

CSMMUA

COALITION TO STOP MATERNAL MORTALITY DUE TO UNSAFE ABORTION

PUBLIC STATEMENT ON ROE V. WADE

While US Supreme Court Ruling Infringes on Women's Rights and Freedoms, Uganda's Drive to Increase Access to Sexual and Reproductive Health Will Not Be Broken

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INTRODUCTION

The Coalition to Stop Maternal Mortality Due to Unsafe Abortion in Uganda (CSMMUA) passionately believes that no woman should die due to unsafe abortion in Uganda or in any part of the world.

We believe women must be free to enjoy their reproductive rights and make informed choices about their bodies. As such, we join the people of the United States (US) and the rest of the world to proclaim our outrage that the US Supreme Court has eliminated 49 years of the law establishing a Constitutional right to abortion in ruling to overturn Roe V. Wade, robbing individuals and families of their fundamental reproductive rights.

However, the harm from this ruling will not stop at the borders of the US. It will be used to attempt to curtail progress on sexual and reproductive health and rights nationally, regionally, and globally. For decades, policies and laws linked to US foreign assistance have caused harm to sexual and reproductive health and rights around the world. The "Global Gag Rule" for example banned foreign NGOs that get US funding from engaging in any activities related to abortion. The Global Gag Rule was reversed during the Biden Administration but was radically expanded during Trump's administration and would certainly be reinstated during a Republican presidency. The Global Gag Rule has been associated with an increase in rates of unsafe abortion in sub-Saharan African countries. The US Supreme Court is the latest in a line of efforts of the US government to obstruct the global realisation of sexual and reproductive health and rights.

OUR PERSISTING CHALLENGES AND PROMISE

Uganda, like many African countries, grapples with high rates of maternal mortality (336 per 100,000 live births) with 26 per cent of these being a result of unsafe abortion. It is important to note that 28 per cent of the maternal deaths in Uganda are among young women aged 15-24 years and the country loses close to 800 women every day due to unsafe abortion. Moreover, 24 per cent of Uganda women need family planning services but cannot get them. In Uganda, abortion is highly criminalised and stigmatised, and safe abortion is virtually unavailable, despite the fact that it is not completely prohibited by Ugandan law. This legal and policy environment does not enable people to interface with the health care system in order to access sexual and reproductive health information and services. Instead, health workers and patients fear arrest, criminalisation and harassment. Women should be able to seek safe abortion services knowing that they will not suffer stigma or be punished for services they need.

Uganda is committed to advancing and realising Sustainable Development Goals (SDGs) by 2030. Under SDG 3 - good health and well-being, the world is committed to Target 3.1 which is to reduce global maternal mortality to less than 70 per 100,000 live births. While this is a global commitment, Uganda is extremely far from realising the target. Any laws and policies that undermine access to safe and legal abortion, therefore, weakens Uganda's commitment to achieving this target.

Extensive lockdowns, economic hardship, and two years of closed schools at the height of the COVID-19 pandemic greatly exacerbated teen pregnancy, and gender-based violence and further devastated basic sexual and reproductive health and rights in Uganda. Indeed, the policy response to COVID-19 contributed to far more preventable morbidity and mortality, particularly among women and girls, than the direct effects of COVID-19 itself.

OUR HOPE IN UGANDA AND AFRICA

While we are appalled by the decision of the US Supreme Court, it does not spell doom for Uganda and the African continent. Progressive decisions on SRHR and on abortion rights in particular in Kenya, Ethiopia, Mozambique, Rwanda and others, along with a massive shift in abortion rights in Latin American and Caribbean countries, point to the fact that Africa and the rest of the global South is already charting a path of its own, separate from that of the US. Indeed, the US decision is firmly out of step with the legal reforms of the rest of the world, where since 1994 more than 50 countries have increased safe abortion access—only the US, El Salvador, Poland and Nicaragua have done the opposite. This is notwithstanding the fact that Uganda and Africa's statistics on maternal mortality and other SRHR indicators are still alarming and bold steps must urgently be taken to change them within the remaining eight years of the SDGs timeframe.

Uganda and other African countries must continue to focus on the implementation of the regional and national legal frameworks. The African Union Commission Continental Policy Framework on Sexual and Reproductive Health and Rights calls for the reduction of maternal and infant morbidity and mortality and the mainstreaming of SRHR in Primary Health Care so as to accelerate the achievement of health-related global commitments; the celebrated African Charter on Human and Peoples' Rights on Women in Africa (Maputo Protocol, effected in 2005) guarantees comprehensive rights to women including the right to improved autonomy in their reproductive health decisions, among others. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) re-affirms the reproductive rights of women and ensures equal treatment of all men and women without discrimination. In Africa, we have decisions from various courts on abortion rights and on maternal health which constitute sound frameworks within which to advance safe legal abortion. Article 22 (2) and Article 79 (1) and (2) of the 1995 Constitution of the Republic of Uganda directs the State and Parliament of Uganda to formulate and pass a law regulating the termination of pregnancy. Countries such as Kenya have permitted abortion if the health provider finds that there is a need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law. The South African Choice on Termination of Pregnancy Act (CTOP) No. 92 of 1996 promotes a woman's reproductive right to have an early, safe and legal abortion, among other examples.

CALL TO ACTION

The progress made in advancing the reproductive rights of women, using the cited avenues should give us more hope and determination to push for better access to SRHR despite America's decision on *Roe V. Wade*. We thus have an opportunity to look beyond the US for inspiration for legal reform on

access to safe and legal abortion and reiterate the World Health Organization (WHO)'s position that legal restrictions on abortion do not result in fewer abortions. Rather, they force pregnant people to pursue riskier abortion services.

It is therefore against this background that we call on individuals and organisations championing sexual and reproductive health and rights not to relent but draw inspiration from countries where access to SRHR has been expanded. We need to advance as one strong SRHR movement and voice the urgent need to improve the policy and legal environment for SRHR information and services for all people. We must demystify abortion as a highly contested SRHR issue in Uganda and Africa in order to improve our performance on indicators for SRHR. We call upon development partners; other like-minded CSOs; the private sector; the media, and government ministries and departments into renewed solidarity against restrictive laws on SRHR.



ABOUT CSMMUA

The Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA) was established 10 years ago with a mission to ensure that Uganda's Legal and Policy framework advances and adequately protects women and girls from unsafe abortion. Currently, CSMMUA has a membership of more than 50 institutional members. These are organisations committed to advocacy work that aims to prevent or/and reduce maternal mortality due to unsafe abortion and other causes.