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HEALTH REPORTER: focus on unsafe abortion 14 August 2007

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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is **unsafe abortion**. The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#)

Health Reporter archive - an archive is now available on the Health Resource Guide. See previous issues of the Health Reporter at www.eldis.org/go/topics/resource-guides/health/health-reporter

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk

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Feature: Unsafe abortion

The World Health Organization (WHO) estimates that 68,000 women die every year as a consequence of unsafe abortion and millions more suffer from debilitating injuries and illness. Unsafe abortions are defined as abortions performed by 'persons lacking the necessary skills or in an environment lacking the minimal medical standards or both' (WHO, 2004). They constitute 13 per cent of all maternal deaths globally.

97 per cent of unsafe abortions occur in developing countries and the most poor and vulnerable women in these societies are at greatest risk of recourse to unsafe abortions as they lack the opportunities and resources to make choices about their own sexual and reproductive health. As well as a consequence of poverty, unsafe abortion can also be a cause of poverty. For example, lifelong physical and mental health problems caused by unsafe abortions can deny women educational and employment opportunities.

It is essential that abortion related mortality and morbidity is eradicated if there is any chance of achieving the millennium development goal (MDG) of 75 per cent reduction in maternal mortality by 2015, and also the MDGs for poverty reduction and gender equality. This is possible only when women have access to comprehensive and affordable sexual and reproductive health services that include contraceptive methods, legal and safe abortion and post-abortion care.

National governments and international organisations must address unsafe abortion as a major public health concern and have the political will to ensure that laws and policies make safe and legal abortion available to every woman. In addition to legislation, they must also address other barriers to access including stigma and discrimination, lack of access to information and prohibitive costs of good quality services.

For more information see:

- id21 health focus on Unsafe abortion
www.id21.org/focus/unsafe_abortion/index.html
 - Sexual and reproductive health section on the health resource guide
www.eldis.org/go/topics/resource-guides/health/sexual-and-reproductive-health
 - Key issues guide on sexual and reproductive health and rights
www.eldis.org/go/topics/resource-guides/health/key-issues/sexual-and-reproductive-health-and-rights
 - Improving access to safe abortion - guidance on making high quality services available, Family Care International, 2005
<http://www.ipas.org/publications/CD/ADVPACK-X05/english/index.htm>
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Recommended readings on unsafe abortion

Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2000

Produced by: World Health Organization , 2004

These World Health Organization estimates on unsafe abortion are based on figures for the year 2000. They indicate that 19 million unsafe abortions are performed each year, almost all in developing countries, and account for one in ten of all pregnancies. The estimates also show that unsafe abortion is a significant cause of maternal mortality, killing approximately 68,000 women annually. In developing countries, the risk of death from unsafe abortion procedures is 1 in 270. Unsafe abortion also brings a financial burden in costs to women and to health services for treating complications. Analysis of trends suggests that incidence of unsafe abortion is rising among unmarried adolescent women in urban areas.

The document stresses the need for prevention of unplanned pregnancies. It argues that where women cannot access reliable contraceptives or family planning information, they will resort to terminations, regardless of restrictive laws or inadequate abortion services. Key recommendations include: ensuring access to good quality family planning services, as a priority measure; and improving the quality of abortion services, where legal, and of post-abortion care. The document concludes that further research is needed into the extent of unsafe abortion in countries in order to monitor the public health impact.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=18950&type=Document

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Death and denial: unsafe abortion and poverty

Produced by: International Planned Parenthood Federation , 2006

This report offers an overview of the current situation regarding unsafe abortion around the world and aims to contribute to the debate among governments, parliamentarians, public health, development and medical experts, as well as service providers and global advocates for legal and safe abortion.

Offering case studies and country profiles the report highlights a gradual shift in the abortion paradigm and a movement towards liberalising abortion laws. The authors argue that even with the most efficient use of contraception unwanted pregnancies will still occur.

The following recommendations are made:

- political will must be created to reduce the number of unwanted pregnancies and increase access to family planning
- ensure that post abortion care services to women who have incomplete abortions or medical complications following an abortion are included in both public and private health services
- there is a need to tackle the stigma and discrimination attached to abortion and promote the open and frank discussion of abortion and its impact on women.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=21596&type=Document

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Economic impact of abortion related morbidity and mortality: modelling worldwide estimates

Authors: M. Vlassoff, 2006

This paper estimates the monetary costs of the 19 million unsafe abortions that take place every year around the world. This includes the direct costs of treatment related morbidity and mortality to health systems, and indirect costs to the national economy and households - the cost to women when they suffer from abortion complications whilst they receive treatment and recuperate from such treatment.

The paper estimates that annually:

- direct costs of treatment are approximately \$1.7 billion
- the cost of treating women from secondary infertility resulting from unsafe abortions is over \$2 billion
- the cost to women while they suffer from abortion complications and receive treatment is approximately \$800 million
- the impact of abortion related deaths to the economy is \$35 million and the impact of morbidity is around \$1 billion

The paper concludes that costing the impact of abortion-related morbidity more accurately requires that value of women's work in non-market settings is also taken into account, and better information is available about the precise costs of treating complications and the prevalence of different levels of complication.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32275&type=Document

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Unsafe abortion: the preventable pandemic

Authors: D. A. Grimes; J. Benson; S. Singh

Produced by: The Lancet, 2006

This article is the fourth in a series of papers on Sexual and Reproductive Health published in the Lancet. It describes the scope of the problem of unsafe abortion and estimates the numbers of deaths and illnesses that result from it. The authors note that about 19-20 million unsafe abortions are performed every year, mainly in developing countries. An estimated 68,000 women die every year from unsafe abortion, and millions more are injured, many permanently. The article also documents the relation between laws and women's health, and estimates the costs of unsafe abortion. Direct costs include health personnel, medications, blood, supplies and equipment, and overnight stays. Indirect costs include loss of productivity from illness and death related to abortion, as well as infertility and stigma.

The article concludes that women should have access to safe, legal abortion services as a fundamental right, irrespective of where they live. It recommends that abortion patients should be offered contraceptive counselling and a choice of appropriate methods, as a way of reducing unintended pregnancies and further abortions in future. It also suggests that governments should invest in abortion safety and availability to save the lives of tens of thousands of women every year.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge. If the document link does not work, go to the Lancet website and then enter the document title into the Search box near the top of the page.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=23954&type=Document

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Preventing unsafe abortions and its consequences: priorities for research and action

Authors: I. Warriner; I. Shah

Produced by: Alan Guttmacher Institute, 2006

This book is a collection of papers that critically examine the issue of unsafe abortions. Unsafe abortion is a serious yet preventable reproductive health care burden that plagues many developing countries. The social, economic and health consequences of unsafe abortions are largely borne by poor and vulnerable women with little access to safe services. Consequently, it remains a significant cause of maternal mortality and morbidity in many developing countries.

The papers in this book examine available evidence on unsafe abortions. The papers also look at the issue of unsafe abortion on a regional level, and address issues of human rights as a tool for improving women's access to safer reproductive health services. Furthermore, the theoretical and medical issues relating to research are addressed, including the traditional and emerging issues on this topic.

Titles in this volume include:

- Unsafe abortion: an overview of priority and needs
- The incidence of unsafe abortion: a global review
- Reducing the complications of unsafe abortion: the role of medical technology
- Unsafe abortion in Africa: an overview and recommendations for action
- Unsafe abortion in South and South-East Asia: a review of the evidence
- Unsafe abortion in Latin America and the Caribbean: priorities for research and action.

[adapted from authors]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=23300&type=Document

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Other recommended readings

Influences on uptake of reproductive health services in Nsangi community of Uganda and their implications for cervical cancer screening

Authors: T. Mutyaba; E. Faxelid; F. Mirembe

Produced by: Reproductive Health, 2007

This article, published in Reproductive Health journal, explores the factors that influence usage of available reproductive health care services in Uganda focusing on screening programmes for cervical cancer. The article identifies several barriers that restrict the use of reproductive health services. These include ignorance about cervical cancer, cultural constructs/beliefs about the illness, economic factors, domestic gender power relations, alternative authoritative sources of reproductive health knowledge, and unfriendly health care services.

The article concludes that knowledge about cervical cancer among Ugandan women is very low. For an effective cervical cancer-screening programme, awareness about cervical cancer needs to be increased. Health planners need to note the power of the various authoritative sources of reproductive health knowledge such as paternal aunts, and involve them in the awareness campaign. Cultural and economic issues dictate the perceived reluctance by men to participate in women's reproductive health issues; men in this community are, however, potential willing partners if appropriately informed. Health planners should address the loss of confidence in current health care units, as well as consider use of other cervical cancer screening delivery systems such as mobile clinics. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32903&type=Document

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Can Malawi's poor afford free tuberculosis services?: patient and household costs associated with a tuberculosis diagnosis in Lilongwe

Authors: J. R. Kemp; G. Mann; B. N. Simwaka

Produced by: Bulletin of the World Health Organization : the International Journal of Public Health, 2007

This paper in the Bulletin of the World Health Organization assesses the relative costs of accessing a tuberculosis (TB) diagnosis for the poor and for women in urban Lilongwe, Malawi, a setting where public health services are accessible within six kilometres and provided free of charge. The paper assesses patient and household direct and opportunity costs from a survey of 179 TB patients.

It finds that on average, patients spent US\$ 13 (18 days income) and lost 22 days from work while accessing a TB diagnosis. For non-poor patients, the total costs amounted to 129 per cent of total monthly income. For the poor, this cost rose to 248 per cent of monthly income. When a woman or when the poor are sick, the opportunity costs faced by their households are greater.

The paper concludes that patient and household costs of TB diagnosis are prohibitively high even where services are provided free of charge. In scaling up TB services to reach the Millennium Development Goals, there is an urgent need to identify strategies for diagnosing TB that are cost-effective for the poor and their households. [adapted from authors]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32902&type=Document

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Health equity issues at the local level: socio-geography, access, and health outcomes in the service area of the Hopital Albert Schweitzer-Haiti

Authors: H. B. Perry; L. W. KingSchultz; A. S. Aftab

Produced by: International Journal for Equity in Health, 2007

This article in the International Journal for Equity in Health looks at health equity issues at the local level in Haiti. It describes a comprehensive equity assessment carried out by the Hopital Albert Schweitzer-Haiti (HAS) in 2003. This included a study to assess factors determining the use of prenatal care services. It finds that there is markedly reduced access to health services in the peripheral mountainous areas compared to the central plains. Both the quality and coverage of key services was lower in the mountains. Health status, measured by under-five mortality rates and levels of childhood malnutrition, was also worse in the mountains.

The article concludes that local health programmes need to give attention to monitoring the health status as well as the quality and coverage of basic services among marginalized groups. It is speculated that, within relatively small geographic areas in resource-poor settings around the world, similar, if not even greater, levels of health inequities exist. The authors argue that these inequities need to be measured and addressed in order for health programmes to achieve equity and maximum improvement in health status within the population [adapted from author].

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32884&type=Document

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Neglected diseases: a human rights analysis

Authors: P. Hunt

Produced by: World Health Organization , 2007

This report by the World Health Organisation, examines the relationship between neglected diseases and human rights. It argues that neglected diseases are both a cause and consequence of human rights violations, and the failure to respect certain human rights, such as the rights to water, adequate housing, education and participation, increases the vulnerability of individuals and communities to neglected diseases.

The report shows the connections between health and human rights and sets out the features of a rights-based approach to health problems including non-discrimination, equity and participation. The report signals that an integrated health system, proper attention to the underlying determinants of health, affordable drugs, and equitable research and development are not only needed in the struggle against neglected diseases, they are also vital elements of the right to health. The paper concludes that the right to health places moral and legal obligations on states and requires that they be held to account for their conduct in relation to health. It also insists that developed states have a responsibility to help developing states realise the right to health, and respond to inequities in global health.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32812&&type=Document

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Global cause and effect: how the aid system is undermining the Millennium Development Goals

Produced by: Wateraid, 2007

This report argues that there is a genuine risk that the human development related Millennium Development Goals (MDGs) will not be met if international donors continue to pursue single issue 'global causes' instead of building an aid system that will respond to the complex needs of poor communities.

Specifically, the report criticises the failure of donors and developing country governments to recognise the interrelationship between health, education, water and sanitation. Progress in health and education is dependent on access to affordable sanitation and safe water, yet global aid spending on health and education has nearly doubled since 1990, while the share allocated to water and sanitation has contracted.

The authors also criticise the international aid system's lack of responsiveness to the demands of the poor, who often put affordable access to safe water and sanitation at the top of their priorities.

In light of these failings, the report recommends that:

- new 'integrated approaches' to development are required, which recognise the linkages between essential services and shape development policy accordingly
- donors must start by working with the evidence from developing countries and ensure that poor people play an influential role in the design, implementation and monitoring of aid

Without this more integrated and accountable approach, the report warns that the international aid system risks being led by donor priorities, and pushed by the loudest Northern campaigns, resulting in unbalanced financial inputs and perverse developmental outcomes.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=32749&&type=Document

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Announcements

Conference: Global Safe Abortion Conference: Whose Right, Whose Choice, Who Cares?, Marie

Stopes International, London, UK 23-24 October 2007

In 2007, international sexual and reproductive health agency, Marie Stopes International, will hold a major international conference in London focusing on safe abortion. The event, to be held on 23-24 October at the Queen Elizabeth II Conference Centre in Westminster, will mark the 40th anniversary of the Abortion Act in the UK.

The two day conference will confront both international and national issues associated with unsafe abortion, focusing on rights, advocacy and funding.

A key aim of the conference is to create a forum which builds consensus and impetus around international efforts to reduce the unacceptable toll on women's health and lives caused by unsafe abortion, through increasing access to safe services, recognising women's right to self determination and encouraging legal reform.

For more information go to: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=31781&type=Item

Health and Human Rights Training, 15 October 2007, Kuala Lumpur, Malaysia

The Asia Regional focal point of International Federation of Health Records(IFHRO) is holding a 5-day training course on Health and Human Rights from 15-20 October 2007 in Kuala Lumpur, Malaysia. The course will be coordinated by Health Equity Initiatives (Kamayani Bali Mahabal and Sharuna Verghis), CARAM Asia and the Malaysian Medical Association.

For more information go to: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=32755&type=Item

See the complete list of new additions, announcements, job adverts at: www.eldis.org/health

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- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hivaids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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