

# CSMMUA

COALITION TO STOP MATERNAL MORTALITY DUE TO UNSAFE ABORTION

CALLING ON UGANDA TO ADOPT LAWS AND POLICIES THAT FACILITATE  
ACCESS TO SAFE AND LEGAL ABORTION

This 28<sup>th</sup> day of September 2024 is International Safe Abortion Day, we come together as the Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA) to urge the Government of Uganda to advance reproductive justice in the face of persistent and emerging threats towards Sexual and Reproductive Health and Rights. As members of CSMMUA, we unite in **#AbortionSolidarity** to advance reproductive justice for all.

The World Health Organisation (WHO) estimates that 3 out of every 10 pregnancies end in induced abortions, 45% of which are unsafe, it also notes that 97% of unsafe abortions are done in developing countries, and 13.2% of all maternal deaths are because of unsafe abortion. Although Uganda's maternal mortality rate is on the decline, with 189 women out of every 100,000 dying due to pregnancy-related causes, 5% are attributed to unsafe abortion (UDHS 2022), with the country spending over \$14 million annually to provide post-abortion care (Guttmacher 2017). Also, in Uganda, more than 20,000 women seek abortion care services every year (UNFPA 2021).

Still, women in Uganda are often presented with barriers to getting abortion care such as the restrictive and ambiguous laws on abortion, ignorance of these laws, poor health delivery systems, poor training of health workers on providing abortion care, and the stigma attached to having an abortion. Abortion remains one of the most contested and dividing issues when it comes to the autonomy and self-determination of women in Uganda because at the heart of it are underlying norms that view abortion as a sin hence it being categorized as a crime. Uganda has restrictive abortion laws that criminalize it under the Penal Code Act unless it is done to save the life of a pregnant woman.

The Ministry of Health in Uganda tried to address the provision of abortion care in the 'Policy Guidelines and Services Standards for Sexual and Reproductive Health of 2012' and the 'Reducing Morbidity and Mortality from Unsafe Abortion in Uganda: Standards and Guidelines of 2015' but these were withdrawn in 2017 which continues to create an environment where women face legal

barriers in accessing safe abortion care services. To date, we have no clear policy guidance on abortion care services

Uganda has ratified the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol), with a reservation on Article 14(2)(c) which calls on state parties to sanction medical abortion in instances of sexual violence, incest and where the life and health of the pregnant woman or fetus are in jeopardy. Uganda has also ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Article 12 of CEDAW encourages state parties to do all that is necessary to eliminate discrimination against women within healthcare and ensure that men and women can access healthcare services equally.

WHO has found that countries with highly restrictive abortion laws have a high incidence of unsafe abortions and spend a lot of money providing post-abortion care which drains the already limited resources of the health care system, and that providing safe abortion services is cheaper than responding to post-abortion-related complications. Abortion care is a health service unique to women because of their reproductive function and placing undue restrictions on abortion leaves women vulnerable to forced pregnancy which violates their right to non-discrimination.

We, therefore, collectively join our voices to urge the government of Uganda to facilitate access to safe and legal abortion by:

1. Reinstating the Reducing Morbidity and Mortality from Unsafe Abortion in Uganda: Standards and Guidelines of 2015 and the Policy Guidelines and Service Standards for Sexual and Reproductive Health of 2012. These frameworks are essential for guiding healthcare providers in offering safe, ethical, and evidence-based abortion care, thereby reducing preventable deaths and complications associated with unsafe abortion practices
2. Advocating for the adoption of the East Africa Sexual and Reproductive Health Bill by the East African Legislative Assembly. This regional legislation would provide a unified and comprehensive framework to enhance reproductive justice across East Africa, ensuring harmonized and progressive policies that prioritize women's health and autonomy.
3. Amending section 224 of the Penal Code Act to align with Article 14(2)(c) of the Maputo Protocol, which guarantees a woman's right to obtain an abortion in cases of sexual assault,

rape, incest, or when the pregnancy endangers the mental or physical health of the mother or the life of the fetus. This alignment is crucial for protecting women's rights and addressing the realities faced by those with unintended or high-risk pregnancies.

4. Initiating mass training programs for healthcare professionals to equip them with the skills necessary to provide safe, confidential, and non-judgmental abortion care services including counseling and guidance. These trainings should focus on respecting patient autonomy, adhering to medical ethics, and addressing stigma associated with abortion, ensuring that women receive compassionate and respectful care.
5. Rescind Uganda's support for the Geneva Consensus Declaration that undermines reproductive justice by reinforcing restrictive policies on abortion. Uganda should uphold its commitment to international human rights instruments that promote women's access to comprehensive reproductive healthcare services at all times.

