines
 - Legal and policy considerations

Unsafe abortion is a public health problem

- ❑ WHO estimates available since 1990, six updates to date.
- ❑ **Unsafe abortion: *procedure for terminating the pregnancy carried out by persons lacking necessary skills or in an environment that does not confirm to minimal medical standards or both.***

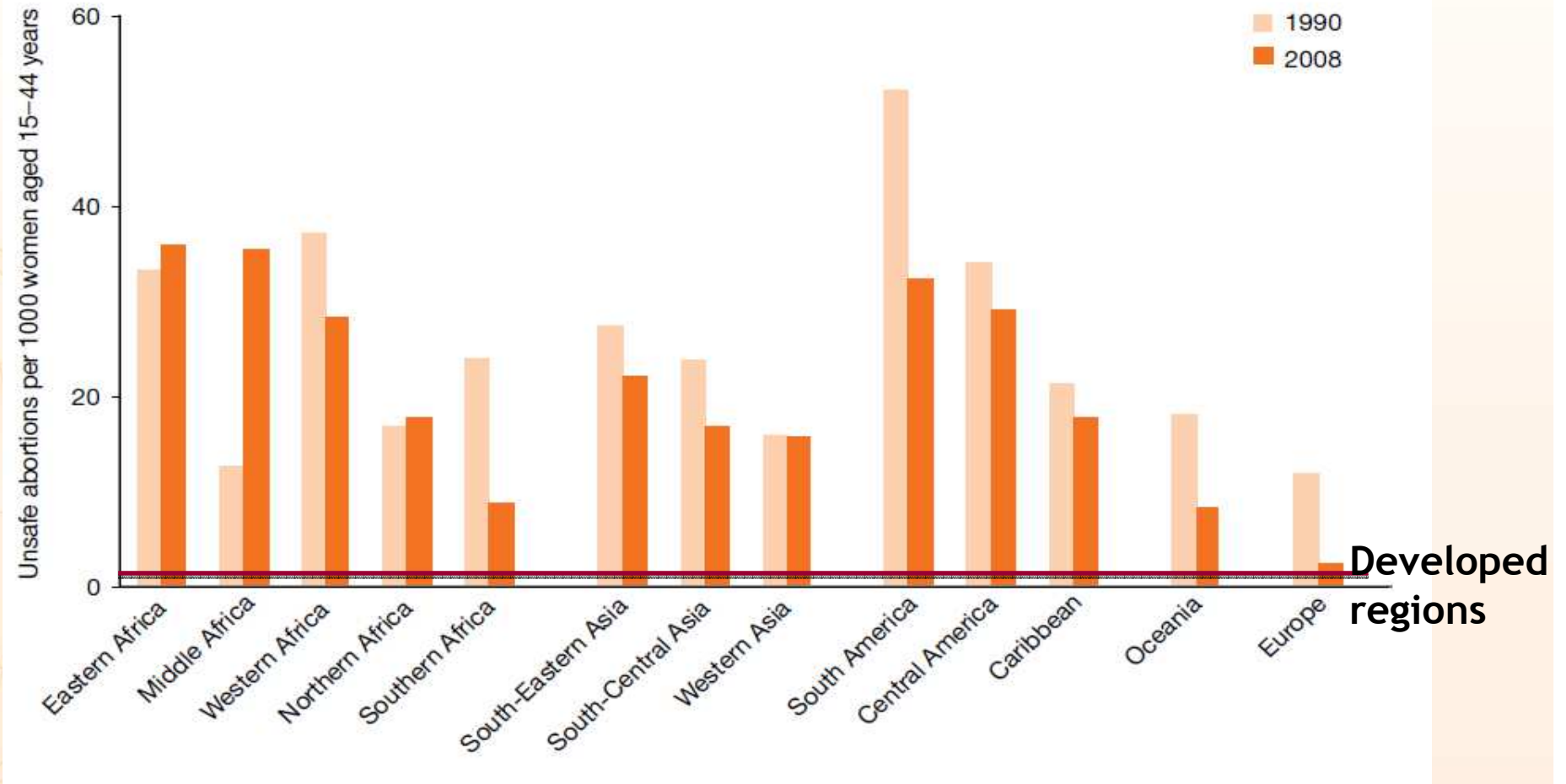


The Global Reality of unsafe abortion

	1990	2003	2008
Absolute number of unsafe abortions	19 m	19.7 m	21.6 m
Rate of unsafe abortion (per 1000 women 15-45)	17	14	14
% of all abortions that are unsafe	44 (1995)	47	49
Deaths from unsafe abortion	69,000	56,000	47,000
Unsafe abortion mortality ratio	50	40	30
% of maternal deaths due to unsafe abortion	13%	13%	13%

•Sources : WHO 2008, 2011; Sedgh et al 2012

Regional differences in Unsafe abortion rate 2008 compared to 1990



Contraception and abortion

The use of modern contraception has resulted in a lowering of the incidence and prevalence of induced abortion.

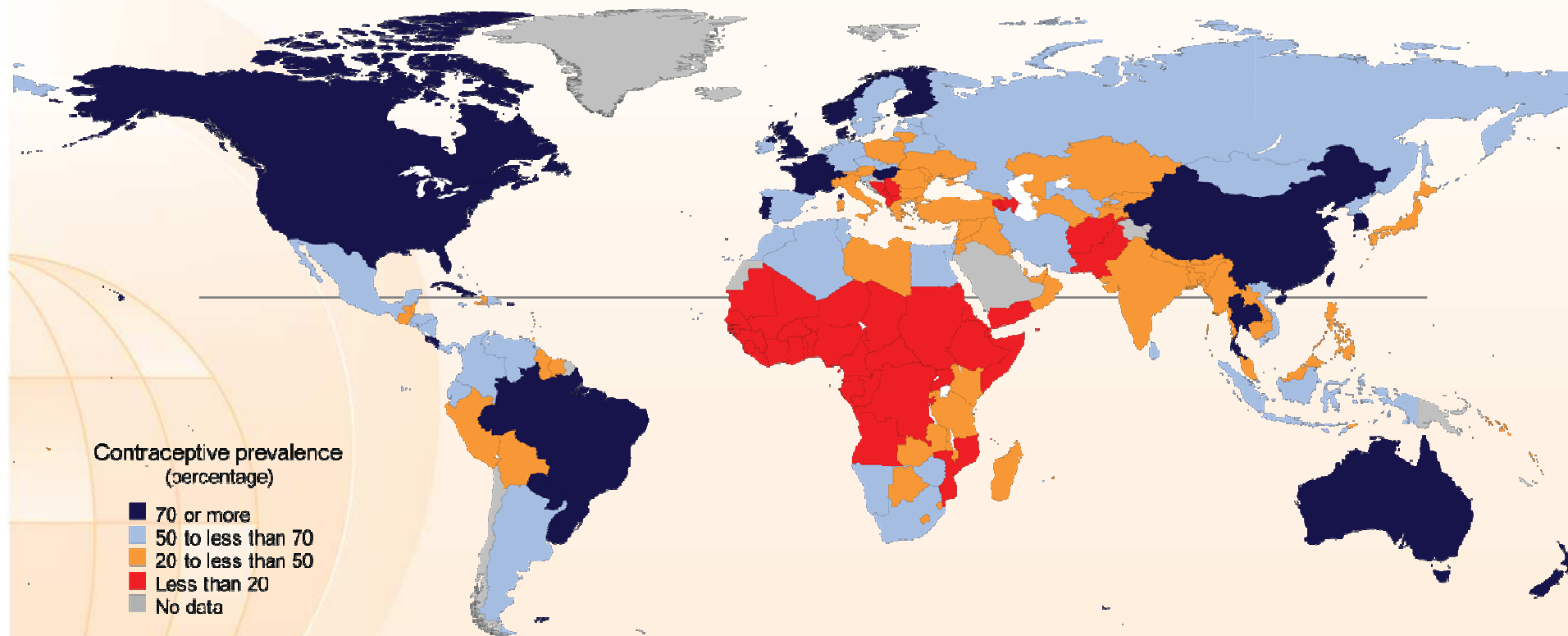
BUT



Contraception alone will not eliminate unintended pregnancies.

•(Source: WHO 2012)

Contraceptive use varies



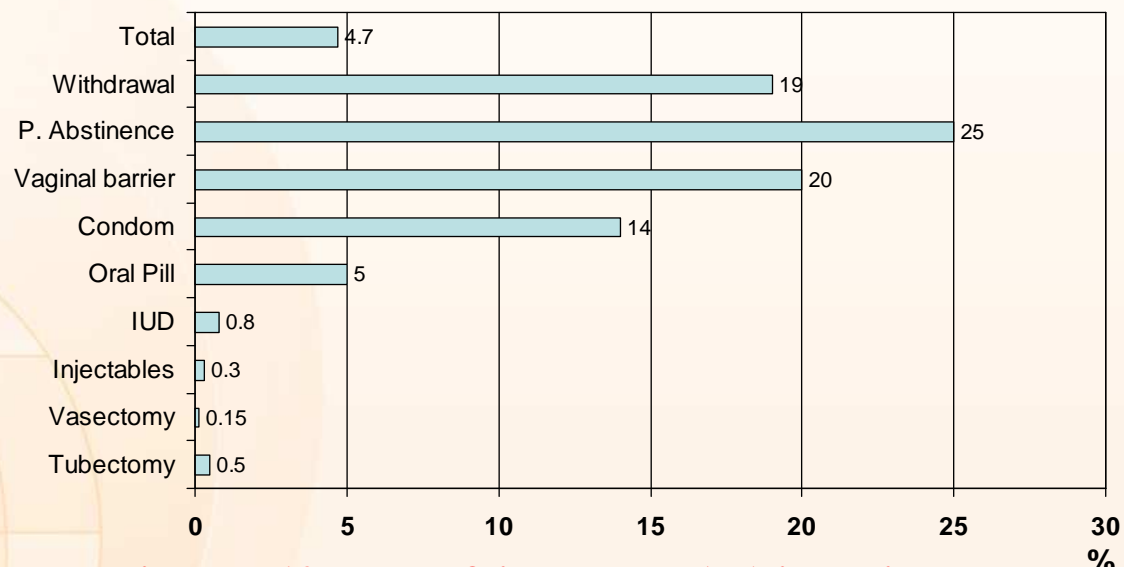
Contraceptive prevalence
(percentage)

- 70 or more
- 50 to less than 70
- 20 to less than 50
- Less than 20
- No data

•Percentage of women using a modern method of contraception among those aged 15-49 who are married or in a union

•Source: United Nations, 2011, *World Contraceptive Use 2011*.

Contraceptives have a failure rate as well

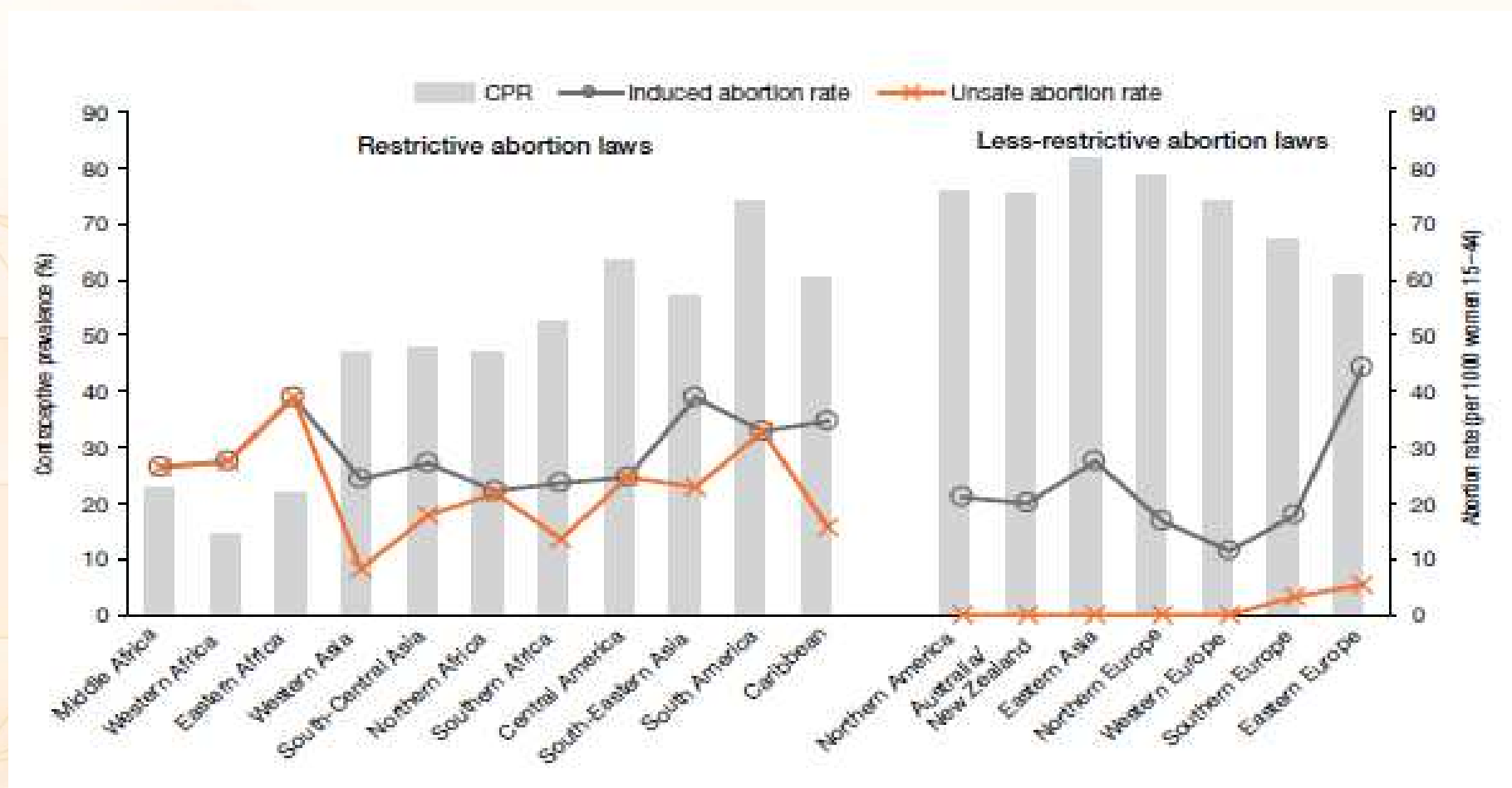


•Estimated 12-month failure rates (%) in typical contraceptive use and number of accidental pregnancies

36.3 million accidental pregnancies in 2009.

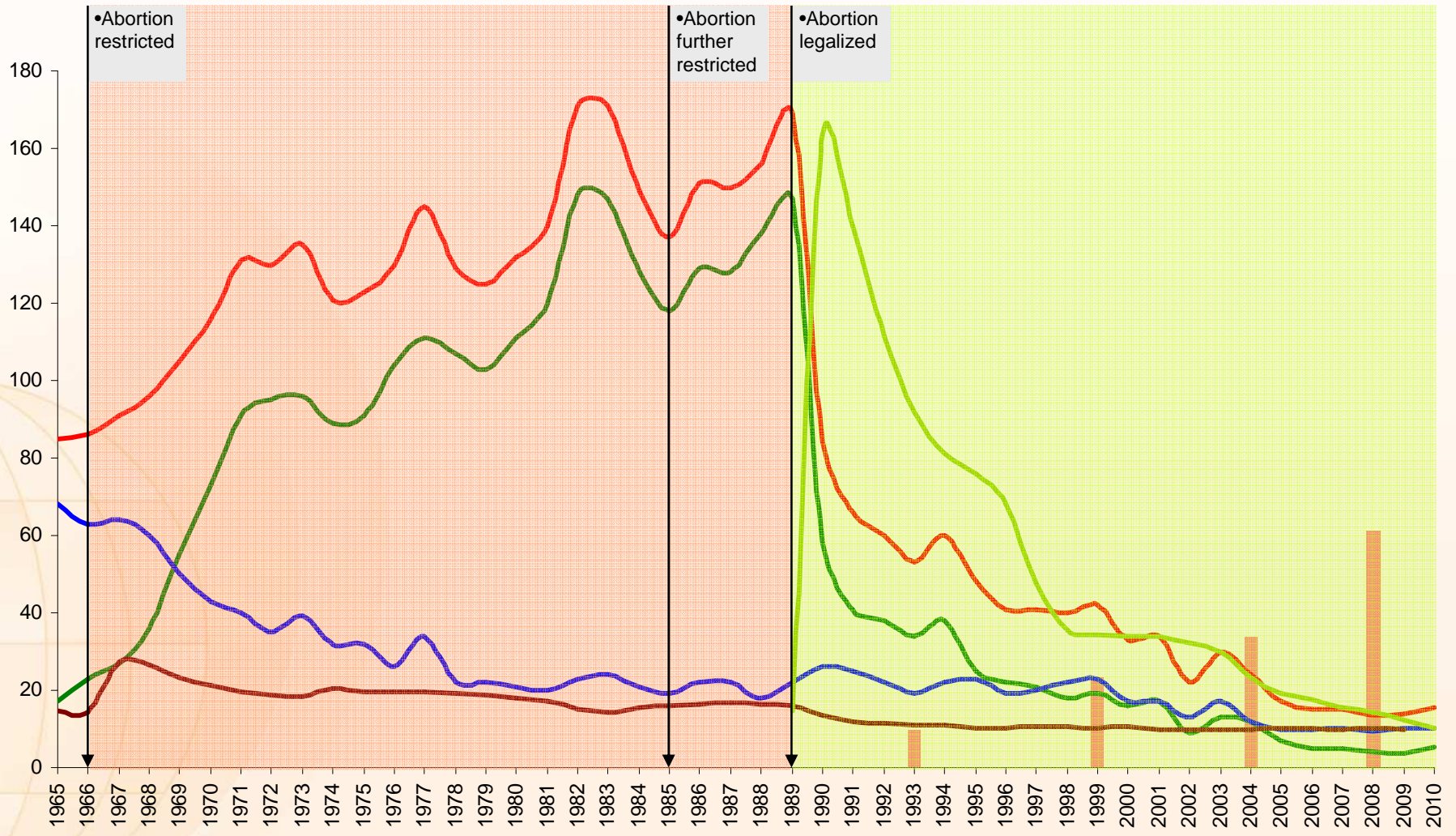
•Source: Trussell, 1998 for failure rates, accidental pregnancies from Shah, 2012.

Legal context and unsafe abortion



WHO 2008, 2011, Sedgh et al

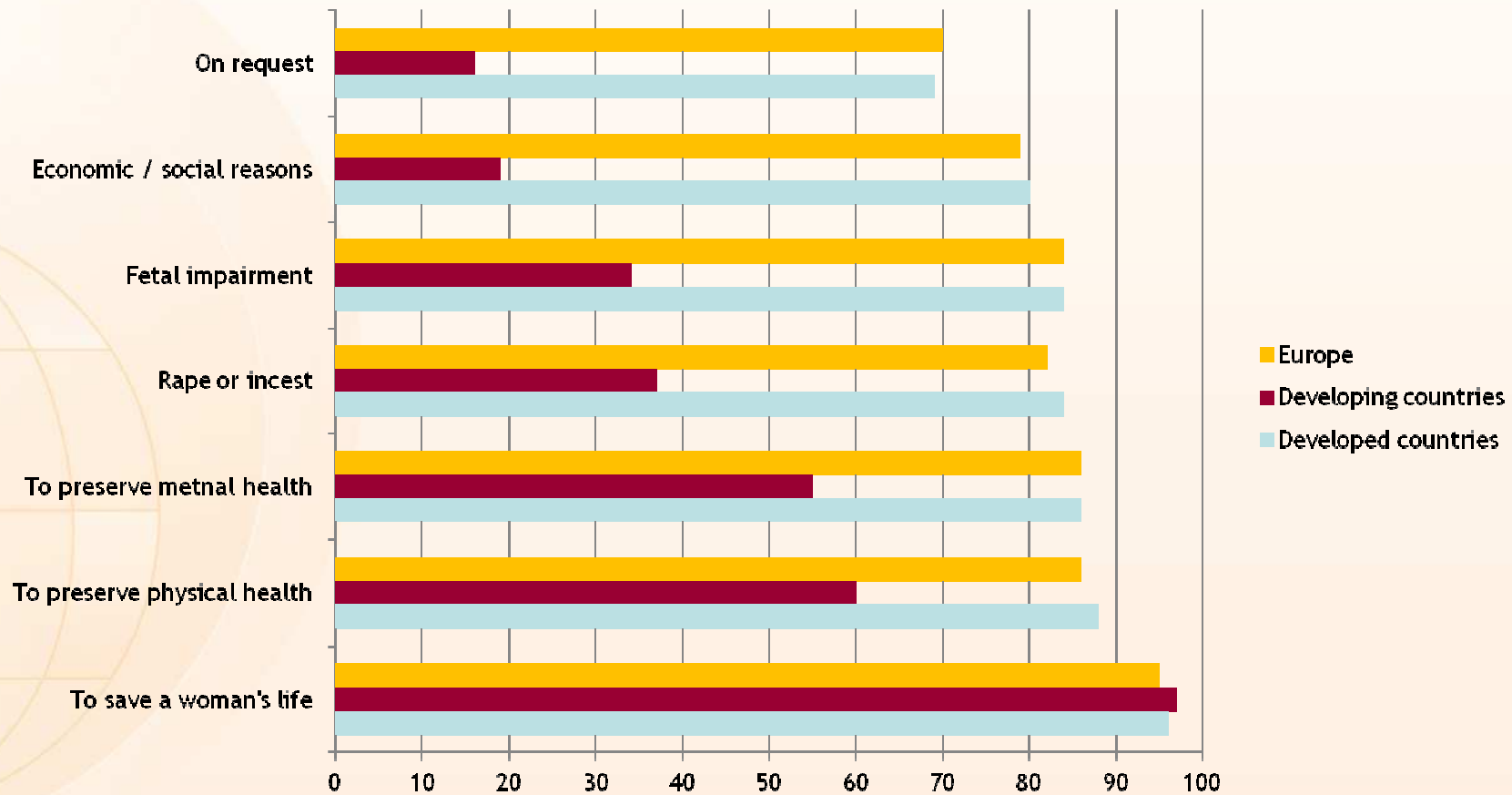
Romania case study



Unsafe abortion and legal situation

- ❑ When there are few restrictions on access to safe abortion, deaths and illness are dramatically reduced.
- ❑ Restrictive laws do not lower abortion rates, they drive women to less safe, clandestine options

In almost every country in the world abortion *is* legal at least to save the life of the woman.



•Source: United Nations, 2011

The human rights links

- ❑ Growing number of UN treaty monitoring body general comments & concluding observations, as well as regional treaty provisions and regional court decisions related to abortion.
- ❑ Laws and policies on abortion must protect women's health and their human rights
 - Life,
 - Health
 - Non- discrimination
 - Freedom from inhumane & degrading treatment
 - Liberty and Security
 - Education and information

Recommendations related to regulatory, policy and human rights considerations

Laws and policies on abortion should protect women's health and their human rights.

Regulatory, policy and programmatic barriers that hinder access to and timely provision of safe abortion care should be removed.

An enabling regulatory and policy environment is needed to ensure that every woman who is legally eligible has ready access to safe abortion care. Policies should be geared to respecting, protecting and fulfilling the human rights of women, to achieving positive health outcomes for women, to providing good-quality contraceptive information and services, and to meeting the particular needs of poor women, adolescents, rape survivors and women living with HIV.

Legal grounds for abortion

- ❑ Nearly a third of UN Member States allow abortion upon the free and informed request of the woman.
- ❑ Abortion should be legal at minimum to:
 - save the woman's life,
 - save the woman's health,
 - in case of rape
- ❑ Ensure that laws even if restrictive are **interpreted & implemented** to promote and protect women's health & their human rights

Legal grounds and their interpretation

❑ Threat to woman's life

- Both medical and social conditions can constitute life threatening conditions
- Saving the woman's life might be necessary at any point in the pregnancy

❑ Threat to woman's health

- Health includes mental health not just physical
- WHO definition of 'health' : *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*

•(Source: WHO 2012)

Legal grounds and their interpretation

- ❑ **On grounds of rape / incest**
 - Prompt services based on woman's complaints
 - Minimize administrative delays
- ❑ **On grounds of fetal impairment**
 - Where conditions not specified, interpreted within the context of health protection, social reasons
 - Prenatal tests and other diagnostic services cannot be refusedwoman is entitled to know the status of her pregnancy and act on that information

•(Source: WHO 2012)

- ❑ Regulatory, legal, policy and programmatic barriers that hinder access to and timely provision of safe abortion care should be removed

Examples of legal and regulatory barriers

- ❑ prohibiting access to information on legal services
- ❑ third-party authorization
- ❑ restricting available methods of abortion,
- ❑ restricting the range of providers and facilities,
- ❑ conscientious objection without ensuring referral,
- ❑ mandatory waiting periods,
- ❑ Withholding / intentionally misrepresenting health-related information;

Other legal and regulatory barriers

- ❑ Excluding coverage for abortion services in health insurance or having sliding scales for poor women;
 - ❑ failing to guarantee confidentiality and privacy,
 - ❑ requiring women to furnish the names of practitioners before providing them with treatment for abortion complications.
-
- ❑ **Barriers deter women from seeking care and providers from delivering services within the formal health system; cause delay, increase costs, increase inequities**

E.g. Third party authorization

- ❑ Parental authorization often based on an arbitrary age limit - denies the recognition of evolving capacities of young women
- ❑ Third-party authorization should not be required for women to obtain abortion services. To protect the best interests and welfare of minors, and taking into consideration their evolving capacities. Policies and practices should encourage, but not require, parents' engagement through support, information and education

E.g. Conscientious objection

- ❑ Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility, in accordance with national law.
- ❑ If referral is not possible, the health-care professional must provide abortion to save the woman's life or to prevent damage to her health.
- ❑ Health services should be organized to ensure that exercise of the freedom of conscience of health professionals does not prevent patients from obtaining access to services to which they are legally entitled.

Policy environment should be 'enabling'

Ensure that all legally eligible women have access to safe, good quality services.

Policies aimed at fulfilling human rights and achieving positive health outcomes

Provide good quality contraceptive services

Meet the particular needs of poor women, adolescents, rape survivors, women living with HIV

***Women are not dying because of diseases
we cannot treat.***

***They are dying because societies have yet to decide
that their lives are worth saving.***

-Dr Mahmoud Fathalla