

**COMMUNIQUE FROM THE
“ACTION TO REDUCE MATERNAL MORTALITY IN AFRICA”
REGIONAL CONSULTATION ON UNSAFE ABORTION**

**March 5 – 7, 2003
Addis Ababa, Ethiopia**

Background and Preamble

We, the 112 participants of “Action to Reduce Maternal Mortality in Africa: A Regional Consultation on Unsafe Abortion,” which took place March 5 – 7, 2003, in Addis Ababa, Ethiopia, represent a cross section of African Ministers of Health, parliamentarians, directors of health services, heads of reproductive-health units, heads of academic institutions, youth activists, national and regional women’s groups, national networks engaged in promoting women’s health, nongovernmental organisations, religious organisations, professional organisations such as obstetrician-gynaecologists and nurse-midwives, lawyers, sociologists and media practitioners.¹

During the three-day consultation, we reviewed numerous dimensions of the public-health challenge of unsafe abortion, including the sociocultural, legal and policy context in which it occurs. Recognising that abortion has always occurred and will continue to occur in all cultures, we focused on the need to make it safe in order to reduce related deaths and injuries of women. We examined laws, policies and international commitments influencing access to safe abortion in Africa; health-care providers’ and public and private health systems’ roles in meeting women’s needs for safe abortion; and strategies for creating an enabling environment that supports women’s right to safe abortion and related services.

Based on our own experiences and on presentations and discussions during the consultation, we note with alarm that maternal mortality rates remain unacceptably high and that unsafe abortion accounts for an average of 12 percent of maternal deaths on the African continent. At the national level, experts estimate that unsafe abortion contributes in the range of 10-50 percent of maternal deaths in African countries. Of the 68,000 deaths from complications of unsafe abortion worldwide, 30,000 – or nearly half – are in sub-Saharan Africa. In addition to the shocking number of African women whose lives are lost each year, unsafe abortion causes thousands more women to suffer serious illnesses and injuries and renders many infertile. These deaths and injuries are preventable, since safe and effective technologies for contraception, pregnancy termination and postabortion care are available but underutilized. We also know that deaths and injuries from unsafe abortion disproportionately affect adolescents, poor and other marginalised groups of women, depriving Africa of a valuable human resource.

We recognise that, worldwide, restrictive abortion laws and lack of safe abortion services are the major factors contributing to the disproportionately high mortality of women from unsafe abortion. Most African countries operate under archaic laws related to abortion that were imposed by former colonial powers and have long since been changed in those countries. In most countries where abortion laws are liberalised, there are almost no deaths from unsafe abortions. We note that legislation in most African countries legally permits abortion in limited circumstances – such as in cases of rape, incest or to save a woman’s life – but that the majority of women and health-care providers remain uninformed of their legal rights and obligations. We further recognise that many of the root causes of unsafe abortion – including African women’s lack of access to comprehensive reproductive-health information and services to prevent unwanted pregnancy, and lack of decision-making power related to sex and reproduction – are the same as those underlying the HIV/AIDS pandemic.

We note also that all African countries have signed the Programme of Action of the International Conference on Population and Development, the Platform for Action of the Fourth World Conference on Women and other international agreements, compliance with which requires addressing the public-health problem of unsafe abortion, including by making safe abortion available to the full extent of local law.

We stress that unsafe abortion has significant economic implications, including enormous costs to African health systems associated with managing its complications. Until women can make their own reproductive choices safely, poverty alleviation and economic development cannot be achieved. Policies of Northern governments and international financial institutions such as health-sector reform, debt restructuring and structural adjustment severely constrain health and social spending by African governments and require revisiting.

Commitments and Recommendations

Thus, we the participants commit ourselves to:

- Formulate specific strategies to educate and engage all stakeholders in advocacy to reduce the incidence and impact of unsafe abortion;
- Work more effectively within existing legislation and health systems to ensure that high-quality, comprehensive reproductive-health care is universally available, with special attention to reaching and responding to the needs of especially vulnerable populations.

We the participants call on African governments to:

- Include specific and increased funding for reproductive health and to address unsafe abortion in national and health-system budgets;
- Advocate for specific attention to reproductive health and unsafe abortion in programs to achieve the Millennium Development Goals, notably with regard to objectives specified in Goal 5, “Improve Maternal Health;”
- Initiate reviews of existing and in many cases outdated laws criminalising abortion, in line with specific commitments under international agreements.

Additionally, we the participants call on multilateral and bilateral donor agencies, headquarters and regional country offices of international technical support agencies, and the global community to:

- Direct more resources to preventing unsafe abortion and to making safe legal abortion available to the full extent of the law;
- Provide the necessary leadership in addressing issues of unsafe abortion especially in the dissemination and implementation of technical and policy guidance for safe abortion in Africa.

Finally, we the participants vehemently oppose the Global Gag Rule that was reinstated in January 2001 by U.S. President George W. Bush and which clearly impedes efforts to reduce unsafe abortion. We call on African governments and the global community to be accountable to their citizens and other stakeholders by opposing it.

In conclusion, participants in the “Action to Reduce Maternal Mortality in Africa” consultation reaffirm our commitment to doing whatever is within our power at the national, regional and local levels to halt the needless deaths and injuries of African women and girls from unsafe abortion. We do this not only in the interest of the girls, women, families and communities affected by unsafe abortion today, but also for Africa’s future.

ⁱ Cosponsors of the consultation were the Amanitare African Partnership for Sexual and Reproductive Health and Rights of Women and Girls, the Centre for Gender and Development of the Economic Commission of Africa, the Commonwealth Regional Health Community Secretariat, the Ipas Africa Alliance for Women’s Reproductive Health and Rights, the Regional Prevention of Maternal Mortality Network and the UNFPA Country Support Team for East and Central Africa. Representatives of multilateral and bilateral donor and technical-support agencies also attended. Neither cosponsorship nor representation at the consultation implies endorsement by these organizations of the contents of this communiqué.