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SRI - SEXUAL RIGHTS INITIATIVE -
ACTION CANADA FOR SEXUAL HEALTH AND RIGHTS
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>> VARYANNE SIKA: Hello, everyone. Hello. Shall we please take our seats. Thank you.

So first of all, welcome, and thank you for joining us in this side event, for making the time to join us at this hour. We would like to just give you a few pointers before we start.

The event is going to be livestreamed on Facebook. It's going to be captioned -- there's going to be live captions, and we're going to have translation services in Spanish and in French and Spanish to English and French to English, and we're going to have CAP services provided also.

The event is organized by the Sexual Rights Initiative, SRI, which is a coalition of partners working in various regions, particularly with Global South. SRI works on issues related to gender, sexuality, and reproduction (Inaudible) Global South to these issues.

We thank co-sponsors for working on this event with us and hope that we can work on more of all these kinds of events going forward.

I forgot to introduce myself. My name is Varyanne Sika. I come from Nairobi, Kenya. I work with The Coalition of African Lesbians based in Johannesburg in South Africa, and The Coalition of African Lesbians is one of the members of the

(Inaudible).

So before we continue, I'd like to give an opportunity to the speakers to introduce themselves. We'll start from the right.

>> RAKSHYA PAUDYAL: Good afternoon, everyone. This is Rakshya Paudyal, and I'm representing Beyond Beijing Committee, an organization based in Nepal.

>> VICTORIA PEDRIDO: (Speaking non-English language) -- work at the regional level in Argentina.

>> KRYSTYNA KACPURA: My name is Krystyna Kacpura. I represent the Federation for Women and Family Planning based in (Inaudible).

>> MAEVE TAYLOR: Hello. My name is Maeve Taylor, and I'm the director of advocacy and communications with the Irish Family Planning Association, which is the Irish member of the International Planned Parenthood Federation.

>> VARYANNE SIKA: Thank you. So just a very quick brief framing for this event. We organized this event in order to commemorate the outcoming international (Inaudible) September 28th, which is around the corner, and the purpose of the event is also to reflect on laws and policies related to abortions in different regions and to share with each other some lessons that we can learn from each other as well.

We have the SRI, Sexual Rights Initiative, has a joint statement on abortion that we welcome you to support. Please sign or please see Danielle, who's the person on the right in the green if you wish to support this statement.

So I just would like us to get very quickly into the presentations, and we will start also in the same order that we introduced ourselves. Rakshya will begin and then Victoria and Krystyna and me.

>> RAKSHYA PAUDYAL: Thank you, Varyanne. I'd like to present my findings on progress and ensuring rights to safe abortion, and I'll be presenting from the Asian region. (Inaudible) it offers a response to unintended pregnancy and globally (Inaudible) pregnancies occur each year, and 56% of them end in abortion, and among 1,000 women, age 15-44, each year 62 pregnancies are unintended, and abortion offers due to ineffective use or nonuse of contraceptives, for nonintended pregnancies (Inaudible) due to changes in life circumstances are affecting women's help, and this is very important and it needs to be considered.

Talking about the unsafe abortion (Inaudible), 42% of all safe abortions in Asia are among women aged 30-44 years, and it is slightly low, but it is still important and significant for (Inaudible) ignored, and for a developing reason as a whole, unsafe abortion is peak in the women age 20-29 years, and in Asia, the average abortion rate is 56 per 1,000 women.

Talking about the South and Central Asian region, it is estimated that 57 abortions per 1,000 women is 15-44 years takes

place. And abortion -- unsafe abortion is estimated to account for 30% of all maternal dates worldwide and a higher abortion rate in Asia which is 19%. (Inaudible) which is much more common and also the modality, and all the complications includes hemorrhages (Inaudible) cervix, and abdominal organs.

Well, about abortion in South Asia, it is very clear that Nepal, Cambodia, is very (Inaudible) legalized abortion (Inaudible) preserve women's health for economic, social reasons, et cetera; however, in these regions, as well, despite the progressive stigma and other various (Inaudible) Mike creates (Inaudible).

Abortion is legal only to save women's life; however, they've been using measured regulation as an entry point to ensure women have access to safe abortion, while in Philippines, the post-abortion care is used as an entry point.

Coming down to the safe abortion in the case of Nepal, it is legal -- it is conditionally legal in Nepal, and it was legal in 2002, but before that, women used to be jailed for having abortion, and with the consent of women, safe abortion can be done for pregnancy up to 12 weeks, up to 18 weeks for rape and incest, and (Inaudible) if the mother's health is at risk or the fetal health is (Inaudible).

It's very important to mention that Nepal says that every women (Inaudible) re-ensuring reproductive health rights of women in Nepal.

Talking about legally policy framework, abortion is conditionally legalized. We have safe abortion policy, we have safe abortion program guidelines, which was formed in 2011, and the Reproductive Rights Bill is in the process of passing, and safe abortion is one of the key components in under the reproductive health rights.

It's important to mention that the bill is mentioned as Reproductive Health Rights Bill, which I think is a very progressive step, and the service provision, more than 3,000 health professionals are trained, more than 1100 (Inaudible) 51 districts and second-trimester services are provided in 29 hospitals in Nepal, and most importantly, safe abortion is provided free of cost in all public health institutions of Nepal.

Coming to the abortion incidents and unintended pregnancy in Nepal, 19% of pregnancies are unplanned and 50% of pregnancies are unintended, but the recent research, which was conducted by one of the research organizations (Inaudible), mentions that every year (Inaudible) abortion takes place out of reach, 58% are done under the (Inaudible) conditions, and 7% of maternal (Inaudible) is due to maternal abortion; however, (Inaudible) maternal mortality, which was 580 maternal deaths per 100,000 live births in 1995 to 109 maternal deaths per 100,000 live births in 2030.

And talked about awareness, still the latest data shows

that only 41% of women know that abortion is legal, and 48% of women know the place for obtaining safe abortion.

When it comes to abortion, (Inaudible) for young women is even more important, and only 42% of young women think abortion is legal, and 3.5% of women below 20 years have had an abortion, but young women, especially fail to talk about abortion because stigma of being ostracized and (Inaudible), which is a major barrier for young women to access safe abortion in Nepal. (Inaudible) access service in an illegal secret setting due to the stigma of abortion and (Inaudible) and young women prefer to go to pharmacy and get the medicines over the counter so that people don't really recognize them for having an abortion.

So there are different practices which are unsafe abortion practices, and it is one of the major factors is lack of information about the legalization, but because still -- like it was 38% in 2011, Demographic Health Survey, and it has increased to just 45% in 2016, so the lack of information is a major barrier -- major factor. And also the lack of availability of services, especially in the rural areas of Nepal, and the fear of being (Inaudible) while obtaining safe abortion service by health services, so women often go to health procedures which is far from their village, or they often go across the border to seek abortion services, and there is a belief in community that abortion is still a not correct choice, and -- despite women having unwanted pregnancy, and it is, as always, a taboo and stigmatized to (Inaudible) patriarchal mind-set and (Inaudible).

So coming to the key recommendations, it is very important to make safe, legal abortion accessible as part of comprehensive sexual -- sexual and productive health services to all women, comprehensive sexual education over rights to our body, and rights of access to services is mandatory to adults and young people, which is very important for them to know about the changes and know about ways to access safe services. And safe abortion is entirely a women's right issue, and so specific laws and policies needs to be formulated or amended to ensure the rights of women (Inaudible).

It's to ensure every women who choose abortion for unintended pregnancy is able to access safe and nonstigmatized level of care, and once again, expansion of services to the corners of villages is crucial so that every woman who wants the service is able to access it and, thus, being prevented from other unsafe practices and its consequences. Thank you so much for listening. Thank you.

>> VARYANNE SIKA. We now have a presentation from -- if you don't mind, just introduce yourself again before you start your presentation.

>> VICTORIA PEDRIDO: Now, I'll give you my name is Victoria Pedrido, and I'm part of Akahata that works on gender and sexuality. It's based in Argentina, but we work all over the Latin America continent. This is part of a network for a sexual

rights network, so we're very, very happy, indeed, to be here with you. I'm representing my organization to be part of this panel to really give thought to this whole question of abortion.

Now, first of all, I'll give you a small introduction on the legal framework of sexual and reproductive rights in Argentina, and -- so that you can really understand this and specifically how this interrelates to the right to an access to abortion, but you really have to mention that Argentina, ever since 1921, our abortion has -- is nonpunishable under certain circumstances.

Now, for instance, if the pregnancy is the result of rape or if it could provoke -- put the woman's health at risk, the pregnant woman's health at risk, or -- really, this could endanger her life.

Now, in the text of the penal code, which is a very old text, because at the time, there wasn't that much of an emphasis on human rights, this was really a much, much older instrument, so there's a differentiation that's made from the sectors that would systematically be against this access to abortion and would deny this access, and so access to abortion, if the pregnancy results from rape, for example, if the mother has some kind of mental disability, then there is this whole idea of consent.

Now, this standard, which has been around for almost 100 years, systematically, as mentioned here, has been ignored and poorly understood, misunderstood, because a lot of people really didn't understand -- it was misunderstood by the legal framework, by the health services framework.

Now, so there's this lack of knowledge, and if the abortion would be actually permitted by the law, and the idea of lack of access to abortion because of the health service network, the medical sector, and the -- their pro-life groups would then denounce when people who access abortion services through the health services network, and when they apply to use this network, and then, of course, there's the idea of conscientious objection. This is provided for in all of the laws in Argentina, this conscientious objection framework, and with human rights in general and then reproductive and sexual rights in particular.

So this is the overall picture, the big picture, and then the expression of -- this is the colonization of women's bodies. You really have to look at it this way, it's not just from an economic point of view. Of course, this has an impact through medicine and the whole patriarchal framework, and this is -- women are oppressed in terms of their bodies because of this.

So there was a real leap forward not too long ago in 1994, and the idea was to incorporate in an article in this part of law to incorporate this into the Constitution, so now it's on a constitutional -- it has constitutional status.

And so laws could be implemented at local and national

level that would then regulate or ratify this, so all of this is linked together, and the idea is that there could be public policies that would be consistent with this legal framework, with this human rights framework.

And with regard to all of this and in relation to this constitutional reform of 1994, the idea is that in the mid-1990s, obviously, the social, political, and economic framework was very liberal. There was a real deepening of a neoliberal process, and here this started back in the 1970s, and there -- there was the involvement of the international organizations and there was the whole social dimension, and we were talking about public policy -- human rights-sectored public policies, and there was also the gender basis for some of these public policies, and the international community really focused -- was focusing on Argentina at this time.

And all of this was kind of a response to -- there were the world women's decades in Beijing and so on and so forth, and there was a series of legal measures that were taken to reassert sexual and reproductive rights. 2012 -- there were different laws in 1990, and then there was gay marriage and so on and so forth.

So a lot of these laws are actually based on legal text that you can come across in different national -- international instruments, human rights treaties, so on and so forth, so these instruments are tools, and the laws were drafted with this in mind, so very humbly, we feel that in some ways we pioneered, we've been real trailblazers with regard to the promotion or awareness building of these legal frameworks for human rights, and this has -- there has been a real step forward in terms of the implementation of these public policies because there was a very conservative environment and there have been legal advances, this has not been difficult, but now the problem is really translating the letter of the law into practice, into public policies with this -- using this strategy of proactive action-based strategy.

In 1996 -- 2006, the women's movement and there was an MMR case on denial of legal abortion that was brought before the UN Human Rights Committee, and there was a denial of the right to abortion, even though the criminal code actually allowed this in this specific case, and this was brought before the UN Human Rights Committee, and because of this, the Supreme Court actually ruled on this in 2012 on what's called the FAL case, which this was a ruling not only in a specific case, but the idea of looking at what was in the criminal code and seeing what kind of a ruling that they could hand down.

Now, in 2018, the present government decided to open the debate on abortion. It had been tabled in Parliament many, many -- on many occasions, but it never actually made it to the debate stage, and so for the seventh time this was -- the draft bill was tabled in Parliament on the interaction on pregnancy.

Now, the problem is I don't have a lot of time to go into this, but I really want to look at the different gaps that you can see, the fertility, maternal mortality, and local gaps that you can see in terms of facility rates, fertility rates, mortality -- maternal mortality rates, and you can really see this for the under 20s, this is a huge problem, these maternal mortality rates, and a lot of this ends up in abortion, so you see the nationwide average for -- of course, this is for Buenos Aires. Buenos Aires has a very heavy statistical weighting because of so many people who live there, but the problem is it -- within the health system, it's difficult for everyone to have access to not only abortion, which is permissible under the penal code, but the problem is women have problems asserting their sexual and reproductive rights.

Now, here in this political context, I already talked about the 2012 laws, the different laws on sexual and reproductive health, and one of the things that was done was the distribution of contraceptives by health teams and so on within the framework of human rights, awareness-building efforts, and the idea is to come up with a legal framework for abortion. There was also a comprehensive sex education program to target adolescents so they could really become more aware of the problems and react accordingly.

Now, the problem, it's not just a problem of access -- denial of access, but it's also a problem of unequal access because the problem is that abortion can be really over-regulated where people don't have access to it.

From 2015 onwards, there was a protocol on the legal interruption of pregnancy, and the -- but there's often a difference when implementation of this protocol became in the provinces and the capital area.

The Minister of Public Health came up with this protocol, and there were provinces that opened up to it and applied it and others that didn't, and this had a very (Inaudible) effect because this protocol had actually been drafted, but the problem it wasn't really implemented nationwide by the health services.

Another important thing, there was an interesting change in language with regard to the protocol. There was a change from nonpunishable abortion to legal interruption of pregnancy, which it is a real shift in the -- from the legal production in terms of health policy because it really moved from an obligation to the state to more the woman's prerogative, and here the idea is to incorporate the perspective of a law on gender identity because it is very clear that, for instance, you could have a transsexual person who has undergone genital transformation and that they would also be able to gestate, to carry an embryo within them, so the problem is there has to be some training materials and people -- awareness has to be raised here.

Now, I'm not going to really read all of this out, but I think it's important to mention that based on all of these

processes, everything that you can see in these two columns, there have been some strategies really mapped out to achieve success, and there are nationwide campaigns for the legalization of abortion, the right to free safe and legal abortion. There have been various actions, measures nationwide, and in addition to this, in addition to this campaign, this was a mass mobilization effort. The people were really out on the streets, and a lot of them were very young demonstrators. They were, like, 18, 19, 20 years old, and that started around 2015 when people really started to denounce the homicides, the terrible things that occurred because of lack of access to abortion, all of these deaths.

So there was a real change between the 1980s and the laws that stood then and what we have now, so people really -- a lot of people really came down into the streets and demonstrated.

So here, the younger people really -- for them, abortion has been dedramatized, it's not the end of the world, so a lot of the young people, really young people, see this as, okay, it's not as big a deal for them.

Can I go on a little bit? No, it's -- okay. One more minute, please, just one more minute.

Okay. Here, you can see the two things that are happening with everything. Everything is divided into two opposing camps. Language becomes a battleground, and you have people working on scientific studies and so on, and then on the other side, you have anti-rights terminology, you have an anti-rights discourse, you have gender issues and so on and so forth, so here, it's on decriminalizing but not legalizing. There's a big difference here because, for instance, citizens have to pay for it, for example -- no, because -- and why should the state be paying the salary of church employees, which is the case?

So then there's already -- there are already some -- and in the final analysis, you have the law in support of this. What I can really say to frame the debate is you have some of these things that come across, some things that are awful to hear that we heard -- for instance, in Parliament during the debate in mid-July. The lower chamber accepted it and the upper chamber rejected it, but it was to anticipate the defeat, and then to say, well, okay -- there was the pressure from the Pope. There was a lot of pressure on these lawmakers to reject this law on legalizing abortion.

So almost a month after all of this, in September, the Argentina government decided to close the health ministry along with 13 other ministries because of budget cuts, so this is (Inaudible), for instance, the sexual and reproductive health policies is in danger because of the budget cuts and the ministry closing, and treating this all like a market good, like a commodity, and you get the impression there won't be any change because the Ministry of Health will come under the Ministry for Social Affairs, but this is someone who belongs to

the church and has a very strong position on this.

Now, with all of that said, if you look at this strategy, you should use language that is politically correct that we can use it in the debates, and there have to be some forums for discussions and dialogue so -- and the problem is we have to build some of these forums, some of these platforms because they don't exist yet, because the problem is they just don't exist places where people can express themselves clearly and continue to fight with a more creative strategy.

So that -- here you can see an example of the campaign. Thank you very much.

>> VARYANNE SIKA: Thank you. Thank you so much.

Okay. Now we have Krystyna.

>> KRYSTYNA KACPURA: Krystyna Kacpura, director of Federation for Women and Family Planning in Poland. I also represent the organization that focuses on women's reproductive right.

First, I would like to provide with you short information about the region and then I will speak to Poland, so at the end, I will just clarify the situation and update the latest developments in terms of abortion rights in Poland.

Access to abortion in Europe appears to be a vested right, but in reality, however, it's nothing of the kind. Attacks of anti-groups are increasing. Shaming of women remains the rule. Barriers to women's sexual autonomy are a manifestation of institutionalized sectors.

The travels and (Inaudible) have added ideological barriers, closing clinics, increased waiting time, and limited resources. Many women have more psychological pressures that insinuate that abortion is necessarily even criminal. Catholic churches (Inaudible), which have traditionally been relatively tolerant of abortion and contraception.

For several years, in Bulgaria, Georgia, Romania, Russia, and Ukraine, especially, Orthodox priests have been supporting legislative bills on protection of the embryo from the point of conception, even if the life of the woman is in danger.

Evangelical and Protestant churches are doing similarly. Abortion is -- as opposed to contraception is widely used as a means of family planning in pregnancies and in abortion.

Although many countries in the region have abortion laws, access to safe abortion is not an issue for all. This is especially true in rural and urban areas. It is not enough to provide women resorting to unsafe abortion.

The next one. (Inaudible) and morbidity in the region is about 30%. 30% of maternal deaths come as a result of unsafe abortion in some European, Central Eastern European countries. Unsafe abortion can lead to maternal death and morbidity, and this is especially true in the rural areas where the access to safe and legal abortion is extremely difficult. Nine countries have an age limit on accessing to services and parental consent

age, and in seven countries the limit is 18 years. This increases the risk of unsafe abortion for young people.

There are many barriers in accessing abortion in these regions, social condemnation and religious beliefs against abortion. The growing number of movements and legislative initiatives aimed at prohibiting abortion have barriers, so-called waiting period by counseling and information requirements, bureaucratic obstructions.

The low fertility rates in some countries, some governments have attempted to pursue (Inaudible) policies, which encourage citizens to have large families; however, these policies often have devastating consequences for the health and lives of women.

Take, for example, the pronationalist policies of Romania. The government's ban on abortion and contraceptives in 1966 led to a maternal mortality rate of 148 deaths for 100,000 births. By 1989, well, 87% of deaths were due to unsafe abortion.

The unequal distribution of abortion services and healthcare providers, they need long travels to find abortion services.

And finally, conscientious (Inaudible). This is the issue in Poland.

The next one. Another concern in the region is the quality of care. In some countries of the region, only surgical abortion services are provided, and most procedures are performed by (Inaudible). Doctors are not familiar with primary techniques. A lack of training of medical personnel. Very few providers offer medical abortion. In many countries, (Inaudible) indications, and providers are not able to use it for legal (Inaudible).

Abortion is performed in crowded facilities, poor conditions, use of the technologies, inadequate standards of guidelines.

The best example of a region of a good practice is Ukraine, which follows WHO guidance.

And finally, recommendations. At the international level, to (Inaudible) the discourse of abortion as an issue of rights (Inaudible) to situate access to abortion as a social justice issue, framed by marginalization and intersectionality. At the (Inaudible) the EU should strongly (Inaudible) to decriminalize abortion and bring it within the scope of women's fundamental right to health and self-determination.

At the national level, countries have to provide abortion services using (Inaudible) and better conditions, including training for health providers. And finally, at all levels, the most important is the stigmatization of women and abortion providers and to eliminate women's deaths.

So this is a short view of the observations. Still there are many countries, but the most important is Poland, so we'll stop on this slide, and I hope -- no, no, no, please -- yeah. And I would like to provide you with some of Poland because this

is the tragic example in the center of Europe.

Since 1993, the Act on Family Planning, Human Embryo Protection, (Inaudible) Examination has been enforced in Poland. It is one of the most restrictive regulations in Europe. The law is even more restrictive in practice than on paper. Access to legal abortion is extremely limited due to the widespread use of conscientious objection among gynecologists, the right to (Inaudible) to another hospital where often abortion would be possible, complicated and often unrealistic hospital procedures applied only in order to prolong the procedure so that it becomes impossible to conduct it. Right now we have some regions in Poland where access to legal abortion is impossible.

In practice, this act is neither observed nor implemented. The number of legal abortions ranges from 100,000 to 100,050 every year. It depends on economic status, those who are more resourceful and have access to information (Inaudible). Women (Inaudible) in towns and poorer areas resort to so-called home measures or services to unknown people, risking their health and even life. According to the official statistics, only 1,055 legal abortions were performed in Poland in 2016 (Inaudible) in the country with ten million women in reproductive age. The general public knows little about the dramatic reality of Polish underground abortion, of the women who lost their health. Dramatic stories rarely make the headlines because women who have been put through such drama often don't have the will and strength to pursue action of the social media; however, a still existing law is one of the most restrictive in Europe with the fundamental changes aimed to complete the (Inaudible) of Polish women.

Already in 2016, the initiative presented an extremely (Inaudible) law, introducing (Inaudible) abortion. The draft was prepared by the Institute for Legal (Inaudible), whose main goal is bridging the legal protection of (Inaudible) traditional values.

The draft law on universal protection of human life and education for family life introduced the term "unborn child." That means a human in the prenatal stage of development from the moment of connection or from the reproductive status. The (Inaudible) to the woman or child. (Inaudible) exactly the opposite. In addition, the total ban of abortion, the draft law intended to introduce criminalization after five years of imprisonment for women. Currently women are not punished in Poland, physicians, or anyone who provided help in case of miscarriage, an investigation might be initiated.

If the court found that the woman unintentionally contributed to the death of the embryo or fetus, she may face up to three years of imprisonment. For Polish women it became too much to stand. Until now they (Inaudible) restrictive law as a counterweight to the stop abortion proposal. A newly formed citizens' initiative submitted a draft law on legalization act

from 1993. The draft law on women's rights and (Inaudible).

On September 23rd, 2016, both proposals were put before the (Inaudible) proceedings while the women was rejected. This caused massive women's (Inaudible) in the whole country.

(Inaudible) mandate. Thousands of people dress dressed in black clothes stood for many hours in protest in pouring rain, hence the umbrellas. In many cities and small towns and villages, on October 6th, Parliament somehow nervously rejected the draft bill on a total abortion in Poland. Polish women will never be the same. The (Inaudible) for women's reproductive rights in Poland has only just begun. Fundamentalists have continued on women's productive right with the support of the Polish Catholic Church. The draft bill entitled "Stop Abortion," which would remove legal grounds from the law, is pending before the subcommittee. This draft pill was proposed through an initiative. It would remove as a legal ground for abortion circumstances where pregnant women have severe fetal impairments. In such cases, be women were no longer able to end the pregnancy. On (Inaudible) is now pending. This petition has been brought by a group of 100 members of Polish Parliament from the ruling party.

The intention of this initiative -- of these initiatives to effectively ban women from access to abortion in Poland can only be pursued with attempts to introduce a total ban.

The last sentence, the (Inaudible) for women's productive right has only just begun in Poland. Polish women have finally understood the need to act together in solidarity, and they are determined to continue their fight for gaining their rights. There are not going to be gaps to give up so easily. We usually say that our umbrellas are at the ready. Thank you.

>> VARYANNE SIKA: Thank you. Thank you, Krystyna.

>> MAEVE TAYLOR: Good afternoon. And thank you so much, the Sexual Rights Initiative, for the opportunity to be at this event and to my fellow panelists. We have so much to learn from the organizations, and I think we all lead in solidarity with each other for many years.

It's wonderful to be here to bring good news from Ireland. I've come to Geneva many times in different guises and for different kinds of things here to tell the horrors of the women denied abortion in my country, and it's wonderful today to talk about how we change that for women in Ireland and how we paved the way for the introduction of abortion care. Next slide.

Yeah, maybe the next one. Move on to the next one.

So this year we've had six referendums changes the Constitution in Ireland, and they were always about making the constitutional ban on abortion in Ireland more restrictive than it already was or (Inaudible) so they could access care elsewhere.

So this was the first time that we actually had a chance to vote for rights, and in response, 1,429,981 people voted for

compassion and care, for dignity and choice of human rights.

And this vote was a triumph, I think, for human rights. I think it's really important to think about that. And why? Because the people voted, we voted to remove a rights violating clause from the Constitution and to allow our laws to be brought into compliance with human rights law. So this wasn't a vote on content of rights. We don't do rights that way, and the majority (Inaudible), we do rights here in Geneva, in the United Nations.

What we were voting for was to remove a bad provision that prevented (Inaudible) women's rights, so it was a huge majority vote for international human rights law, and this place and human rights advocacy have a huge role in that event.

It's critical that we keep thinking about that, and I've been so inspired by listening to my colleagues here because we've removed the constitutional ban, but until the law secures the right for women on a day-to-day basis, job of both fulfilling our international obligation and a vision of the referendum, the vote of the people won't be complete. The policymakers still have a lot of work to do.

And there's a huge interest, and maybe the fourth slide, there's a huge interest nationally to have that achieved, and (Inaudible) to everything. It was immensely complex and it took years and years and years and years. And it involved roles of politicians who emerged as heroes I would never have expected to be so admiring of, it involved our government taking a lead in the campaign, it involved grass-roots organizations for years and years and years and all the elements that my colleagues have described.

So what I'll do here is, I hope, tell some of the story of the part played by international human rights law and human rights advocacy about bringing about this momentous change and talk a bit about what we still have to do. So the next slide, Danielle.

And for many of these years of the denial of abortion in Ireland, really the IFPA was not always but often the lone voice on abortion in Ireland. That was a hard place to be. Not always, especially in the last five years, and other organizations have had really critical roles, and the next slide, Danielle. These (Inaudible) watching online, I won't try and name everybody. I know there are organizations missing, but just to give a flavor.

Coming back to the IFPAs -- next slide, Danielle -- it's not obvious that a small national provider of reproductive health services would prioritize human rights advocacy, but the IFPA has always worked from a social justice and human rights perspective, so we had no other options in terms of what we saw in our vision. Since the organization, (Inaudible) contraception to women found living in poverty, particularly in the slums, the IFPA has worked to bring about change for service

to women and rights-based advocacy. For decades, we have provided because the law's not in place, we are still providing support, information, and counseling, but not yet services to women and girls experiencing a pregnancy that was unintended.

Women denied the possibility of ending pregnancy that risked long-term harm to their health and well-being. Women ejected from the healthcare system and forced to find their way to services in another state, usually in the United Kingdom. For women and girls, so many human rights bodies in Geneva, so many times (Inaudible) poverty, minors in state care, women in facilities who could access neither the means to travel nor the resources to travel nor any other means of ending a pregnancy that was intolerable. This is what we are on the point of ending, these harms. There was an organization that was providing support to these women and seeing these harms, it was our role also to bring the voices of experience, their voice and experience to the attention of policymakers and politicians in Ireland, to the media, and to UN expert bodies, including here in Geneva, so to present the evidence of human rights violations and to present the evidence of ill -- prevent the evidence of ill treatment, cruel, inhuman, and degrading treatment.

And from the early 2000s, we engaged in a very clear strategy of human rights advocacy, among many other strategies. There's no magic bullet. You have to do everything, we tried to do everything we could, and we had to do human rights advocacy, because until this year, (Inaudible) refused to give people the opportunity for change, so we had to look to external human rights law, and be part of the catalysts of change, and it was.

Of all things, like the review of (Inaudible) Convention in 2005 to again in 2017, and coming to the Human Rights Committee in 2008, again in 2014, supporting women to take a case to the European Court of Human rights, the (Inaudible), which was ruled upon in 2010, participating in the reviews of Ireland by -- in 2011 and 2017 on the Committee Against Torture, and it's looking (Inaudible) something very serious and take it very serious. And the Strasburg Court in 2010 in a ruling directed the government to ensure that the limited right to access had to be made (Inaudible) and real because it was theoretical and illusory as I'm saying in rights terms.

In the following year, with the support of the (Inaudible) we came, and I remember a lot of missions here in Geneva. I remember raising eyebrows, and people saying, are you serious, abortion in Ireland? (Inaudible) criticize Ireland for its abortion laws, and yes, we seriously expected the missions here to take back the human rights violation and take our (Inaudible). 2016, 1500, and that was important. That advocacy, that peer pressure, it wasn't that the diplomacy to promote human rights was really important, it was felt in Ireland, and I know among countries that didn't make recommendations, there was a lot of sort of open coffee chats,

under-the-radar conversations, and that was also felt.

And it shouldn't have taken the death of a woman to make lots of politicians realize that this was real (Inaudible) that we had to deal with, but there was (Inaudible). Yeah. The next one, I think, Danielle.

Yeah. A woman, not an Irish women, a woman living in Ireland, was denied a therapeutic abortion because a fetal heartbeat was present, and the doctors felt that the risk to her life was not strong enough to allow them to intervene and (Inaudible) to mobilize (Inaudible), so her death did have a grass-roots campaign that was very powerful in moving toward the referendum that we had, but also at that time, the human rights ruling had meant that (Inaudible) which recommended legislation, so without those two things coming together, I think we would have been a lot of hot air and a lot of (Inaudible) with no action in response, but because there was a human rights mechanism, things started to move forward, and we (Inaudible).

In 2014, the Human Rights Committee and the late professor Roger and his colleagues in the Human Rights Committee (Inaudible) because what they put to Ireland was if the barrier to implementing abortion in Ireland and to be rights compliant, the Constitution has to change. (Inaudible).

And then subsequent reviews by CRC, CEDAW, and Commission against Torture (Inaudible). The human rights also had a finding in two cases, which was supported by the center for human reproductive rights. The committee identified ill treatment in denying abortion, and the state agreed to pay compensation, so the state was starting to wake up and see that a (Inaudible), and back in Ireland, all of these processes (Inaudible), were being reported in the media so that the people, the public politicians were seeing all the human rights criticism, by the Human Rights Committee, by the court, by the special rapporteurs, by (Inaudible). All of this had an impact, and I will move very quickly towards our political and liberty democracy processes, but I want to (Inaudible) after what I've heard from the Parliament in Argentina and Nepal that we've had a vote to remove the rights violation provision from the Constitution, and when we have that (Inaudible), we will have to think about, like Nepal, how do we get services? We have to think -- we have to take those all seriously.

When we get that law right, what should happen is women and girls should be liberated from the (Inaudible). We should all be liberated (Inaudible) human rights violations, but unless we get the law right, that may not happen. We have to secure that right, and the problem that we're seeing now is that the Legislature proposed -- the task isn't over yet. The legislation that's currently being proposed, it needs work. It needs to be like South African law (Inaudible). It has a criminal provision that is far too broad that really (Inaudible) access to abortion up to 12 weeks. If it continues as it is,

there will be a chilling effect and providers will not be able to provide the services that people are looking for.

So we get policymakers to go back to the drawing board, and they need to take the human rights approach to the legislation that the people took to the referendum and the vote.

So none of us -- our jobs aren't over yet. Our work still continues, and our work at the IFPA and other organizations won't be over until abortion is part of the (Inaudible) healthcare, and that all women and girls in Ireland are guaranteed, as a right in our law and practice, the highest attainable standard of human health care and abortion. Thank you

>> VARYANNE SIKA: Thank you. We're running a little bit behind schedule, so I will limit my very short presentation to a few minutes only.

I just want to begin by giving -- sharing a view data point, statistics, if you like, about the abortion rate in Africa. I cannot speak very specifically for each country, so I'll give a very brief overview.

In Eastern Africa -- between 2010 and 2014, in Eastern Africa, the abortion rate was 34%; mid-Africa about 5%, northern 85%, western Africa 31%. I want to focus on two specific regional provisions that sort of provide guidelines for abortion laws in African countries. The first is the Maputo Protocol, which is 15 years now this year. It was adopted in it 2003 by the African Union, and the protocol is the protocol that (Inaudible) people's rights.

So far, at the end of 2017, only seven countries had ratified it with reservations, and the reservations were concerning women and girls rights to sexual and reproductive health and rights, specifically on abortion, which is really to say (Inaudible) women and girls.

There are some countries that haven't ratified the protocol. Some haven't signed it just yet. I think between three or five countries haven't signed it just yet, and there's the countries that I've mentioned that have ratified it with reservations.

The second bit is the General Comment No. 2, which was a General Comment on the Rights to Reproductive Freedom, Family Planning Education, and Safe Abortion, which was adopted in 2013 to provide further guidance to Member States on the Maputo Protocol, and these guidelines were meant to be so that the countries also have mechanisms and guidelines on how to present periodic updates on -- for implementation on the Maputo Protocol in their different countries, and so far, by the end of 2017, only nine countries had submitted (Inaudible), but (Inaudible) Malawi (Inaudible) Nigeria, Rwanda, Senegal, and South Africa.

I'll rush very quickly on my two points. Just to iterate that restrictive abortion laws do not guarantee reduced abortion rates, and a liberal abortion law does not necessarily also

guarantee a sufficient condition for accessing safe abortion. I'd like to give three examples. Zambia, Ethiopia, Tanzania. Zambia has a (Inaudible), but the law does not necessarily translate into safe abortion practices.

In the first place, there's a requirement to have a consent form signed by three doctors, one of which is in a referral hospital, which is, you know (Inaudible) in urban cities, not in rural areas.

Ethiopia is considered to have -- I mean, abortion is categorized as illegal, but the exceptions that are provided for it make it seem like a semi-liberal abortion law. But despite this, because of the ways that the medical practitioners and others have been made aware of various abortion guidelines, the abortion rates so far in Ethiopia have reduced from 73% in 2010 to 47% in 2014.

In Tanzania, where abortion is illegal, like highly restrictive, the laws are illegal -- rather highly restrictive, there's little abortion data, but particularly adolescent girls procure unsafe abortions, and despite this -- despite the illegal status, only one health worker is provided -- is required to provide consent to perform an abortion.

So a second point just to highlight -- sorry, I'm rushing through this very much. I wanted to mention some work that the Coalition of African Lesbians did with the African Commission. We contributed towards a thematic report, which was by the Committee for the Prevention of Torture in Africa, where we were also speaking about the fact that denial of abortion and post-abortion care is torture and cruel and inhumane or degrading treatment, and in this thematic report, what we were intending to do is begin to introduce this concept as something that is really beyond just limiting it to a rights matter to just begin to venture into other avenues to talk about abortion and to advocate for abortion laws.

I just want to end very quickly there so that we have time for interventions. I will take only four because we have a very, very tight time. Do you have any interventions from the floor? It could be a question, it could be a comment.

Okay. So -- yes. Yes. Is there -- sir. Okay. All right. So New Zealand.

>> AUDIENCE MEMBER: Thank you very much. I see we're tight on time, so I'll be as quick as I can. This was really just to thank (Inaudible) with this very interesting discussion. Women's sexual reproductive rights is a priority for new Zealand. Our relevant legislation on abortion was the year I was born. I won't tell you how old I am, but it's an idea it's not our most recent pace on legislation, meaning even when things are working in practice, given the changes that have taken place over the time the legislation has been updated in some areas and our Prime Minister has recently announced that a process has begun to consider (Inaudible) to legislation, that

process -- domestic consultations are going now, but in addition to the domestic consultations, this gives us a great opportunity, really, to learn about experiences and develop (Inaudible). Some -- I take the Irish example, which got a lot of media reporting in New Zealand as well, and we heard a lot. Some of the others I was learning a lot from, so I just really wanted to thank you for those very interesting presentations, which I think will be very meaningful to take back to inform our own. Thank you.

>> VARYANNE SIKA: Thank you. Is there -- yeah.

>> AUDIENCE MEMBER: Hello. My name is Elizabeth. I'm representing myself today, and thank you for the opportunity to be here to SRI and to all the panelists and particularly having to hear from the Family Planning Association as an Irish person myself. So a question to apply across the panel.

I'm wondering -- we know the impacts on safe abortion are higher for those who are (Inaudible) in transit or who have may have arrived at their initial or end countries of reception, but have secure asylum or immigration status, and I'm wondering what we can do to secure better access to safe abortion for all of these potentially pregnant persons within those groups, do you think that that can be -- can be helped by early medical abortion and if so, self-managed abortion or a (Inaudible) medical abortion? And if so, what can the humanitarian organizations do to respond better.

>> VARYANNE SIKA: Would you like to direct that question specifically or anybody? So there was a question here, yes.

>> AUDIENCE MEMBER: Hello. My name is Hutula Dutang, representing UN women. Thank you very much for your excellent panel. I really think it was very important to hear all the trends that you are seeing and the actual situation in the different regions.

I have a question related to the previous question. I would like to ask you what do you see in the different regions as trends for refugees, asylum seekers, and migrants when it comes to abortion, and also specifically the possibilities of abortions with pills, RU486, BG, et cetera.

>> VARYANNE SIKA: And there's a question in the back. Yes.

>> AUDIENCE MEMBER: Yeah. I'm Emanuel. My -- I would say it's kind of an opinion or you can also clarify because I'm thinking of -- rather than aborting -- rather than going for abortion, a preventive method for conception because I see killing a fetus equal to killing a child or killing a man, so we don't know when life starts, whether it's one week, two weeks, or three weeks, we don't know, but if life starts from one week, then if it is abortion --

>> VARYANNE SIKA: Sorry, what's the question?

>> AUDIENCE MEMBER: I mean, rather than supporting abortion, I would suggest to -- for preventing the conception, so do you have any answers for this?

>> VARYANNE SIKA: That's not a question. Could you -- okay. So we don't have a lot of time, sorry, but we'll take your comment. Thank you.

>> AUDIENCE MEMBER: Thank you.

>> VARYANNE SIKA: Is there any other questions before we --

>> AUDIENCE MEMBER: I think in response to all of the questions, what I would say, it's very broad brush, is that obviously in relation to prevention, what we've all been working for is integrated health care and (Inaudible) the right to health.

One of the things that has been very powerful in our process through our system assembly and our Parliamentary Committee and our public debate is a recognition that in Ireland, we don't have optimum access to contraception, we don't have adequate sexuality education, so all of these things are not only moving forward, but there's also been a great recognition of two things, one, that prevention of itself is not sufficient. You need access to abortion. That is a truth across all countries. There's evidence of that across all countries.

And I suppose the other point that I would make in relation to access to abortion care and reproductive health care generally for asylum seekers, for migrants, for women in transient situations, I think my answer, it's an oversimplification in a way, that we need to secure the right that abortion can't be in a different category from other services, that there has to be some other kind of (Inaudible).

So women need to know that they have the right. I was really struck by what Rakshya said about Nepal. Women in these precarious situations that have humanitarian crises need to be told what their rights are, what access, and it needs to be clear that governments are funding humanitarian settings, it needs to be clear that women have access to reproductive health, including abortions. (Inaudible) health care (Inaudible) human rights. It's not a separate different thing that we should think of.

>> VARYANNE SIKA: Thank you.

>> VICTORIA PEDRIDO: I'd like to respond to the comment about prevention. You said that is to prevent abortion, to take it as a contraceptive, but I think that's not the idea of what the framework of sexual and reproductive rights is. Abortion is not a contraceptive method, so I agree with you, it is always better to prevent, but in terms of prevention, this is not -- it's not always enough to think that prevention could cover every single case. And it is exactly there where we question it -- we question that it was the possibility on the part of all women. For example, women who have -- people who have smoked for several years were never told, oh, yeah, you could have stopped smoking and now you would not have cancer, for example, so prevention is not really the answer.

So I'm not saying that this is intentional, but we really need to think about our own ideas in terms of prevention. Prevention is not always comprehensive. It is a right that should be legalized. We're always trying to blame women for what happens to them, but sometimes it's not their fault. You would not deny medical assistance to someone because it was your fault, you got sick because you didn't take care of yourself. We would never do that, so we have to be careful with this concept of prevention. Thank you.

>> VARYANNE SIKA: Okay. So we'll just very quickly -- very quickly.

>> RAKSHYA PAUDYAL: Just to add to what Victoria said. We can't simply live of women who live in an urban setting and who have all the information, right? There are women who are -- who don't even -- who can't even negotiate whether to have sexual relations with her husband, so that's where the case of, you know, is it preventable or not comes from and that we need to consider very much. Thank you.

>> KRYSTYNA KACPURA: Yeah. I just can add that during my over 25-year work with the Federation for Women and Family Planning, I never met a woman who wanted an abortion, but I met hundreds, even thousands who dramatically required -- needed access to legal and safe abortion. This is, I think, our responsibility towards women when abortion fails or is not used because we have no 100% of guarantee, no kind of abortion, so even if we don't treat this, abortion as a means of contraception, it is still used, it is still used, and we can do nothing about this.

Coming back to migrants and asylum people, I think medical abortion is the best abortion, but women requires education and information because there are many, many misunderstandings in decisions. Thank you.

>> VARYANNE SIKA: Thank you. So we have only five minutes left to just wrap up very quickly. I'd like to ask the speakers if there's any very burning thing that you want to highlight before we close. Any speaker is fine?

So I'd like to thank you very much for joining us. Thank you for making time to attend this side event. I wish to remind you that we have a joint -- the SRI has a Joint Statement on Abortion, which we welcome you to sign on to. Please see Danielle in the green dress on the right, and we thank you very much.

(Applause)

(Session concluded at 1430 CET)

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