LINKING RESEARCH TO ACTION TO REDUCE UNSAFE ABORTION IN SUB-SAHARAN AFRICA

Report of a Regional Consultation held in Addis Ababa, Ethiopia, 20-23 March, 2006

May 2006

Co-organizers:

Ipas
Guttmacher Institute
Women's Health and Action Research Centre, Nigeria
Reproductive Health and HIV Research Unit, Univ. of Witwatersrand, South Africa
African Population and Health Research Center, Kenya
Ethiopian Society of Obstetricians & Gynecologists, Ethiopia

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I. Introduction

Unsafe abortion persists as a major public health problem in Sub-Saharan Africa. Tens of millions of African women will experience an unsafe abortion in their lifetimes. Especially if they are poor and young, many will suffer serious injuries, lifelong disabilities, or death. The World Health Organization estimates that 30,000 African women die each year as a result of unsafe abortions. Virtually all these deaths can be prevented and complications treated with simple, inexpensive medical technologies. Better access to comprehensive reproductive health care—including contraception and emergency contraception to prevent unwanted pregnancies, safe abortion and postabortion care—is essential if African countries are to achieve the Millennium Development Goal of a 75% reduction in maternal mortality by 2015.

The regional consultation on "Linking Research to Action to Reduce Unsafe Abortion in Sub-Saharan Africa" was convened in Addis Ababa, Ethiopia, March 20-23, 2006, at the United Nations Conference Center. The meeting brought together researchers, healthcare providers, policymakers and advocates who are in a position to recommend the evidence needed to mobilize support for new policies and programs to reduce unsafe abortion. The specific objectives of the conference were to:

- Review key findings of recent abortion research in Sub-Saharan Africa and their policy and program implications;
- Identify gaps in knowledge and research priorities for the future in support of evidence-based policies and programs; and
- Form a network of policy-oriented researchers prepared to move forward on a common research agenda.

The co-organizers were Ipas, Guttmacher Institute, Women's Health and Action Research Centre (Nigeria), Reproductive Health and HIV Research Unit of the University of Witwatersrand (South Africa), African Population and Health Research Center (Kenya) and the Ethiopian Society of Obstetricians & Gynecologists. The co-organizers plan to form a Consortium for Research on Unsafe Abortion to develop collaborative projects in line with priorities set during the meeting and to carry forward the agenda for research and action defined in the conference consensus statement (Annex 1).

In addition to the co-organizing institutions listed above, several regional reproductive health program and advocacy organizations served as co-sponsors for the meeting and brought a policy perspective to the discussions: the West African Health Organization (WAHO); the East, Central and Southern African Health Community (ECSA); the African Women's Development and Communications Network (FEMNET); the Africa Regional Office of the International Planned Parenthood Federation (IPPFAR); and the African Network for Research and Training in Reproductive Health (REPRONET).

Participants attended from the following African countries: Burkina Faso, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nigeria, Senegal, South Africa, Tanzania, Uganda,

Zambia, and Zimbabwe. See Annex 2 for the complete list of participants. Among the participants representing health ministries were the Honorable Chilufya Kazenene, the Deputy Minister of Health for Zambia; Prof. Agyeman Badu Akosa, the head of the Ghana Health Services for the Ministry of Health; the Honorable Dr. Enoch Kibunguchy, Assistant Minister for Health and MP from Kenya; and Dr. E.T. Mabiza, the Permanent Secretary of Health for Zimbabwe.

International non-governmental organizations (NGOs) and others were also represented, including Gynuity, Ibis Reproductive Health, the Karolinska Institute, Marie Stopes International, Pathfinder International, Planned Parenthood Federation of America-International (PPFA-I), the Regional Prevention of Maternal Mortality Network (RPMMN), and Reproductive Health Matters. Representatives were also present from donor organizations and international agencies, including WHO, UNFPA, DFID, the Netherlands Ministry of Foreign Affairs, Sida, and the Hewlett Foundation.

In addition, the Population Reference Bureau sponsored 10 African journalists (4 from Ghana, 3 from Nigeria, 2 from Kenya and 1 from Malawi), previously trained to cover reproductive health issues and sensitized to the issue of unsafe abortion in Africa, to attend. They filed several articles that appeared on-line or in regional newspapers (see Annex 4 for a selection).

Prof. Fred Sai of Ghana served as Conference Chair.

The conference agenda is attached as Annex 3. Background materials for the conference distributed to all participants included four CD-ROMs, the first two of which are available on the CEPED website: http://ceped.cirad.fr/avortement

1) Agnes Guillaume, *Literature on Unsafe Abortion in Africa, 1990-2005*, CEPED, Paris, 2006.
2) Agnes Guillaume & William Molmy, *Abortion in Africa – A Review of Literature from the 1990s to the Present Day*, CEPED, Paris, 2004.
3) Ipas, *Research and Policy Resources*
4) Guttmacher Institute *Resources*

The conference also featured a poster session that included 22 posters representing research from 11 different countries, 9 organizations, and spanning incidence/magnitude studies, qualitative research, and health services research. See the agenda in Annex 3 for a complete list.

A special highlight of the conference was the official release of a volume entitled *Preventing Unsafe Abortion and Its Consequences: Priorities for Research and Action,* edited by Ina K. Warriner and Iqbal H. Shah of the World Health Organization. The book, published by the Guttmacher Institute, contains papers originally prepared for a WHO meeting in August 2000 and updated for this publication.

Following the closing plenary session, a press conference was held by Amb. Dr. Eunice Brookman-Amissah, Dr. Sharon Camp, Prof. Fred Sai, and Dr. Solomon Kumbi, President of the Ethiopian Society of Obstetricians and Gynecologists.

The following donors are acknowledged for generous contributions that made this consultation possible: The United Kingdom Department for International Development, the John D. Rockefeller Foundation, the David and Lucile Packard Foundation, the KL Felicitas Foundation, the Swedish International Development Cooperation Agency, the Ministry of Foreign Affairs of Finland, the Ministry of Foreign Affairs of the Netherlands, the William and Flora Hewlett Foundation, and an anonymous donor.

II. Opening ceremonies

The consultation was opened on Monday evening with welcoming remarks from Amb. Dr. Eunice Brookman-Amissah, Vice President of Ipas for Africa, Dr. Sharon Camp, President and CEO of the Guttmacher Institute, and Prof. Fred Sai. Dr. Roland (Eddie) Mhlanga, Professor at the Nelson R. Mandela School of Medicine in Durban, South Africa, presented the keynote speech. He emphasized that deaths from unsafe abortion are preventable, that we need to respect women who choose to terminate their pregnancies, improve the methods used, and allow nurses and midwives to provide services. He affirmed that women are the hope of Africa and the world.

Prior to the substantive plenaries and discussions on Tuesday, Ms. Saba Kidanemariam, Country Director, Ipas Ethiopia, introduced the Minister of Health of Ethiopia, Dr. Tedros Adhanom. Ms. Kidanemariam stressed the importance of African governments fulfilling their obligations to protect women's lives and drew attention to revisions in Ethiopian law expanding the legal indications for abortion.

The Minister of Health then welcomed the participants and provided further background on abortion law reform in Ethiopia. Dr. Adhanom anticipates that the guidelines for implementing the law will be launched soon and emphasized the commitment of the government of Ethiopia to the Millennium Development Goals. He affirmed the value he places on research to find high-quality, cost-effective solutions and referred to the community-based health service research from Navrongo, Ghana, remarking that he was glad to meet the Conference Chair, Prof. Fred Sai.

III. Plenary sessions

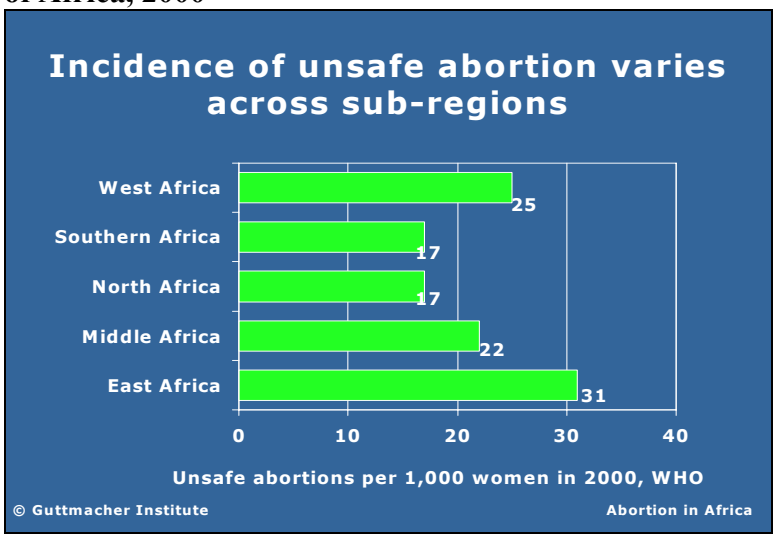
What do we know about unsafe abortion in sub-Saharan Africa?

Speakers:

Dr. Susheela Singh, Vice President for Research, Guttmacher Institute
"Key findings and gaps in evidence on unsafe abortion in Africa"

Dr. Susheela Singh began the 3-day meeting with an overview of the legal status and magnitude of abortion in Africa, its consequences, the conditions of abortion provision, and research gaps and priorities. Over half the people of Africa live where abortion is very legally restricted and the incidence of unsafe abortion varies across the continent.

Figure 1: Incidence of unsafe abortion across regions of Africa, 2000



Dr. Singh identified the following research gaps/issues that need to be addressed:

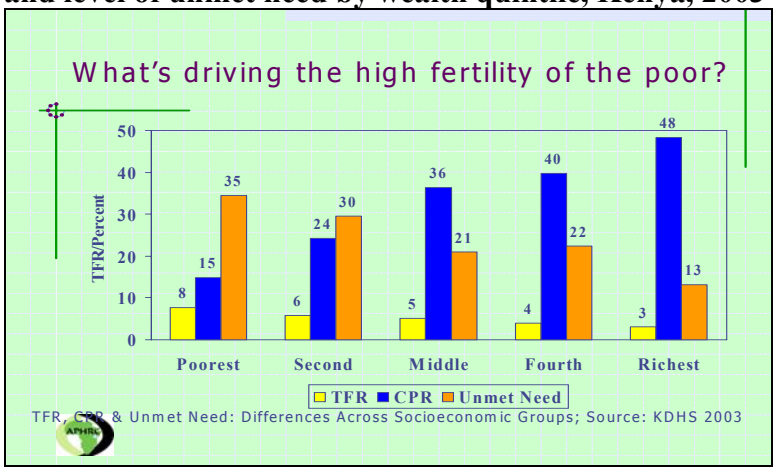
- Continuation of provision of regional estimates
- Documentation of incidence of abortion at the country level
- Improvement and standardization of methodologies
- Measurement of impact of changes in abortion law
- More community-based research
- Assess impact of unsafe abortion on special subgroups (i.e. young, poor, rural, HIV+ women)
- Improve evidence base of health and social consequences of unsafe abortion
- Further study of social and economic impact of unsafe abortion

She closed by urging everyone present to identify the top research and advocacy priorities in their respective countries/region, to strategize on how to actively involve policy-makers, providers and advocates and to plan for more effectively communicating existing and future research evidence to a wider audience.

Dr. Alex Ezeh, Executive Director, APHRC
"Key findings and gaps in evidence on unwanted pregnancy, contraception and links to abortion in Africa"

Dr. Ezeh presented a regional overview of the magnitude of unwanted childbearing and levels of unwanted pregnancy, the unmet need for family planning and the widening gap in total fertility rates between the rich and poor across Sub-Saharan Africa.

Figure 2: Total fertility rate, contraceptive prevalence rate and level of unmet need by wealth quintile, Kenya, 2003



Dr. Ezeh highlighted the following gaps in research on these issues:

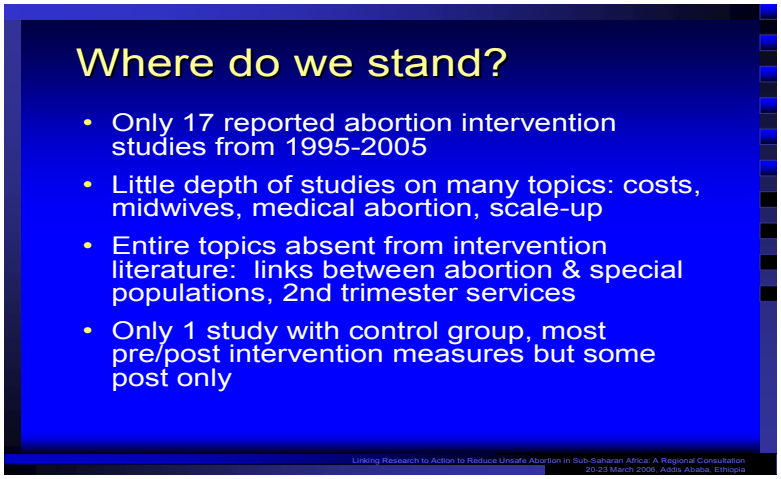
- More accurate measures of unwanted pregnancy (not just births), possibly through community-based studies
- The relationship between pregnancy intentions and contraceptive use
- The characteristics associated with women having unwanted pregnancies that end in abortion
- Why many women fail to implement their fertility desires

How can research contribute to improving women's access to safe abortion and related reproductive health care?

Speakers: Dr. Janie Benson, Vice President, Research and Evaluation, Ipas
"Responding to unsafe abortion in Africa: What have we learned from intervention research?"

Dr. Janie Benson addressed the relevance of intervention research (also called operations research or health systems research) to abortion in Sub-Saharan Africa, highlighting some of the major research findings and gaps related to postabortion care (PAC) service quality, postabortion contraceptive services, midlevel providers for abortion care and postabortion care, cost of elective abortion services to national health services and women, community-focused interventions, and scale-up of elective abortion and PAC services.

Figure 3: Status of intervention research on abortion in sub-Saharan Africa

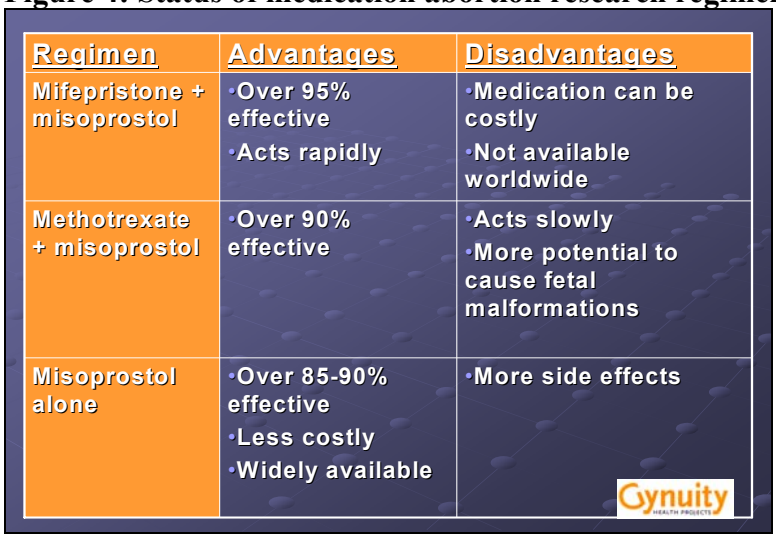


In addition, she emphasized the need for further research in the increasingly critical areas of provision of abortion services to adolescents and HIV+ women, medical abortion, second-trimester abortion, and postabortion care.

Ms. Ayisha Diop, Regional Program Coordinator, Gynuity Health Projects
"Medical methods for termination of pregnancy"

Ms. Diop presented the various drugs (mifepristone, misoprostol, methotrexate) currently used for medication abortion and discussed treatment regimens and potential side-effects. She also reviewed existing clinical trial data and intervention research, both in Africa and elsewhere.

Figure 4: Status of medication abortion research regimens



Ms. Diop identified the following research gaps in the area of medication abortion:

- Further studies on the role of midlevel providers in medication abortion
- Advocacy strategies for integrating misoprostol into postabortion care and to treat post-partum hemorrhage
- Efficacy of medication abortion in the second trimester
- Cost of medication abortion vs. manual vacuum aspiration for treating complications from unsafe abortion

IV. Breakout sessions

Below are highlights from presentations and discussions in the breakout sessions, focusing on research priorities identified by participants. See the conference agenda (Annex 3) for information on the moderators and presenters in each of these sessions.

How can we better measure and communicate the health consequences of unsafe abortion?

In order to better measure and communicate health consequences, the group concurred that local participation by the community was of utmost importance. Furthermore, a successful outcome would be facilitated by choosing the right time (i.e. before elections, after sensitization, with good data) to communicate certain messages and advocate for policy change, as well as by direct contact with stakeholders and parliamentarians. Graphic consequences (i.e., visual images, women's voices/stories), as well as simple, easy-to-understand data from case series could strengthen the arguments.

Key research priorities identified included:

- Methodologically-sound hospital-based studies that focus on magnitude of health consequences both within the health system and outside, especially among poor women in rural areas
- Community-based research on the problem of unsafe abortion, particularly as it affects rural, poor women, involving community members
- Quantitative and qualitative research on the determinants of unsafe abortion
- Operations research to assess costs of different interventions, categories of providers (including midlevel) and procedures for managing complications and for providing safe abortion services
- Availability, capacity of health systems and willingness of providers to provide high quality post abortion services
- Qualitative research that brings out the real stories of women who have unsafe abortion
- Intervention research that involves the community where the intervention is being carried out

What are the social consequences of abortion for women, their families, providers and the larger community?

Issues to consider in order to better understand the social consequences of abortion for women and their larger communities included stigma, the legal context, and the negative social costs and consequences of carrying a pregnancy to term.

Key areas for further research are:

- The impact on the children of a mother who dies of an unsafe abortion
- The motivations for seeking/providing safe/unsafe abortions
- Further study of the effects of social inequalities on access to safe abortion
- Infertility as a consequence of unsafe abortion

What are the economic consequences of abortion for women, their families and the larger community?

Various methodologies (i.e., estimating costs to the health care system, rapid assessments/time-motion studies and national estimates using "bottom-up" approaches with modeling and detailed input costs) were discussed, as well as their comparative advantages/disadvantages. Little research has been done in this area so the research needs/gaps were great. They included:

- More morbidity studies using the severity of complications typology from South African research
- Promotion of "bottom up" studies using modeling
- More studies on incidence rates of secondary fertility due to unsafe abortion
- Research on short- and long-term disability focused on productivity loss and patterns of disability over time due to unsafe abortion
- Costs to individuals/families/households as a basis for human-rights arguments
- National incidence measures
- Operations research on different interventions and types of services
- Need for standardized morbidity measures

What are the causes of unintended pregnancy and unsafe abortion and what is the role of contraception and other preventive approaches?

The main causes of unintended pregnancy and unsafe abortion mentioned by the group included ignorance and poverty, low contraceptive use and substantial unmet need (due to use of traditional methods, lack of access to modern methods), and social opposition (for example, the belief that providing contraception to women or adolescents fosters sexual promiscuity and earlier sexual initiation).

Key research gaps/issues identified were:

- Better methodological tools to measure unintended pregnancy and incidence of unsafe abortion
- Characteristics of women who have unintended pregnancy and unsafe abortion
- How women conceptualize unintended pregnancy and contraception vs. abortion
- Why women who need contraception to prevent unwanted pregnancy do not use methods
- The main reasons for discontinuing a contraceptive method
- The roles of men in preventing unwanted pregnancy
- Cost of contraceptive services vs. cost of safe abortion services (vs. cost of *unsaf*e services)
- How to improve sexual and reproductive health education for out-of-school youth and women

Does research on abortion influence policy reforms? Experiences from South Africa, Ethiopia and Kenya

Research matters to law reform and policymakers because it can document the extent of the problem and consequences. Examples from the panelists as well as other countries represented by those in attendance demonstrated that political leadership, champions of research as well as demand-driven research are critical in this process. Important research questions to pursue further included:

- The magnitude of unsafe abortion at local/national levels (need to demonstrate extent of unsafe abortion and morbidities for own country)
- Health consequences, especially the inequities in who is affected (rural, young, poor)
- Cost implications for the health system (because social and economic consequences to women alone are seen as not persuasive enough to policy-makers).

How can research improve access to safe abortion care? Experiences from Ghana, Mozambique, and Zambia

Dr. Akosa pointed out that research was fundamental to health care delivery and that the Ghanaian government has allocated 2% of the national health budget to that end, consistent with recent recommendations from African health ministers. Health systems research was considered essential, including further study of who provides safe abortion services, the attitudes of health workers and the social stigma/confidentiality issues that affect access, and the additional types of health professionals who can be involved in order to expand access to safe services. The role of the researcher was discussed, with debate ensuing as to whether his/her role is continuous and critical to the dissemination and advocacy process, or whether there are other messengers who can communicate better with the public and policymakers.

Reaching women with safe abortion care in their communities

Reaching women with safe abortion care in their communities requires research/action around access, quality, affordability, acceptability, and the creation of a normative environment in which to speak freely about abortion/sexuality. Potential areas for research included:

- Community-based, qualitative research (with attention to near-misses, stigma, fears about disclosure, the ethics of using bio-markers for pregnant women, and the relative costs and benefits of targeted vs. community-based research that includes voices of families affected)
- The question of whether stigma can be reduced without decriminalization of abortion
- Inclusion of abortion in IEC for special populations (HIV+ women, drug dealers) and in pre-service training/curricula
- The question of whether it is better to find new language for abortion or try to normalize existing language
- Supply-side research on how to integrate and improve the quality of services, and thereby increase access and reduce stigma

The role and potential of midlevel practitioners

In this lively session, participants discussed the need for law reform and national guidelines/policies that allow midlevel providers to be trained and to deliver safe abortion services. In-service training and intensive IEC were also highlighted. Provocative study findings from South Africa, comparing the safety and satisfaction of first-trimester abortions performed by doctors and midlevel providers using manual vacuum aspiration, were also presented and discussed. Key research gaps/issues identified by this group included:

- How to strengthen the referral system to increase access to safe abortion care
- The need to better understand providers' perceptions about abortion care and quality (e.g., the role of religion in Ghana) in order to reduce barriers and expand access to comprehensive abortion care
- Replication of the South Africa study in other countries/settings
- Comparative safety of non-surgical vs. surgical abortion procedures performed by midlevel providers

Incorporating MVA and medical abortion technologies into service delivery

Demonstration research was considered a key step in introducing the new medical abortion technology. The need for coordinated efforts to design the research and plan for the relevant training inputs, particularly in low-resource service delivery settings was also noted. Both MVA and medical abortion should be included in pre-service training

curricula. Medical abortion can play a key role in second-trimester services. Important research gaps/issues identified in this session included:

- Relative costs of abortion services (medical abortion vs. manual vacuum aspiration)
- Training inputs required for medical abortion and manual vacuum aspiration to be effective, sustainable, safe and of good quality (in low-resource settings, in refugee/displaced people settings, with special populations)
- Operations research on medical abortion at the primary care level (with attention to what constitutes adequate distance to back-up surgical services)
- Comparative efficacy/acceptability studies looking at MVA with misoprostol, MVA-only, and misoprostol-only regimens
- Community-level research on perceptions of women about relative merits of medical abortion vs. manual vacuum aspiration

Reducing unsafe abortion and its consequences among adolescents

Discussion in this breakout group focused on a rights-based approach to develop and implement effective sexuality education programs to prevent unwanted pregnancy and unsafe abortions among adolescents. Involvement of parents, teachers, pharmacists/chemists, providers as well as traditional/religious leaders was seen as critical to success. Efforts to promote integrated, youth-friendly services and awareness and use of emergency contraception were also deemed important. Key research gaps identified included:

- Integration of HIV, STI, family planning, and comprehensive abortion care services for adolescents
- Study of parental/community/school staff attitudes towards sex education and advocacy research on effective strategies to engage parents/teachers in better communication/sex education with youth
- Assessments of sex education: who is teaching and their training; content of curricula (comprehensiveness, skills); timing (age at which offered, age-appropriate sex education); document impact of existing programs on delay of first sex and initiation of (or consistent use of) contraception
- Research on risky experiences (premarital sex, coercive sex) and on logistical barriers to accessing family planning (providers' judgmental attitudes, availability of services, cost), and individual/community-based barriers (adolescents' shame and embarrassment, parental attitudes); and adolescents' access to abortion services
- Knowledge and use of emergency contraception and whether awareness of/access to/use of emergency contraception lowers the incidence of abortion among adolescents

Addressing the needs of women living with HIV/AIDS for safe abortion care

The lack of safe abortion care for HIV+ women is a major barrier. It is imperative that safe abortion care be integrated into anti-retroviral drug treatment programs for HIV+ women. Key issues requiring further research identified in this session included:

- Sexual and reproductive health and abortion care needs of HIV+ women, including accessibility
- Couples' negotiation regarding fertility when one or both are HIV+
- The role medical abortion plays regarding HIV+ women's access to abortion
- Infection/complication/drug interaction issues related to the use of anti-retrovirals and contraceptives, treatment regimens for medication abortion, and pregnancy outcomes
- Circumstances leading to coercion to terminate a pregnancy if a woman is HIV+ and the risk/benefits/socio-cultural barriers surrounding disclosure of pregnancy by an HIV+ woman
- Assessing the magnitude of abortion demand among HIV+ women

V. Country/sub-regional groups

An important element of the consultation was the convening of country/sub-regional groups on Tuesday and Wednesday to focus on priorities for policy and program-relevant research in their own settings. Below are the groups that convened, with the names of their moderators, and brief summaries of some of the key points of discussion and research priorities identified.

Ethiopia: Dr. Mesganaw Fantahun, Addis Ababa University (Ethiopia)

- Demographic/epidemiologic research to establish the baseline magnitude of unsafe abortion and its consequences and to assess the impact of the law change
- Health systems research in conjunction with implementation of the law, including user satisfaction and acceptability of abortion, and operations research studies
- Socio-economic research on the cost of abortion-related morbidity and mortality to household, family, community

Nigeria: Barrister Aniekwu Nkolika Ijeoma, Women's Health and Action Research Centre (Nigeria)

- Cost-benefit analysis of implementing safe abortion care
- Research to improve understanding of socio-cultural attitudes against abortion (and thus understanding of opposition to the current legal reform bill and what information would be needed to swing those sitting on fence or negative in favorable direction)
- Legal research and analysis on aligning Nigerian domestic laws with treaties signed

The Nigeria group also emphasized advocacy/effective communication of existing evidence (collaboration with the media, sensitization of organized women's groups, community leaders, etc.).

Ghana: Dr. Clara Fayorsey, University of Ghana (Ghana)

- Maternal mortality and morbidity survey (abortion magnitude, who/where services are provided and underlying causes of/needs for abortion)
- Surveys to understand attitudes/values of different providers, policy-makers, community leaders, and women themselves; address willingness to provide abortion (providers); demand for abortion and barriers faced (women)
- Cost and financing of abortion service provision (CAC vs. PAC, inclusion of mid-level providers, pre-service with in-service training for health care providers) – to justify incorporating into national health insurance scheme
- Adolescents: Needs of, service delivery for and collection and dissemination of sexual and reproductive health information about adolescents, provider attitudes towards serving adolescents; confidentiality of services
- Understanding attitudes towards the law (among providers, women, religious/traditional leaders, and enforcers such as police and policymakers) and how it is applied; cultural/social norms that interfere with access
- Research to determine how to reduce stigma around abortion, how to increase recognition of the problem of unsafe abortion (include giving abortion a face)

South Africa: Dr. Margaret Hoffman, University of Cape Town (South Africa)

- How to expand and improve services and train and sustain health care providers (medical practitioners and nurses)
- Needs of HIV+ women within termination of pregnancy (TOP) service provision (and integration of TOP service provision with other reproductive health, contraceptive and medication abortion services)
- Advocacy strategies required to consolidate and build a pro-choice perspective

Uganda: Dr. Jotham Musinguzi, Population Secretariat (Uganda)

The participants in the Ugandan group felt that research was a lower priority than advocacy/policy efforts using existing data. Strategies proposed included:

- Working in conjunction with youth, lawyers, and the National Women's Council to raise awareness about unsafe abortion through developing advocacy/media messages highlighting the magnitude of maternal mortality that use voices of people who have been affected;
- Incorporating comprehensive abortion care training and provision (including by midlevel providers) into health guidelines; and
- Enhancing health care providers' knowledge of exceptions to the penal code were also deemed important.

The following research gaps were highlighted:

- Cost of safe abortions versus postabortion care (including morbidity and mortality)
- Behavior change communication research among key stakeholders (including special populations, religious leaders, health care providers, and policy-makers)

Mozambique: Dr. Momade Bay Ustá, Hospital Geral Jose Macamo (Mozambique)

- Abortion incidence/morbidity study in 3 provinces (particularly in rural areas and as baseline prior to implementation of new law in early 2007)
- Availability/use of misoprostol at community-level/in rural areas (and its effect on hospital admissions/complications)
- Situational assessment of the percentage of abortions that are induced among hospital-based cases admitted with complications (health seeking behavior, where/by whom/why/when are unsafe abortions abortions performed outside of public health system)

East Africa (Kenya and Tanzania): Dr. Sarah Onyango, PPFA-International (Kenya)
After a review of existing knowledge of unsafe abortion in East Africa, members of this group suggested the following research priorities:

- Inclusion of community-level assessment/questions of unsafe abortion (perceptions among community-members, awareness/attitude towards abortion and law) in 2008 DHS in Kenya and other on-going surveys
- Qualitative study (focus group discussions, in-depth interviews) in rural areas to assess magnitude, attitude, health seeking behavior regarding abortion
- Death audit of women of reproductive age (15-49), involving maternity clinics, village leaders, community members and verbal autopsies
- Accessibility/sustainability of postabortion care services, especially contraceptive services
- Research on rights-based vs. health-based approaches to addressing unsafe abortion

Southern Africa (Botswana, Malawi, Zambia, Zimbabwe): Dr. Joe Kasonde, REPRONET (Zambia)

- Magnitude of the unsafe abortion problem (in community, in relationship to other reproductive health issues and to health workers)
- The role of the media (gap between media reporting and research, effect of reproductive health trainings given to media on performance, sources of data used by media, role of investigative reporting in reproductive health)
- Legal framework (why is the law not implemented, impact of law on women)
- Role/skills of midlevel providers (in advocacy, community mobilization, provision of services)
- Adolescent health-seeking behavior/access to safe abortion services (youth-friendly abortion services, youth acceptability of various methods)
- Cost of unsafe abortion to health system (cost burden of managing complications)

Francophone Africa : Dr. Dao Blami, Centre Hospitalier Universitaire Souro Sanou (Burkina Faso)
Discussion revolved around the varying states of the law and incidence of abortion across the Francophone African region. The following research priorities pertain only to Burkina Faso (the country represented by members of this group) but are likely to be relevant in some other Francophone countries as well.

- Providers' knowledge of, attitudes towards, and personal experience implementing the abortion law
- Study on obstacles to PAC and scaling-up (differences in scale-up by country across 15 Francophone countries)
- Study to measure national incidence of unsafe abortion (highlighting urban/rural, intra-urban, and socio-economic status differences)
- Modelling the cost of unsafe abortion at individual, community, and health systems/institutional level (to be able to compare the cost of unsafe abortion with other diseases and use the findings as an advocacy tool)
- Study of utilization of misoprostol in private/public health sector (to facilitate registration and authorization of misoprostol for safe abortion care)

VI. Workshops: Sharing best practices in abortion research methods and policy development

Four capacity-building workshops were conducted during the morning of the third and final day of the conference, addressing the following topics. (See agenda, Annex 3, for brief descriptions of each workshop and the workshop teams):

- Measuring abortion incidence
- Measuring abortion morbidity
- Communicating research to effect policy change
- What works in evidence-based advocacy

Presentations and background materials from the workshops can be provided on request.

VII. Closing ceremony

Speakers: Dr. Akinrinola Bankole, Director of International Research, Guttmacher Institute

Dr. Bankole summarized what we know to date surrounding abortion research in Africa. This includes incidence data in some countries, information on health consequences of unsafe abortion as well as on characteristics of women who seek abortions services. However, after reviewing the recommendations emerging during the breakout sessions and country discussions, he identified the following research priorities:

- Incidence studies of abortion in countries in which it has not yet been measured
- Larger, more comprehensive community-based research to measure women's attitudes, characteristics and access to services
- Expanded intervention research to learn the best approaches to service delivery, education/behavior change, training, and advocacy
- Cost-savings of providing safe abortion care
- Documentation of the impact of law reform
- Policymakers' needs and attitudes and how to communicate effectively to facilitate policy change

Prof. Bene E. Madunagu, Coordinator and Chairperson of Executive Board, Girls' Power Initiative (GPI), Nigeria

Professor Madunagu emphasized that women count and that there is an urgent need to provide young people with comprehensive sexuality education. She urged all participants to hold their governments accountable to their reproductive health commitments and called on the co-organizers to help provide the data and resources needed for change, especially in increasing availability of medication abortion.

Participants then shared comments on a previously-distributed draft consensus statement for the consultation. The recommendations were subsequently incorporated into the final statement found in Annex 1. Additional organizations and individuals may sign the statement following the close of the consultation.

This session also featured final closing remarks and acknowledgements by Amb. Dr. Eunice Brookman-Amissah, Dr. Sharon Camp, Dr. Janie Benson, Prof. Fred Sai, and several conference participants.

Annexes

Annex 1: Conference consensus statement

Annex 2: Conference participants

Annex 3: Conference agenda

Annex 4: Selected news articles

Annex 1: Conference consensus statement

April 6, 2006

Linking Research to Action to End Unsafe Abortion in Africa and Save Women's Lives

Conference Consensus Statement

Addis Ababa, Ethiopia
March 23, 2006

The women of Africa struggle daily to fulfill their aspirations despite the burdens of poverty, gender inequality, and violations of their human rights. While many African women have overcome great adversity to assume leadership at community and national levels, they often are excluded from the decisions that most affect them, including decisions about childbearing. Moreover, because their most basic health needs are systematically neglected, African women are more likely to die from complications of pregnancy and childbirth than women anywhere else in the world.

Tens of millions of African women will experience an unsafe abortion in their lifetimes. Especially if they are poor and young, many will suffer serious injuries, lifelong disabilities, or death. Virtually all these deaths can be prevented and complications treated with simple, inexpensive medical technologies. Better access to comprehensive reproductive health care -- including contraception and emergency contraception to prevent unwanted pregnancies, safe abortion and postabortion care -- is essential if African countries are to achieve the Millennium Development Goal of a 75% reduction in maternal mortality by 2015.

It has been over a decade since governments of the world agreed in Cairo and Beijing that unsafe abortion is a "major public health concern" requiring a concerted response. Since then, many countries have improved postabortion care. A few, such as South Africa, have increased access to safe abortion services and realized major declines in abortion-related mortality and morbidity. Nevertheless, action in most countries has been too slow, and, as research shows, women continue to die needlessly.

Today we—more than 120 researchers, medical and public health practitioners, advocates for women's health, media representatives, and policymakers—commit ourselves and call on others to do more to expose the realities of women's experiences with unsafe abortion, examine its causes, and promote the policies and programs best able to end this ongoing tragedy. Additional credible research, including research that captures the voices of women, is needed to compel public action and overcome the stigma that surrounds abortion.

We support the recent call by health ministers in Africa for an allocation of at least 2 percent of their health budgets to research, including reproductive health research. Governments, health providers and others must in turn translate research findings into programs that better meet women's needs.

Our agenda for research and action focuses on these critical gaps:

New information on the magnitude and health consequences of unsafe abortion in Africa, including

- new estimates of the incidence of unsafe abortion in countries without recent national surveys
- improved estimates of the morbidity and mortality resulting from unsafe abortion
- the cost to health systems and society of treating unsafe abortion complications

Community-level studies of the causes, conditions, and effects of unsafe abortion, including quantitative and qualitative research to help document

- the reasons women seek unsafe abortions
- the causes of unintended pregnancy and the role of contraception in preventing unintended pregnancies and abortion
- social and economic consequences of unsafe abortion for women and their families
- conditions surrounding provision of abortion in different settings and differences in health outcomes
- the unequal access to safe abortion for poor women and rural women
- the needs of special populations, such as adolescents and women living with HIV
- public attitudes about abortion, with attention to community leaders, healthcare providers, and other stakeholders

Health systems research to compare the cost and effectiveness of alternative policies and programs, including

- ways to ensure prompt, high quality, humane postabortion care at all levels of the health system
- models for the provision of woman-centered, comprehensive abortion care, including postabortion contraception to prevent repeat abortions
- the comparative costs of providing safe abortion using recommended standards of care versus continued treatment of complications from unsafe abortion
- the role and potential of midlevel providers and medication abortion for improving access to care
- studies of how to integrate abortion-related counseling and care with services for HIV prevention and treatment.

We welcome the plan for a ***Consortium for Research on Unsafe Abortion*** in Africa, to mobilize resources in support of these priorities for research and technical exchange, to build additional capacity in Africa to conduct research and communicate the results effectively, and to contribute to informed advocacy and policy dialogue across the region.

We know that research alone is not enough. We also commit ourselves to communicate what we know about the need to expand women's access to safe abortion care and to reach political leaders, mass media, and the wider public with accurate information on this public health crisis. We will contribute to continued networking and mutual support among all who participated in this conference and all others who share our common goal.

We will work together to ensure that governments, international agencies, and other powerful institutions are held accountable for their failure to act in the face of compelling evidence about the effects of unsafe abortion on women's lives, health and wellbeing on the one hand, and on the other hand, the ready availability of cost-effective solutions. The future of the women of Africa and their families depends on our collective efforts. We must act now.

* * * * * *

Initial signatories:

African Network for Research and Training in Sexual and Reproductive Health and HIV (REPRONET)
African Population and Health Research Center
The African Women's Development and Communication Network (FEMNET)
Ethiopian Society of Obstetricians & Gynecologists
Guttmacher Institute
International Planned Parenthood Federation, Africa Region
Ipas Africa Alliance for Women's Reproductive Health and Rights
Ipas-US
Reproductive Health and HIV Research Unit, the University of Witwatersrand, South Africa
West African Health Organization
Women's Health and Action Research Centre, Nigeria
Women's Health Research Unit, University of Cape Town, South Africa

Additional signatories to come

Contact:

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Annex 3: Conference agenda

Linking Research to Action to Reduce Unsafe Abortion in Sub-Saharan Africa: A Regional Consultation

March 20-23, 2006
United Nations Conference Center
Addis Ababa, Ethiopia

Monday, March 20

8:00 am - 4:30 pm **Consultation registration** *(Hilton Hotel Lobby)*

9:30 - 11:00am **Journalists' orientation** *(Hilton room "Gibe," Garden Wing)*

11:00 am - 1:00 pm **Optional site visits to health facilities**
Ghandi Hospital, Sebeta Health Center or Yekatit Hospital

3:00 - 3:30 pm **Moderators' orientation** *(Hilton room "Gibe," Garden Wing)*

3:30 - 4:30 pm **Rapporteurs' orientation** *(Hilton room "Gibe," Garden Wing)*

5:00 - 6:00 pm **Opening ceremony** *(Hilton Hotel Ballroom 1)*

- Short video: "Africa's Women"
- Welcome: Ambassador Dr. Eunice Brookman-Amissah, Ipas (Kenya)
- Welcome, description of consultation goals and introduction of Chair: Dr. Sharon Camp, Guttmacher Institute (United States)
- Chair's opening remarks: Professor Fred Sai (Ghana)

Introduction of co-organizers and co-sponsors:
Co-Organizers (Dr. Sharon Camp):

- Dr. Alex Ezeh, African Population and Research Center (APHRC) (Kenya)
- Professor Friday Okonofua, Women's Health and Action Research Centre (WHARC) (Nigeria)
- Ms. Busi Kunene, Reproductive Health and HIV Research Unit (RHRU), the University of the Witwatersrand (South Africa)
- Dr. Solomon Kumbi, Ethiopian Society of Obstetricians and Gynecologists (ESOG) (Ethiopia)

Co-Sponsors (Ambassador Dr. Eunice Brookman-Amissah):

- Mr. Kibre Dewit, The African Women's Development and Communication Network (FEMNET) (Ethiopia/Kenya)
- Dr. Ominde Achola, East, Central and Southern African Health Community (ECSA) (Tanzania)
- Dr. Nehemia Kimathi, International Planned Parenthood Federation, Africa Region (IPPFAR) (Kenya)
- Dr. Joseph Kasonde, REPRONET (Zambia)

- Dr. Kabba Joiner, The West African Health Organization (WAHO) (Burkina Faso)

Keynote speech: **"Bridging the chasm between abortion research and policy in Africa"** Dr. Roland (Eddie) Mhlanga, University of KwaZulu-Natal (South Africa)

6:00 – 7:00 pm **Reception** *(Hilton Hotel Ballroom 2)*

Tuesday, March 21

7:30 – 8:50 am Continental breakfast *(Conference center lobby)*

8:50 – 9:00 am **Welcome and official opening of consultation**
(Conference Room 2)
- Ms. Saba Kidanemariam, Ipas (Ethiopia)
- His Excellency Dr. Tedros Adhanom, Minister of Health (Ethiopia)

9:00 - 10:45 am **Plenary Session: What Do We Know about Unsafe Abortion in Sub-Saharan Africa?** *(Conference Room 2)*
Session Presider: Professor Fred Sai (Ghana)

9:05 – 9:20 am **"Key findings and gaps in evidence on unsafe abortion in Africa"** Dr. Susheela Singh, Guttmacher Institute
(United States)

9:20 - 9:35 am **"Key findings and gaps in evidence on unwanted pregnancy, contraception and links to abortion in Africa"** Dr. Alex Ezeh, APHRC, (Kenya)

9:35 – 10:20 am Panel perspectives: Facilitated by Ms. Tamara Braam, Sonke Development Agency (South Africa)
- Ms. Nina Kavuma, FIDA (Uganda)
- Dr. Di Cooper, University of Cape Town (South Africa)
- Dr. Richard Turkson (Ghana)
- His Excellency Dr. Enoch Wamalwa Kibunguchy, Ministry of Health (Kenya)

10:20 – 10:45 am Discussion

10:45 - 11:15 am Coffee break *(Conference Center Lobby)*

11:15 am - 1:00 pm **Concurrent sessions: Causes and consequences of unsafe abortion in Africa**
Format: Four concurrent sessions with a moderator and 3 colleagues briefly presenting key issues, research or policy/advocacy viewpoints. Most of the session is devoted to discussion to identify the 3-4 high priority research questions to pursue.

Participants may attend the session of their choosing.

Session 1: How can we better measure and communicate the health consequences of unsafe abortion? *(Conference Room 3)*
Moderator: Dr. Iqbal Shah, WHO (Switzerland)

11:20 – 11:30 am	Key issues: Professor Friday Okonufua, WHARC (Nigeria)
11:30 – 11:40 am	Research view: Dr. Hailemichael Gebreselassie, Ipas (Ethiopia)
11:40 – 11:50 am	Policy/advocacy view: Mrs. Nana Oye Lithur, Africa Women Lawyer's Association (Ghana)
11:50 am – 1:00 pm	Discussion

Session 2: What are the social consequences of abortion for women, their families, providers and the larger community? *(Conference Room 5)*
Moderator: Dr. Clara Fayorsey, University of Ghana (Ghana)

11:20 – 11:30 am	Key issues: Dr. Clémentine Rossier, Institut National d'Études Démographique (France)
11:30 – 11:40 am	Research view: Mr. Gabriel Jagwe-Wadda, Makerere University (Uganda)
11:40 – 11:50 am	Policy/advocacy view: Honorable Mrs. Sylvia Ssinabulya, Parliament of Uganda
11:50 am – 1:00 pm	Discussion

Session 3: How can we better assess the economic consequences of abortion for women, their families and the larger community? *(Caucus Room 5)*
Moderator: Dr. Sharon Camp, Guttmacher Institute (United States)

11:20 – 11:30 am	Key issues: Dr. Michael Vlassoff (Canada)
11:30 – 11:40 am	Research view: Dr. Janie Benson, Ipas (United States)
11:40 – 11:50 am	Advocacy/policy view: Dr. Kabba Joiner, WAHO (Burkina Faso)
11:50 am – 1:00 pm	Discussion

Session 4: What are the causes of unintended pregnancy and unsafe abortion and what is the role of contraception and other preventive approaches? *(Caucus Room 11)*
Moderator: Dr. Solomon Kumbi, Ethiopian Society of Obstetricians and Gynecologists (Ethiopia)

11:20 – 11:30 am	Key issues: Dr. Akinrinola Bankole, Guttmacher Institute (United States)
11 :30 – 11 :40 am	Research view: Mr. Georges Guiella, Institut Supérieur des Sciences de la Population (ISSP) (Burkina Faso)
11:40 – 11:50 am	Policy/advocacy view: Dr. Isaac Adewole, The Campaign Against Unwanted Pregnancy (Nigeria)
11:50 am – 1:00 pm	Discussion

1:00 - 2:00 pm Lunch *(Conference Center Banquet Hall, 1st Floor)*

2:00 – 3:00 pm **Poster Session** *(Conference Center Lobby)*

1. *Characteristics of Women Admitted for Abortion Related Reasons in Nigerian Hospitals*: S. Henshaw, I. Adewole, S. Singh, B. Oye-Adeniran, R. Hussain

2. *Conditions Under Which Women Obtain Abortions in Nigeria*: A. Bankole, B. Oye-Adeniran, G. Sedgh, I. Adewole

3. *Uganda: Incidence of Abortion and Contextual Factors*:
S. Singh, E. Prada, F. Mirembe, C. Kiggundu

4. *The Magnitude of Abortion Complications in Kenya*: H. Gebreselassie, M. Gallo, A. Monyo, B. Johnson

5. *Women's Perspectives on Home Use of Misoprostol for Early Abortion in Urban Mozambique*: M. Usta, S. Mocombi, I. Boaventura, G. Meque, A, Kwizera, H. Gebreselassie, E.M.H. Mitchell

6. *Integrating Mifepristone - Misoprostol Medical Abortion into Safe Abortion Services in South Africa*: K. Blanchard

7. *Perspectives on Safe Sex, Unwanted Pregnancy, Unsafe Abortion and Sexual Violence among In-School Youth in Addis Ababa*, *Ethiopia*: H. Gebreselassie, C. Gras, S. Ismael,
M. Fantahun, H. Yeneneh

8. *The Story of Jack and Rukia's Unwanted Pregnancy: A Qualitative Analysis of Urban Kenyan Students Decision Making Narratives*: E.M.H. Mitchell, C.T. Halpern & E. Muthuuri Kamathi

9. *How Far Must We Walk? Using Geographic Information Systems (GIS) to Measure Expanding Access to Termination of Pregnancy (TOP) in Limpopo Province, South Africa*: E.M.H. Mitchell & E. Cherry

10. *Estimating Clandestine Abortion with the Confidants Method – Results from Ouagadougou, Burkina Faso*: C. Rossier, G. Guiella, A. Ouedraogo & B. Thieba

11. *Fertility Intentions and Reproductive Choices among HIV-Infected Women and Men in Cape Town, South Africa: Findings from a Qualitative Study*: D. Cooper, H. Bracken, J. Harries, N. Manjezi, L. Myer, P. Ngubane, P. Orner & V. Zweigenthal

12. *Child-bearing Decisions among HIV-positive Women: Results from a Qualitative Study in Kampala, Uganda*: A.M. Moore, C. Nakabiito, F. Mirembe, S.D. Singh, A. Bankole & L. Dauphinee

13. *Maternal Morbidity and Mortality in Ngorogoro District, Tanzania*: M. Magoma, R. Johnson, T. Bennett, P. Leslie

14. *Perceived Barriers to Safe Abortion among PAC and TOP Clients at the University Teaching Hospital in Lusaka, Zambia*: M. Kapaya, T. Fetters

15. *"Disappointing My Mother": Clandestine Abortion Experiences in Ethiopia*: T. Fetters, L. Bowen, H. Gebresselasie

16. *Demonstration of Ipas COMPAC Tool for improved collection of abortion case records in health care facilities*: T. Fetters

17. *Results of an Impact Assessment of a Postabortion Care Intervention in 119 Public Facilities in Ethiopia*: S. Tesfaye, T. Fetters

18. *Attitudes and Practices of Private Medical Providers Towards Family Planning and Abortion Services in Ife and Jos Local Government Area of Nigeria*: F.E. Okonofua, S.O. Shittu, F. Oronsaye, D. Ogunsakin, S. Ogbonmwan, A. Zayyan

19. *Assessing the Prevalence and Determinants of Unwanted Pregnancy and Induced Abortion in Nigeria*: F.E. Okonofua, C. Odimegwu, H. Ajabor, H. Dara, A. Johnson

20. *Factors Influencing Induced Abortion among Young Women in Edo State, Nigeria*: F.E. Okonofua, N. Murray, W. Winfrey, L. Dougherty, M. Chatterji, S. Moreland, J. Mafeni

21. *Using the Strategic Approach to Improve Policies, Programs, and Research for Safe Abortion*: Human Reproduction Program, World Health Organization

22. *CD on Literature on Unsafe Abortion in Africa (1990 – 2005)*: A. Guillaume

3:00 - 4:45 pm **Concurrent sessions: How can research help improve the policy environment for safe abortion?**

Session 1: Does research on abortion influence policy reforms? Experiences from South Africa, Ethiopia and Kenya
(Conference Room 3)
Moderator: Mr. Uche Ekenna, Ipas (United States)

3:05 – 3:15 pm Key issues #1: Dr. Charles Ngwena, University of the Free State (South Africa)
3:15 – 3:25 pm Key issues #2: Ms. Saba Kidanemariam, Ipas (Ethiopia)
3:25 – 3:35 pm Key Issues #3: Dr. Sarah Onyango, PPFA-I (Kenya)
3:35 – 4:45 pm Discussion

Session 2: How can research improve access to safe abortion care? Experiences from Ghana, Mozambique, and Zambia
(Conference Room 5)
Moderator: Dr. Ronnie Johnson, WHO (Switzerland)

3:05 – 3:15 pm Key issues #1: Professor Agyeman Badu Akosa, Ghana Health Service (Ghana)
3:15 – 3:25 pm Key issues #2: Dr. Sibone Mocumbi, Maputo Central Hospital (Mozambique)
3:25 – 3:35 pm Key Issues #3: Dr. Christine Kaseba-Sata, University Teaching Hospital (Zambia)
3:35 – 4:45 pm Discussion

5:00 - 6:00 pm **Introductory meeting for country/sub-regional groups on research priorities** *(Conference Center Banquet Hall, 1st Floor)*

Format: Tables will be arranged by the following countries or sub-region and will be led by a facilitator. The purpose is to meet colleagues and begin to define research priorities for each country or sub-region in light of the first day's issues presented and discussed.

Discussion facilitators:

- Ethiopia: Dr. Mesgamaw Fantahun, Addis Ababa University (Ethiopia)
- Nigeria: Barrister Aniekwu Nkolika Ijeoma, Women's Health and Action Research Centre (Nigeria)
- Ghana: Dr. Clara Fayorsey, University of Ghana (Ghana)
- South Africa: Dr. Margaret Hoffman, University of Cape Town (South Africa)
- Uganda: Dr. Jotham Musinguzi, Population Secretariat (Uganda)
- Mozambique: Dr. Momade Ustá, Hospital Geral Jose Macamo (Mozambique)
- East and Southern Africa (Botswana, Kenya, Malawi, Tanzania, Zambia, Zimbabwe): Dr. Sarah Onyango, PPFA International (Kenya) and Dr. Joe Kasonde, REPRONET (Zambia)
- Francophone Africa : Dr. Dao Blami, Centre Hospitalier Universitaire Souro Sanou (Burkina Faso)

6:00 – 6:30 pm Book release: **Preventing Unsafe Abortion and Its Consequences: Priorities for Research and Action**
(Conference Center Banquet Hall, 1st Floor)
Opening remarks: Dr. Sharon Camp, Guttmacher Institute (United States)
Introduction of book: Dr. Ina Warriner, WHO (Switzerland)
Remarks & official release: Dr. Solomon Kumbi, ESOG (Ethiopia)

7:00 - 8:00 pm **Journalists' debriefing** *(Hilton room "Gibe," Garden Wing)*

7:00 -8:00 pm **Rapporteurs' debriefing** *(Hilton room "Gibe," Garden Wing)*

Wednesday, March 22

8:00 – 9:00 am Continental breakfast *(Conference Center Lobby)*

9:00 - 10:45 am **Plenary Session: How Can Research Contribute to Improving Women's Access to Safe Abortion and Related Reproductive Health Care?** *(Conference Room 2)*

Session Presider: Professor Friday Okonofua, WHARC (Nigeria)

9:05 – 9:25 am "**Responding to unsafe abortion in Africa: What have we learned from intervention research?"** Dr. Janie Benson, Ipas (United States)

9:25 – 9:40 am	**"Medical methods for termination of pregnancy"** Ms. Ayisha Diop, Gynuity (Senegal)
9:40 – 10:45 am	Questions/Comments
10:45 - 11:15 am	Coffee break *(Conference Center Lobby)*
11:15 am - 1:00 pm	**Concurrent sessions on research to improve women's access to safe abortion care**
	Session 1: Reaching women with safe abortion care in their communities *(Conference Room 3)*
	Moderator: Dr. Nehemia Kimathi, International Planned Parenthood Federation – Africa Regional Office (Kenya)
11:20 – 11:30 am	Key issues: Dr. Gloria Asare, Ghana Health Service (Ghana)
11:30 – 11:40 am	Research view: Dr. Isaac Adewole, The Campaign Against Unwanted Pregnancy (Nigeria)
11:40 – 11:50 am	Advocacy/policy view: Dr. Olive Sentumbwe-Mugisa, WHO (Uganda)
11:50am – 1:00 pm	Discussion
	Session 2: The role and potential of midlevel practitioners *(Caucus Room 11)*
	Moderator: Ms. Busi Kunene, RHRU, the University of the Witwatersrand (South Africa)
11:20 – 11:30 am	Key issues: Dr. Oladapo Shittu, Ahmadu Bello University Teaching Hospital (Nigeria)
11:30 – 11:40 am	Research view: Ms. Jane Harries, University of Cape Town (South Africa)
11:40 – 11:50 am	Policy/advocate view: Mrs. Veronica Darko, Nurses & Midwives Council (Ghana)
11:50am – 1:00 pm	Discussion
	Session 3: Incorporating MVA and medical abortion technologies into service delivery *(Conference Room 5)*
	Moderator: Dr. Ejike Oji, Ipas (Nigeria)
11:20 – 11:25 am	Key issues (MVA): Dr. Josephine Moyo, Ipas (Kenya)
11:25 – 11:30 am	Key issues (medical abortion): Ms. Kelly Blanchard, Ibis (United States)
11:30 – 11:40 am	Research view: Dr. Momade Usta, Hospital Geral Jose Macamo (Mozambique)
11:40 – 11:50 am	Advocacy/policy view: Ms. Siyane Marima, National Department of Health (South Africa)
11:50am – 1:00 pm	Discussion
	Session 4: Reducing unsafe abortion and its consequences among adolescents *(Caucus Room 7)*
	Moderator: Dr. Hailemichael Gebreselassie, Ipas (Ethiopia)
11:20 – 11:30 am	Key issues: Professor Bene E. Madunagu, Girls' Power Initiative (Nigeria)

11:30 – 11:40 am	Research view: Dr. Boniface Oye-Adeniran, Campaign to Prevent Unwanted Pregnancy (Nigeria)
11:40 – 11:50 am	Policy/advocacy view: Dr. Charles Ngwena, University of the Free State, (South Africa)
11:50am – 1:00 pm	Discussion
	Session 5: Addressing the needs of women living with HIV/AIDS for safe abortion care *(Caucus Room 6)*
	Moderator: Ms. Mosotho Gabriel, Ipas (South Africa)
11:20 – 11:30 am	Key issues: Dr. Moke Magoma (Tanzania)
11:30 – 11:40 am	Research view: Dr. Di Cooper, University of Cape Town (South Africa)
11:40 – 11:50 am	Advocacy/policy view: Ms. Promise Mthembu, International Community of Women Living with HIV/AIDS (South Africa)
11:50am – 1:00 pm	Discussion
1:00 - 2:30 pm	**Networking lunch** *(Conference Center Banquet Hall, 1st Floor)*
2:30 - 4:30 pm	**Final breakout session for country/sub-region groups** Country and sub-region groups from Tuesday continue to discuss and define research priorities in light of the second day's issues. Discussion facilitators: • Ethiopia *(Conference Room 3)*: Dr. Mesgamaw Fantahun, Addis Ababa University (Ethiopia) • Nigeria *(Conference Room 5--shared)*: Barrister Aniekwu Nkolika Ijeoma, Women's Health and Action Research Center (Nigeria) • South Africa *(Conference Room 5--shared)*: Dr. Margaret Hoffman, University of Cape Town (South Africa) • Ghana *(Caucus Room 11)*: Dr. Clara Fayorsey, University of Ghana (Ghana) • Uganda *(Caucus Room 5)*: Dr. Jotham Musinguzi, Population Secretariat (Uganda) • Mozambique *(Caucus Room 6)*: Dr. Momade Ustá, Hospital Geral Jose Macamo (Mozambique) • East and Southern Africa (Botswana, Kenya, Malawi, Tanzania, Zambia, Zimbabwe) *(Caucus Room 8)*: Dr. Sarah Onyango, PPFA International (Kenya) and Dr. Joe Kasonde, REPRONET (Zambia) • Francophone Africa *(Caucus Room 7)*: Dr. Dao Blami, Centre Hospitalier Universitaire Souro Sanou (Burkina Faso)
4:30 - 5:30 pm	**Journalists' debriefing** *(Caucus Room 8)*
4:30 - 5:30 pm	**Rapporteurs' debriefing** *(Caucus Room 7)*
7:00 - 9:00 pm	**Gala dinner for all consultation participants at Hebir Ethiopia National Restaurant with live music and traditional dancing**

Thursday, March 23

8:00 – 9:00 am Continental breakfast *(Conference Center Lobby)*

9:00 am - 1:00 pm **Workshops: Sharing best practices in abortion research methods and policy development**

Workshop 1: Measuring abortion incidence
(Conference Room 3)
This workshop provides an introduction to the principal methods that are currently used for estimating abortion incidence, including what data are needed, how data are collected and analyzed and how estimates are developed. Examples of actual applications of methods will be presented and the strengths and limitations of each method will be reviewed.
Team: Dr. Susheela Singh (leader), Guttmacher Institute (United States); Dr. Fatima Juarez, Guttmacher Institute (United States); Dr. Clementine Rossier, Institut National d'Études Démographiques (INED) (France); Dr. Georges Guiella, ISSP (Burkina Faso)

Workshop 2: Measuring abortion morbidity
(Conference Room 5)
This workshop explores innovative qualitative and quantitative tools for capturing morbidity at the community, facility, and household levels. Researchers offer "lessons learned" on the comparative efficacy and pros and cons of different methodologies including confidential inquiry, household surveys, and medical record abstraction. Through case studies and technical exchanges, participants will be invited to share their experiences in addressing the challenges of measuring the health consequences of unsafe abortion.
Team: Dr. Ellen Mitchell (leader), Ipas (United States); Ms. Tamara Fetters, Ipas (United States); Dr. Hailemichael Gebreselassie (Ethiopia); Dr. Ann Moore, Guttmacher Institute (United States); Dr. Akinrinola Bankole, Guttmacher Institute (United States)

Workshop 3: Communicating research to effect policy change
(Caucus Room 11)
This workshop provides researchers with new communication tools to ensure that their studies address important policy and program issues and that help change agents understand and act upon their findings.
Team: Dr. Jennifer Nadeau (leader), Guttmacher Institute (United States), Ms. Kirsten Sherk, Ipas (United States)

Workshop 4: What works in evidence-based advocacy: lessons from country experiences *(Caucus Room 5)*
This workshop will review successful advocacy approaches from the African region and other countries. Participants will have opportunities to share experiences in framing compelling messages that speak to the interests and concerns of different audiences, identifying credible and committed spokespeople who are prepared to act as change agents, and advocating effectively in varied arenas.

	Team: Ms. Charlotte Hord Smith (leader), Ipas (United States), Ms. Tamara Braam, Sonke Development Agency (South Africa)
10:30 - 11:00 am	Coffee break *(Conference Center Lobby)*
11:00 am - 1:00 pm	**Workshops continue**
1:00 - 2:15 pm	Lunch *(Conference Center Banquet Hall, 1st Floor)*
2:15 - 4:20 pm	**Closing plenary session: From Research to Action in Reducing Unsafe Abortion in Sub-Saharan Africa** *(Conference Room 2)* Session Presider: Professor Fred Sai (Ghana) • Presentation of consensus statement: Ambassador Dr. Eunice Brookman-Amissah, Ipas (Kenya) • Discussion • Final reflections (research perspective): Dr. Akinrinola Bankole, Guttmacher Institute (United States) • Final reflections (policy/advocacy perspective): Professor Bene E. Madunagu, Girls' Power Initiative (Nigeria) • Closing remarks: Ambassador Dr. Eunice Brookman-Amissah, Ipas (Kenya) Dr. Sharon Camp, Guttmacher Institute (United States) Professor Fred Sai (Ghana)
4:30 - 5:00 pm	*Press conference (Conference Room 2)* Ambassador Dr. Eunice Brookman-Amissah, Dr. Sharon Camp, and Professor Fred Sai

Annex 4: Selected news articles

Selected news articles from the Regional Consultation, "Linking Research to Action to Reduce Unsafe Abortion in Sub-Saharan Africa," Addis Ababa, March 20-23, 2006

British Medical Journal (news extra), April 15, 2006

BMJ 2006;332:874 (15 April), doi:10.1136/bmj.332.7546.874-a

Conference warns of epidemic of unsafe abortions in Africa

London Peter Moszynski

Twelve per cent of maternal deaths in Africa are caused by unsafe abortions, with 90 women a day dying as a result, a conference in Ethiopia heard last month. The Regional Consultation on Unsafe Abortion in Africa, held at the UN Conference Centre in Addis Ababa, was chaired by the Ghanaian gynaecologist Fred Sai, the former president of the International Planned Parenthood Federation. It was organised by reproductive health organisation Ipas and the US based Guttmacher Institute.

Dr Sai warned, "By continuing to adhere to archaic colonial laws, by failing to implement international agreements, and by failing to act on growing evidence, we have allowed abortion to become the killing field for women in Africa."

Eunice Brookman-Amissah, vice president of Ipas and former health minister in Ghana, told the *BMJ*, "Last month's conference in Addis [Ababa] proved that unsafe abortion continues to kill and maim women across Africa. Compared [with] women in Europe, African women are more than 100 times more likely to die from abortion. Access to safe abortion is urgently needed to save their lives."

Dr Brookman-Amissah pointed out that only Cape Verde, South Africa, and Tunisia allow unrestricted abortions. "Too many laws in Africa are too restrictive," she complained. "They would only allow abortion to save the life of the mother. This is unethical and not enough." An estimated 4.2 million African women resort to unsafe abortions each year, and 30 000 die as a result, says the World Health Organization.

Although only 10% of the global total of abortions occur in Africa, the continent accounts for almost half of the world's deaths from abortions, with one in 12 women dying from the procedure. For every death, 20 to 30 women have permanent damage to their uterus, cervix, fallopian tubes, intestine, or bladder.

The United Nations Fund for Population Activities says that about 530 000 women die in pregnancy or childbirth every year, nearly half of them—247 000—in sub-Saharan Africa.

A consensus statement issued at the end of the meeting lamented, "Because their most basic health needs are systematically neglected, African women are more likely to die from complications of pregnancy and childbirth than women anywhere else in the world.

"Tens of millions of African women will experience an unsafe abortion in their lifetimes. Especially if they are poor and young, many will suffer serious injuries, lifelong disabilities, or death. Virtually all these deaths can be prevented and complications treated with simple, inexpensive medical technologies."

The conference concluded, “Better access to comprehensive reproductive health care—including contraception, safe abortion and post-abortion care—is essential if African countries are to achieve the Millennium Development Goal of a 75% reduction in maternal mortality by 2015.”

The report, *Linking Research to Action to End Unsafe Abortion in Africa and Save Women’s Lives*, is available from http://www.ipas.org/

Strict laws, churches behind rising clandestine abortion in Africa: experts

Date: Sunday, April 02, 2006
Source: Agence France-Presse

DATELINE: NAIROBI, April 2 2006

Stringent or vague legislation, coupled with deep-rooted social and religious beliefs in many African countries, have been blamed for the rise of often life-threatening backstreet abortions, health and social experts say.

Of Africa's 53 nations, only South Africa, Cape Verde and Tunisia allow unconditional pregnancy termination within the first three months after conception.

In 25 of them, abortion is only legal when the mother's health is threatened.

Some 300,000 women have abortions in Kenya yearly, of whom 21,000 are admitted to hospital from resultant complications, according to 2003-2004 statistics, and at least 3,000 die.

"In Africa, Kenya is one of the most restrictive countries," Matildah Musumba of Planning Parenthood Federation of America told AFP in Nairobi.

"The situation is worsening because of social pressure, lack of use of contraceptives and lack of information," said Boaz Otieno-Nyunya, head of the Reproductive Health department at Kenya's Moi University School of Medicine.

Otieno-Nyunya explained that 66 percent of the admissions of women with gynaecological problems to public hospitals are linked to incomplete or unsafe abortion.

And according to the World Health Organisation (WHO), 44 percent of women who die of complications arising from unsafe abortion are in Africa. Of the 4.2 million African women who decide to terminate a pregnancy, 30,000 of them end up losing their lives.

In countries such as Kenya, Uganda, Senegal and Nigeria, abortion is punishable by up to 14 years in prison for the woman and seven for the doctor.

"The main problem derives from the laws, most of the time they are old and too restrictive," said Fred Sai, a gynaecologist from Ghana attending a regional conference on abortion in Addis Ababa.

"Many countries have either not changed these laws dating from the colonial period or put them into the criminal code, making abortion a crime," he added.

Torn between draconian laws and the various reasons for which they opt for abortion, many either resort to backstreet clinics or the crudest of methods.

These include inserting a bottle or a coat-hanger up the vagina or asking a boyfriend to stamp on their bellies, said Nina Kavuma, also at the Addis Ababa conference.

In South Africa, where laws are less stringent, mortality among women has been reduced by half and only one in 120 dies of abortion-related complications, according to the World Health Organisation.

Against such successes, women come up against heavy social and religious obstacles, especially from Catholic and other churches campaigning both against contraception and the interruption of the pregnancies that may result from failure to obtain it.

"We are working in a very Christian and controlled country. The Catholic Church and evangelical churches are very influential," Musumba said.

Such influence has permeated through to medical service providers, and even accessing contraceptives in pharmacies is in itself a task.

"It is difficult to access (for the young girls) because of the unfriendly attitude of the providers, so they are less likely to have safe sex," said Eunice Brookman-Amissah, a doctor in Nairobi.

"Post-abortion care is like mopping the floor when the tap is running," she said, adding that the Kenyan government has to review the laws on abortion to reverse maternal deaths.

"Kenya's government has to acknowledge that over 3,000 women a year are dying due to unsafe abortion," she said.

<< Agence France-Presse -- 4/2/06 >>

Desperate Kenyan women risk last-resort abortions

Date: Monday, March 27, 2006
Source: Reuters
Author: Jack Kimball

NAIROBI (Reuters) - Turn right near the tall acacia tree at the crossroads and a narrow dirt road leads you to Mama Alice's tin-roofed health clinic.

Mama Alice, a stout woman in her 50s, says bad things happen in the backstreets of Mukuru, a squalid shantytown that is home to about 40,000 on the outskirts of Nairobi.

Many women are dying after unsafe abortions by quack doctors in the slum. Mama Alice says she treats two or three women every week for abortion-related complications.

"They try anything," she says, looking out over a narrow street where ragged, half-clad children play amid the stench of burning rubbish and rotting vegetables.

Health activists say tens of thousands of unsafe abortions are carried out every day worldwide, and by far the most take place in developing countries such as Kenya.

Across sub-Saharan Africa, more than 30,000 women die each year from unsafe abortions and many more suffer lifelong consequences. In Africa, the rate of deaths from abortions is one per 150 procedures, compared with one in 3,700 in rich countries, according to the World Health Organisation.

Unless a woman's life is at risk, abortion is illegal in Kenya, and can be punished by a prison term of 14 years for the surgeon and seven years for the woman.

Despite the dangers, a recent study estimated that more than 300,000 abortions are carried out in Kenya each year, and that the annual cost of treating the resulting complications exceeds 90 million Kenyan shillings (687,000 pounds)..

NO ALTERNATIVE

Many in Nairobi's teeming slums say they have no alternative to termination.

"I just thought I would not be able to support this child," said Mary, a 25-year-old labourer, as she waited on a plastic chair at Mama Alice's clinic.

She already has a five-year-old child and aborted a recent pregnancy.

"My child depends on me and I depend on casual work, which there is not much of, so I can't even support the child I have."

Activists say the young mother's plight is typical in Africa, where only wealthy women can afford safe abortions.

Mary was one of Mukuru's lucky ones. Backstreet abortionists use a horrific array of tools -- including sticks, clothes hangers and detergent -- to carry out their work. Reproductive health activists say few women are aware of the risks.

"Somebody is not conscious of what will happen. They just want to get rid of that pregnancy," says Dr Josephine Moyo, a senior adviser at Ipas, a reproductive health group.

"They will do anything, even endanger their own lives."

Abortion was thrust into the spotlight in Kenya two years ago when a group of street boys found a sack of 15 foetuses dumped in a filthy Nairobi stream.

The "babies-in-a-bag" case shocked the public. Catholic leaders in the overwhelmingly Christian country held a requiem mass to denounce the "terrible holocaust of abortion".

OUT OF TOUCH

Women's activists argue that the scandal overshadowed the real issue: a growing health crisis for poor women. They say that, apart from outlawing abortion which is why women go to backstreet quacks, the government has done little.

Sitting in her timber-built clinic, Mama Alice blames the government and the church, which she says are out of touch with the reality of slums such as Mukuru.

"They are made up of mostly old people," she says.

"They don't understand the generation today is quite different from three decades ago."

Beatrice, a 24-year-old Kenyan who helped a friend obtain an abortion, says it is not fair that young

women's lives should be ruined by babies they are not able to care for.

"She had to move away because people knew she was pregnant," Beatrice said. "The stigma was too much."

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Reducing Unsafe Abortions in Sub-Saharan Africa - Linking Research to Action

Date: Monday, March 27, 2006
Source: The Chronicle Newspaper (Malawi)

It is estimated that over 23,000 women die from unsafe abortion complications in sub-Saharan Africa each year. The figure represents approximately 680 deaths per every 100,000 abortions carried out.

Despite the scale of women losing their lives or suffering permanent damage to their health, there remains an ignoring or complete silence on the magnitude of the loss of lives in many parts of the region.

Several research reports have shown that a large number of the maternal mortalities and injuries are preventable if women have adequate Reproductive Health (RH) care and post abortion that can be accessed easily and quickly.

Last week over 150 delegates from the sub-Saharan region and from abroad gathered in the Ethiopian capital, Addis Ababa for a regional consultation and presented findings that focused on the dangers of unsafe abortions and the consequences.

Participants made up of policy makers, health care providers and researchers who are committed to seeing an end to the preventable deaths and injuries of unsafe abortions presented supporting research evidence on neglected women's health issues.

The research findings will strengthen the need for greater political will needed for urgent action to address the issue of unsafe abortion.

A repeated question asked during the consultation was "why are women still having unsafe abortions and risking their lives?" Lack of comprehensive affordable RH care, information on what RH care can be accessed have contributed much to women having unplanned and unwanted pregnancies.

Delegates agreed that there was need to collaborate efforts to ensure that the findings are used more effectively to help change policies and programs on RH.

Many women in Malawi continue to have unsafe abortions that result in death or permanent injuries. Post abortion care for women who have had abortions that went wrong has been acknowledged to add more financial pressure on the already ailing health systems in the country.

The laws of Malawi do not allow a woman to have an abortion unless for reasons provided for by law. According to the law anyone having an abortion or providing the service can be punished with

imprisonment.

Although this is the case, women continue to seek termination of pregnancies from providers who carry out the procedure using herbs, detergents or sharp objects in unhygienic conditions that put a woman's life at risk Because of the criminality of abortion, it is difficult to have proper statistics on the number of unsafe abortions taking place in the country.

The clandestine nature of the procedure means information on abortions is captured from referral hospitals and family planning services that provide post-abortion care for women who need help after undergoing an unsafe abortion.

The source of collecting statistics is permitting many cases to slip through the net and go unrecorded thus giving no clear picture or exposing the real magnitude of unsafe abortions taking place.

Statistics that are available may not be sufficient to make people sit up on unsafe abortions so as to make it a serious concern that needs to be addressed urgently by government, policy makers NGOs and other stake holders who are interested in promoting the well being, not only of women but also the entire nation.

Malawi is a signatory to several protocols and agreements that aim to ensure that women have better access to health facilities including RH.

Action needs to be taken to discover the causes of unsafe abortions and what measures are needed to address the problem.

Malawi stands to benefit from the agreement made by the consultation meeting; to carry out new research on unsafe abortions within the region in the next few years.

Over 52% of the population in Malawi are women. This makes the participation of women in development essential to the future progress of the country.

The Addis Ababa meeting held from 20 - 23 March at the United Nation Conference Centre was co-organised by African Population and Health Research Center (APHRC), Ethiopian Society of Obstetricians & Gynaecologists (ESOG), Guttmacher Institute, IPAS, Reproductive Health and HIV Research Unit (RHRU) and Women's Health and Action Research Centre (WHARC).

Dr. Eunice Brook-Brookman Amissah, head of the IPAS Africa Alliance for Women's Reproductive Health and Rights, Dr. Sharon Camp, President of Guttmacher Institute and Dr.. Fred Sai of Ghana former President of the International Planned Parenthood Federation led the consultation.

<< The Chronicle Newspaper -- 3/27/06 >>
Women's rights coalition calls for more research and greater access to abortions in Africa

Date: Friday, March 24, 2006
Source: Associated Press
Author: Les Neuhaus

DATELINE: ADDIS ABABA Ethiopia

A coalition of women's rights groups and activists pledged Friday to do more to make safe abortions available in Africa and called for more research into unsafe abortion and maternal mortality.

More than 120 researchers, health-care professionals and policy makers from around the world held a three-day conference in Ethiopia to discuss ways to liberalize attitudes, laws and accessibility to safe

abortions in Africa, where 44 percent of the world's deaths due to abortion take place, according to the Geneva-based World Health Organization.

The group pledged Friday to form a new partnership to advance the research.

"This is the worst case of medical apartheid that exists," Dr. Fred Sai told journalists in the Ethiopian capital, Addis Ababa at the close of the conference on Thursday.

In Ethiopia, where long-standing, religious codes carry powerful social weight, abortion laws have been eased, according to the U.S. advocacy institute Center for American Progress. Ethiopia is also the second-most populated nation on the African continent, after Nigeria, with more than 70 million people. But experts agree that more needs to be done, even in Ethiopia.

"In Ethiopia, data on the magnitude of unsafe abortion practices and the extent of morbidity, disability and death is not well documented," Ethiopian Minister of Health Dr. Tedros Adhanom told attendees of the conference, hosted by the U.N. Economic Commission for Africa and led by American think tanks Ipas and the Guttmacher Institute.

"According to reports of 2001, (abortion) is the second cause of death among women admitted to hospitals," he added. "The reports of 2002 also show that abortion is the fifth cause of hospital admissions for women."

In countries like Nigeria and Kenya, religious organizations often condemn abortion, leaving those in need of medical services and facilities with little choice. That's when women resort to precarious situations where their health is put at risk, South African doctor and preacher Dr. Roland "Eddie" Mhlanga said during the conference's keynote speech.

"We need to look at the accessibility of our services," Mhlanga said. "African women are 100 times more likely to die from unsafe abortions than European women."

Dr. Sharon Camp, CEO of the Guttmacher Institute, told the Associated Press that making progress in reducing maternal mortality is currently complicated by American policy. Foreign-based organizations receiving U.S. funding for family planning are forbidden from advocating for abortion.

<< Associated Press -- 3/24/06 >>

Calls to review strict laws on Abortion

Date: Sunday, March 26, 2006
Source: Ghana News Agency

Addis Ababa, March 26, GNA - Professor Fred T. Sai, Ghana's Presidential Advisor on Population Issues and HIV/AIDS, has called for the review and abolition of archaic laws that allowed abortion to become the killing field for women in Africa. He said many African women continued to die from unsafe abortion due to the strict laws and "the fact that 30,000 women die each year of unsafe abortion, four million Africa women continue to undergo unsafe abortion and millions getting injured, then, it is serious and urgent action should be taken."

Prof. Sai made the call when interacting with Journalists during the Africa Regional Consultation on Abortion Research in Africa in Addis Ababa, Ethiopia. The Consultation under the theme; "Linking Research to Action to end unsafe abortion in Africa and save women's lives" brought together over 120 researchers, health professionals and policy makers. Prof. Sai, Chairman for the Consultation said, "By

continuing to adhere to the archaic laws, by failing to implement international agreements, and by failing to act on growing evidence we will be killing more women through unsafe abortion. We know what to do to save women's lives and it is time to work together to make that happen." He expressed dismay that there was nowhere in the laws of African countries that criminalized the womb of women adding that "why do we then allow our women who are the bedrock of our nations to go through these ordeal and described as the worse form of medical apartheid."

According to Prof. Sai, abortion caused 30-40 per cent of maternal mortality in Africa and to reduce maternal mortality by 75 per cent to meet the Millennium Development Goals (MDGs) by 2015, rate of unsafe abortion should be reduced drastically. He called for equity in the laws to enable poor women also have the same access to safe abortion care like their fellow rich women and this would reduce the rate and "we will achieve the MDGs."

Citing Ghana as an example, Prof. Sai said there were many doctors who were ignorant of the law under which circumstances safe abortion should be conducted and said Ghana's example was not different from other African countries. The Ghana Abortion Law, Criminal Code, 1960 (Act 29), section 58, subsection 2 says where the pregnancy is the result of rape, defilement of a female idiot or incest and the abortion or miscarriage is requested by the victim or her next of kin or person in loco parentis, if she lacks the capacity to make such consent request:

Where the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health and such a woman consents to it or she lacks the capacity to give such consent it is given on her behalf by her next of kin or the person in loco parentis; or Where there is substantial risk that if the child was born, it may suffer from or develop a serious physical abnormality or disease. Prof. Sai called on researchers and policy makers to consider it as a matter of urgency and review laws to make abortion safe and legal to save more women from resorting to unsafe abortion and die due to the strict laws of their countries.

Dr Sharon Camp, President of Guttmarcher Institute, a non-governmental organization, described the problem as an emergency and said a consortium would be put together to raise money to conduct more research that would effect change and reduce the rate of death through unsafe abortion. She said whilst rich women had access to safe abortion, women in poor countries across Africa and the developing world did not have the same equal access to safe abortion and described it as "injustice." Dr Camp reiterated the need for countries that had strict abortion laws to review them and those who did not have institute them as a matter of urgency.

<< Ghana News Agency -- 3/26/06

Unsafe Abortion: What Role Does Research Have?

Date: Sunday, April 02, 2006
Source: This Day (Nigeria)
Author: Godwin Haruna

DATELINE: Lagos

It is said that maternal deaths and disability have had a huge and tragic impact on African societies, disrupting families, economic life and the very fabric that supports human existence on the continent. Penultimate week, this stark reality brought together researchers, policy makers, women's reproductive rights advocates and other stakeholders to Addis Ababa, Ethiopia to share experiences on the dilemma. Godwin Haruna was part of the consultation

Jemila (not her real name) was just 17 and had looked forward to writing her Senior Secondary School Certificate Examinations (SSSCE). According to family sources, she had revised her books well enough

and nursed a vision of growing up to become a top professional raising her own family. But it was not to be as her dream was cut midstream. Lured into sex by a lover boy, the resultant unwanted pregnancy was too hot for her to handle. Ashamed of revealing her real state to her parents at the onset, by the time she was brought to the hospital, the complications were so terrible that she could not survive it. Jemila's life, cut short by complications of unsafe abortion, typifies the havoc the syndrome is wreaking on the population of both young and old women in sub-Saharan Africa. Statistics arising from deaths from unsafe abortion runs into thousands annually.

Worried by these seemingly needless deaths, from across sub-Saharan Africa and elsewhere in the world, they came, united by one vision of drastically reducing these deaths.. Researchers, reproductive health rights advocates, media practitioners, parliamentarians and policy makers were all gathered penultimate week in Addis Ababa, Ethiopia to discuss the way forward. A consortium of non-governmental organisations in the United States and Africa facilitated the talkshop. Tagged "Linking Research to Action to Reduce Unsafe Abortion in sub-Saharan Africa: A Regional Consultation", delegates gathered at the exquisite United Nations Conference Centre, Addis Ababa for four days to rub minds on the subjectmatter.

Speaking at the opening ceremony for delegates at the Hilton Addis Ababa, Dr. Eunice Brookman-Amissah, Ipas Vice-President for Africa and a former health minister in Ghana, said there was a silent war waged against women mostly in the developing world and their right to reproductive health, especially to safe abortion. "This war is fuelled by ignorance, taboo, stigma and unjust, archaic abortion laws but also more frighteningly by a deliberate and organized campaign waged in the name of religious fanatism, stigma and personal ideology and dogma in the highest places One that has brought otherwise unlikely bed fellows together against womenís right to choose", Brookman-Amissah said.

She said unsafe abortion has continued to exact a toll on womenís lives in Africa. According to her, maternal deaths and disability have had a huge and tragic impact on African societies, disrupting families, economic life and the very fabric that supports human existence on the continent..

She lamented the fact that there was no lack of know-how, yet, women were dying from unsafe abortion, adding: "That is the real tragedy and this is driven by lack of political will to act".

She challenged reproductive health workers and researchers to provide the needed input to convince the people that can make a difference and to change policies and strategies. She added that it was not enough to conduct beautiful and excellent studies that are applauded everywhere, but does not serve to improve mankind.

In her speech, Dr. Sharon Camp, President, Guttmacher Institute, hoped that the research consortium on unsafe abortion would maintain a coherent and strategic focus for research efforts over time and facilitates ongoing communication and collaboration among people working on the issue.

"Years from now, as we look back on this meeting, I hope we will remember it as the birth place of a global community of scholar-activists committed to a sustained effort to eliminate the tragedy of unsafe abortion", she said.

Camp urged participants to see themselves as a network of individuals and institutions, which share a common vision of a world in which abortion is safe, legal, accessible and largely unnecessary.

Prof. Fred Sai, who was a former minister of health in Ghana and a former President of the International Planned Parenthood Federation (IPPF), was chairman of the regional consultation. Despite his towering achievements in the field of medicine, Prof Sai regards himself as a frustrated man because issues regarding reproductive rights of women are trampled upon in Africa. According to him, over 4m unsafe abortions have been committed out of which 30,000 lives are lost in sub-Saharan Africa annually.

According to the world-renowned professor, negligence of abortion issues is not because of lack of knowledge, but due to inaction. He charged all stakeholders to do what was necessary to reduce deaths from unsafe abortion. Speaking when he formally declared the conference open, Dr. Tedros Adhanom, Ethiopian Minister of Health, repeated Saiís statistics that about 4.2m abortions are committed annually in sub-Saharan Africa. Adhonam added that about 30,000 die each year and millions suffer because of related complications.

He said the average unsafe abortion ratio in Africa is 110 deaths per 100,000 live births, which is more than twice that of any other region in the world. "As abortion is highly stigmatised in our communities, it is also understood that most of the cases go unreported and unaccounted for. Though the reason for women to resort to safe abortion could be varied, the underlying cause has its roots in the unequal gender power relations which continue to fuel womenís vulnerability to unwanted sex and unwanted pregnancy", he stressed.

In the light of the above, he said governments were obliged to adopt policies and laws that support all women, particularly those disadvantaged by economic, cultural and all forms of social marginalisation.

The minister noted that although data on the magnitude of unsafe abortion practices and the extent of morbidity, disability and death is not well documented in his country, limited studies suggest that unsafe abortion was a serious public health concern. He said while 2001 reports indicated that unsafe abortion is the second cause of death among women admitted to hospitals, the reports of 2002 showed that abortion is the 5th cause of hospital admissions for women.

He noted that government has systematically addressed poverty and the resulting gender inequality epitomized by the constitution of the country, which he said, spelt out the need for addressing women's access to family planning, information and health services, among others.

Said he: "Following the ICPD (The International Conference on Population and Development) Programme of Action and ICPA+5, governments are taking measures to decriminalize abortionÖOur government has taken measures to address this issue by allowing more provisions for the delivery of safe abortion services to women who are most in need. The change in our law regarding abortion is part of the revision of the 50 years old Penal Code which has now included a number of provisions on reproductive health and rights of women in particular".

He said the abortion laws have been reformed to allow women get abortion services in cases of incest, rape, severe fetal impairment, where the pregnant woman is physically as well as mentally unfit to bring up a child. He stated that the changes were meant to address some of the problems forcing women to resort to unsafe abortion.

He said the Ethiopian government has committed itself to meet one of the Millennium Development Goals (MDGs), which aims to reduce maternal mortality by 75 per cent from levels in 2000 by the year 2015. He added that one of the strategies to achieve the stated millennium goal was through reducing unsafe abortion through services permitted by law. He urged the consultation to bridge the gap between research and policy in order to ensure that policy is based on a good understanding of the health consequences of unsafe abortion as well as the solutions.

Adhonam got a standing ovation after his speech because his government addressed most of the concerns that the consultation had gathered to deliberate. It was clear Ethiopia is threading a path unfamiliar to most sub-Saharan African countries.

In a paper: "Bridging the Chasm: Research, Policy and Practice Abortion in Africa", Prof. Eddy Mhlanga of the Nelson Mandela School of Medicine, University of Kwazulu-Natal, Durban, South Africa, noted that it was tragic that African women were more than 100 times more likely to die from abortion than their

European and American counterparts. Mhlanga added that young women form a significant proportion of women experiencing unsafe abortion.

He said the primary aim of research was to solve problems. However, he stated that the Commonwealth health ministers in 2004 stated that scientists do not communicate the findings and recommendations understandably to affect policy. He said technical language might create barriers for access to information and services. Stigma, religious biases, he said, is some of the barriers on the way of the researcher.

"With the minds that are gathered here this week (penultimate), it is possible to change the face of Africa. Let us find ways to bridge the gap between the research that we do and the policies that prevail within our countries. Women in Africa deserve better than what they get today; we all can and must do our part for women to live! Women are the hope of Africa and the world; without women no nation can survive", Mhlanga noted.

He stressed that research uncommunicated is resources wasted, and policies without research are efforts thrown away. In his view, research uninformed by needs will most likely be destined for the shelf and the dust adding: ìDo not be afraid to dream of the ideal; one day this may become realityî.

In a paper distributed to delegates by the Guttmacher Institute titled "Abortion in Africa, March 2006", a grim picture of the problem was revealed. In it, it was stated that over half the people of Africa live where abortion is very restricted. According to the paper, there are 24 unsafe abortions per 1000 women annually, 14 abortions for every 100 live births. Only South Africa and Tunisia practice some safe and legal abortions.

According to the paper, incidence varies across sub-regions per 1000 women according to WHO 2000 report: West Africa-25, Southern Africa-17, North Africa-17, Middle Africa-22 with East Africa having the highest rate of 31.

In the country report released in the abortion incidence, Nigeria with 25 per 1000 women ranks as the third highest to Uganda with 54 and Burkina Faso -40. Others are Ghana - 17 and Egypt - 23. It brought the point home that mortality due to unsafe abortion is highest in Africa among all the regions in the world.

The paper highlights the health consequences of unsafe abortion as tremendous. For instance, One-third of hospitalized cases in Kenya and one-fifth in Nigeria were in the second trimester of pregnancy. It noted that in South Africa, legalisation saved lives as young women gained more when abortion-related deaths dropped by at least 50 per cent.

The statistics in all the sub-Saharan African countries show that poor women are more vulnerable as they are less likely to use safe methods. Young and unmarried women account for a high proportion of all abortions in Nigeria in 2002.

The consensus released to the media after the consultation noted that the women of Africa bear a great burden.

"Today, we, over 120 researchers, medical and public health practitioners, advocates for women's health, and policymakers commit ourselves and call on others to document further the realities of womenís experience with unsafe abortion, examine the causes, and identify and carry out the actions needed. Additional credible research will capture public attention and help to overcome the stigmatization that affects both women who resort to abortion and the healthcare professionals who care for them. We support the recent call by health ministers in Africa for governments to commit at least two percent of their health budgets to research, including studies".

They urged governments, health providers and to translate research findings into programmes that better meet women's needs.

According to them, the agenda for research and action focuses on these critical gaps; Measurement in more countries of the magnitude of unsafe abortion and its damaging health consequences for women, with a special focus on rural and poor women; The reasons women seek unsafe abortions, including the role of contraception in preventing unintended pregnancies and abortions and The financial and other costs to public health systems, women and their families and developing economies of the complications of unsafe abortion, and the comparative costs of safe abortion using preferred methods.

Others are important health and social impacts of unsafe abortion on adolescents and young women aged 10-24, who currently account for about 60 percent of abortions in Africa; Ways to broaden the voluntary reproductive health options of HIV-positive women, to integrate or link services for HIV prevention and treatment with contraception and abortion-related care and counseling, as well as investigations of relevant clinical and biomedical issues; Ways to ensure that postabortion care to treat the complications of unsafe abortion is prompt, humane, and life-saving at all levels of the health care system; Ways to ensure that comprehensive abortion care reaches down to the community level, is high quality and woman-centered, and includes postabortion contraception to reduce repeat abortions; The role of medication abortion, a technology now on the WHO Essential Medicines List, in improving womenís access to care at the primary care level through both the public and private secto rs; The unrealized potential of midwives, nurses and clinical officers in abortion-related care, including operations research on cost-effective training approaches; values and attitudes about abortion among community leaders and the public, healthcare providers, and other key stakeholders at all levels, and most importantly, women themselves; and The need to strengthen capacity to communicate research results effectively.

The group welcomed the plan for a Consortium for Research on Unsafe Abortion in Africa, to mobilize resources in support of these priorities for research and technical exchange, and to contribute to informed advocacy and policy dialogue across the region. Many of the organizations that facilitated the conference signed onto the consensus.

Speaking to THISDAY in Addis Ababa, Sai said there was a time certain pregnancies in Africa were considered taboo and they did everything to try to remove such pregnancies to the point of killing the woman. Therefore, he said it was totally wrong to say that doing an abortion was a taboo. He said people had done abortion from time immemorial and they would continue to do irrespective of what the law says.

He added that the laws in Africa were brought in by the colonial powers and that although there were made to save women's lives, the laws were reformed when they found out there were endangering womení' lives. ìBut we for whom the law was a later importation are keeping them and in the face of a technology, which is known to be the safest of medical procedures, we are allowing our women to die because of archaic laws which we didnít originate. It is wrong". Sai said.

He said religion should keep pace with making people live moral lives. But drawing analogy with a drunken driver, who would not be refused treatment when involved in an accident because of his immoral act, he said religionists should not prevent those seeking abortion because of their immoral behaviour that led to it. He dismissed the debate as to when life starts in the womb as nonsense. He recommended sexuality education to adolescents in order to enable them negotiate sex and live responsible adult lives.

Also speaking to THISDAY at the conference, Prof. Friday Okonofua, chief medical director of the University of Benin Teaching Hospital, said Nigeria was overdue for a reproductive health law to stem the tide of maternal deaths in the country. According to Okonofua, such a law would prevent abortion adding: "Once you promote reproductive health, then many people will have the wherewithal to prevent those things that lead to unwanted pregnancy and to abortion".

He said the reproductive health bill before the National Assembly would be represented before the legislators and they would have etched their names in posterity if passed. "It is certainly not an abortion bill, people criticizing it should keep their ammunition for an abortion bill, but not this one", he added.

He said even in sub-Saharan Africa, the consensus is that many countries are moving towards increasing access to women for safe abortion services. He cited countries like South Africa, Uganda, Ethiopia and Ghana, which have either liberalized their laws or are moving towards liberalisation to buttress his point that Nigeria was being left behind. He said the approach has helped greatly in reducing maternal deaths related to unsafe abortion. He said even with their liberalization, research evidence shows that there are more abortions performed in Nigeria than in those countries despite her strict laws.

"The truth is that restrictive abortion laws do not prevent abortion, it only makes it more dangerous. Women are just dying from a cause that is preventable", he added.

Also speaking at the conference, Dr. Ejike Oji, Country Director, Ipas, Nigeria said out of the over 30,000 deaths that occur in sub-Saharan Africa from abortion, Nigeria carries the heaviest burden with about 20,000 deaths annually. "We need to do something urgently to stem the tide. In Nigeria, almost 50 per cent of the occupants in maternal wards are women with complications of abortion. There is a direct relationship between the restrictive nature of the law and the number of unsafe abortions. There is also a direct relationship between a law that is a bit liberal to women's health and lives. There are two key examples in the world. In Romania, before the advent of Ceschenko, they had a liberal abortion law, abortion-related deaths were very low. When he took over office, he criminalised abortion, abortion-related deaths in Romania shot up. When he was killed, the parliament changed the laws to what it was, abortion-related deaths fell precipitously. South Africa had a si milar experience during the apartheid rule, they had the same laws that we have, 1861 Statutes of England that we are still using the white women who were more economically empowered accessed safe services, but the poor blacks, which did not have the resources to go to providers were dying because they went to quacks. But when South Africa changed that law in the Termination of Pregnancy Act, within one or two years of the introduction, abortion-related deaths fell by 50 per cent including the morbidity. This is the direct relationship between the law and women dying from unsafe abortion", Oji stated.

He said restrictive laws do not even stop abortions, but under a liberalized legal framework, the tendency is that safe abortion would be higher. He said the important thing in the debate was to give the women a choice. He said indications under which a woman could seek safe abortion should be increased to include, rape, incest and severe medical condition and that no one was canvassing for a wholesale liberalization to allow for abortion under all circumstances.

<< This Day -- 4/2/06 >>

HEALTH-AFRICA:
Anti-Abortion Laws a "Silent War Waged Against Women"
Joyce Mulama, Inter-Press Service

ADDIS ABABA, Mar 22 (IPS) - Calls for abortion laws across Africa to be revised have dominated the first days of a meeting in Ethiopia – the ‘Regional Consultation on Unsafe Abortion in Africa’.

This four-day conference, which ends Mar. 23, has been organised by Ipas and the Guttmacher Institute, both based in the United States. Ipas is an international non-governmental organisation that seeks to reduce abortion-related deaths and injuries, and advance women’s sexual and reproductive rights. The Guttmacher Institute, a non-profit group, conducts research and education into sexual and reproductive health.

More than 140 researchers, key government officials, and health practitioners from 16 African countries have gathered in Ethiopia’s capital, Addis Ababa, to attend the consultation. Discussions are focusing on research into termination of pregnancy, and how the findings of inquiries can influence policy.

Abortion is prohibited in most African countries, except in cases where the mother's life is in danger – something that may have to be confirmed by more than one doctor. The result is that women who are desperate to end unwanted pregnancies often turn to back street abortionists, some of whom use devices as crude as hangers to get rid of the foetus.

In the process, women may have their uteruses punctured, sustain heavy bleeding, or succumb to infections that can – in turn – lead to death. According to the World Health Organisation, 4.2 million unsafe abortions occur in Africa every year, resulting in about 30,000 deaths.

"There is a silent war waged against women, mostly in the developing world, and their right to reproductive health -- especially to safe abortion. This war is fuelled by…archaic abortion laws," said Eunice Brookman-Amissah, Ipas vice-president for Africa.

"We need to ask ourselves whether we will allow old…laws to kill women. If we have a law that kills people, we need to review it."

By contrast, South Africa – one of the few African states to have legalised abortion on request – has drastically reduced the number of deaths related to termination of pregnancy.

"The number of women dying from abortion has plummeted. Initially, before the new law was established, there were 425 deaths arising from abortion every year. Now the number is less than 20," Roland Edgar Mhlanga, head of the Department of Obstetrics and Gynaecology at the University of KwaZulu-Natal in South Africa, told IPS.

Abortion on demand became legal in South Africa in 1997.

Efforts to relax laws on abortion were also made recently in Ethiopia, where unsafe abortion is the second-largest cause of death among women admitted to hospitals – according to Health Minster Tedros Adhanom.

"The articles pertaining to abortion provide more conditions whereby women can get safe abortion services in cases of incest, rape, severe foetal impairment – and where the pregnant woman is physically as well as mentally unfit to bring up a child," said Adhanom. Guidelines on how the new provisions will be implemented have yet to be issued by government.

However, it was noted that changes to abortion laws did not in themselves put a stop to unsafe abortions.

"Having the laws is one thing, and having the laws work for everyone is another thing. Laws must also be in place to ensure that these services are available for the poorest of the poor," said Mhlanga.

The importance of providing women with contraception to prevent unwanted pregnancies was also highlighted.

According to Adhanom, the low level of contraceptive usage in Ethiopia (just 14 percent of married women used this family planning method in 2005) had shown the need for more community health workers to provide information about contraceptives, and distribute them.

Thirty-thousand of these workers are required; to date, government has managed to train 9,000 workers, who have visited a third of the country's 15,000 villages.

"We can see an increase in contraceptive use in areas where the health extension workers have been to," said Adhanom.

Neighbouring Kenya is also faced with the need for more personnel to provide reproductive health services.

"Our biggest constraint is human resources. We do not have enough health workers to offer these services," Enoch Kibinguchy, Kenya's assistant health minister, told IPS at the Addis Ababa conference.

"Currently, we are not recruiting because there is an embargo on hiring new health workers, because the wage bill is too high." (END/2006)

Over 4 Million Unsafe Abortions Occur in Africa:Experts Ethiopia to Impliment Abortion Law

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By Dagnachew Teklu
Addis Ababa

More than 4.2 million unsafe abortions occur in Africa resulting in the death of thousands of women every year, health experts attending a regional consultation on maternal mortality said here on Tuesday.

The health experts who gathered in Addis Ababa to discuss about unsafe abortion revealed that the problem was still on the rise in the majority of the African countries.

"Unsafe abortion continues to exert heavy and negative impact on women's lives in Africa. Maternal deaths and disability have had and continue to have a huge and tragic impact on African societies, disrupting families, their economic lives and the very fabric that supports human existence ," Dr.Eunice Brookman Amissah Africa Vice- president of Ipas , an international organization working on women reproductive health and related issues told participants of the meeting.

According to the World Health Organization (WHO), all countries in Africa permit legal abortion under at least some circumstances, and 4.2 million unsafe abortions occur each year as a result.

"African women suffer more from this tragedy than those in any other part of the world, representing 44 % of the women who die from abortion -related causes globally. These preventable deaths and illness represent not only a major public health crises, but also a social injustice and violation of women's human rights and dignity," WHO said in its report.

Abortion is an act made to terminat an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both,according to WHO.

Dr.Tewordos Adhanom, Ethiopian Minister of Health said that among the 77,000 annual abortion-related deaths in the developing countries, around 33,000 deathes occur in Africa.

"The average unsafe abortion ratio in Africa is 110 deaths per 100,000 live births, which is more than twice of that of any other region in the world. As abortion is highly stigmatized in our communities, it is also understood that most of the cases go unreported and unaccounted for," Adhanom said.

According to the minister, abortion is the second cause of death among Ethiopian women admitted to hospitals.

"My ministry has been authorized to develop guidelines to put in place for the implimentation of the abortion law. The process of developing the guidelines is now in its final stage and we hope to launch the document soon. We recognize not only the significant contribution that unsafe abortion has for maternal mortality in this country, but also the availability at our disposal of interventions that can significantly reduce disabilities and mortalities arising thereof,"Adhanom said.

According to reports at the consaltation, the first of its kind in Africa, 90 women undergo unsafe abortion in the Sub Saharan Africa countries every day.

Around 80 million pregnancies each year are unintended and more than half of them end up with an induced abortion.

Angola, Burkina Faso, Burundi, Central African Republic, and Chad are countries with the highest maternal deaths in the world, according to Ipas.

More than 150 researchers, health care providers, and policymakers are attending the three-day consultation meeting which will end on Thursday.

Health System Bears Cost Of Unsafe Abortions!

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By Pushpa Jamieson
Lilongwe

The law in almost all of the fifty-four African countries makes abortion illegal. Although these laws carry severe punishment, and in some cases imprisonment, women continue to seek out those who can help them get the service quickly, quietly and secretly.

Often the consequences of seeking an abortion from an illegal provider is not even considered by women since the only important thing at the time is to make the problem of an unwanted pregnancy disappear.

A considerable number of women in Malawi are seeking this service, which in many cases results in blotched abortions requiring expert medical attention to correct, and in some cases, even to save the woman's life.

Providing medical help to women who have become seriously ill because an abortion has been carried out by an unqualified person under unhygienic conditions and using contaminated equipment is putting added pressure on to an already ailing public health system in the country.

Some of the big referral hospitals are reported to be unable to provide primary health assistance to patients due to the shortage of essential drugs like analgesics and antibiotics. Wards in some hospitals are so

overcrowded that patient's resort to sleeping between beds, on the floor.

The lack of nurses and other personal to provide sufficient care for patients means the patient has to have a guardian to take care of them.

This adds to the overcrowding in the wards. The finances of the health system are so stretched that many believe the Ministry of Heath (MoH) will have to take drastic measures to address the problems.

Added to this, the hospitals have to provide Post Abortion Care (PAC) to women who have been given an unsafe abortion. The fear of seeking medical attention early because of the possibility of criminal charges being made against them and the provider is eventually costing the health system more than it can afford.

In many cases women seek PAC as a last resort, and in some instances lose their lives because of the fear of being charged with a criminal offence.

Joyce* did not complete her education because her father had died the year she should have gone to secondary school. The responsibility of providing for the family became hers and a job offer as an office attendant with a legal firm seemed like the answer to her problems.

Her angry aunt tells how Joyce had not been working there a long time when one of the partners, seeing her vulnerability and the desperation of her need for a job, managed to become sexually involved with her.

Several months later she became pregnant and since pregnancy was not part of his plan, her married executive boyfriend convinced her that the only remedy to the problem was to undertake an abortion. With no other solution in sight, she agreed.

Joyce found someone who could terminate the pregnancy privately and went ahead with it. Unfortunately, the abortion was not complete and two weeks later saw Joyce rushed to a PAC provider, Banja la Mtsogolo (BLM) who had the task of trying to correct the damage caused by the unsafe abortion.

Joyce may never be able to have children in the future because her reproductive tract was so badly infected. Her boyfriend no longer wants to continue their relationship and, because she is not so well, she has become an added financial burned to the family. The trauma that Joyce experienced is still evident and the only thing she can say when asked how she feels about the whole thing is; "I don't want to talk about it, I just want to forget the whole thing".

Her aunt says it is concerning that women and young girls put their lives in danger by having unsafe abortions. "I worry that women become so desperate that they are prepared to take a chance with their lives and have unsafe abortions. Something must be done because we cannot continue burying our heads in the sand".

She says what happened to Joyce is not unique and people must accept that the cases of unsafe abortions are on the rise. "Many young women

are doing this, even married ones. It is only when I became involved with taking care of Joyce after her ordeal that I heard of others who have suffered at the hands of unscrupulous people who carry out these unsafe abortions and make a lot of money out of it".

The case of Joyce is just a glimpse of the magnitude of unsafe abortions taking place in Malawi. Many other women who have illegal abortions suffer complications arising from the unsafe abortion that take place in silence. Women, rather than reveal what they have done or who has helped them to terminate the pregnancy continue to remain silent on it.

It is only when a woman becomes very sick that she will eventually reveal what has taken place. Often the identity of the provider is left undisclosed and protected by the woman.

S ampling figures for post abortion care services provided by BLM for the year 2005 shows that women are having unsafe abortions in spite of the danger to themselves or even to what the law says. Figures sourced from BLM show that their clinics are providing PAC to women in considerable numbers.

Looking at figures from one BLM clinic in each of the three regions in Malawi, indications are that the problem is not in one particular part of the country but generally more widespread.

According to George Macheka, External Relations and Marketing Manager for BLM, the Lunzu Blantyre (southern region) clinic registered 242 women receiving PAC last year. Mzimba North (northern region) clinic provided 229 and Area 25 (central region) BLM clinic for the same period provided 894 PAC (approximately 3 a day) services to women.

These figure are sourced from just one clinic in each of the three regions of Malawi. BLM has 5 centers in the northern region, 11 in the central region and 13 in the south. As the country's leading sexual and reproductive health provider, the clinics only provide PAC when women come to the clinics after an unsafe abortion. Macheka said, "We try to help by cleaning up and minimize any effects or damage after the woman has had an unsafe abortion which has resulted in complications".

A source said a larger number of the women are in the age group 16 and above and are in some instances married. "The cost of PAC is at the subsidized rate of approximately MK1,500 (US$11.50)," she revealed.

Dr Grace Chiudzu, Head of Department of Obstetrics and Gynecology at the Lilongwe Central Hospital says her department provides PAC to approximately 4 to 5 women a day. "The women are in their late teens up to their thirties and also married women. The kind of care we provide includes Curettage and Manual Vacuum Aspiration (MVA)". She said that the most common result of unsafe abortions is sepsis; "Because of the clandestine way it is carried out, most procedures are done in unhygienic conditions, often using unstrelised equipment and dangerous things. We often see women with terrible infections. Women who have complications from an unsafe abortion do not seek medical help quickly because it is unlawful to have an abortion; and also there is the stigma of having had an abortion that women fear." Chiudzu said there have been instances when pieces of sticks used in the procedure have been removed

from the cervix.

Asked what she thought it was costing the health system to provide PAC, Chiudzu said it was very difficult to measure in money terms because, 'the hospital gives free medical services'. She says apart from financial cost, there are other costs that providing PAC has. "What it also costs the system is the time spent in providing PAC. There is the cost of providing a bed for the patient while being treated. Personnel, which we are already short of is required, to take care of the patient and other medication are all costs of PAC". she said.

Asked why she thought that women resort to having unsafe abortions, she said in most cases it was desperation, which led to women seeking unsafe abortions. "Desperation, because they have other things and needs to think about before having another child. There is also a desperate need for proper information and education to be given to women on family planning. Many women believe that if you take contraceptives you will develop lumps and bumps - which is not true.

Information on reproductive health care will help women avoid unwanted pregnancies," she reiterated.

The Platform for Action, Beijing in 1995 agreed that there is need for participating governments to take action to address the issues of unsafe abortions and the loss of women's lives because of the procedure.

Participating countries at the conference in Beijing agreed that governments, in collaboration with non-governmental organizations and employers' and workers' oranisations and with the support of international institutions should: *Recognise and deal with the health impact of unsafe abortions as a major public health concern as agreed in paragraph 8.28 of the International Conference on Population and Development. *And in light of this paragraph, consider reviewing the laws containing punitive measures against women who have undergone an illegal abortion.

It has been acknowledged that most African country's laws (with a very few acceptations) on abortions are still those made during the colonial era.

In a majority of African countries, Malawi included, abortion is only permitted to save a woman's life. Some countries will permit termination of the pregnancy to protect a woman's physical health as in the case of rape or incest. Countries like Botswana, Ghana Namibia and Sierra Leone allow abortions for broader reasons. Ethiopia has just completed revising their laws on abortions and is awaiting instructions on implementation.

According to information sourced, the Law Commission in Malawi has asked for research to be carried out in order for the office to have some kind of data and statistics, which would fully expose the consequences of terminations in Malawi.

*Not real name