



## Economic and Social Council

Distr.: General  
24 January 2011

Original: English

---

### Commission on Population and Development

Forty-fourth session

11-15 April 2011

Item 4 of the provisional agenda\*

**General debate on national experience in population  
matters: fertility, reproductive health and development**

### **Statement submitted by IPAS, a non-governmental organization in consultative status with the Economic and Social Council**

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.

---

\* E/CN.9/2011/1.

## **Statement\***

1. As an international NGO working closely with international and local partners serving women all over the world, we call on members of the Commission on Population and Development to continue affirming and supporting the principles, goals, objectives, and recommendations of the International Conference on Population and Development (ICPD) Programme of Action and subsequent global and regional agreements, while continuing to support the collection and analysis of new data and evidence to help in the implementation of these agreements.

### **Fertility, Reproductive Health and Development**

2. In 1994, the ICPD Programme of Action affirmed the links between women's control over their own fertility and sustained economic growth and development in words that still ring true today:

“The unusually high number of young people, a consequence of high fertility rates, requires that productive jobs be created for a continually growing labour force under conditions of already widespread unemployment. The numbers of elderly requiring public support will also increase rapidly in the future. Sustained economic growth in the context of sustainable development will be necessary to accommodate those pressures ...”.

The Programme of Action went on to establish that achievement of development in part depends on women's access to sexual and reproductive health services, including means to control reproduction such as family planning methods and abortion as permitted by law. Since then, the Millennium Development Goals established universal access to reproductive health by 2015 as a target.

### **Access to reproductive health services, including safe abortion**

3. Today, millions of women and girls around the world still do not have adequate access to affordable and acceptable modern contraceptive methods, including emergency contraception and female condoms. An increasing number of countries have adopted broader indications for legal abortion, and the World Health Organization (WHO) and other organizations are providing technical and financial support. Progress is slow, however, in implementing a key recommendation made as an outcome of the special session of the General Assembly on the five-year review and appraisal of the ICPD Programme of Action (ICPD+5): “in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible”. Even in places where abortion is permitted for multiple reasons, many women do not know that abortion is legal, and access to safe procedures is impeded because of high cost to women, lack of trained and equipped providers, resistance by some facilities and providers, and other factors.

4. Early abortion by trained providers in hygienic circumstances is among the safest of medical procedures. Unsafe abortion is a major contributor to maternal mortality and morbidity, accounting for nearly 50,000 women's and girls' deaths annually, according to the latest available estimates from WHO. In addition, up to 5 million women and girls suffer short- and long-term injuries due to the

---

\* Issued without formal editing.

consequences of unsafe abortions, including haemorrhage; sepsis (infection); trauma to the vagina, uterus and abdominal organs; peritonitis; reproductive tract infection; pelvic inflammatory disease and chronic pelvic pain; shock and infertility. In Brazil alone, for example, about 250,000 women are treated annually in hospitals for complications arising from unsafe abortions. Facility-based studies in Africa in the past decade have estimated that such treatment was needed for more than 58,000 women per year in public and private facilities in Ethiopia, nearly 85,000 in Uganda, over 30,000 in Malawi, and in public facilities alone in Kenya, over 20,000.

### **Abortion and human rights**

5. To address maternal mortality and morbidity, the Office of the United Nations High Commissioner for Human Rights concluded in a recent study the following:

“In the context of preventable maternal mortality and morbidity ... obligations require States (a) to refrain from taking actions that would obstruct women’s access to the health-care services they need or to the underlying determinants of health (duty to respect), (b) to take measures to prevent women from dying in childbirth and pregnancy (duty to protect) and (c) to take legislative, administrative, and judicial action, including through the commitment of maximum available resources to prevent maternal mortality and morbidity (duty to fulfil).”

### **Recommendations**

6. With the above considerations in mind, and based on previous intergovernmental agreements and evidence-based recommendations of international organizations, Governments should ensure that the following measures are taken:

- **Strengthen health systems and ensure that they provide, on a priority basis, equitable access to sexual and reproductive health services, including the widest achievable range of safe and effective family planning and contraceptive methods as well as barrier methods such as male and female condoms and microbicides; safe abortion; pregnancy-related services; skilled attendance at delivery; essential obstetric care; and screening and treatment for STIs, including HIV; with a view to: improving maternal health; reducing maternal mortality, unwanted pregnancy and unsafe abortion; improving neonatal survival; and preventing STIs and sexually transmitted diseases, including HIV/AIDS, giving particular attention to the needs of and special risks faced by young people;** [inspired by ICPD Programme of Action, paras. 7.23, 8.22, 8.25; General Assembly resolution S-21/2, para. 53; resolution 2009/1 of the Commission on Population and Development; General Assembly resolution S-27/2, para. 37 (1); WHO, *Packages of interventions for family planning, safe abortion care, maternal, newborn and child health*]
- **Revise national and international health and development strategies to improve access to contraceptive, family planning and other sexual and reproductive health services among disadvantaged groups as a priority and place contraceptive, family planning and reproductive health services close to where disadvantaged groups live and work.** [United Nations

Population Fund, *Reducing Inequities: Ensuring Universal Access to Family Planning as a key component of Sexual and Reproductive Health*]

- **Promote male responsibility and use of contraceptive methods** (e.g., condoms, vasectomies) and enhance male involvement, with women's consent, in maternal health services.
- **Promote the use of safer abortion techniques**, such as vacuum aspiration and medical abortion (especially combined use of mifepristone and misoprostol) [WHO, *Packages of interventions for family planning, safe abortion care, maternal, newborn and child health*].
- **Strengthen the abortion-related skills of health-care providers**, especially midwives, who are many women's primary health-care providers [General Assembly resolution S-21/2, para. 63(iii)].
- **Amend legislation criminalizing abortion** to permit pregnancy termination to protect women's lives and mental and physical health, and remove all punitive measures on women who undergo abortion [Platform for Action of the 4th World Conference on Women, Committee on the Elimination of Discrimination against Women, Committee on the Rights of the Child, Committee on Economic, Social and Cultural Rights, Human Rights Committee, Committee against Torture].
- Integrate and mutually **link contraceptive services, family planning and other reproductive health services with HIV/AIDS programming**, such as the addition of information on contraception, including emergency contraception, HPV vaccinations, screening for reproductive tract cancers, safe abortion care, voluntary HIV counselling and testing, prevention of vertical transmission of HIV, and antiretroviral (ARV) services, to increase the likelihood that women will obtain the information they need to make informed decisions regarding fertility and disease prevention [WHO, *Packages of interventions for family planning, safe abortion care, maternal, newborn and child health*].
- **Train health-care providers to provide comprehensive services that screen for violence**, treat emotional, physical, and sexual **abuse among women, youth, sexual minorities**, including confidential, non-judgmental counselling and appropriate referrals. Such services should include STI and HIV confidential counselling and testing, post-exposure prophylaxis to prevent HIV infection and STI treatment, pregnancy counselling and testing, emergency contraception and safe abortion services if desired by the woman or girl involved.

## References

- Ashford, Lori. 2002. *Hidden suffering: Disabilities from pregnancy and childbirth in less developed countries*. Washington, D.C., Population Reference Bureau; <http://www.prb.org/pdf/hiddensufferingeng.pdf>.
- Guttmacher Institute. October 2009. *Facts on induced abortion worldwide*. [http://www.guttmacher.org/pubs/fb\\_IAW.html#r1](http://www.guttmacher.org/pubs/fb_IAW.html#r1).

- Human Rights Council. 16 April 2010. *Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights*. A/HRC/14/39.
  - Ministério da Saúde. 2005. *Norma Técnica para Atenção Humanizada ao Abortamento, Ministério da Saúde*. Brasília, Ministério da Saúde.
  - Singh, Susheela. 2006. Hospital admissions resulting from unsafe abortion: estimates from 13 developing countries. *Lancet* 368: 1887-92.
  - WHO. 2007. *Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2003*. 5th edition. Geneva, WHO. [http://www.who.int/reproductive-health/publications/unsafeabortion\\_2003/ua\\_estimates03.pdf](http://www.who.int/reproductive-health/publications/unsafeabortion_2003/ua_estimates03.pdf) WHO et al. 2010. *Trends in Maternal Mortality: 1990 to 2008*, Geneva: WHO; [http://whqlibdoc.who.int/publications/2010/9789241500265\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf)
-