



**Committee on the Elimination of Discrimination against Women (CEDAW)
Office of the High Commissioners for Human Rights
Geneva, Switzerland**

RE: Supplementary information on Mozambique scheduled for review by the CEDAW Committee during its 71st session in Geneva from 22 October to 9 November.

Dear Committee Members:

Ipas is an international organization that works to promote women's sexual and reproductive rights and Ipas Mozambique is a locally-registered NGO in that country¹. This letter is intended to provide the Committee with an independent report on sexual reproductive health and rights with focus on women and adolescent girl' access to safe abortion in Mozambique, particularly under Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women. It provides complementary information to the periodic report submitted by the State of Mozambique for your consideration during the 71 session of the CEDAW Committee.

Under CEDAW, the government of Mozambique 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 can exercise their rights under CEDAW.²

This Committee has previously expressed concern about lack of effective implementation of sexual reproductive health policies addressing women's and adolescent girls health needs³, in its Concluding Observations to Mozambique in June 11, 2007:

36. The Committee is concerned about multiple aspects of women's health needs,

¹ www.ipas.org

² 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*].

³ CEDAW Committee, *Concluding comments of the Committee on the Elimination of Discrimination against Women: [COUNTRY]*, [para. XX], [(MONTH, YEAR)]. [For any following references to Concluding Observations, use this format: See CEDAW Concluding comments, note X at para. XX (MONTH, YEAR).]

including the maternal mortality rate which, though decreasing, still remains high. It is also concerned at the high rate of teenage pregnancy and its linkage to the lack of information and prevention measures, illegal abortion and to maternal mortality. The Committee is further concerned about the obstacles that women still face in terms of access to health services, including reproductive health services, difficulties with regard to lack of information on sexual and reproductive health and difficulties linked to such factors as a lack of resources, deficient infrastructure and poor roads and transport.

37. The Committee calls upon the State party to adopt a comprehensive approach to address women's health concerns. It urges the State party to undertake measures to improve women's access to health care services, to improve the availability of information and education regarding sexual and reproductive health and to address the identified causes of maternal mortality. The Committee also recommends that measures that aim at the prevention of unwanted pregnancies, including teenage pregnancies, be strengthened by increasing knowledge about family planning services.

In its current report to this Committee, from May 8, 2018, the government recognizes that maternal mortality is still high estimated at 408 deaths per 100,000 live births in 2011. Also, the report stated that because of the still high rate of early marriages, the incidence of pregnancies has not suffered any changes at all and remained at 40%, making the risk of miscarriages considerably high. The report also informed that the state has taken legal reform measures such as the Penal Code review aiming to decriminalize voluntary interruption of a pregnancy, after recognizing unsafe abortion as a public health problem, in consultation with civil society organizations.

We wish to supplement the government's report by commenting on the positive steps that the government of Mozambique has taken to alleviate maternal mortality due to unsafe abortion and identify areas where the government should take further measures to fulfill women's right to health under CEDAW.

National context

One in five of these maternal deaths occur in women under age 20⁴. Mozambique's sexual and reproductive health (SRH) indicators are poor, attesting especially to a great need for modern contraception and CAC services. The maternal mortality ratio is 489 per 100,000 live births (2015)—21st highest in the world⁵—with complications of unsafe abortion significantly contributing to this figure.⁶ The country's total fertility rate is 16th highest in the world at 5.2,⁷ with

⁴ http://www.who.int/reproductivehealth/topics/maternal_perinatal/epmm/en/

⁵ "Human Development Reports," | Human Development Reports, , accessed July 27, 2018, <http://hdr.undp.org/en/composite/GII>.

⁶ Gallo, "An Assessment of Abortion Services in Public Health Facilities in Mozambique: Women's and Providers' Perspectives".

⁷ "GHO | By Category," World Health Organization, , accessed July 27, 2018, <http://apps.who.int/gho/data/node.main.110?lang=en>.

low contraceptive prevalence (27% for any method), and 23.9% of married women with an unmet need for contraception.⁸ Mozambique has a rapidly growing youth population with an average age in the country of 17.1. With only 5.9% of women aged 15-19 years and 11.7% aged 20-24 using any form of contraceptive method,⁹ more than one in three women (40%) bears her first child before age 18 (2009-2013)¹⁰, leading to the 5th highest adolescent birth rate in the world at 139.7 (2015).¹¹ Given unsafe abortion's disproportionate impact on young people, coupled with increased risk of death and disability for both mother and child resulting from early childbearing, Mozambique is facing a perfect storm of negative health outcomes, particularly for young women.

The need for contraceptive services is high as the contraceptive prevalence rate (CPR) for modern methods among adolescents is 5.8% and only 11% among married women.¹² The national health sector plan has identified access to contraception as its second highest priority because of a combination of high unmet need (29% for sexually active women) and a high fertility rate -- an average of 5.9 births per woman.¹³ In addition, 122 per 1,000 births are to adolescent mothers aged 15-19.¹⁴

Cross-cutting issues affecting women's and girls' sexual reproductive health rights in Mozambique include HIV, child marriage, and gender-based violence. Nationally, the HIV prevalence rate is 11.3%⁸, and in Zambézia it is even higher, at 15.5% among girls and young women ages 15-24.¹⁵ Mozambique has the seventh highest child marriage prevalence rate in the world with just over half of all girls being married before their 18th birthday (UN One). Thirty-six percent of women in Nampula and 31% of women in Zambézia report to have suffered physical violence since the age of 15 years.⁹ Eight percent of women in Nampula and 7% of women in Zambézia report having been sexually violated in the last 12 months.⁹

Considering that 45%⁶ of the Mozambican population is under age 15¹⁶ and 55% is under age 19¹⁰, this group of the population are most in need of comprehensive SRHR information and services including access to abortion and contraceptive services.

Legal framework on Abortion

The new Penal Code was approved by the Parliament of Mozambique in July 2014 and was enacted in December 2014 (Law no. 35/2014). The Penal Code describes abortion not punishable in article 168 as follows: "It is abortion performed by a physician or other qualified health professional in

⁸ "Unmet Need for Contraception (% of Married Women Ages 15-49)," GDP Growth (annual %) | Data <http://data.worldbank.org/indicator/SP.UWT.TFRT>.

⁹ "Adolescents and Youth Dashboard," United Nations Population Fund <https://www.unfpa.org/data/adolescent-youth/MZ>.

¹⁰ "Adolescent Pregnancy: A Review of the Evidence," review, UNFPA, 2013.

¹¹ "Human Development Reports"

¹² DHS Mozambique 2011

¹³ Guttmacher Institute: Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method. <https://www.guttmacher.org/report/unmet-need-for-contraception-in-developing-countries>

¹⁴ PRB Mozambique

¹⁵ Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique. One UN Mozambique-Program Proposal. May 2016

¹⁶ National Institute of Statistics: http://www.ine.gov.mz/estatisticas/estatisticas-demograficas-e-indicadores-sociais/projeccoes-da-populacao/mocambique_projeccoes_2007_2040.xls/view

an official health facility and with the consent of the pregnant woman when it is practiced in the first twelve weeks of pregnancy. Abortion is not punishable until 16 weeks of pregnancy (rape, incest) or up to 24 weeks (in case of severe congenital malformation). "In addition the law specifies the circumstances that make abortion not punishable. Informed consent of the woman is required for abortion under any circumstances, except in cases of imminent risk of life where the woman is unable to express her consent (Art 168, paragraph 4). A Ministerial Decree was issued in 2017 (Diploma Ministerial 60.2017) providing standards and guidelines for health providers on safe abortion care. However, despite progressive human rights standards contained in this norm, legal barriers remain on adolescent girls' access to safe abortion services, due to the requirement for parents, guardians and legal representative's consent.

Barriers to Safe Abortion in Mozambique

The current health care infrastructure in Mozambique has limited ability to provide abortion and contraceptive services, due to the following barriers¹⁷:

- Shortage of medical personnel;
- Shortage of medical personnel trained in comprehensive abortion care (CAC) and contraceptive care;
- Limited roles of reproductive health/maternal child health (RH/MCH) nurses;
- Discriminatory attitudes and behaviors among service providers;
- Limited information among women and girls about the liberalized abortion law;
- Limited number of health facilities that perform abortions;
- Lack of commodity procurement and supply (contraceptives, MVA, and drugs for medical abortion);
- Misconceptions and stigma among community members.
- Unmet contraception need¹⁸
- Conscientious objection:
- Third party authorization:
- Lack of Privacy/Confidentiality

Mozambique's health system is composed of public as well as for-profit private and non-profit private sectors. The public system is the main source of health care but covers only 60% of the growing population.¹⁹ The Ministry of Health (MOH) provides care through a combination of hospitals, health centers, and health posts which vary in terms of the types of services provided and the types of providers who staff them. The public health care system is organized by three levels: national, provincial, and district. A shortage of health care workers combined with a fast-

¹⁷ Pathfinder survey. *AVALIAÇÃO DOS CONHECIMENTOS E ATITUDES SOBRE SAÚDE SEXUAL E REPRODUTIVA, COM UM ENFOQUE NA VIOLÊNCIA CONTRA AS MULHERES E ABORTO*. Inquérito a provedores de saúde e líderes comunitários na províncias de Maputo, Gaza, Inhambane e Cabo Delgado, December 2016.

¹⁸ See paragraph 105 from Mozambique state's report to CEDAW, May 8, 2018: According to the 2011 IDS data, only 11.3% (7.4% in rural areas and 21.1% in urban areas) of women in Mozambique use some sort of a modern family planning method and 29% have non-satisfied demand of contraception's.

¹⁹ World Health Organization. 2014. Country cooperation strategy at a glance: Mozambique. http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_moz_en.pdf

growing population has created gaps in provision of health care and is further compounded by an imbalanced distribution of health care providers across regions and between urban and rural areas.²⁰ The general population is growing rapidly: the projection for 2016 is over 26 million people and expected to reach 33 million by 2025.¹⁰

Despite government's efforts with legal reform, the implementation process of the recent Ministerial Norm (Diploma Ministerial 60/2017), with standards and guidelines, needs to accelerate to ensure women and adolescent girls' access to safe abortion services at provincial level. Yet, maternal mortality due to unsafe abortion has remained extremely high in Mozambique. Barriers to full implementation of the law mean that women are unable to access safe and legal abortion care. Without access to safe abortion, women in Mozambique risk their health and lives by resorting to unsafe abortion. Unsafe abortion accounts for 11 % of maternal mortality due to unsafe abortion in Mozambique (data estimated by the Ministry of Health of Mozambique).

The government of Mozambique has shown strong political will towards eliminating maternal mortality due to unsafe abortion reforming its Penal Code' provisions and developing clinical norms to implement abortion care services. However, its effective implementation in all health services at provincial level still need 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 women in the country, and to remove barriers that keep women from accessing lifesaving health services, especially regarding adolescent girls' access to safe abortion considering high rates of rape, incest and early marriages. Adolescent girls should be able to consent to confidential abortion care in a reformed abortion law, without requirements of parental authorization. Confidential abortion care must 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.

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

We request this Committee pose the following questions to the State of Mozambique during the 71 Session of the CEDAW Committee:

1. What further steps will the State take to implement confidential and non-judgmental comprehensive abortion care services to women and adolescent girls to ensure that maternal mortality due to unsafe abortion is reduced?
2. Although the clinical rules that allow the provision of safe abortion services have been approved, what is being done to approve the regulation of the law that decriminalizes abortion.

²⁰ World Health Organization. 2015. Health workforce: Situational analysis. <http://www.afro.who.int/en/mozambique/country-programmes/health-systems/human-resources-for-health.html>

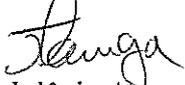
3. What measures will be taken to address lack of information from population in general and health providers as well as communities on the abortion law and stigmatization of abortion at community and health service levels?

4. What is being done to ensure that other stakeholders are aware of the abortion law, especially policy makers?

5. How will the State ensure that young women and poor women do not experience additional barriers in accessing reproductive health services, including when there are conflicts with their parents not allowing them to access family planning services and safe abortion care?

While the rights guaranteed under CEDAW are not yet a full reality for all women in Mozambique, we hope that the CEDAW Committee will recognize the measures taken by the Government of Mozambique 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 Mozambique government's compliance with the treaty.

Very Sincerely,



Julânia Armando Langa
langaj@ipas.org

Ipas Mozambique