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Committee on the Elimination of Discrimination Against Women (CEDAW)
Office of the High Commissioner for Human Rights
Geneva, Switzerland

RE: Supplementary information for Ghana, scheduled for review by the CEDAW Committee during its 59th session in October 2014.

Dear Committee Members:

This shadow letter is intended to complement the periodic report submitted by the State of Ghana for your consideration during the 59th session of the CEDAW Committee. 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. Founded in 2006 and based in Accra, Ipas Ghana 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. This letter is intended to provide the Committee with an independent report on maternal mortality and abortion in Ghana, particularly under Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women.

Under CEDAW, the government of Ghana has a responsibility to take measures to reduce maternal mortality and increase access to health care services for women. Specifically, **articles 12 (non-discrimination in health care)** and **16 (right to decide on number and spacing of children)** support women's ability to obtain necessary reproductive health care services, including safe, legal abortion care. **General Comment 24** requires that states take the appropriate legal, judicial, administrative and other measures necessary to ensure that women are able to exercise their rights under CEDAW.[1]

This Committee has previously expressed concern about the lack of access of women to adequate health care services in Ghana, including pre- and post-natal care, as well as the alarmingly high rate of maternal mortality due to unsafe abortion and inadequate access to family planning services.[2] In its 2006 Concluding Observations, this Committee urged the government to increase knowledge of and access to contraceptive methods and safe, legal abortion care.[3]

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[1] CEDAW Committee, *General Recommendation 24 on Women and Health, article 12*, para. 17, U.N. Doc. A/54/38/Rev.1 (1999) [hereinafter *General Recommendation 24, Women and Health]*.
[2] CEDAW Committee, *Concluding comments of the Committee on the Elimination of Discrimination against Women: Ghana*, para. 31, (August 2006).
[3] *See* CEDAW Concluding comments, note 2 at para. 32.

In its current report to this Committee, the government acknowledges that deaths due to unsafe abortion remain high and that continued support for comprehensive abortion care is necessary to avoid preventable deaths. The government has reported on its work to expand family planning programs to help women avoid unwanted pregnancies, as well as to ensure that the national health insurance program includes coverage of maternal care.[4] We wish to supplement the government's report by commenting on the positive steps that the government of Ghana has taken to alleviate maternal mortality due to unsafe abortion and identify areas where the government should take further measures to fulfil women's right to health under CEDAW.

The Legal Framework for Abortion

Section 58 of the Ghana Criminal Code of 1960, Act 29, was amended in 1985[5] to provide for legal abortion in cases of rape, defilement of a "female idiot" or incest, where the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health, or in cases of fetal anomaly. Additionally the law stipulates designated healthcare providers and facilities where pregnancies can be terminated.[6] 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 Minster of Health.

Despite having a fairly liberal abortion law in place since 1985, maternal mortality due to unsafe abortion has remained extremely high in Ghana. A study classifying maternal death patterns in the early 1990s show that unsafe abortion was a significant contributor to maternal death[7] and a 2005 study showed that abortion-related deaths contributed to 22 to 30 percent of maternal deaths, making unsafe abortion the highest single contributor to maternal mortality in Ghana.[8]

There has been some improvement in the maternal mortality rate due to unsafe abortion since this Committee's last review of Ghana, with unsafe abortion accounting for approximately 11 percent of maternal deaths in the country.[9] The government of Ghana has shown strong political will towards eliminating maternal mortality due to unsafe abortion, as well as collecting more reliable data so that estimates can accurately reflect the scope of this problem. However, much more needs to be done as women continue to experience barriers accessing otherwise legal services. We urge this Committee to remind the government of its obligation under CEDAW to make health services more readily available to all women in the country, and to remove barriers that keep women from accessing lifesaving health services.

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[4] Combined sixth and seventh period reports of States parties: Ghana, para. 113, U.N. Doc. CEDAW/c/GHA/6-7 (2013).
[5] Consolidated Criminal Code, 1960 (Act 29).
[6] Section 58 (2).
[7] GSS, GHS and Macro International, *Ghana Maternal Health Survey 2007*, Accra, Ghana: GSS and GHS; and Calverton, MD, USA: Macro International, 2009.
[8] Ghana Health Service Draft Strategic Assessment of Comprehensive Abortion care in Ghana quoting (Taylor and Kananae 2005) May 2005 5.
[9] Sundaram A. et al., *Factors associated with abortion-seeking and obtaining a safe abortion in Ghana,* Studies in Family Planning, 2012, 43(4):273-286.

Unsafe Abortion in Ghana

Despite the liberalisation 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.[10] According to a hospital based study in Kumasi, 38.8 percent of the admissions to the Gynaecology ward were due to unsafe abortion, with most of the women admitted aged 20-24 years.[11] Another study found that 58 percent of cases admitted due to complications of induced abortions were performed outside designated health institutions despite the provisions of the abortion law.[12] Abortion was found to be the cause of death in 30 percent of all autopsies done at the Korle-Bu Hospital, the primary centre for all autopsies in the community in urban Accra.[13] In the Nsawam District Hospital, 9.8 percent of obstetric admissions in 2002 were due to induced/septic abortion.[14]

This Committee has consistently and explicitly framed the issue of maternal death due to unsafe abortion as a violation of women's right to life.[15] This Committee has also recognized that certain groups of women may have more difficulty in accessing reproductive health care, including young women[16] and low-income women.[17] Studies in Ghana have shown that teenagers and women in their 20s are more likely than women aged 30 and older to have an unsafe abortion, with younger women being less likely to know where to get an abortion and having less access to financial resources than older women.[18]

We urge the Committee to stress the need for Ghana to ensure access to affordable and comprehensive reproductive health care, including family planning services and safe abortion services. The State should also be encouraged to ensure widespread dissemination of reproductive health and family planning information.

Barriers to Safe Abortion in Ghana

Ignorance of the Law and Stigma

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[10] 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.
[11] *Id.*
[12] A.T. Lassey *'Complications of Induced Abortions and their Preventions in Ghana'* East African Medical Journal Vol. 72 No. 12 December 1995.
[13] A.J Hesse and A. Samba, Abortion within Reproductive Health in Ghana 16 quoting A. B. Akosa.
[14] *Id.*
[15] *See e.g., Belize*, 01/07/99, U.N. Doc. A/54/38, par. 56; *Colombia*, 04/02/99, U.N. Doc. A/54/38, par. 393; *Dominican Republic*, 14/05/98, U.N. Doc. A/53/38, par. 337.
[16] *See e.g., Chile*, 09/07/99, U.N. Doc. A/54/38, par. 227; *South Africa,* 30/06/98, U.N. Doc. A/53/38/Rev. 1, par. 134.
[17] *See e.g., Bangladesh*, 12/08/97, U.N. Doc. A/52/38/Rev.1, Part II, par. 438; *South Africa,* 30/06/98, U.N. Doc. A/53/38/Rev. 1, par. 134.
[18] *See Sundaram,* note 4.

One reason safe abortion is largely inaccessible in Ghana is due to stigma and to lack of knowledge of the law among law enforcement and health care personnel.[19] Cultural, religious and traditional stigma against abortion is also prevalent in Ghana.[20] As a result of stigma, women are often reluctant to seek abortion services at public health care facilities and many abortions go unreported.

Ipas Ghana has worked to reduce stigma and lack of knowledge of the law by organizing a training workshop for senior law enforcement officials in Ghana. This training confirmed the need for further education and awareness-raising of this issue in the country, and efforts are underway to include a seminar on comprehensive abortion care and the abortion law as part of the training curriculum of the Police Training Academy. The government of Ghana must continue to train law enforcement on the current legal framework surrounding abortion, as well as on their role in increasing awareness about the law and reducing abortion-related stigma.

Financial Constraint

Women in Ghana are unable to afford safe abortion. Health care facilities—including public facilities—charge exorbitant fees for abortion. Due to the lack of awareness of the law on abortion, many doctors charge additional fees for the service, claiming 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.[21] Fees could range from $22 to $300 depending on the gestation of the pregnancy. According to Dr. Gloria Quansah Asare,[22] National Family Planning Programme Coordinator of the Ghana Health Service, 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. She explained that the benefits package could include obstetric and gynaecological emergencies.

To address these issues, abortion should be added as a procedure covered under the National Health Insurance Scheme. Further, the government should explicitly classify post-abortion care as an obstetric emergency under the scheme. This Committee has repeatedly raised concerns about the accessibility of safe abortion, and has even recommended to one State party that it provide public coverage for the procedure.[23] In order to reduce maternal mortality and reduce financial barriers, the government of Ghana must take steps to make safe abortion financially accessible to women, particularly for women who live in poverty.

Unmet Contraception Needs

In Ghana, approximately 35 percent of married women and 20 percent of sexually active unmarried women have an unmet need for contraception. As a result, 37 percent of all pregnancies in Ghana are

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

[20] 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.

[21] Note 6.

[22] Population Reference Bureau Seminar for Journalists, June 2006.

[23] *See* Burkina Faso, 31/01/2000, U.N. Doc. A/55/38, par. 276.

unintended, and poor women have a lower level of contraceptive use and higher rate of unintended birth than their wealthier counterparts.[24]

We urge the Committee to recommend that the government of Ghana take immediate steps to meet the contraceptive needs of women in Ghana, especially women who are poor. This Committee has consistently recognized that lack of access to contraceptive methods and family planning services tend to coincide with the prevalence of unsafe abortion, in turn contributing to high rates of maternal mortality.[25] To address this problem, the government should provide greater access to comprehensive family planning services, including by offering a full range of contraceptive options to all women who seek them. To address the disproportionate level of unmet need among poor women, financial barriers should be removed by ensuring that low cost or free contraceptive options are readily available to poor women. Public awareness campaigns should be utilized to ensure that these women are aware of and able to access these services.

We recognize that the government of Ghana has responded to several of the concerns raised in earlier State Party Reports, including recognizing abortion care in important national health policies and instituting a national reporting system that includes data collection on abortion services. We are optimistic that Ghana will continue many of these positive trends. However, we urge this Committee to encourage and recommend that the government continue to closely monitor and support ongoing efforts to increase access to safe and legal abortion care, as well as to ensure that awareness of the law continues to grow and abortion-related stigma is minimized.

We request that the Committee praise the State of Ghana for its role in working to address maternal mortality due to unsafe abortion and improve data collection of abortion-related care.

We request that the Committee pose the following questions to the State of Ghana during the 59th Session of the CEDAW Committee:

1. What is being done to ensure that safe abortion is financially accessible to women under the National Health Insurance Scheme?

2. What further steps will the State take to ensure that maternal mortality due to unsafe abortion is reduced?

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 are aware of the abortion law?

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[24] *See Sundaram*, Note 4.

[25] *See e.g., Antigua and Barbuda*, 12/08/97, U.N. Doc. A/52/38/Rev.1, Part II, par. 258; *Guyana*, 31/05/95, U.N. Doc. A/50/38, par. 621; *Mauritius*, 31/05/95, U.N. Doc. A/50/38, par. 196.

4. What strategies are in place to ensure the full implementation of the Standard and Protocol on Prevention and Management of Unsafe Abortion and Comprehensive Abortion Care strategy developed by the Ghana Health Service?

5. 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?

While the rights guaranteed under CEDAW are not yet a reality for all women in Ghana, we hope that the CEDAW Committee will recognize the measures taken by the Government of Ghana to ensure women's access to health care services under article 12 of CEDAW. We also wish to acknowledge the gaps that still exist between the government's action and its duties under the treaty. We hope that this information is useful during the CEDAW Committee's review of the Ghanaian government's compliance with the treaty.

Yours truly,

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