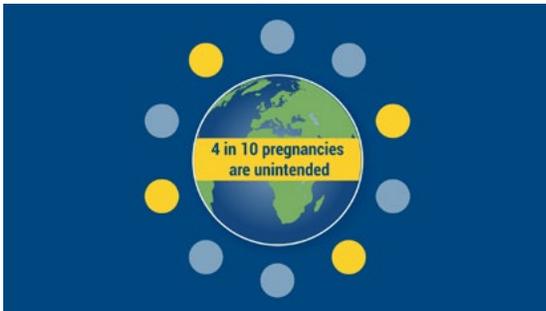


WITHIN REACH: EXPANDING ACCESS TO SAFE ABORTION

KEY MESSAGES



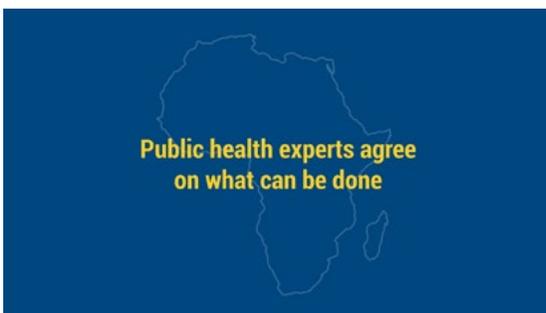
Some of the most important decisions that women and couples make in their lifetimes are whether and when to have children. For women, the timing and number of their births can greatly affect their health and that of their children.

About 4 in 10 pregnancies worldwide are unintended, and more than half of these end in an induced abortion.¹



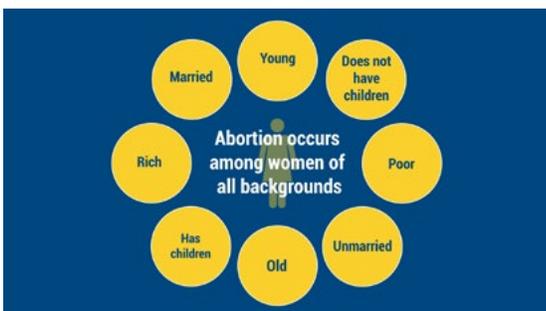
Almost half of induced abortions worldwide, 25 million each year, are carried out unsafely—using an inappropriate method or by an untrained provider, or both.²

Unsafe abortion is among the leading causes of maternal death—accounting for about 1 in 7 deaths related to pregnancy and childbirth.³



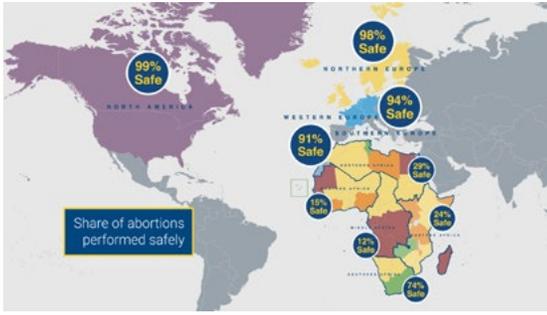
Countries in Africa can make changes to reduce maternal death and disability due to unsafe abortion.

- Making abortion illegal does not stop it from occurring, but it makes it less safe.
- Unsafe abortions incur high costs for women, their families, and health systems.
- Public health experts agree on what can be done to protect women's health.



In Africa, more than 8 million abortions occur each year.⁴ This number translates to an average of about one abortion per woman in her lifetime.

Research shows that abortion occurs among women and girls of all ages and socioeconomic backgrounds, rich and poor, married or unmarried, and whether or not they currently have children.⁵



More than 9 out of 10 African women of reproductive age live in countries with restrictive abortion laws.⁶ Across Africa, between 30 and 40 abortions per 1,000 women occur each year.⁷ Abortion rates are much lower in North America and parts of Europe.⁸ In these regions, abortion has been broadly permitted for 20 years or more, and modern contraception is widely available and used. In these regions, nearly all abortions are performed safely, whereas in Africa, only one-quarter, on average, are safe.⁹



When an abortion is performed according to World Health Organization guidelines, major complications are extremely rare.¹⁰ Unsafe abortion methods often fail to terminate a pregnancy, and—even worse—they can lead to serious medical complications, long-term disability, and even death of the woman.

A 2012 study found that each year, about 1.6 million women in Africa were treated for complications of unsafe abortion.¹¹



Treatment for the complications of unsafe abortion is expensive, requiring skilled personnel, surgical procedures, drugs and supplies, and hospital stays.

The costs for health systems add up quickly—as much as US\$ 1.7 million in Rwanda and US\$ 13.9 million in Uganda in 2012.¹²



One of the most cost-effective ways to prevent unintended pregnancies and unsafe abortion is voluntary family planning. Yet, it is underutilized in Africa, where nearly half of women who want to delay or stop childbearing are not using a modern contraceptive method.¹³



Governments, donors, and health professionals throughout Africa have worked to expand women's and girls' access to effective and affordable reproductive health care, including family planning, labor and delivery care, postpartum care, and postabortion care.

Yet, a major gap remains in the continuum of care: At least 6 million women in Africa end their pregnancies unsafely every year, leading to as many as 26,000 maternal deaths annually from the complications of unsafe abortion.¹⁴



Fifty-one African countries have signed the Maputo Protocol of 2003—a roadmap for achieving universal access to sexual and reproductive health care.¹⁵ The protocol states that the signing countries should authorize “medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.”¹⁶

Many African countries’ laws, even in countries that have signed the protocol, are not in line with this commitment.



Evidence shows that policy change can make a difference to save lives and ensure that women and girls who need abortion have access to safe, legal procedures.

First, governments should revise abortion laws to give women and girls greater access to safe procedures, free from shame and stigma. Health ministries should ensure women have access to abortion in all circumstances allowed under existing laws. The African Union provides guidance that can help health ministries to align their laws with the Maputo Protocol.¹⁷



Second, governments should adopt and disseminate guidelines for providing safe and comprehensive abortion services, and ensure providers have the skills, resources, and support to provide services safely. The World Health Organization has published evidence-based standards and guidelines for providing comprehensive abortion care that have been adopted around the world.



A third critical area of action is to promote widespread access to family planning information, counseling, and a full range of effective contraceptive methods to enable women to plan and space their pregnancies at a time that is right for them and their families. Increasing access to family planning is particularly important as African couples today want smaller families than their parents had.



Making abortion safe for all women and girls who need it is feasible, cost-effective, and compassionate.

By ensuring that all women and couples can make a safe decision that prioritizes their health, family needs, and personal goals, we take a bold step forward in increasing equity and achieving African development goals.

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