



## SAASA Dialogue on International Safe Abortion Day

26 September 2024  
11:00 – 13:00 SAST

### Introduction

The 28<sup>th</sup> of September is International Safe Abortion Day celebrated annually. This year, the global campaign will focus on the theme of solidarity in our communities, highlighting the collective efforts of our diverse, intergenerational, and cross-border community in advancing the right to access safe abortion and reproductive justice. As we face persistent and emerging threats to abortion rights and reproductive justice, we unite in #AbortionSolidarity to uphold and advance these fundamental freedoms.

Members of the Voice and Choice Fund initiated the [Safe Abortion Alliance of Southern Africa \(SAASA\)](#) at the Learning and Sharing Summit in November 2023. We met again in Harare in the wings of the SADC Heads of State Summit where we drew up an action plan and agreed to broaden our membership.

To observe this important day, SAASA will be convening a webinar to explore some of the obstacles and solutions for women to claim their rights to safe abortion as prescribed by the law in different countries.

### Background

#### Legal provisions for access to abortion

The Maputo Protocol (Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa) which was adopted by the African Union in 2003 is the first treaty anywhere in the world, to recognise abortion, under certain conditions, as women's human right which they should enjoy without restriction or fear of being prosecuted (in section 14(2)(c))

States Parties shall take all appropriate measures to:

- 2.c) protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.

When a state signs, it means it intends to adopt all articles of a protocol; when it ratifies, it means it has adopted all articles.

- Of the 55 African states, 44 states have **ratified** the Maputo Protocol. 14 of the 16 SADC states have ratified the Protocol.
- 8 states have **signed but not ratified** the Maputo Protocol including Madagascar.
- 3 states have **neither signed nor ratified** the Maputo Protocol, including Botswana.

Eleven of SADC's 16 Member States have legislation which at least complies with the Maputo Protocol and does confer certain, constrained rights to women.

- 4 states **permit abortion above and beyond the cases listed** in the Maputo Protocol's abortion provisions (Beyond compliance) - **SA, Mozambique, Seychelles and Zambia** – which both allow on Socio-Economic grounds)
- 6 states **permit abortion in all cases listed** in the Maputo Protocol's abortion provisions (Full compliance) - **Angola, DRC, Eswatini, Mauritius, Lesotho and Namibia**. (Botswana is also in compliance but has not ratified the protocol)
- 4 states **permit abortion in some but not all of the cases listed** in the Maputo Protocol's abortion provisions (Partial compliance) - **Comoros, Malawi, Tanzania and Zimbabwe** – which only allows it if a woman's physical health is in danger, and does not mention mental health)
- **Madagascar directly contravenes the Maputo Protocol** by prohibiting abortion under all circumstances (Non-compliance). It is one of 22 countries in the world that prohibit it under all circumstances. (It has not ratified the protocol)

### Estimate abortion rate in SADC

Data on access to abortion is difficult to gather because of the restrictions in place. However researchers from Guttmacher and the UNDP/UNFPA/ UNICEF/ WHO/ World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Sexual and Reproductive Health and Research, based in the WHO, developed a model to estimate unintended pregnancy and abortion rates.

The complex model uses information on contraceptive needs and use, contraceptive method mix, birth rates, the proportions of births from unintended pregnancies and abortion incidence data to estimate the rates of unintended pregnancy and abortion. The researchers were able to produce estimated rates in five-year bands for 150 countries and territories.

Data, published in the BMJ Global Health<sup>1</sup>, includes estimates for the period 2015 to 2019. Some important points to note from this data are:

- The estimated **rates of unintended pregnancy** per 1000 women aged 15 – 49 range from a low of 74 in Zimbabwe (which has had a community-based family planning programme for a long time) to a high of 123 in Zambia.
- The estimated **abortion rates** per 1000 women aged 15 – 49 range from a low of 18 in Zimbabwe to a high of 60 in Madagascar, which has the most stringent law against abortion in SADC.
- The proportion of **unintended pregnancies that end in abortion** range from 24% in Lesotho to 63% in Madagascar.<sup>2</sup>

<sup>1</sup> Bearak JM, Popinchalk A, Beavin C, et al. Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015–2019. *BMJ Global Health* 2022;7:e007151. doi:10.1136/ bmjgh-2021-007151 <https://gh.bmj.com/content/7/3/e007151> accessed June 20, 2022

<sup>2</sup> 2022 Voice and Choice Barometer

## Ongoing barriers

In just about all of these member states, even where abortion is available on demand, for example, South Africa and Mozambique, many circumstances keep women from realising the rights that are made possible in law. Some of these circumstances are:

1. Limited knowledge or understanding of what is allowed by the law – by women, girls, partners, health providers, legal providers and poor access to information.
2. Lack of guidelines for the health sector to ensure that they do provide what should be available. Many do not have the correct medicines, equipment etc. This is especially so in rural areas.
3. Many laws have unreasonable requirements e.g. approval by two doctors in countries where doctors are few and far between.
4. Administrative barriers - Delays for instance in determining that a pregnancy was the result of rape or incest – which pushes pregnancies beyond the time limit which is allowed for an abortion.
5. Stigma, cultural, religious and social beliefs
6. Attitudes of health professionals – and conscientious objection.
7. Poor social and economic support for a woman to seek an abortion.
8. Poverty
9. Conflict, war and disasters (health and climate)

## Objectives

The panel discussion will focus on the different manifestations of these obstacles in the SADC region, what is being done, and explore new ways to make sure that women can access the limited rights that are granted to them in the law.

## Outcomes

- Increased understanding of the barriers and obstacles to women realising their rights to safe abortion according to the law.
- Shared ideas about possible solutions to these impediments.
- Increased solidarity with women and girls in the SADC region and across the globe.
- A Call to Action for civil society and governments.

## Resources

International Safe Abortion Day [Global campaign resource kit](#)

[Maputo protocol](#)

[General Comment No 2](#) was provided in 2014 to guide member states on Section 14.2.

[2022 Barometer Safe Abortion Chapter](#)