NATIONAL STAKEHOLDER MEETING ON ENDING UNSAFE ABORTION IN UGANDA

Monday, 17 February 2014 – Kampala Serena Hotel

Meeting Report

CEHURD: Center for Health, Human Rights and Development

Plot 833, Old Kiira Road, Ntinda, Kampala

Email: info@cehurd.org

Website: www.cehurd.org

Table of Contents

1.0 Background ……………………………………………………………….....3
2.0 Opening Remarks..4
3.0 Panel Discussion 5
3.1 Status of abortion in Uganda...6
3.2 Individual and household level cost of unsafe abortion in Uganda 6
3.3 The legal framework on abortion..7
4.0 General discussion 8
5.0 Individual Experiences with Unsafe Abortion...10
6.0 African Union Initiatives to Reduce Unsafe Abortion 11
7.0 Good Practices from Ethiopia...12
7.0 Key Note Address 13
9.0 Way Forward 14
10.0 CLOSING REMARKS 15
11.0 Follow-Up Meeting...16

1.0 Background

At 438 per 100,000 live births[1], Uganda's maternal mortality ratio (MMR) has remained high over the past two decades. And an estimated 26% of these deaths due to unsafe abortion which are preventable.[2] At the current trends, the country is unlikely to achieve the target of reducing the MMR to 131 deaths per 100,000 live births by 2015 as set under the 5th United Nations Millennium Development Goal (MDG #5).

More than 300,000 abortions take place in Uganda each year, with the vast majority of these being unsafe.[3] Of the 6,000 deaths annually of women due to pregnancy or childbirth, 1,200 women will die from unsafe abortion, and a further 85,000 women will be treated for complications of abortion.[4] Uganda's estimated rate of 54 abortions per 1,000 women of reproductive age is far higher than the average of 36 abortions per 1,000 women for East Africa.[5]

Unsafe abortions also constitute a huge burden to the health system. Approximately 40% of admissions for emergency obstetric care in Uganda are a result of unsafe abortion.[6] Yet unsafe abortion and its consequences come at a premium: each year, the health system spends up to Ushs7.5 billion on treating abortion related complications.[7]

The high prevalence of unsafe abortion has been attributed to several factors, prominent among which include low contraceptive prevalence. Only 26% of married women and 43% of sexually active unmarried women use a modern method.[8] Approximately 50% of the 1.2 million pregnancies each year are unplanned.[9] Adolescents are particularly at risk for unintended pregnancy; premarital sex is common. More than one in three women aged 15-24 who have never married have had sex.[10]

In a recently conducted study by the Guttmacher Institute on the economic impact of post abortion complications on women and their households, it was found that most women reported that their unsafe abortion had had one or more adverse effects, including loss of productivity (73%), negative consequences for their children (60%) and deterioration in economic circumstances (34%).

---

[1] Uganda Bureau of Statistics (UBOS) and ICF International, Uganda Demographic and Health Survey 2011, Kampala, Uganda: UBOS; and Calverton, MD, USA: ICF International, 2012.
[2] See Submission to the All Party Parliamentary Group on Population, Development and Reproductive Health, U.K., December 8-9 2008 by Hon. Dr Stephen Mallinga and Dr. Anthony Mbonye on Maternal Morbidity and Mortality in Uganda.
[3] Singh S et al., The incidence of induced abortion in Uganda, International Family Planning Perspectives, 2005, 31(4):183–191.
[4] Guttmacher Institute. Unintended Pregnancy and Abortion in Uganda. Series 2013, No. 2.
[5] *Ibid.*
[6] Mbonye A K et al.: Emergency obstetric care as the priority intervention to reduce maternal mortality in Uganda. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics* 2007, 96:220–5.
[7] Vlassoff M et al., The health system cost of post-abortion care in Uganda, Health Policy and Planning, 2012. Available at: http://heapol.oxfordjournals.org/content/early/2012/12/28/heapol.czs133.full.pdf
[8] *Supra* note 1.
[9] *Ibid.*
[10] *Ibid.*

Women who had spent one or more nights in a facility receiving post-abortion care were more likely than those who had not needed an overnight stay to experience these three consequences (odds ratios, 1.6–2.8), and women who had incurred higher post-abortion care expenses were more likely than those with lower expenses to report deterioration in economic circumstances (1.6). Wealthier women were less likely than the poorest women to report that their children had suffered negative consequences (0.4–0.5).

Abortion is restricted in Uganda, but not prohibited. It is permitted under circumstances where the life of the expectant mother is in danger and when it will preserve her health, including the mental health.[11] However, stigma, discrimination and misinformation mean most women in need of abortion as well as health care providers do not have full and clear information about the provisions of the law governing abortion.

It is against this background that CEHURD partnered with Ministry of Health and the Coalition to Stop Maternal Deaths due to Unsafe Abortions to convene a stakeholder meeting that had the following objectives:

1) Share new data and research the Individual- and Household-Level cost of unsafe abortion in Uganda by the Guttmacher Institute
2) Increase awareness about the legal and policy framework in Uganda
3) Recruit additional public champions in the struggle to reduce maternal mortality due to unsafe abortion
4) Agree on prevention interventions all partners (legal, service providers, government, religious leaders, etc) can take to reduce maternal mortality due to unsafe abortion

The meeting took place Monday 17th February, 2014, at Kampala Serena Hotel. The meeting brought together members of parliament, as well as representatives of Ministry of Health, UN Population Fund (UNFPA), the Swedish embassy, bilateral development agencies, civil society and media practitioners, among others. This report summarizes the proceedings of the meeting and its outcomes.

2.0 Opening Remarks

By Dr Anthony Mbonye, Commissioner, Community Health, Ministry of Health

The opening remarks were given by Dr Anthony Mbonye, the Commissioner for Health Services, Community Health, at the Ministry of Health. Dr Mbonye welcomed the participants and thanked the coalition to stop maternal mortality due to unsafe abortion and CEHURD for partnering with Ministry of Health to organize the meeting.

[11] A technical guide to understanding the legal and policy framework on termination of pregnancy in Uganda, Briefing Paper, New York: CRR, 2012.

Dr Mbonye said Ministry of Health has prioritized maternal health because it is a human rights issue as well as a development issue. Maternal health is part of the basic package of health services outlined in the Health Sector Strategic and Investment Plan (HSSIP).

Dr Mbonye shared his perspective on unsafe abortion. He told the meeting that unsafe abortion is an end result of a process that normally starts with sex between sexually active people, leading to unwanted pregnancy. Rape and incest also lead to unwanted pregnancy. Some of the unwanted pregnancies may be tolerated and carried to full term, ending up as normal deliveries. Those that are not tolerated are miscarried. The miscarriage is either spontaneous due malaria, syphilis and other diseases affecting the mother, or induced, most times using unsafe, crude methods.

Dr Mbonye said it is the miscarriages that are induced that are a concern because most of them are unsafe, adding that these sometimes lead to death of mothers or cause chronic morbidity. He told the meeting to reflect on the fact that some pregnancies pause a risk to the mother or to the fetus and hence may be inevitable.

He said statistics show that unsafe abortions are a major contributor to maternal mortality and appealed for innovative ways to address the problem if maternal mortality figures are to come down. He added that while he was still in the Ministry of Health's Reproductive Health Division, he had proposed the distribution of the MVA kit (used in post abortion care) to the private sector to strengthen the capacity of service providers to handle post abortion complications. He said this idea needs to be discussed further as an innovation in addressing unsafe abortions within the ambit of the current restrictive law.

3.0 Panel Discussion

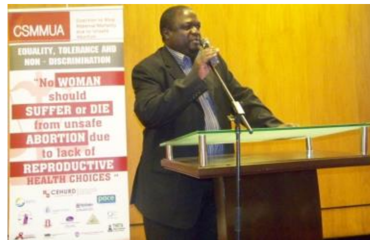
Moderator: Patrick Kamara

The panel discussion was moderated by Patrick Kamara, and started with brief remarks from the three panelists before the floor was opened to the rest of the meeting participants. The panelists were:

1) Dr Charles Kiggundu a medical consultant with Mulago National Referral Hospital and President of the Association of Obstetricians and Gynecologists gave the status of unsafe abortions in Uganda;
2) Mr Leo Amanya, an independent consultant, presented the outcomes of research on the Individual- and Household-Level cost of unsafe abortion in Uganda by the Guttmacher Institute
3) Mr Moses Mulumba presented on Uganda's legal framework on abortion;

3.1 Status of abortion in Uganda

Dr Charles Kiggundu started by defining unsafe abortion, and said abortion is unsafe when it is likely to lead to mortality or morbidity. Unsafe abortion is entirely preventable if only unwanted pregnancies were prevented through family planning; effective contraception; and unrestricted access to safe abortion services.

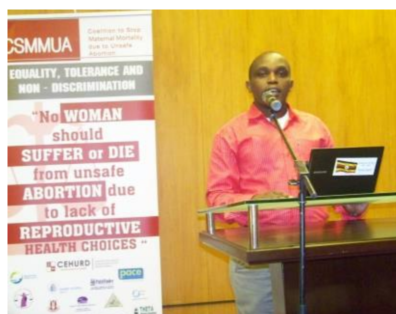


The panelist shared statistics and extent of unsafe abortion and its devastating consequences on young women and the national work force. Globally, it causes up to 47,000 deaths per year – most of them in sub-Saharan Africa – which translates into losing one woman every 8 minutes. At the national level, there are about 2 million pregnancies per year, an estimated 400,000 of which end up in unsafe abortions, causing severe complications in about 90,000 of the cases and 1,500 deaths (25% of maternal deaths).

Half of the pregnancies are unplanned, only that many of them are tolerated. The main causes of unwanted pregnancies include high sexuality; a high prevalence of non-consensual sex; low contraceptive prevalence; and low adherence to contraceptives. Dr Kiggundu said maternal death and deaths at birth are now notifiable events which Ministry of Health must know of whether they occur within a health facility or not.

3.2 Individual and household level cost of unsafe abortion in Uganda

Mr Amanya presented the outcomes of a survey that documented the cost of abortion to the individual woman as well as to the household. The panelist noted that research on the economic impact of unsafe abortion has so far been limited and the little work done so far is not sufficient to provide national level estimates. He however, pointed out that the health system spends an estimated US$14 million on treating complications resulting from unsafe abortion each year.



The research found that women paid on average Ushs41,800 (US$16) out-of-pocket for treatment of post abortion complications. The factors associated with negative consequences on children were identified as longer length of stay at health facility; higher expenses; while the key factor associated with loss of productivity for the household member was identified as longer length of stay at health facility. The risks were greater for socially and economically disadvantaged women and households.

The study recommended that abortion services should be provided to the full extent of the law; there should be effort to reduce costs associated with post-abortion

complications; there should be proper and accurate dissemination of information with a focus on poor women to make them aware of and to get easy access to services; and there is need for investing in contraceptive services to reduce unintended pregnancy and the consequent need for abortion.

3.3 The legal framework on abortion

Mr. Moses Mulumba presented a brief on the legal framework governing abortion in Uganda. He told the meeting that it is not right to say that abortion is illegal in Uganda; the right phrase is, "abortion is restricted". He said the overriding factor behind unsafe abortions is the fear of the law; it is a common perception that abortion is illegal in Uganda. Mr. Mulumba noted that the criminal law that is restrictive on legal circumstances for abortion is a colonial law, characteristic of all countries with colonial history. He noted that Uganda should have moved out of such a retrogressive law because the Constitution, which is anchored on human rights, is newer than the Penal Code.

The Constitution, together with international human rights instruments that the country has ratified over the recent years, creates obligations for the State to fulfill a set of minimum human rights standards, including rights of women. Article 33(3) creates an obligation on government to facilitate mothers to perform their natural maternal function. Beyond the Constitution, common law talks about possible negligence for not saving a mother's life.

The Penal Code (Sections 141-143) sections address questions of criminality to service provider; the client; and the tool provider. In Section 224, it shows that abortion can be permitted under the so-called "therapeutic exception" (health of the mother). But the country has since moved away from that thinking. He said one major gap is that the State has not come out to clarify the circumstances under which abortion is legal, and in this void, Ministry of Health has published policy guidelines that are more progressive, considering cancer of the cervix, rape, HIV-status at the election of the woman as grounds.

The panelist, however, hastily added that these policy guidelines do not have the force of law and cannot be used to defend cases of abortion in court. The panelist suggested that Ministry of Justice comes out and clarifies the circumstances for legal abortion. He further told the meeting that efforts should focus on giving Ministry of Health legislative support for its policy guidelines. He pointed out that the ongoing review of the Public Health Act and the Penal Code need to be used to clarify the abortion law of the country, considering the evidence from recent studies.

4.0 General discussion

- Hon Kabaale Kwagala Olivia (Woman MP, Iganga), reported that pregnancies resulting from cases of rape are high in her constituency. She said it is very unfortunate that abortion has been looked at largely as a crime by the implementers of abortion law, and that there is need for legislators to intervene and look at the public health side of the problem. She added that the law should be made to help rather than punish people. Given that unsafe abortion is causing so many deaths, Ministry of Health needs to help MPs understand the issues at hand and how they can support it in addressing unsafe abortions.

- Hon. Emma Boona (Woman MP, Mbarara) noted that unsafe abortions can be stopped by increasing access to effective contraception. She said there are some women who have negative attitudes towards contraceptives and need sensitization to ensure they make informed choices. She also suggested that the campaign should not leave out men because it is through their irresponsible behavior that women get unwanted pregnancies. She noted that the tendency has been to blame the girls for getting pregnant while the boys who make them pregnant are let off the hook.

- Responding to a question from the moderators as to whether the magnitude of unsafe abortions should be interpreted as a failure on the part of religious leaders, Rev. Canon Mbukure (CHAIN Foundation) said religious leaders have played their part. He added that government and community leaders have not done enough to educate the population. He appealed to all stakeholders to play their part. He disagreed with the assertion that the high unmet need for contraception is due to non-availability of commodities. He reported that his organization had for the past two years implemented a project that has eliminated commodity stock-outs in two districts, but utilization remains low. He reiterated the need to involve the men in generating demand for family planning commodities.

- Hon. James Kyewalabye Kabajo (MP, Kiboga East) suggested that Ministry of Health should come up with a draft law that expands the current ground for legal abortion and pledged that the MPs attending the meeting would support it. On the low demand for contraceptives, he advised that Ministry of Health should sensitize the population and make them know where they can access the contraceptives from.

- Hon. Lowila CD Oketayot (Pader) raised a concern about the relevance of the data presented by Mr Amanya, some of which was for as far back as 2003. He asked whether there is more recent data and what trend it portrayed. He also wanted to know how many unsafe abortions were linked to married women and what proportion was attributable to women in casual relationships, and

which of these two categories should be the primary target of interventions. Responding to him, Mr Amanya said the results reflect data for 10 years later and that the survey was done in two phases. He said the trends show that unsafe abortions are on the rise and unless there are effective interventions, the trend will continue rising beyond 2020.

- Hon. Safia Nalule Juukko (MP, women with disabilities) pointed out that human beings had become irrational, in the sense that incest features prominently among the causes of unwanted pregnancies, which in her opinion calls for interventions on focusing on the mental stability of men.

  Hon. Jukko called for reform of the abortion law so that abortion has a direct provision in the Constitution and the circumstances for legal abortion clearly stated in supporting laws, to change the current situation where Mr Mulumba uses less direct provisions like the rights of women. She said Article 39 is the only one that talks about health in the Constitution, but there is need for clear provisions for the reproductive rights of women. She said that the ongoing political discourse suggests that Constitutional amendment is coming up and when it does, that chance should be used to push for more progressive provisions on abortion and the reproductive rights of women.

- Referring to himself as adolescent health ambassador, Mr Patrick Mwesigye (Uganda Youth and Adolescent Health Forum) appealed for interventions that address the vulnerable situation of young girls who are forced to abort by their boyfriends, parents and the high levels of stigma. He said the general attitude of the community does not support out-of-marriage pregnancy and generally stigmatize abortion. He called for programs that put in place adolescent-friendly reproductive health services, including sex education and adolescent corners in public health facilities where young boys and girls fear to stand in queues with women old enough to be their grandmothers.

  Responding to the issue, Dr Anthony Mboye said Ministry of Health has published adolescent health service guidelines which recommend that adolescents have their own corner in public facilities. He however, noted that there is need to address stigma among service providers as well. And he also added that adolescent corners are yet to be rolled out to all health facilities because of funding shortages.

- Hon. Jesca Ababiku (Woman MP, Adjumani) submitted that the root cause of unsafe abortion is the love for sex among Ugandans, asserting that Ugandans love sex more than food! She said young girls, and that sex is no longer secretive as it used to be. Second, the implementation of existing laws on incest, rape and defilement is weak, to the extent that parents collude with defilers to cover up crime. Thirdly, there is need for stakeholders to speak the

same language on abortion, and appealed to the religious leaders to be more liberal when giving their opinion.

- Ms Atim Sharon (Wo-Man Foundation) gave her own experience with cases of young girls engaging in sex. She reported that the community work of her organization had come across girls as young as 8 that were engaged in sex. She also cited a case of a 12 year old who had aborted twice on the orders of her mother. She said there is need to sensitize parents on parenting and the dangers of unsafe abortion.

- Ms Carol Aupa (New Vision) cited a case of a 9-year sex worker! She said abortion was rampant and yet the law says it is illegal save for medical reasons. She suggested that the law should be amended to give the girls the right to make the choice to abortion or not to abort.

- Referring to himself as “from the villages” and adding that he was speaking for “many women in the East”, Mr David Mafabi (Daily Monitor) said there are cases of induced abortion that go unreported because even in hospitals they are recorded as miscarriages. He said in rural villages of the East, access to health facilities is so much of a challenge that some women cross to Kenya to access health care. He said there was need to address the accessibility of facilities in remote places for any interventions against unsafe abortion can have an effect at the grass root level.

- Hon Mariam Nalubega (Woman MP) said the solution is not to stop people from sex or abortion, but to educate them about the need for safe sex, the way HIV messages have been coined. She appealed to religious leaders to be supportive of contraception, arguing that swallowing a pill should ideally be much less of a sin than abortion.

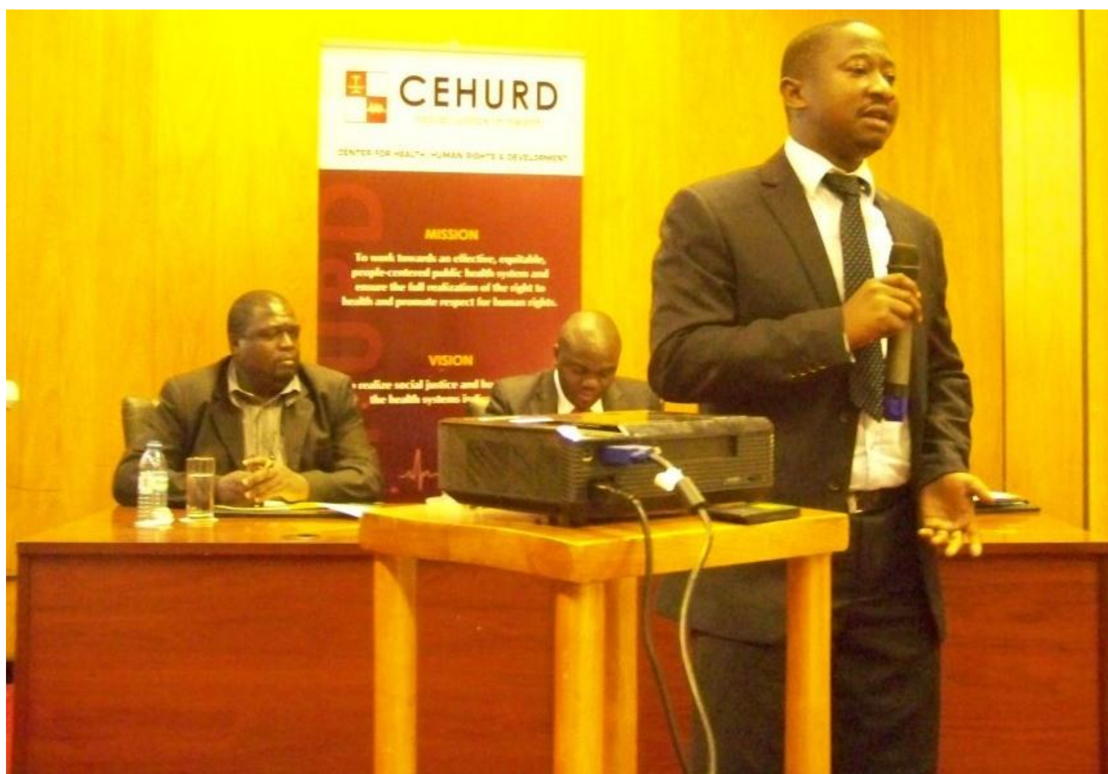
- Ms Maria Najjemba (MOH/UNFPA) drew the attention of the meeting to the need to evaluate the interventions that have been proposed or tried in previous discussions of the unsafe abortion crisis so that lessons can inform the design of new interventions.

- Responding to the points raised during the discussions, Mr Mulumba emphasized that the key message should not focus on the law, but focus on government obligations. There is need to look at the existing laws and to interpret them progressively. He warned that focusing on the use of criminal approach as is the case currently only enriches corrupt policemen.

5.0 Individual Experiences with Unsafe Abortion

Documentary by Mr Solomon Serwanja, NTV

A documentary of a testimony by Mr Solomon Serwanja who covered the case of a young girl in Wakiso who procured an abortion from a medical professional that went terribly bad. The girl, an orphan, reportedly struggled to raise Ushs 120,000 that a doctor asked for. The boyfriend had disappeared. In a couple of weeks, she got complications as puss accumulated her genitalia. Two weeks later the girl died.

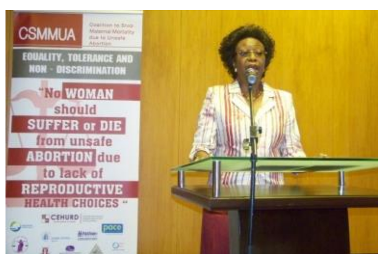


Mr. Sserwanja giving his testimony after showing his documentary

6.0 African Union Initiatives to Reduce Unsafe Abortion

Presentation by Dr. Eunice Brookman-Amissah, Vice President Africa, Ipas

The presenter said Ipas has been working at country level to improve the legal framework for access to abortion services. She outlined initiatives that have been put in place at the continental level since 2000 to address unsafe abortion and related matters.



The African regional policy framework includes the Protocol on the Rights of Women in Africa, which has been ratified by Uganda with reservation to Article 14 (c); Continental Policy Framework on SRHR (2007-2014); Maputo Plan of Action on SRHR (2007-2015); and Campaign for accelerated reduction of maternal mortality (CARMMA).

- The 1st AU International Conference on MNCH took place in August 2013, Johannesburg, South Africa, with high level participation by governments and UN. At this conference, Ipas was invited to host panel session on abortion, also on UNFPA panel on ASRHR. There was commitment by way of a Plan of Action, calling for alignment of local laws to the Protocol and provide safe abortion services according to national laws. Implementation is supposed to be reviewed every two years.

- The African Commission on Human and Peoples Rights (ACHPR) hold states accountable for implementing the African Charter on Human Rights and the AU Women's Protocol. The Special Rapporteur on the Rights of Women in Africa questions governments on abortion and civil society submits alternative and shadow reports. Malawi is set to be the first country to report on Women's Protocol and abortion in October 2014

7.0 Good Practices from Ethiopia

By Naisola Likimani, Senior Policy Advisor, Ipas Africa Alliance

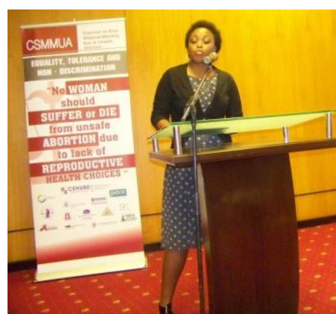
---

The presenter said Ethiopia has made an example of addressing unsafe abortion. It is a populous country and highly religious. Before the 2005 reform, maternal mortality was high and abortion was prohibited. But it was the second highest cause of hospitalized women, which was a drain on the health system. Contraceptive use was low and fertility high.

What facilitated reform was the MDG framework; broad based advocacy movement which pushed for reform; and leadership from the medical community. There was messaging around human rights, that deaths from unsafe abortions were completely preventable.

In 2005 the penal code was reviewed and abortion allowed under:

- Rape, incest
- Pregnancy endangering a woman's life and/or health
- Indications of fetal abnormalities
- Woman physically and mentally disabled
- Minor: physically or psychologically unprepared to raise a child



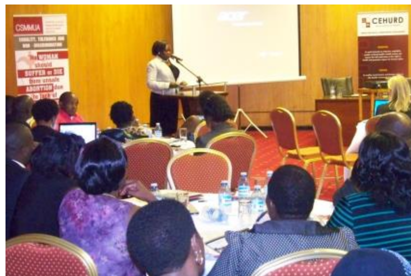
This was passed without debate. MOH developed technical guidelines for abortion services within 6 months- fast implementation was achieved. Data showing a number of facilities within abortion services. Most of the services provided by government and by mid-level cadre. Post abortion care dropped dramatically as comprehensive abortion services rolled out. This involved providing contraceptives, earlier ANC. There are high number numbers of women who have left the facility with a family planning method.

The key policy outcomes were an enabling environment; change in attitude and stigma is going down; better integrated in health system; it is free; it is integrated in training of providers.

In conclusion, the presenter said the revised abortion law has not only created a favorable environment for women to exercise their reproductive rights but also paved the way for reducing maternal morbidity and mortality from unsafe abortion in Ethiopia.

7.0 Key Note Address

By Hon. Sarah Opendi, Minister of State, Primary Health Care



Hon. Minister Opendi said unsafe abortions were a public health crisis and appreciated the MPs effort to attend the meeting. She said that for a long time, abortions have been going on in Uganda but her attitude charged after she attended an Ipas meeting in Nairobi last year. Since then, the Minister said she decided to be an advocate to end this practice whether as a minister or not. She said that if the problem is not tackled maternal mortality will never come down.

High mortality deaths are a sign of a weak and failing health system. She said government constructed health facilities and is improving on medicine stocks. Recently, health workers have been recruited. The next phase is to recruit critical cadre.

She said the maternal mortality ratio (MMR) is still high despite the interventions. The major causes, in their order of prominence, are postpartum heamorrage, infections, and unsafe abortions. She said the first time she talked about unsafe abortion, she was criticized, but that she was glad there were now more people talking about unsafe abortion.

Hon. Opendi said the country will not prosper without addressing the high MMR. The target is 131 deaths per 100,000 live births by 2015. The major causes of MMR are well know and preventable. It is clear that bringing down MMR will not be possible unless the causes are tackled.

According to the Minister, about 800 abortions take place in Uganda every day, most are unsafe resulting into disability, death and other problems. The police have been vigilant in arresting people, and young girls for abortion, but have not done enough about the people responsible for the pregnancy. She narrated a case of a girl who

reported to police when she was impregnated by her father. The father was freed and the girl served time in prison for abortion.

Abortion is a public health crisis that warrants everyone's action. The situation is worsened due to limited information. There is limited access to contraception. This has contributed 50% to unwanted pregnancies which end up in unsafe abortion. No woman should suffer or die from reproductive health choices. The Minister said government spends Ushs 38bn per year on post abortion complications, which constrains the health system. The cost is higher to the economy, because the contribution to creating more orphans. The minister here made reference to the findings of the household cost as a true reflection of the cost of abortion to families and especially women and children.

She told the meeting that she had visited hospitals and that the majority of ward cases of women were there due to unsafe abortion. This includes Tororo, her constitiuency, the problem was rampant. She said most women who abort use crude methods; afork, a sharp stick, etc. she said students are losing lives, even at university, because they are misadvised.

The strategies by MOH are to incorporate appropriate information and guidance into in-service training. Guidelines have been put in place for post abortion care, but many providers do not know. MOH and WHO are developing standards for abortion services within the boundaries of the law.

She hailed Tunisia and Ethiopia examples. Once we have guidelines the misconceptions will be minimized. There is a problem with the moral argument: I am catholic, but this problem must be addressed. She said there was no need to fear that legalizing abortion will cause promiscuity. Abortion is happening and it must be addressed.

She appealed to all stakeholders to support MOH to address the unsafe abortion crisis. She asked them to pass relevant information to the women. She said Uganda will give a report to the relevant AU structures at an appropriate time.

She thanked the partners and the stakeholders for attending, and said she looked forward to working together to address abortion and reduce MMR.

9.0 Way Forward

Mr Patrick Kamara moderated a plenary session that discussed the way forward and the next steps. The following were suggested as the way forward.

- The meeting agreed that it is necessary to take advantage of the ongoing review of the Penal Code and the anticipated amendment of the Constitution to submit proposals on amendments regarding abortion. Hon Betty Amongi

informed the meeting that UWOPA had already made some submissions on the amendment of the Penal Code with regard to sexual offences. The MP's opinion was that any suggested amendment to the abortion provisions should steer clear of demanding for a blanket legalization of abortion and concentrate on broadening and clarifying the grounds for legal abortion. She suggested the following wording:

"A medical officer shall terminate a pregnancy when the life of a woman is in danger, when there is risk of serious and irreparable fetal malformations or when the pregnancy is a result of rape, incest, defilement or sexual intercourse without consent with a physically or mentally disabled female."

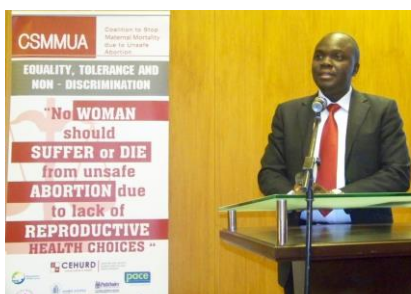
- Ministry of Health shall use the shared evidence to write a concept paper on the legislative support that it needs from Parliament to back its policy and policy guidelines on abortion. The concept paper shall be submitted to UWOPA which will work with the Ministry to ensure the proposals get to the floor of Parliament. The guidelines should expand the cadre that can provide abortion services to guarantee broad access to services. The meeting took note of the approach of the Ethiopian legislation, particularly where a woman seeking abortion on grounds of rape does not have to prove that she was raped. And in addition, sex with a minor is considered rape.

- The meeting resolved to push for the removal of Uganda's reservation on Article 14(c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). It was also suggested that the language of the Protocol should be adopted in seeking to expand indications for abortion. It was agreed that UWOPA should consult with legal experts on the procedure for removing the reservation in order to inform the push for the removal.

- There is need for broad advocacy through mobilization of campaigners and sensitization of communities, stakeholders and policy makers on the need to address unsafe abortions as a human rights issue but also as a public health issue. The campaign should fight stigma and misconceptions, focus on preventing unwanted pregnancies, and engage men on abortion issues.

10.0 CLOSING REMARKS

Moses Mulumba, Executive Director, CEHURD



The closing remarks were given by Mr Moses Mulumba, the Executive Director of CEHURD. Mr Mulumba thanked the meeting participants for their contribution to the unsafe abortion discourse. He said the proceedings of the meeting demonstrated

that there was still a lot of advocacy for stakeholders to do in terms of ensuring that each stakeholder appreciates the unsafe abortion crisis and the need to contribute to a solution.

Mr Mulumba thanked the Guttmacher Institute for their continued hard work to contribute to the reduction of the knowledge gap that exists when it comes to the issue of abortion in Uganda. He observed that the Guttmacher Institute has continued to provide unwavering support to the coalition and the kind of data, that was disseminated today as a result of a study done to analyze and understand, "the individual and house hold cost of unsafe abortion in Uganda," not only gives credibility to the work of the coalition, but allows for designing of evidence based advocacy strategies.

Mr Mulumba expressed gratitude to the support and contribution of the different participants, and especially Members of Parliament who suggested wording for an amendment to the Penal Code. He thanked representatives from Ipas for the technical support in terms of presentations as well as in documenting experiences. He thanked the Coalition to Stop Maternal Mortality.

He drew the attention of the participants to the information provided in folders which should provide answers to some of the questions raised during the meeting. He said the objectives of the meeting, including sharing information and charting a clear way forward, had been achieved.

11.0 Follow-Up Meeting

Ministry of Health, Ipas Africa Alliance, CEHURD

As an immediate follow-up point to the half day stakeholder meeting, there was a another meeting held at the Ministry of Health and was attended by:
Hon. Minister Sarah Opendi, Health Minister Dr Ruhakana Rugunda. Other persons in attendance included: Ambassador Brookman-Amissah (Vice Chairperson Ipas Africa Alliance, Mr Moses Mulumba (Executive Director, CEHURD), Naisola Likimani (Senior Policy Advisor, Ipas), Dr. Phiona Atuhebwe (Technical Linkages Associate Ipas and Ms. Joy Asasira (Program Officer, CEHURD).

After giving the Hon. Minister Ruhakana Rugunda a brief of what transpired in the earlier meeting that day, he was happy and stressed that, "it is indeed the role of civil society to mobilize government through lobbying, activism and articulation. He emphasized that there are simple and proven ways to prevent loss of lives of women and girls in their prime in such a wanton way, and it was time to act."

Among the issues discussed included;

- That the Coalition to stop maternal Mortality due to unsafe abortion working in collaboration with the Hon. Ministers and the RH division of the MoH,

would come up with recommendations and asks to be presented to H.E the president of Uganda.

- This document will generally seek to implore African states, at a minimum, to fulfill the commitments made under different regional and international treaties. With a specific emphasis on the ICPD since H.E Yoweri Kaguta will be chairing the special session at the UN Assembly on the ICPD and Post MDGS.

The follow up points that were agreed upon included:

- A time line for the finalization, launch and dissemination of the Standards and Guidelines was set as March 21st 2014.
- That a formal meeting should be set up between the MoH and MoJCA to discuss and put in place a strategy for implementation of the existing policies and guidelines on SRHR. Dr. Collins Tusingwire was tasked to take lead on this.
- That civil society under their network, the Coalition to stop maternal mortality due to unsafe abortion under the technical guidance of the RH Division of the RH Division of the MoH would develop a concept paper and a cabinet paper on the facts and other factors and recommendations on how to address unsafe abortion in Uganda. These are to be presented by the Hon Minister Opendi before Cabinet.