

Applying the Maputo Protocol Can Reduce Unsafe Abortions

What Is the Maputo Protocol?

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (commonly known as the Maputo Protocol) was adopted in 2003 by the African Union to uphold equal rights for girls and women. Along with provisions related to women's economic and political empowerment, and health and well-being, the Maputo Protocol is the first pan-African treaty to explicitly recognize abortion as a human right, under specific circumstances:

- Sexual assault.
- Rape.
- Incest.
- Life-threatening fetal anomalies.
- When the continued pregnancy **endangers** the woman's **mental** and **physical health** or her **life**.

Article 14: Health and Reproductive Rights (2)(c).

States Parties shall take all appropriate measures to: protect the reproductive rights of women by authorising 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.

– "Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa" (Maputo: African Union, 2003).

Why Is Unsafe Abortion a Concern?

Globally, unsafe abortions account for about **1 in 7** deaths related to pregnancy and childbirth.¹ This problem is exacerbated in Africa, which has the most maternal deaths of any region. Annually, at least 6 million women in Africa end their pregnancies unsafely.²

If women have access to legal abortions, the safety of the procedure improves and maternal deaths decline. More than **9 out of 10** African women of reproductive age live in countries with restrictive abortion laws.³ **Only 1 in 4 abortions** in Africa are performed safely—by a qualified medical provider in an environment that meets minimum medical standards.⁴

Restricting abortion does not stop it from occurring but does increase the likelihood of women **resorting to unsafe—and potentially life-threatening—methods**. Where abortion is legally permitted, it is not necessarily more frequent, but it is much safer.

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In South Africa, where an expanded abortion law went into effect in 1997, the number of women who died from abortion complications declined by 90% over a seven-year period.⁵

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How Many Countries Have Signed the Maputo Protocol?

Fifty-two African countries have signed or ratified the Maputo Protocol, but **six of them** have contradictory laws that do not permit abortion under any circumstances.⁶ In another **28 countries**, abortion is permitted under some circumstances but not all those listed in the Maputo Protocol.⁷

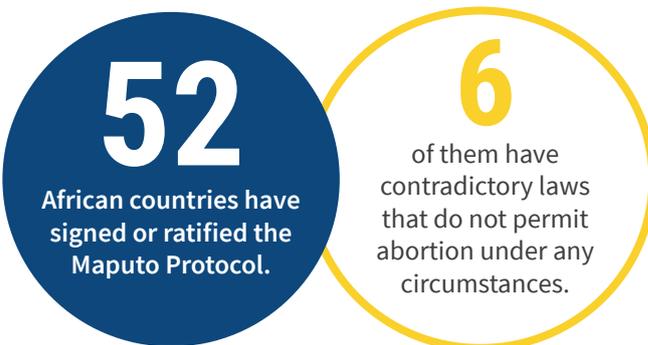
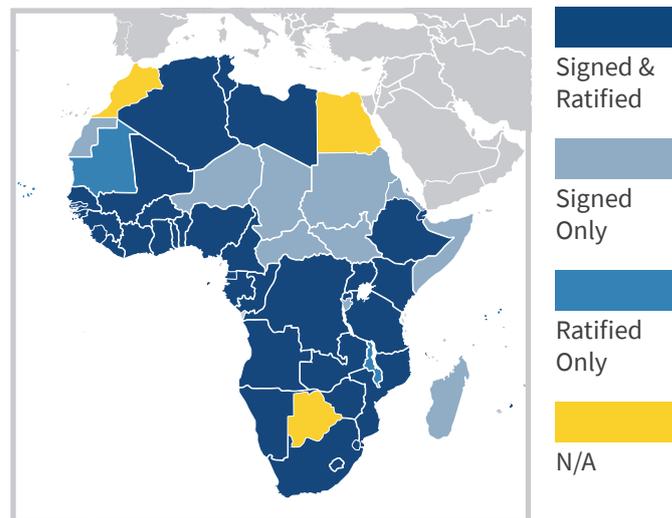
Countries Face Challenges Implementing the Maputo Protocol

Among those countries that have ratified the Maputo Protocol, women still face challenges accessing safe abortions due to:⁸

- Failure to integrate Maputo Protocol language into national laws.
- Inconsistent interpretation and implementation of national legal frameworks by the judiciary and health care systems.
- Stigma and misinformation about abortion.

The African Union provides guidance that can help parliamentarians align their laws with the Maputo Protocol and help health ministries interpret and implement existing abortion laws so that fewer women resort to clandestine and dangerous procedures.⁹

Status of Maputo Protocol Ratification



How Can Governments Expand Access to Safe Abortion?

- » **Harmonize all laws** to be in accordance with Article 14(2)(c) where the Maputo Protocol has been signed and ratified.
- » **Train judges, lawyers, and law enforcement officials** to understand the legal framework and allow abortion to the fullest extent of the law; judicial experts can facilitate harmonizing national legal frameworks with the Maputo Protocol.
- » **Train and support health professionals** to provide safe abortion services within the full scope of the law.
- » **Ensure that women have access** to safe, legal procedures, free from shame and stigma.

References

1. Nicholas J. Kassebaum et al., "Global, Regional, and National Levels and Causes of Maternal Mortality During 1990-2013: A Systematic Analysis for the Global Burden of Disease Study 2013," *Lancet* 384, no. 9947 (2014).
2. Bela Ganatra et al. "Global, Regional, and Subregional Classification of Abortions by Safety, 2010-14: Estimates From a Bayesian Hierarchical Model," *Lancet* 390, no. 10110 (2017).
3. Guttmacher Institute, "Abortion in Africa," Fact Sheet, (March 2018), accessed at www.guttmacher.org/fact-sheet/abortion-africa, on Sept. 24, 2018.
4. Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (New York: Guttmacher Institute, 2018); and World Health Organization (WHO), *Safe Abortion: Technical and Policy Guidance for Health Systems, Second Edition* (Geneva: WHO, 2012).
5. Rachel Jewkes et al., "The Impact of Age on the Epidemiology of Incomplete Abortion in South Africa After Legislative Change," *BJOG* 112 (2005): 355-59.
6. African Union, "Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa," accessed at <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>, on Oct. 31, 2019; and Center for Reproductive Rights, "The World's Abortion Laws," accessed at <https://reproductiverights.org/worldabortionlaws>, on Nov. 20, 2019.
7. Singh et al., *Abortion Worldwide 2017*; and Center for Reproductive Rights, "The World's Abortion Laws."
8. Singh et al., *Abortion Worldwide 2017*.
9. African Union, *Interpreting and Implementing Existing Abortion Laws in Africa* (Nairobi: Ipas Africa Alliance for Women's Reproductive Health and Rights and the African Union Commission, 2013).

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