

ADDING IT UP

Investing in Safe Abortion Services in the African Union



In recent decades, most African countries have increased the availability of sexual and reproductive health care, yet many people still lack access to these essential services. This fact sheet presents evidence as of 2019 on the need for, impact of and cost of fully investing in safe abortion and postabortion care among women aged 15–49 in 53 African Union member states.

To protect women's reproductive rights, Article 14 (2) (c) of the Maputo Protocol calls on state parties to ensure that a woman can obtain abortion services if continuing a pregnancy threatens her life or physical or mental health, or in cases of rape, incest or grave fetal anomaly. This fact sheet offers information that supports the need for these provisions.

Unmet need for services

- Of the 11.1 million abortions that occur each year in Africa, 8.3 million (about three-quarters) are unsafe, meaning that they are performed using a nonrecommended method or by an untrained provider, or both.
- Unsafe abortion is especially high in the United Nations–defined subregions of Middle and Western Africa, where at least 85% of abortions are classified as unsafe.
- Of the 5.1 million women per year in Africa who need medical care following an unsafe abortion, nearly half do not receive it.
- The 15,000 women in Africa who die each year from complications of unsafe abortion account for 7% of maternal deaths.

Impact and cost of providing safer abortion care

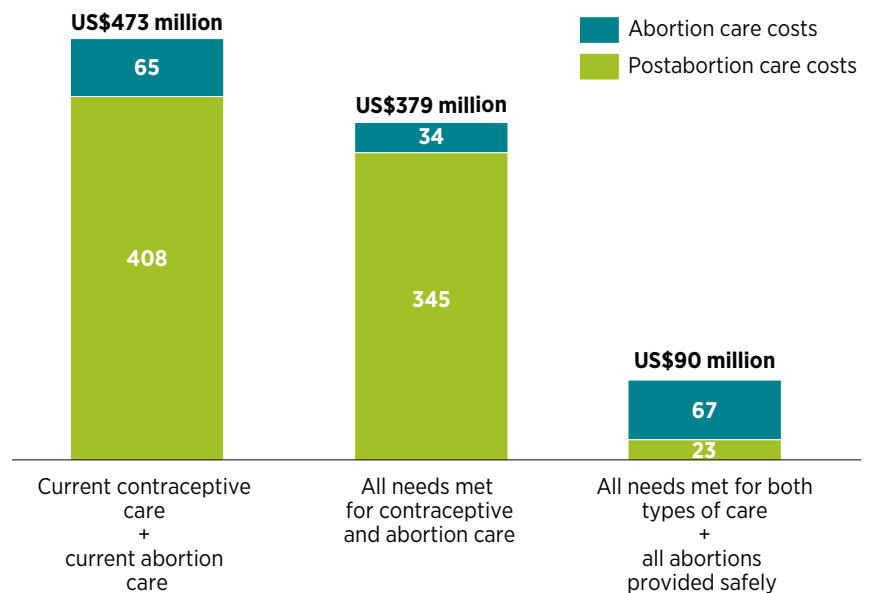
- Postabortion care is an essential, lifesaving service for women experiencing complications resulting from unsafe abortion, and the majority of African Union member states have committed to providing this care.
- If all women's needs for modern contraception were met, the number of women needing postabortion care would drop by more than three-quarters, from 5.1 million to 1.1 million per year.

- Much of the need for postabortion care is preventable. If all abortions were provided safely and all women's contraceptive needs were fully met, the cost of providing postabortion care to all who need it would drop by almost US\$400 million annually, and abortion-related maternal deaths would nearly be eliminated.

Actions

To ensure equitable access to safe abortion and postabortion care across the continent, African Union member states that have not already

The cost of providing abortion-related care in Africa would decline substantially if all abortions were provided safely



Notes: Unless otherwise indicated, abortion care comprises both safe and unsafe abortions. Safe abortions are those that use a method recommended by the World Health Organization and are done by a trained provider; unsafe abortions are those that do not meet one or both of these criteria.

ratified and fully implemented the Maputo Protocol should do so. More government investment in these services, including prioritizing safe abortion care in budgets, would help prevent unsafe abortion.

Sources

The information in this fact sheet can be found online in the appendix tables accompanying Sully EA et al., *Adding It Up: Investing in Sexual and Reproductive Health 2019*, New York: Guttmacher Institute, 2020, <https://doi.org/10.1363/2020.31593>; and in Bankole A et al., *From Unsafe to Safe Abortion in Sub-Saharan Africa: Slow but Steady Progress*, New York: Guttmacher Institute, 2020, <https://doi.org/10.1363/2020.32446>. Data pertain to all member states of the African Union except Seychelles and the Sahrawi Arab Democratic Republic (Western Sahara).

Acknowledgments

This fact sheet was made possible by support from UK Aid from the UK Government and grants from the Bill & Melinda Gates Foundation and the Dutch Ministry of Foreign Affairs. The findings and conclusions are those of the authors and do not necessarily reflect the positions and policies of the donors. The authors thank International Planned Parenthood Federation—Sub Office to the African Union and the United Nations Economic Commission for Africa, the African Institute for Development Policy, and the African Population and Health Research Center for reviewing this fact sheet.

Find this fact sheet and related fact sheets in a five-part series, *Investing in Sexual and Reproductive Health in the African Union*, at <https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-african-union>.



Good reproductive health policy starts with credible research

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MARCH 2021