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RE: NGO Information on Ghana for the Universal Periodic Review 2008

Key words: women's rights, maternal mortality, reproductive health, abortion

Dear colleagues,

Please find below information that we would like to see included in the OHCHR's summary of stakeholders' information to be provided for consideration of the Human Rights Council's Universal Periodic Review for Ghana. If only portions of this text can be included, we would be most appreciative if you could include the recommendations highlighted in bold-face type.

Introduction

1. International human rights treaties require that governments take steps to alleviate high rates of maternal mortality by working to address unsafe abortion. This submission to the Human Rights Council highlights areas where the Government of Ghana has addressed unsafe abortion and identifies needed action to help ensure that the Government fulfills its human rights commitments. Abortion is legal in Ghana under certain circumstances. However, high rates of death and injury as a result of unsafe abortion persist. The Government of Ghana has worked to decrease unsafe abortion by making safe abortion available through policy regulations and training providers. Ghana should take further steps to address barriers to women's access to safe abortion services, which include stigma, ignorance of the law, the high cost of abortion services and gaps in policy.

2. Ipas Ghana submits the following information as part of the Universal Periodic Review mechanism with regard to Ghana. Ipas is an international nongovernmental organization (NGO), in special consultative status with ECOSOC, founded in 1973, that works to increase women's ability to exercise their sexual and reproductive rights and to reduce deaths and injuries of women from unsafe abortion. This letter is intended to provide the Human Rights Council with an independent report on maternal mortality and abortion in Ghana.
3. Under the Convention on the Elimination of All Forms of Discrimination Against Women, the Covenant on Civil and Political Rights and the Covenant on Economic, Social and Cultural Rights, the Government of Ghana has a responsibility to take measures to reduce maternal mortality by addressing high rates of unsafe abortion. We wish to report on the positive steps that the Government of Ghana has taken to alleviate maternal mortality due to unsafe abortion and areas where the Government should take further measures to fulfill the human rights of women in Ghana.
4. In its 2006 Concluding Observations to Ghana, the Committee on the Elimination of Discrimination Against Women commended the State party for its Strategic Plan for Abortion Care. However, the Committee also stated its alarm “at the high maternal mortality rate, particularly the number of deaths resulting from unsafe abortions” (para. 31) and further called upon the State party to “improve the availability of sexual and reproductive health services” and recommended the adoption of measures to increase “access to safe abortion in accordance with domestic legislation” (para. 32).

The Legal Framework

5. Section 58 of the Ghana Criminal Code of 1960, Act 29, was amended in 1985 to provide for abortion where the pregnancy is a result of rape, defilement of a “female idiot” or incest, where continuation of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health, or where there is a substantial risk that when the child is born, it may suffer from or later develop a serious physical abnormality or disease.¹ Additionally, the law stipulates designated healthcare providers and facilities where pregnancies could be terminated.² These include a government hospital, private hospital or clinic registered under the Private Hospitals and Maternity Homes Act, 1958, or any place approved for the purpose by legislative instrument by the Minister of Health.

¹ Consolidated Criminal Code, 1960 (Act 29).

² Section 58 (2).

Unsafe Abortion in Ghana

6. Unsafe abortion the highest single contributor to maternal mortality in Ghana. Despite the liberalization of the abortion law in Ghana in 1985, many abortions continue to be induced illegally under unhygienic conditions by providers who are either untrained or inadequately trained to do them.³ Ghana has a national maternal mortality ratio of 540 maternal deaths per 100,000 live births; abortion-related deaths contribute 22 to 30 percent of maternal deaths.⁴

Measures Taken by the Ghana Health Service

7. Ghana has made major strides in making safe abortion available, though abortion care is not yet available to all women in Ghana. A significant step was taken in 2003 when the Ghana Health Service (GHS) developed a strategic plan for the provision of comprehensive abortion care services, with a goal of reducing maternal mortality and morbidity due to unsafe abortion. The plan's objectives are: to determine the magnitude and determinants of abortion in Ghana; increase accessibility and quality of post-abortion care; increase awareness of the existing law in Ghana; strengthen abortion care as permitted by the law; and make recommendations to influence policy on reproductive health services in Ghana. Comprehensive abortion care as adopted by the GHS will include: post-abortion care; family planning to prevent unwanted pregnancy; abortion services to the extent permitted by law; linkages to other services and information, and education on the dangers of unsafe abortion.
8. In 2006, the GHS completed a draft Protocols and Standards to regulate the provision of comprehensive abortion care. By working with NGOs, the GHS has started training providers – including physicians, midwives and nurses – at public health facilities in the provision of comprehensive abortion care.

Ignorance of the Law and Stigma

9. Safe abortion remains inaccessible due to stigma and to lack of knowledge of the law and of the problem of unsafe abortion among law enforcement and health care personnel.⁵ Cultural, religious and traditional stigma against abortion is prevalent in Ghana.⁶ Abortion stigmatization permeates officialdom and has been a silent and ignored contributor to maternal mortality in Ghana. Because of stigma, women are reluctant to seek abortion services at public health care facilities and many abortions go unreported.

³ C.A. Turpin, K.A.Danso and A.T. Odoi 'Abortion at Konfo Anokye Teaching Hospital' Ghana Medical Journal vol. 36, Number 2 p. 60.

⁴ Ghana Health Service Draft Strategic Assessment of Comprehensive Abortion care in Ghana quoting (Taylor and Kananae 2005) May 2005 5.

⁵ N.O. Lithur/African Women Lawyers –Ghana Position Paper on Abortion in Ghana, booklet on the Legal and Policy framework for Abortion in Ghana.

⁶ N.O. Lithur, 'destigmatising abortion: expanding community awareness of abortion as a reproductive health issue Africa Journal of Reproductive Health Vol. 8, No. 1(2004) 70.

- 10. To further reduce ignorance of the law and stigma, the Government of Ghana needs to undertake advocacy activities targeted at law enforcement and health care personnel.**

High Cost of Care

11. The high cost of abortion care is a significant barrier to access to safe abortion. Due to the clandestine nature of abortion services and lack of clarity about legality, many doctors charge additional fees, saying they are taking a professional risk in performing abortions. Even if a public facility offers abortion, the cost relative to the income of most Ghanaians means it is out of reach.⁷ The cost of surgical abortion in a public facility is between US\$30 and US\$40, an exorbitant price relative to Ghana's US\$600 per capita income. Although the burden of unsafe abortion is huge and the cost implications high, abortion is not covered under the National Health Insurance Scheme, introduced in 2004 in Ghana.
- 12. In order to reduce maternal mortality, the Government of Ghana must take steps to make safe abortion financially accessible to women, particularly for women who live in poverty. Abortion should be added as a procedure covered under the National Health Insurance Scheme. Further, the Government should explicitly classify care for complications from unsafe abortion as an obstetric emergency under the National Health Insurance Scheme.**

Gaps in Policy

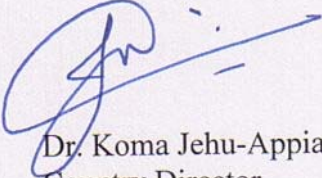
13. Although the abortion law in Ghana permits the procedure, barriers to access to safe abortion services persist in certain policies. The Population Policy of 1994, with its goal of promoting reproductive health for Ghanaians, does not include information on legal abortion. The removal of legal barriers is, however, mentioned by the Population Policy as an objective. There is no mention of management of unsafe abortion complications or post-abortion care in the Adolescent Reproductive Health Policy of 2000. The national Safe Motherhood Programme is also silent on prevention of unsafe abortion and provision of safe abortion as a means of reducing maternal mortality.
- 14. The Government of Ghana must take steps to bridge the gaps between its policies and its obligations under international human rights obligations. The Population Policy of 1994, the Adolescent Reproductive Health Policy of 2000 and the national Safe Motherhood Programme should all be amended to include information on the management of unsafe abortion and on comprehensive abortion care as a means of reducing maternal mortality.**

⁷ Ghana Health Service Draft Strategic Assessment of Comprehensive Abortion care in Ghana quoting (Taylor and Kananae 2005) May 2005 5.

Conclusion

15. While the rights guaranteed by the human rights instruments to which Ghana is a party are not yet a reality for all women in Ghana, we hope that the Human Rights Council will recognize the measures taken by the Government of Ghana to ensure women's rights and improve access to safe abortion services. We also wish to acknowledge the gaps that exist between the Government's action and its human rights duties. We hope that this information is useful during the Human Rights Council's review of the Ghanaian Government's compliance with international human rights standards.

Yours truly,



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