



Monitoring The Maputo Plan of Action

An assessment of
Sexual & Reproductive Health & Rights
Responses & Reporting
in Africa

MPOA Scorecard

BRIEF

Element 5: Incidence of unsafe abortion reduced

Phillipa Tucker - September 2012

Holding leaders accountable



Introduction

The MPOA Scorecard provides data and an analysis of statistics provided by African governments to the African Union Commission in the Maputo Plan of Action (MPOA) reporting. This report first briefly introduces the various concepts that inform sexual and reproductive health and rights on the continent, how the Maputo Plan of Action commitment evolved as a government solution, and how accountability and data can be used to improve Sexual and Reproductive Health and Rights (SRHR). In the second section of the report the data is presented and analysed in an easy-to-read manner and a way forward provides recommendations in the final closing section. [Read the full report here](#)



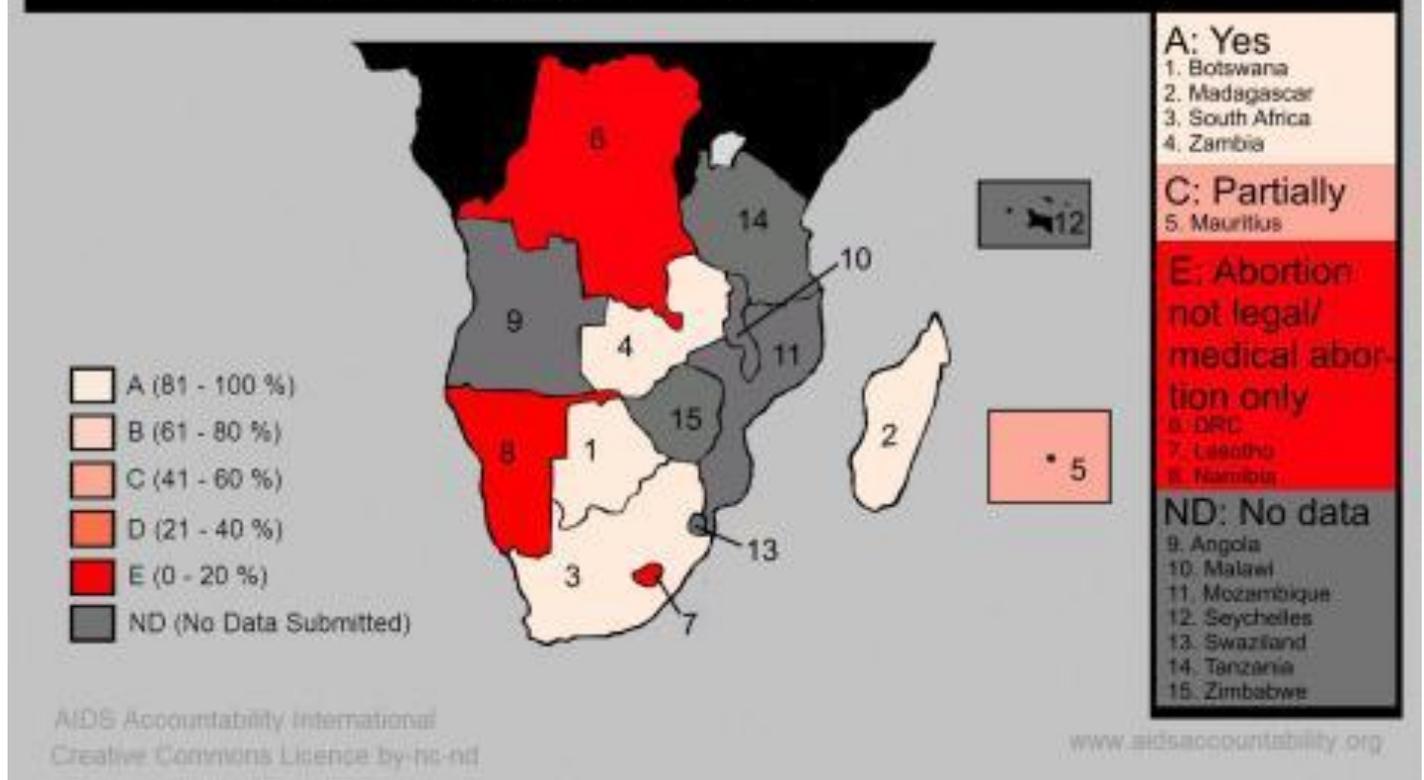
Element 5: Incidence of unsafe abortion reduced

What is universally understood to be true is that countries in which abortion is restricted or illegal spend significant amounts of money on treating post-abortion complications. In a laudable move the government of Zimbabwe in August 2012, issued a new policy that health care workers no longer have to report women seeking post-abortion care to the police. The obvious impact of this is that in the bid to lower maternal mortality the Zimbabwean government will make access to post abortion health care easier for all women and the men supporting them.

In Malawi, where a government and IPAS report found that 70 000 women sought abortions in 2009 alone, it is estimated that 17% of maternal mortalities are related to unsafe abortions. In the 2012 preliminary report on 'Health System Costs of Providing Post Abortion Care in Malawi', estimates show that basic post-abortion care costs around \$45, which is a significant cost to state. The report states, "Public health facilities in Malawi that provide post-abortion care spend approximately \$1.06 million annually to treat women with complications of unsafe abortion". It continues: "If safe abortion services were made available to women, approximately \$435,000 would become available in public health care facilities each year to divert to other health care needs."xii

Element 5: Incidence of unsafe abortion reduced

A: Legislation/policy framework on abortion

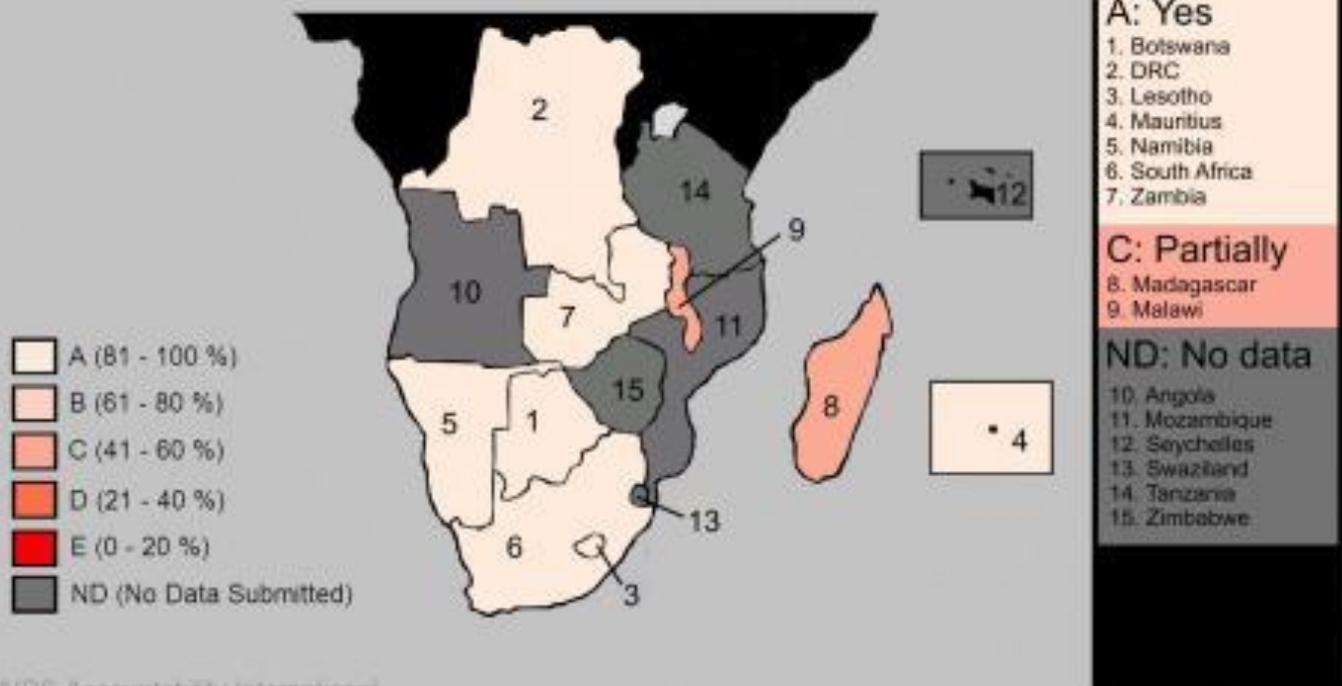


What is apparent from the MPOA data section on challenges and recommendations is that cultural and religious beliefs hinder progress towards providing access to legalizing abortion for all women, including teenagers and young girls, however all countries are facing illegal abortions and an increase in baby abandonment, often termed “baby dumping” by media. (noted in the Namibian report) demonstrating that the population faced with unwanted pregnancies are so desperate as to commit a crime in order to avoid unwanted pregnancies and parenthood. Governments need to show accountability to the women most affected by these circumstances and protect them both by meeting unmet needs for family planning but in addition de-criminalizing abortions and offering quality abortion in quality health care facilities. Access to emergency contraception as well as extensive campaigning around sexual and reproductive rights is essential to both women and men as they make decisions around intercourse and parenthood.

Indeed what the MPOA Scorecard shows is that countries have gone to great lengths to put programmes and policies in place to reduce unwanted pregnancies and unsafe abortion, yet abortions remain illegal or limited to only legal or medical abortions (only performed if there is a risk to the mother’s mental or physical health) in too many countries.

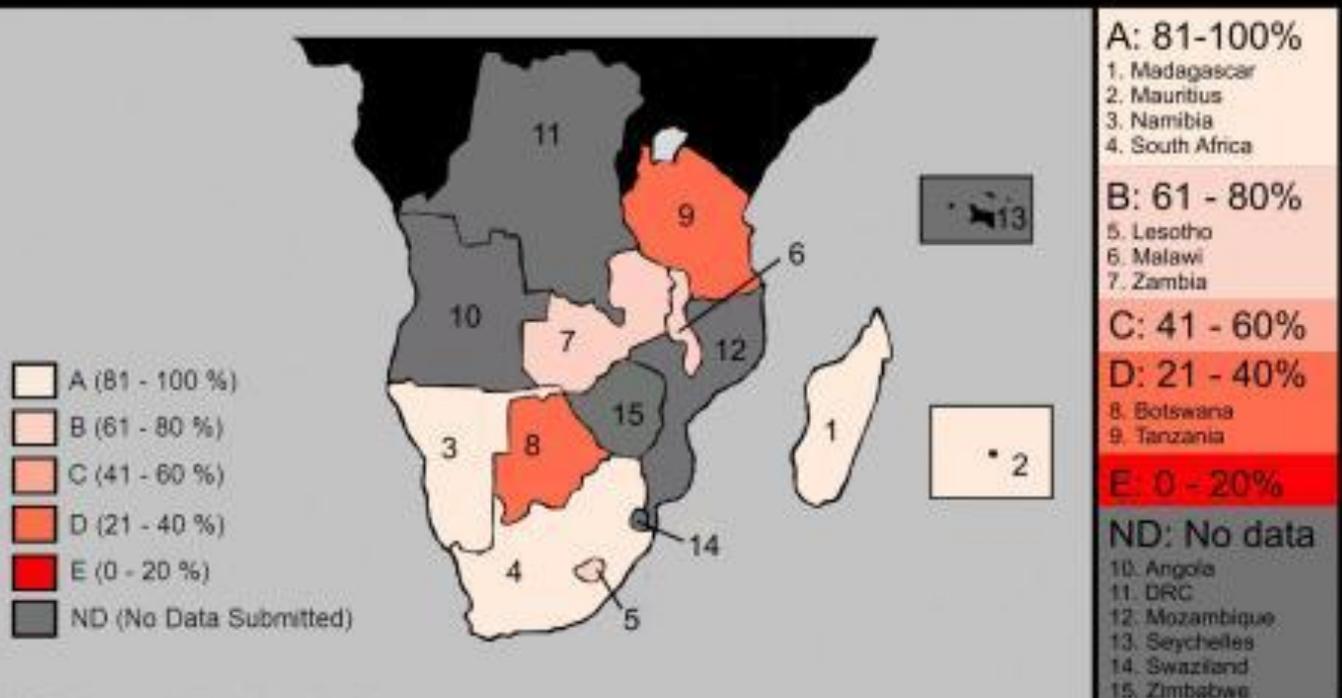
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B: Programmes/strategies and action plans to reduce unwanted pregnancies and unsafe abortion



Element 5: Incidence of unsafe abortion reduced

C: Proportion of SDPs offering PAC services



South Africa offers an example of a country in which abortion is legal, and PAC services are offered and yet maternal deaths, illegal abortions and baby abandonment continue. This must demonstrate a need for targeted campaigns at the public to educate them, as well as to ensure that non-judgemental services are being provided. Training of HCWs and the public on timely referral and timely management are key in this circumstance.

Feedback

Every attempt has been made to ensure the accuracy of this report but the author and AAI welcome any feedback, comments, and/or corrections on the content.

Contact details: Phillipa Tucker: phillipa@aidsaccountability.org

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