



Health. Access. Rights.

P.O Box PMB CT 193 | Cantonments | Accra, Ghana
Tel: +233 302 77 5530 | Fax: +233 302 77 5510
ipas@ipas.org | www.ipas.org

11 May 2016

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

RE: Supplementary information for Ghana scheduled for review by the HRCttee during its 117 session in June-July, 2016.

Ipas is an international organization 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 6 of the International Covenant on Civil and Political Rights (CCPR).

Under the CCPR, the government of Ghana has a responsibility to protect every person's right to life (**Article 6**), and according to this Committee, that means the government must 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 HRCttee stated in General Comment 28 that "State parties should give information on any measures taken by the State to help 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 recognizes that there must be equality of all rights between men and women, and state parties must take steps to enable every person the enjoyment of the rights contained in this treaty.⁴ The HRCttee has acknowledged that restrictive abortion laws have a discriminatory and disproportionate impact on poor, rural women.⁴

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.

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).

Furthermore, the CEDAW Committee and the Special Rapporteur on the Right to Health have expressed concern about high rates of unsafe abortion among poor women in Ghana and lack of access to safe abortion care. In 2014, the CEDAW Committee stated concern about the “stigma attached to abortion and general lack of awareness about the conditions under which abortion is legally available, resulting in numerous women resorting to unsafe abortion” and urged the government of Ghana to ensure safe, legal abortion is affordable to all women.⁵ In his 2012 report on his Mission to Ghana, the Special Rapporteur on the right to health expressed concerns over high rates of maternal death from unsafe abortion and the exclusion of abortion from the National Health Insurance Scheme. According to the Special Rapporteur, poor and marginalized women cannot afford safe abortion and “often undertake procedures in unsafe and unregulated environments, which leave them vulnerable to avoidable incidences of maternal morbidity and mortality.”⁶

In its report to this Committee, the government of Ghana highlighted political will to end all forms of discrimination against women, under articles 2(1), 3 and 26 of the treaty.⁷ The government reports on its efforts to address issues affecting women in particular, including domestic violence, rape, and harmful traditional practices. However, the government fails to report on what steps it is taking to ensure women do not have to undergo life-threatening unsafe abortion. Because comprehensive abortion care services are not included in the National Health Insurance Scheme, poor and rural women in particular are unable to access them.

The government reports on the work of civil society organizations (para. 149) and Queen-mothers (para. 152) to raise awareness and address women’s issues. Ipas Ghana would like to recognize the importance of these actors, as their activities include advocacy for safe abortion services.

We further commend the Government of Ghana for its work with the Ghana Police Service to implement the National Policy and Plan of Action on Domestic Violence. In addition, we request the Government of Ghana report on how the Ghana Police Service has engaged with communities to ensure access to reproductive health services, including safe abortion, which is not widely understood by the community to be legal.

The Legal Framework for Abortion

Section 58 of the Ghana Criminal Code of 1960, Act 29, was amended in 1985 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. Despite having a fairly liberal abortion law in place since 1985, maternal mortality due to unsafe abortion has remained extremely high in Ghana. A 2012 study showed that abortion-related deaths contributed to 11 percent of maternal deaths in Ghana.

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.

⁵ **Ghana**, 7/11/15, U.N. Doc. CEDAW/C/GHA/CO/6-7, par. 36(d), 37(c).

⁶ *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover. Addendum. Mission to Ghana*, U.N. Doc. A/HRC/20/15/Add.1, par. 40, (2012).

⁷ Human Rights Committee, *Consideration of reports submitted by States parties under article 40 of the Covenant, Initial reports of States parties due in 2001, Ghana*. U.N. Doc. CCPR/C/GHA/1, par. 130 (2014).

Barriers to Safe Abortion in Ghana

Safe abortion is largely inaccessible in Ghana is due to stigma and a lack of knowledge of the law among community members, law enforcement, and health-care personnel. Cultural, religious and traditional stigma against abortion is also prevalent in Ghana. As a result of stigma, women are often reluctant to seek abortion services at public health care facilities and many abortions go unreported. Though Ipas Ghana has worked to reduce stigma and lack of knowledge of the law by activities which include training workshops for senior law enforcement officials in Ghana, much more remains to be done. The government of Ghana must continue to train law enforcement on the current legal framework for abortion, as well as on their role in increasing awareness about the law and reducing abortion-related stigma.

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. Fees could range from \$22 to \$300 depending on the gestation of the pregnancy. Although the burden of unsafe abortion is huge and the cost high, abortion is not covered under the National Health Insurance Scheme, which was introduced in 2004.

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. We urge this Committee to further ask the government about their 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.

We request that the Committee transmit the following questions to the State of Ghana:

- 1. What is being done to ensure that safe abortion is financially accessible to women under the National Health Insurance Scheme?**
- 2. What measures will be taken to reduce ignorance of the abortion law and stigmatization of abortion?**
- 3. What further steps will the State take to ensure that maternal mortality due to unsafe abortion is reduced?**
- 4. What is being done to ensure that health care personnel are aware of the abortion law?**

While the rights guaranteed under the CCPR are not yet a full reality for all women in Ghana, we hope that the Human Rights Committee will recognize the measures taken by the Government of Ghana to ensure women's rights to equality and life. 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 as the Committee's drafts the Concluding Observations to transmit to the Government of Ghana.

Yours truly,



Dr. Koma Jehu-Appiah
Country Director
Ipas Ghana