



# UNSAFE ABORTION

**“All Governments and relevant intergovernmental and non-governmental organisations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services . . . In all cases, women should have access to quality services for the management of complications arising from abortion.” -International Conference on Population and Development (ICPD) Programme of Action<sup>1</sup>**

Unsafe abortion is the source of between 65,000 and 70,000 deaths annually. Almost all of these occur in the developing world, where most humanitarian emergencies take place.<sup>2</sup> All women and girls, including those displaced by emergencies, must have access to life-saving post-abortion care (PAC).

The World Health Organization (WHO) defines abortion as unsafe when performed by “persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.”<sup>3</sup> Unsafe abortions may be induced by means including the insertion of sticks, bleach, or sharp objects into the uterus; drinking poisonous substances; or severe pelvic pummeling.

The international community recognized the pressing need to address unsafe

abortion at the 1994 International Conference on Population and Development (ICPD) in Cairo.<sup>4</sup> Subsequently, the United Nations (UN) 2005 World Summit named unsafe abortion as a major contributing factor to persistent high levels of maternal mortality.<sup>5</sup> The detrimental role of unsafe abortion in women’s health in sub-Saharan Africa—the region of the world that experiences the greatest concentration of humanitarian crises—has also been well recognized by African Ministers of Health.<sup>6</sup>

For refugees and internally displaced persons (IDPs), many factors contribute to unplanned and unintended pregnancies, unsafe abortions and related health risks among women and girls.

**These factors may include:**

- ❖ Lack of family planning and knowledge about family planning methods

- ❖ The use of rape as a weapon of war and a method of ethnic cleansing during conflict
- ❖ The tendency for women who have become pregnant from rape to be shunned by their husbands and communities
- ❖ The restricted nature of abortion in many societies
- ❖ Lack of PAC, which puts women and girls at risk of death from infection, severe bleeding, and other serious, permanent injuries and disabilities
- ❖ Lack of awareness of, and access to, quality services among women and girls who need them

Refugee and IDP women and girls are entitled to safe, accessible PAC, provided with sensitivity and respect. But general lack of access to PAC in emergencies means that women and girls who experience unsafe abortions often die in terrible pain, from infections and injuries that are entirely treatable when appropriate supplies, resources, and staff are available.

PAC must be viewed as a lifesaving intervention and a crucial part of reproductive health (RH) and overall health services in humanitarian settings.

## Lack of access to PAC in emergencies means that women and girls die in terrible pain, from infections and injuries that are entirely treatable.

### Priorities for Action

PAC is necessary to reduce instances of death and suffering from the complications of unsafe abortion.<sup>7</sup>

The elements of PAC are:

- ❖ Emergency management of incomplete abortion and potentially life-threatening complications, provided in a timely manner
- ❖ Post-abortion family planning counseling and services
- ❖ Making links between PAC and other RH care, such as family planning<sup>8</sup>

In settings where abortion is safe and legal, refugee and IDP women should have access to this service.

### Recommendations

- ❖ UN and humanitarian agencies should include PAC as part of health care provision in emergency settings
- ❖ UN and humanitarian agencies should make family planning methods available in emergencies in order to reduce unwanted pregnancies and unsafe abortions
- ❖ PAC supplies, equipment, and services must be treated as a crucial component of RH care in emergencies
- ❖ The UN humanitarian coordination system—including Flash Appeals<sup>9</sup> and the Consolidated Appeals Process (CAP)<sup>10</sup>—should ensure that PAC services are available and accessible in humanitarian settings
- ❖ Donors should recognize PAC as an integral part of RH, including in emergencies

### Facts and Figures

- ❖ Almost 20 million unsafe abortions take place each year; over 98% occur in the world's poorest countries<sup>11</sup>
- ❖ The WHO estimates that between 65,000 and 80,000 maternal deaths (approximately 13% of all such deaths) each year are caused by unsafe abortions;<sup>12</sup> these deaths create orphans and further disrupt families and communities already made fragile by emergencies
- ❖ The UN Population Fund (UNFPA) estimates that 25–50% of maternal deaths in refugee settings are due to complications of unsafe abortion<sup>13</sup>
- ❖ The 2006 Maputo Plan of Action, endorsed by the African Union Heads of State, noted “the need to address unsafe abortion as one of the overarching goals”<sup>14</sup>

### CASE STUDY:

#### Addressing Unsafe Abortion in Uganda

The armed conflict in northern Uganda, which has continued for over 20 years, has created a large number of IDPs, with recent reports estimating the current number to be 710,000.<sup>15</sup>

Access to medical services is limited, meaning that women have little access to RH services including family planning, and PAC has not been addressed by humanitarian agencies as part of basic health care needs, despite its potential to save lives. When women suffer complications from unsafe abortions, they risk death and permanent disability from sepsis, hemorrhage, and other factors. If care is not immediately available or accessible, the situation quickly grows worse: without treatment, many of the complications of unsafe abortion can kill within days or even hours.

The RAISE Initiative works with Marie Stopes Uganda in four districts of northern Uganda to provide a range of crucial RH services, including PAC, for displaced women, with plans to expand outreach services in cooperation with other humanitarian aid providers in the coming months and years.

<sup>1</sup> UNFPA (1994). “International Conference on Population and Development Programme of Action.” <http://www.unfpa.org/publications/detail.cfm?ID=275>

<sup>2</sup> WHO (2007). “Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003. Fifth edition.” (Geneva) [http://www.who.int/reproductive-health/publications/unsafeabortion\\_2003/ua\\_estimates03.pdf](http://www.who.int/reproductive-health/publications/unsafeabortion_2003/ua_estimates03.pdf)

<sup>3</sup> WHO. “Preventing unsafe abortion.” [http://www.who.int/reproductive-health/unsafe\\_abortion/index.html](http://www.who.int/reproductive-health/unsafe_abortion/index.html)

<sup>4</sup> UNFPA (1994). “International Conference on Population and Development Programme of Action.” <http://www.unfpa.org/publications/detail.cfm?ID=275>

<sup>5</sup> UN (2005). “Now is the Time for Action: Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa.” (Statement by Thoraya Ahmed Obaid, Executive Director and United Nations Under-Secretary-General, UNFPA) <http://www.unfpa.org/public/News/pid/145>

<sup>6</sup> African Union (2006). “Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights: 2007-2010.” (Addis Ababa) [http://www.unfpa.org/africa/newdocs/maputo\\_eng.pdf](http://www.unfpa.org/africa/newdocs/maputo_eng.pdf)

<sup>7</sup> UNFPA (1999). “Reproductive Health in Refugee Situations: An Inter-agency Field Manual.” (Geneva) <http://www.unfpa.org/emergencies/manual/>

<sup>8</sup> Ibid.

<sup>9</sup> The Flash Appeal is a tool for structuring a coordinated humanitarian response, and coordinating fundraising among participating Inter Agency Standing Committee organizations for the first three to six months of an emergency.

<sup>10</sup> The Consolidated Appeals Process (CAP) is a tool used by aid organizations, including the United Nations and other stakeholders, to plan, coordinate, fund, implement and monitor their activities in response to an acute humanitarian need caused by a conflict or a natural disaster.

<sup>11</sup> WHO (2007). “Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003. Fifth edition.” (Geneva). [http://www.who.int/reproductive-health/publications/unsafeabortion\\_2003/ua\\_estimates03.pdf](http://www.who.int/reproductive-health/publications/unsafeabortion_2003/ua_estimates03.pdf)

<sup>12</sup> Ibid.

<sup>13</sup> UNFPA (1999). “Reproductive health for refugees and displaced persons.” (New York: UNFPA)

<sup>14</sup> African Union (2006). “Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights: 2007-2010.” (Addis Ababa) [http://www.unfpa.org/africa/newdocs/maputo\\_eng.pdf](http://www.unfpa.org/africa/newdocs/maputo_eng.pdf)

<sup>15</sup> Internal Displacement Monitoring Centre (2009). “710,000 IDPs in northern Uganda.” [http://www.internal-displacement.org/idmc/website/countries.nsf/\(httpEnvelopes\)/2439C2AC21E16365C125719C004177C?OpenDocument](http://www.internal-displacement.org/idmc/website/countries.nsf/(httpEnvelopes)/2439C2AC21E16365C125719C004177C?OpenDocument)