



Health. Access. Rights.

Teku, Kathmandu | P.O. Box. no. 11621
Tel: 0977.1.4100179 | Fax: 0977.1.4262384
ipas@ipas.org | www.ipas.org

CESCR Secretariat
Human Rights Treaties Division
Office of the High Commissioner for Human Rights (OHCHR)
Palais Wilson- 52, rue des Pâquis
CH-1201 Geneva, Switzerland

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RE: Supplementary information on Nepal, to be reviewed during the 53rd Session of the Committee on Economic, Social and Cultural Rights

Dear Committee Members:

Ipas Nepal would like to provide information to the Committee on Economic, Social and Cultural Rights for their review of Nepal's third periodic report on compliance with the ICESCR. Ipas is an international reproductive rights organization headquartered in the United States with an office in Nepal.

Nepal is failing to fully meet its obligations under the ICESCR, in particular by inadequately providing equal access to legal abortion in violation of Articles 3 and 12 (the rights to equality and health). We appreciate that the Committee included in its list of issues a question about universal access to sexual and reproductive health. We also acknowledge the reply from the Government of Nepal (GoN), which states that 38 percent of Nepalese know about the legality of safe abortion and 60 percent know where to find safe abortion services.

Health facilities, goods, and services must be accessible to everyone without discrimination, according the Committee in its General Comment 14 on the right to the highest attainable standard of health. The Committee further explained in the GC that health facilities, goods, and services must in fact be accessible especially to the most marginalized section of the population (non-discrimination). Health facilities, goods,

and services must be within safe physical reach (physical accessibility) and affordable to all (economic accessibility). In addition, everyone has the right to receive information concerning health issues (information accessibility).

In its 2011 review of Nepal under the Convention on the Elimination of All Forms of Discrimination Against Women, the CEDAW Committee expressed concern about high rates of unsafe abortion among poor women, rural woman, and marginalized women. The CEDAW Committee recommended the GoN improve access to abortion services throughout the country.

Poor and vulnerable women living in remote areas of Nepal continue to suffer from physical and economical inaccessibility to abortion information and services and the GoN discriminates in the provision of abortion care.

Background

The GoN made early abortion legal for any reason in 2002 through a law written to uphold women's rights to health and equality. Beginning in 2004, the GoN introduced abortion services and expanded them through public, non-governmental, and private facilities. Together with international and national non-governmental organizations, the Ministry of Health and Population (MoHP) has taken steps to train doctors and nurses and increase women's awareness of the law and where to access service.

The most vulnerable women in Nepal – particularly poor women living in remote areas – still lack abortion services and many do not have information on the legal status of abortion or where to access abortion.¹ Abortion is also economically inaccessible for poor women in Nepal. Safe abortion is the only health service in Nepal with a cost that is not covered by the GoN. Death from unsafe abortion remains high and causes seven percent of maternal deaths in Nepal.²

Currently only a few non-governmental organizations provide safe abortion care, while the government does not. The GoN has not integrated abortion into existing governmental maternal and newborn health (MNH) or reproductive health (RH)

¹ Thapa, Shyam, Sharad Sharma K and Naresh Khatiwada. 2014. Women's knowledge of abortion law and availability of services in Nepal. *Journal of Biosocial Science*. 46, pp 266-277.

² Suvedi, Bal Krishna, Ajit Pradhan, Sarah Barnett, Mahesh Puri, Shovana Rai Chitrakar, Pradeep Poudel, Sharad Sharma and Louise Hulton. 2009. *Maternal Mortality and Morbidity Study 2008/2009: Summary of Preliminary Findings*. Kathmandu, Nepal: Family Health Division, Department of Health Services, Ministry of Health, Government of Nepal.

programs or facilities. The GoN is unwilling to do so, in part, because a major bi-lateral donor, the United States, prohibits funding for abortion in its programs.³

Needed steps by the Government of Nepal to make abortion accessible

Ipas Nepal commends the GoN's efforts to expand access to abortion information and services. However, the government must take further steps to make abortion accessible for the most marginalized women in Nepal. The GoN is now working on a five-year plan for the health sector, to begin in 2016. This plan should include measures to increase awareness of abortion care, expand abortion services to remote areas and fully fund abortion care. In addition, the government must take steps to integrate abortion services into MNC and RH programs.

Suggested Questions for the Government of Nepal

1. How will the five-year plan for the health sector ensure abortion information and services are accessible to women in remote areas of the country?
2. How will the Government of Nepal ensure that the cost of abortion services is not a barrier to poor women seeking care?
3. What measures will the Government of Nepal take to ensure that abortion is integrated into its existing MNH and RH programs?

Sincerely,



Indira Basnett
Country Director
Ipas Nepal

³ Section 104(f) of the U.S. Foreign Assistance Act of 1961, as amended (the Helms Amendment).