



Health. Access. Rights.

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Committee on the Rights of the Child (CRC)
Office of the High Commissioners for Human Rights
Geneva, Switzerland

RE: Supplementary information on Zambia, scheduled for review by the CRC during its 71st Pre-Sessional Working Group Session in June 2015

Dear Committee Members:

This shadow letter is intended to complement the state party report submitted by the State of Zambia for your consideration during the 71st Pre-Sessional Working Group session of the CRC. Ipas Zambia has worked in Zambia since 2006 to expand women's access to sexual and reproductive health information and services, especially comprehensive abortion care. Ipas Zambia works with the Ministry of Health and the Ministry of Community Development, Mother and Child Health, along with other key stakeholders, to reduce abortion-related deaths and injuries and to increase women and adolescent's access to high-quality health care. This letter is intended to provide the Committee with an independent report on maternal mortality and access to safe abortion in Zambia under the Convention on the Rights of the Child (Convention).

The CRC **General Comment 4** on adolescent health and development calls on States to reduce maternal morbidity and mortality in adolescent girls, particularly injuries and death caused by early pregnancy and unsafe abortion; the Committee also urges States to develop and implement programs that provide access to sexual and reproductive health services, including safe abortion services where abortion is not against the law.¹ The rights of adolescents to access health care services, including safe and legal abortion services, are found in **Article 24** of the Convention (right to the highest attainable standard of health), **Article 6** (right to life), **Article 2** (prohibition of discrimination based on sex), and **Article 37** (right to liberty and security of person).

This Committee has made the link between unsafe abortion and high rates of maternal mortality on numerous occasions.² This Committee has also expressed concern over adolescents' lack of access to reproductive health services, and has asked State parties to increase programs and services available

¹ Committee on the Rights of the Child, *General Comment 4: Adolescent health and development in the context of the Convention on the Rights of the Child* (33rd Sess., 2003), at par. 31, U.N. Doc. CRC/GC/2003/4.

² See e.g., **Chad**, 24/08/99, U.N. Doc. CRC/C/15/Add.107, par. 30; **Colombia**, 16/10/2000, U.N. Doc. CRC/C/15/Add. 137, par. 48; **Guatemala**, 09/07/2001, U.N. Doc. CRC/C/15/Add. 154, par. 40; **Nicaragua**, 24/08/99, U.N. Doc. CRC/C/15/Add.108, par. 35; **Nicaragua**, 20/06/95, U.N. Doc. CRC/C/15/Add.36, par. 19.

relating to adolescent reproductive health.³ This Committee has repeatedly stressed a need for “user-friendly,” “youth-friendly,” “adolescent-friendly,” and “women-friendly” health facilities, advocating for increased access for women and adolescents to reproductive health information, education, and services.⁴

Without meaningful access to safe abortion services, young women and adolescents in Zambia risk their health and lives by resorting to unsafe abortion. An estimated three million young women aged 15-19 worldwide experienced unsafe abortion in 2008.⁵ Young women experience barriers to reproductive health care that make them more likely than older women to delay abortion, and later abortion carries a higher risk of death and injury. These barriers can include the high cost of services, lack of transportation and accessible facilities, partner influence, fear, stigma, and provider bias.⁶ Between 38 and 68 percent of women treated for complications due to unsafe abortion are under the age of 20, according to a hospital records review from developing countries.⁷

Reliable statistics for Zambia are difficult to obtain, but hospital records from five major hospitals indicated that the number of women admitted with abortion-related complications increased from about 5,600 in 2003 to over 10,000 in 2008.⁸ Compared to the number of women seeking safe, induced abortion, this means that about 85 times as many women were treated for abortion complications as underwent safe, legal abortion in the hospitals studied. Adolescents comprise more than one-fourth of the total population in Zambia, and 60 percent of women ages 18-24 have had sexual intercourse before age 18.⁹

This Committee has previously expressed concern about the insufficient attention given to adolescent health issues in Zambia, including reproductive health concerns, and the high percentage of early pregnancies and their harmful impact on the health of young women.¹⁰ This Committee recommended in 2003 that Zambia undertake a comprehensive study to assess the nature and extent of adolescent health problems, with full participation of adolescents, as a basis to formulate adolescent health policies and programs that emphasize reproductive health education and child-sensitive counseling and services.¹¹

The Committee on the Elimination of Discrimination Against Women (CEDAW) has also noted concern about the situation of health for women in Zambia. That Committee expressed concern about the high

³ See e.g., **Colombia**, 16/10/2000, U.N. Doc. CRC/C/15/Add.137, par. 48; **Democratic Republic of the Congo**, 09/07/2001, U.N. Doc. CRC/C/15/Add.153, par. 54; **Chad**, 24/08/99, U.N. Doc. CRC/C/15/Add.107, par. 30; **Venezuela**, 02/11/99, U.N. Doc. CRC/C/15/Add.109, par. 27.

⁴ See e.g., **Argentina**, 15/02/95, U.N. Doc. CRC/C/15/Add.35, par. 19; **Maldives**, 05/06/98, U.N. Doc. CRC/C/15/Add.91 par. 19; **Ethiopia**, 21/02/2001, U.N. Doc. CRC/C/15/Add.144, par. 61; **Nicaragua**, 24/08/99, U.N. Doc. CRC/C/15/Add.109, par. 35; **United Republic of Tanzania**, 08/06/2001, U.N. Doc. CRC/C/15/Add.156, par. 49.

⁵ World Health Organization. (2011). WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Geneva: WHO.

⁶ Skuster, Patty. (2013). *Young Women and Abortion: Avoiding Legal and Policy Barriers*. Chapel Hill, NC, Ipas.

⁷ Olukoya, A., Kaya, A., Ferguson, B. & AbouZahr, C. (2001). *Unsafe abortion in adolescents*. International Journal of Gynecology and Obstetrics, 75(2):137-147.

⁸ Lika RN, *Abortion statistics in Zambia: research in brief*, Lusaka, Zambia: Department of Community Medicine, School of Medicine, University of Zambia, 2009.

⁹ *Comprehensive Abortion Care for Young Women: Preliminary results from an Ipas Zambia pilot project with fully integrated youth participation*, Ipas Zambia, 2014.

¹⁰ CRC, *Concluding comments of the Committee on the Rights of the Child: Zambia*, par. 48 (July, 2003).

¹¹ CRC Concluding comments, note 8 at par. 49 (July 2003).

rates of maternal mortality and morbidity, particularly due to unsafe abortion, despite the progressive abortion law in the country.¹² The Committee recommended raising awareness among women and clinicians, including through information campaigns, about the legislation on abortion as well as improving access to high quality health care services, including safe abortion care.¹³

The Human Rights Committee has noted similar concerns and has emphasized that the requirement that three physicians must consent to an abortion constitutes a significant obstacle for women seeking legal and safe abortion services. That Committee urged the State party to amend its abortion law to help women avoid unwanted pregnancies and not have to risk their lives by resorting to illegal abortions.¹⁴

The Legal Framework for Abortion

Abortion is legal in Zambia in cases that involve a risk to the life of the woman, a risk of injury to the physical or mental health of the woman, a substantial risk that if the child were born it would suffer severe physical or mental abnormality, as well as for socioeconomic reasons.¹⁵ Despite this progressive law, women who need an abortion often resort to seeking abortion under unsafe or illegal conditions.

Barriers to full implementation of the law mean that many Zambian women are unable to access safe and legal abortion care. Few women who need an abortion can meet the requirements of the law because it requires that a physician perform the service, in a hospital, and with the consent of three registered medical practitioners, one of whom must be a specialist with expertise relating to the case.¹⁶ These requirements create nearly insurmountable barriers for many women, as there are approximately fewer than two physicians for every 10,000 people in Zambia.¹⁷

Young women, in particular, face unique social, economic, policy and health systems barriers when trying to access care. The cost of abortion services, the logistic in finding and meeting the requirements under the law, as well as overcoming the stigmatizing attitudes among providers and communities regarding abortion and unmarried women who are sexually active mean that many young women will inevitably turn to unsafe and illegal channels to obtain care.

Confidential abortion care must also be explicit for all women, but particularly for adolescent girls, as they may be more likely to be deterred from seeking safe services if privacy is not guaranteed. This Committee has stated that requirements of parental consent for abortion have led to increased numbers of illegal abortions among adolescents.¹⁸ The Committee has also recommended that adolescents have access, without parental consent, to youth-sensitive and confidential counseling and care, including reproductive health and family planning information.¹⁹

¹² CEDAW, *Concluding observations of the Committee on the Elimination of Discrimination against Women: Zambia*, par. 33 (Sept. 2011).

¹³ CEDAW Concluding observations, note 10 at par. 34 (Sept. 2011).

¹⁴ HRCtee, *Concluding observations of the Human Rights Committee: Zambia*, par. 18 (July 2007).

¹⁵ Termination of Pregnancy Act, Laws of Zambia, Ch. 304, 1972.

¹⁶ *Id.* In emergency situations, consent from only one physician is needed to access legal abortion services.

¹⁷ World Health Organization (WHO), *The World Health Report 2006: Working Together for Health*, Geneva: WHO, 2006.

¹⁸ See **Kyrgyzstan**, par. 45, U.N. Doc. CRC/C/15/Add.127 (2000).

¹⁹ See, e.g., **Mali**, par. 27, 57, U.N. Doc. CRC/C/15/Add.113 (1999); **Seychelles**, par. 47, U.N. Doc. CRC/C/15/Add.189 (2002).

We urge this Committee to remind the government of its obligations under the Convention to make reproductive health services more readily available to young women and adolescents in the country, and to remove barriers that keep women from accessing lifesaving health services.

We request that this Committee recommend that the government address the significant barriers to full implementation of the abortion law in Zambia in order to address the problem of unsafe abortion, particularly given its impact on young women in the country.

We request that the Committee include the following questions in the List of Issues for the State of Zambia during the 71st Pre-sessional Working Group Session of the CRC Committee:

1. What steps will the State take to remove barriers to implementation of the Termination of Pregnancy Act, including removing the barrier of provider authorization currently found in the law?
2. What special measures has the State taken to ensure that young and adolescent women have access to reproductive health services, including the provision of information about contraceptives and safe, legal abortion?
3. What measures will be taken to reduce ignorance of the abortion law and stigmatization of abortion? What is being done to ensure that health care personnel and other key stakeholders are aware of the abortion law?
4. How will the State ensure that young women and poor women do not experience additional barriers in accessing reproductive health services, including family planning services and safe abortion care?
5. What measures will the State take to eliminate inequalities that affect adolescents' access to reproductive health services and access to safe, legal abortion services?

Restrictions on young women and adolescents access to abortion violates their right to life and survival and their right to the highest attainable standard of health under **Articles 6** and **24** of the Convention respectively. **Article 2** prohibits discrimination on several grounds, including on the basis of sex. A young woman who turns to an untrained provider or attempts to self-induce can experience devastating life-long effects on her physical health, including infertility, injury, or even death.

The rights guaranteed under the Convention are not yet a reality for all women in Zambia, and we hope that this Committee will address the measures needed to address the gaps that still exist between the government's actions and its duties under the treaty.

We hope that this information will be useful for your review of the State of Zambia's compliance with the Convention on the Rights of the Child.

Very Sincerely,



Ms. Felicia Sakala, Country Director
Ipas Zambia