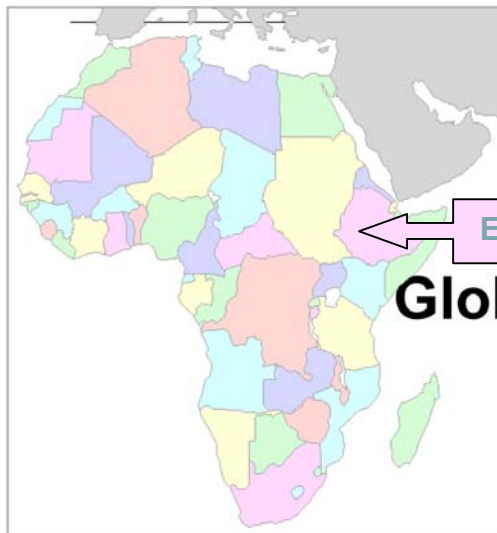


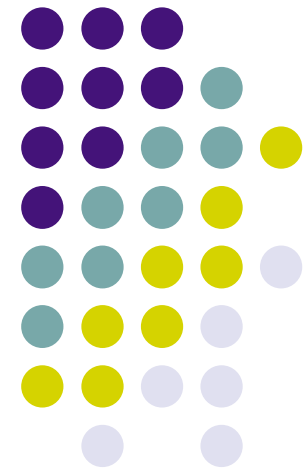
Winning the battle but not yet the war: The case of abortion law reform in Ethiopia



Getachew Bekele
Country Director, MSIE

Global Safe Abortion Conference 2007

24 October 2007
London





Framing the Issue

- The Global Report Card [since Beijing]
 - Winners and losers
- The Case of Ethiopia
 - The battle cry: liberalise the restrictive abortion law
 - Won the first battle but not yet the real war
 - Battles are not wars
 - The war cry: move the abortion agenda forward to stop the “silent war”



The Driving Forces

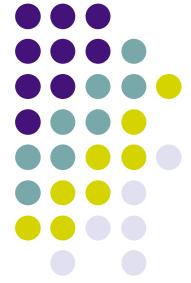
● The National Setting

- The Grim Picture
 - Legal environment: very restrictive → Unsafe A
 - Health indicators: The public health argument
 - Annual no. of abortions: about 500,000
 - Morbidity: 5th highest cause of hospital admission
 - Mortality: 2nd leading cause of maternal death
 - Cause for 30-54% of maternal deaths
 - 2/3 are < 24 years old—MoH dubbed it a “national epidemic”
 - Economic burden: diversion of scarce resources
- Concerted Advocacy works: multi-sectoral/multi-level



Government Political Will/Commitment

- Constitutional guarantee- Art. 35 Rights of women
- Need for compatibility with recent legal reforms-
Revision of “Family Law”
- Supportive national policies/Strategies –
Women/Health/PASDEP/NRHS
- Strategic Partnership- Cross-sectoral Task Force
- Fact gathering overseas tours
- Nationwide dialogue
- Positive attitude at the highest Government level



The Regional Scene

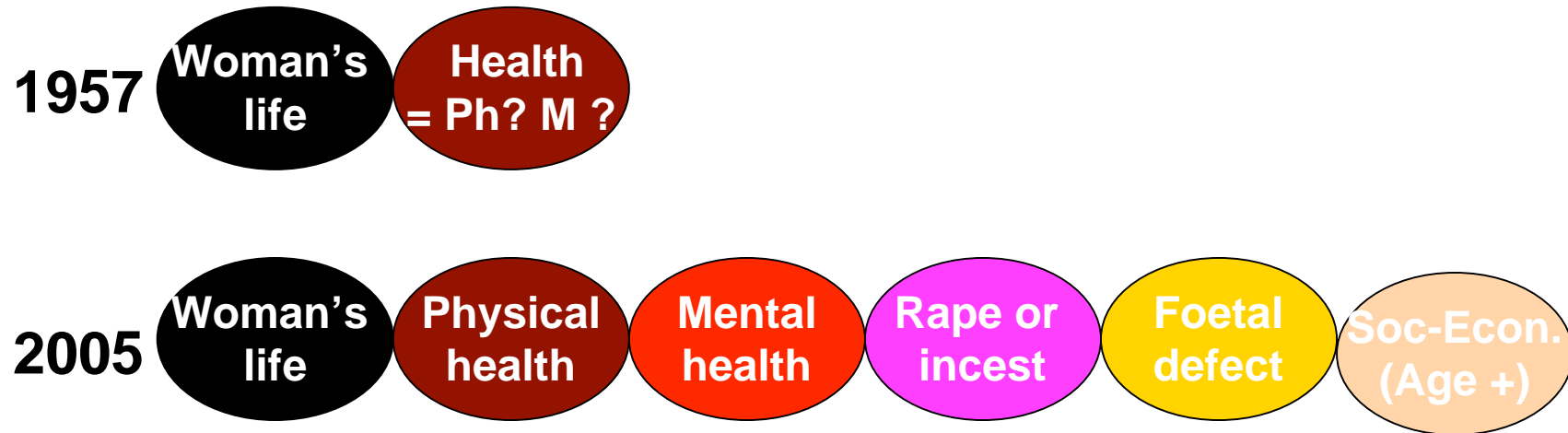
- **Population and Development/Policy Framework**
 - Dakar/Ngor Declaration (DND) -1992
 - Africa Platform for Action -1994
 - Review Meetings: DND, Regional ICPD +5,
- **African Human Rights Instruments**
 - Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Article 14)
⇒ Obligates African states to address, among others,
 - **reproductive health and reproductive rights of women**
 - ***unsafe abortion***



Global Influence

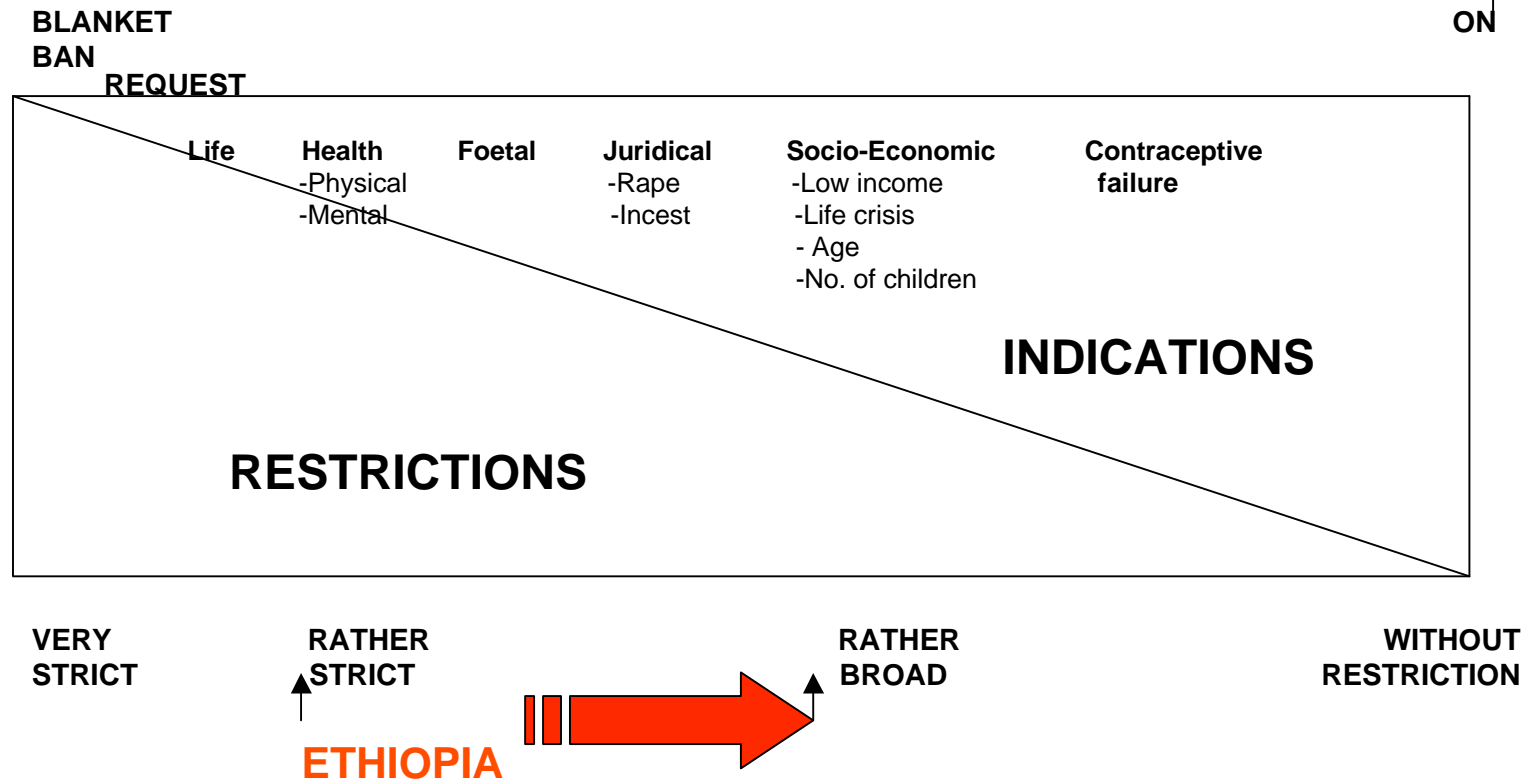
- International Human rights conventions & treaties
 - The Convention on all Forms of Discrimination Against Women
 - The Int'l Covenant on Economic, Social and Cultural Rights⇒ As a ratifying nation committed itself including for adjusting laws
- The 1990s UN Conferences
 - ICPD Programme of Action, Cairo, 1994--ICPD+5
 - FWCW, Platform of Action-Beijing 1995-Beijing+5⇒ Recognised unsafe abortion as a major PH concern
⇒ Called upon governments to reexamine restrictive laws
- MDGS- Goal 5 -Reduction of MM by 75% ⇒ Need to address UA
- Recent global trends toward liberalisation
⇒ Provided vital support for advocates of safe abortion law reform

The Revised Abortion Law: A comparative schema of the Penal Codes



The Revised Abortion Law:

A repositioning in the global abortion law continuum model



The MoH Technical and Procedural Guidelines: Fundamental Features



- Clearer definition and broader interpretation
- Inclusion of essential elements of WHO Guidelines
- *Which-* abortion technologies: MVA, MA
- *Who-* range of providers: including clinical nurses
- *Where-* level of care-Public& Private Health facilities
- *When-* gestational limits: up to 28 weeks
- *What-* requirements: Equip. & Sup., non-notification clauses (NO proof of- rape,incest, offender identity, minor's age); continuum of care, [pre-intra-and post-procedure care], referral arrangement,...



Potential Impacts

- Greater access
- Safer services
- Reduced maternal mortality and morbidity
- Respect of reproductive rights
- Resource saving – multi-level benefits
- A reaction against the Global Gag Rule

Beyond the legal reform:

Post-Liberalisation Challenges and opportunities



- Awareness creation/Advocacy work
- Safety
- Accessibility
- Availability
- Affordability
- Linkage with FP services/Continuum of care
- Research
- Sustainable supply of abortion-related technologies
- Resource mobilisation in low-resource setting
- Strategic partnership
- Safe abortion as part of the broader SRH agenda
- Decriminalisation of abortion– Removal from penal code

Words of Inspiration



***“The world is full of suffering;
It is also full of overcoming it.”***

Helen Keller (1880-1968)