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General debate on national experience in population matters:

**“Strengthening the demographic evidence base for the
post-2015 Development agenda”**

Statement submitted by Alliance Defending Freedom and Centro de Estudio y Formacion Integral de la Mujer, Observatorio Regional para la Mujer de América Latina y el Caribe AC, Red Mujeres, Desarrollo, Justicia Y Paz AC, Vida y Familia de Guadalajara A.C., non-governmental organization in special consultative status with the Economic and Social Council²

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

¹ E/CN.9/2016/1.

² The present statement is issued without formal editing.



Statement

The Alliance (ADF International) is a not-for-profit international legal alliance of more than 2,400 lawyers dedicated to the protection of fundamental human rights. It has been involved in over 500 cases before national and international forums, including the Supreme Courts of the United States of America, Argentina, Honduras, India, Mexico, and Peru, the Inter American Court of Human Rights, and the European Court of Human Rights. As well as having consultative status with the Economic and Social Council (ECOSOC) of the United Nations, ADF International has accreditation with the European Commission and Parliament, the Organization for Security and Co-operation in Europe, the Organization of American States, and is a participant in the FRA Fundamental Rights Platform.

Centro de Estudio y Formación Integral de la Mujer promotes respect for values that strengthen the dignity of women, mainly through educational initiatives in Mexico and the United States.

Red Mujeres, Desarrollo, Justicia Y Paz A.C. works in twenty-eight states in Mexico and serves to empower women through trainings in business and finance to more effectively contribute to their families, communities, and country.

Vida y Familia de Guadalajara is a private Mexican welfare institution that cares for socioeconomically vulnerable pregnant women and helps them to integrate into society after they give birth.

Observatorio Regional para la Mujer de América Latina y el Caribe is a Mexican non-governmental organization that highlights the value of women in the professional, social and family spheres.

On the occasion of the forty-ninth session of the Commission on Population and Development, we call upon Member States to reaffirm immutable human rights with a particular focus on authentic solutions to development that prioritize the needs of the person. Person-centred solutions focus on harnessing human ingenuity to drive development. It is imperative that Member States reaffirm Principle 2 of the Programme of Action (PoA) of the International Conference on Population and Development (ICPD), which states that, “people are the most important valuable resource of any nation.”

In light of this year’s theme, “Strengthening the demographic evidence base for the post-2015 development agenda”, we specifically urge Member States to fill the gaps in demographic data related to two of the most marginalized sectors of society: women and children. Strengthening the statistical evidence base for women and children will enable governments to obtain the data necessary to form policies that will protect and empower these two most integral groups of society. Protection and empowerment of women and children is critical to achieving the goals and targets in the 2030 Agenda.

We applaud the many significant achievements that have occurred since the adoption of the ICPD. Specifically, noteworthy progress has been made with regard to two of the Programme’s primary and fundamental goals: the reduction of maternal mortality and the reduction of infant and child mortality. Since the adoption of the Programme for Action, maternal deaths have been reduced almost in half and under-five mortality rates have also dropped by approximately 49 per cent.

This laudable progress, however, must not overshadow the remaining challenges to improving the situation for women and children, particularly the challenges resulting from a lack of data collection on maternal and infant mortality. Complications during pregnancy and childbirth remain among the leading causes of death for women of reproductive age in developing countries. Therefore, maternal mortality — which often takes the life of both the mother and the child — continues to be a critical obstacle for ushering in the future population and achieving sustainable development. In its latest publication on maternal mortality, the World Health Organization estimated that approximately 303,000 maternal deaths will occur in 2015 and acknowledged that “accurate measurement of maternal mortality levels remains an immense challenge”. In order to achieve Target 3.1 of the 2030 Agenda, data collection must be increased so that authentic solutions can be pursued.

Women continue to die from causes associated with pregnancy and childbirth despite the fact that almost all maternal deaths are preventable. Ninety-nine per cent of pregnant mothers who die are from the developing world. According to WHO, a woman’s risk of dying during or following pregnancy is one in 3,800 in the developed world. In sub-Saharan Africa, this risk is one in 39. These statistics demonstrate that maternal mortality is caused by poverty and lack of critical health care infrastructure. There are four direct causes of maternal mortality: 1) haemorrhage; 2) infection; 3) high blood pressure; and 4) obstructed labour. The solution to high rates of maternal mortality in the developed world is thus to ensure that every woman has access to quality prenatal care, to increase the number of skilled birth attendants, to strengthen health care systems, and ultimately to focus on educating women and alleviating poverty.

Some agencies and non-government organizations consider “safe abortion” to be a solution to the problem of maternal mortality. However, a wealth of data controverts the idea that a total prohibition on abortion undermines maternal health. A major study published in the British Medical Journal in 2015 concludes that States with “less permissive” abortion laws “exhibited consistently lower maternal mortality rates”. Although the study explains these differences in terms of other independent factors rather than in terms of abortion legislation itself, it nevertheless concludes, “No statistically independent effect was observed for abortion legislation, constitutional amendment or other covariates”. Because abortion legislation has either no effect or a negative effect on maternal mortality, abortion need not be legalized to protect women’s health.

Case studies of three nations — Chile, Ireland, and Malta — highlight this fact. According to WHO, Ireland is one of the safest places to give birth. After banning almost all abortions in 1983, Ireland strengthened its focus on providing high-quality prenatal care and was ranked number one in 2005 and number three in 2008 for the lowest global maternal mortality rate. Similarly, following the total prohibition of abortion in 1989, Chile experienced a steep decline in the number of maternal deaths (69.2 per cent) and came to have the second-lowest maternal mortality ratio in the Western Hemisphere. In Malta, another country in which abortion is illegal, maternal mortality rates are one of the lowest in the world, and the country has the exact same MMR (8) as countries that widely allow for abortion, such as Belgium, France, and Switzerland.

Therefore, rather than negatively impacting maternal mortality, restricting access to abortion often results in significantly improved maternal health by freeing up resources to care for mothers and babies. Doctors in countries where abortion is illegal will go to virtually any length to save the lives of both mother and baby, and succeed in doing so — thus demonstrating that it is possible to protect them both. Calls to increase access to abortion in order to decrease maternal mortality do not meet the needs of mothers who need a real answer to the problem of a dangerous pregnancy or childbirth. For this reason, we call upon Member States to focus on collecting data that will allow them to respond to the four causes outlined above that constitute the vast majority of maternal deaths.

Moreover, in addition to taking the lives of unborn children and failing to improve maternal health, increased access to abortion compromises the health of children after birth. This reality has been underscored recently by a wealth of research demonstrating that induced abortion drastically increases the risk of preterm birth in subsequent pregnancies. Alarming, given the increasing prevalence of abortions, preterm birth is now, for the first time in history, the leading cause of death for children under five years old. Complications due to prematurity take the lives of approximately three thousand children daily and leave many other children at increased risk for serious health problems such as cerebral palsy. It is inconsistent and self-defeating to fight against child mortality while simultaneously supporting abortion because, both by definition and by contributing to preterm births, abortion causes child mortality.

As stated in paragraph 8.25 of the ICPD, “every attempt should be made to eliminate the need for abortion”. Abortion demotes, rather than promotes, the inherent dignity of the person and therefore governments must take all “appropriate steps to help women avoid abortion” (Paragraph 7.24) in an effort to achieve sustainable development. We commend the drafters of the ICPD PoA for making clear that abortion is not to be promoted as a method of family planning (Paragraph 7.24) and that States have the sovereign right to determine their laws on abortion (Paragraph 8.25). We ask Member States to join us in recognizing that abortion is not a solution — but rather an inhibitor — to improving women’s and children’s health.

Conclusion

The time has come to recognize that abortion itself is a threat to sustainable development. To improve maternal and child health and decrease the risks women have of dying during pregnancy or childbirth, States must focus on providing the key interventions necessary to get mother and baby safely through pregnancy, childbirth, and childhood — not on providing abortion. Focusing on access to abortion takes money, manpower, and other resources away from life-saving maternal health interventions. Member States must avoid taking such detrimental focuses in working toward strengthening the evidence base for the 2030 Agenda.