



Health. Access. Rights.

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24 April 2018
Human Rights Committee (HRCttee)
Office of the High Commissioner for Human Rights
Geneva, Switzerland

RE: Supplementary information for List of Issues for **Nigeria**, scheduled for adoption by the Human Rights Committee during its 123rd session, July 2018.

With this letter, Ipas Nigeria intends to provide the Human Rights Committee with questions for the List of Issues to be transmitted to the Government of Nigeria, particularly under Articles 2, 3, and 6 of the Covenant on Civil and Political Rights (CCPR). Ipas is an international organization, in special consultative status with ECOSOC, founded in 1973 and working to increase women's ability to exercise their sexual and reproductive rights and to reduce deaths and injuries of women from unsafe abortion. Based in Abuja, Ipas Nigeria collaborates with government stakeholders and nonprofit organizations to advocate for women's access to a full range of reproductive health services, including family planning and safe abortion.

Restrictions on access to abortion undermines compliance with Articles 2, 3, 6, 7, 17 and 26 of the ICCPR.

The abortion law in Nigeria criminalizes abortion in all cases except to save a woman's life. This Committee has explicitly recognized that restrictive abortion laws lead to illegal and hence, unsafe abortion undermine compliance with Articles 2, 3, 6, 7, 17 and 26 of the ICCPR.

Under the CCPR, the government of Nigeria must protect every person's right to life (Article 6), and according to this Committee, take all possible measures to increase the life expectancy of all people.¹ This Committee has explicitly described illegal and unsafe abortion as a violation of Article 6, noting the link between illegal and unsafe abortion and high rates of maternal mortality.² The Human Rights Committee stated in General Comment 28 that "State parties should give information on any measures taken by the State to help

¹ Human Rights Committee, *General Comment 6: Art. 6* (16th Sess., 1982), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 114, par. 5, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

² See e.g., **Bolivia**, 01/04/97, U.N. Doc. CCPR/C/79/Add.74, par. 22; **Chile**, 30/03/99, U.N. Doc. CCPR/C/79/Add.104, par. 15; **Mongolia**, 25/05/2000, U.N. Doc. CCPR/C/79/Add.120, par. 8(b); **Sudan**, 19/11/97, U.N. Doc. CCPR/C/79/Add.85, par. 10; **Zambia**, 03/04/96, U.N. Doc. CCPR/C/79/Add.62, par. 9.



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women prevent unwanted pregnancies, and to ensure that they do not have to undergo life-threatening clandestine abortions.”³

Under **Articles 2 and 3**, the CCPR guarantees equality of all rights between men and women, and requires state parties to take steps to enable every person the enjoyment of the rights contained in the treaty.⁴ The Human Rights Committee has acknowledged that restrictive abortion laws have a discriminatory and disproportionate impact on poor, rural women.

The Committee on the Elimination of Discrimination against Women (CEDAW) has expressed concern about Nigeria’s very high maternal mortality rate, writing in the Concluding Observations from the 41st Session in 2008 its “regrets that there has been no progress in reducing the maternal mortality rate since the consideration of the State party’s combined fourth and fifth periodic report in 2004.”⁵ The Committee also noted the various contributing factors to this high maternal mortality rate, such as “unsafe abortions and inadequate post-abortion care,” and called upon State party to “assess the impact of its abortion law on the maternal mortality rate and to give consideration to its reform or modification.”⁶ In addition, the Committee on the Rights of the Child expressed concern in the Concluding Observations to the 54th Session about “health challenges facing adolescents, such as abortion complications and deaths of girls as a result of unsafe abortions, lack of access to information and services relating to reproductive health for adolescents” and the “restrictive abortion law.”⁷ The Committee went on to strongly recommend that State party “Consider the recommendations by the Committee on the Elimination of Discrimination against Women to review and amend the Sate party’s abortion laws.”⁸

Ipas would like to commend the Government of Nigeria for the active collaboration with civil society groups in the passage of the Violence Against Persons (Prohibition) Act, 2015 (VAPP Act), which criminalizes all forms of gender-based violence both in public and private spaces and ensures that victims of violence have a right to comprehensive healthcare treatment under the law. The Government of Nigeria through the Ministry of Health should also be praised for developing Standard and Guidelines for the Medical Management of Victims of Violence,

³ Human Rights Committee, General Comment 28: Art. 3 (68th Sess., 2000), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 228, U.N. Doc. HRI/GEN/1/Rev. 9 (2008).

⁴ Human Rights Committee, General Comment 28: Equality of Rights Between Men and Women (Art. 3) (68th Sess., 2000), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 168, par. 3, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

⁵ CEDAW, *Concluding comments of the Committee on Elimination of Discrimination Against Women: NIGERIA*, para. 33, (July, 2008).

⁶ CEDAW, *Concluding comments of the Committee on Elimination of Discrimination Against Women: NIGERIA*, para. 34, (July, 2008).

⁷ CRC, *Concluding comments of the Committee on Elimination of Discrimination Against Women: NIGERIA*, para. 61, (June, 2010).

⁸ *Ibid.*



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which is aimed at operationalizing the health provisions of the VAPP Act. Unfortunately, this law is only applicable in the FCT and a few states who have adopted the law. There are still very high recorded cases of gender-based violence in other areas of Nigeria, where there is no guarantee of treatment for victims of violence. Additionally, though Ipas acknowledges and commends the advances made by the Government of Nigeria in increasing access to sexual and reproductive health services, particularly under the leadership of the current Minister of Health, there is need for more concerted efforts to be put in place to address the high incidence of maternal morbidity and mortality attributable to unsafe abortion, which is still unacceptably high in the country.

The Legal Framework for Abortion

The abortion law in Nigeria criminalizes abortion in all cases except to save a woman's life, which can lead to clandestine and unsafe abortion. Without access to safe abortion, women in Nigeria risk their health and lives by resorting to unsafe abortion. In Nigeria, maternal deaths account for 32 percent of all deaths among women of reproductive age (15-49)⁹. Nigeria has one of the highest maternal mortality rates in the world – 576 per 100,000 live births¹⁰ – and unsafe abortion is a direct contributor to maternal death and injury¹¹. An estimated 1.25 million induced abortions occurred in Nigeria in 2012, many of which were clandestine and unsafe¹². One in four women who undergo an abortion in Nigeria report serious complications, possibly due to a lack of trained providers, but only a third of those women with complications receive treatment.¹³ Most women who have had an abortion in Nigeria report that they were not on contraception at the time they became pregnant¹⁴. Unmet need for family planning is high in Nigeria – about 25% of women report being sexually active and not wanting a child soon but are not using contraception¹⁵.

We request this Committee pose the following questions to the State of Nigeria during the 123rd Session of the Human Rights Committee:

⁹ National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

¹⁰ National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

¹¹ Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division; Guttmacher Institute, Abortion in Nigeria, October 2015 Fact Sheet, <https://www.guttmacher.org/fact-sheet/abortion-nigeria>.

¹² Bankole, Akinrinola et al. The Incidence of Abortion in Nigeria. International perspectives on sexual and reproductive health 41.4 (2015): 170–181. PMC. Web. 18 Oct. 2016.

¹³ Guttmacher Institute, Abortion in Nigeria, October 2015 Fact Sheet.

¹⁴ *Ibid.*

¹⁵ *Ibid.*



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1. What steps will the State take to ensure that the restrictive abortion law is reformed to comply with international human rights obligations and address the problem of unsafe abortion?
2. What steps will the State take to increase efforts to end gender-based violence, pass the VAPP Act in all states, and ensure the provision of comprehensive healthcare services to survivors of violence?
3. How will the State ensure that women have access to safe and legal reproductive health care services including contraception and safe abortion care in order to protect and fulfill their rights to life and nondiscrimination?
4. How will the State ensure that minors seeking abortion are able to access services they need confidentially, without involvement by a parent or guardian?
5. What steps will the State take to ensure that post-abortion and safe abortion care are integrated into the public health care system at all levels, including for poor women and women living in rural areas who may seek such services?

Restrictions on access to abortion undermine numerous rights under the ICCPR, including **Articles 2, 6, 7, 17 and 23**. In Nigeria the restrictive law means that women who wish to terminate a pregnancy face a threat to their physical, mental, and social well-being. Abortion restrictions discriminate against women and the impact of these restrictions are primarily felt by women who must carry the burden of unwanted pregnancy or else risk her life and health by seeking an unsafe abortion.

The government of Nigeria should be strongly urged to remove legal restrictions on abortion and ensure that services are safe and accessible to all women who need them, and the government should ensure that this occurs in a timely manner.

We hope that this information will be useful for your review of the State of Nigeria's compliance with the CCPR.

Very Sincerely,



Hauwa Shekarau

Country Director, Ipas Nigeria