



## Economic and Social Council

Distr.: General  
26 November 2018

Original: English

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### Commission on the Status of Women

#### Sixty-third session

11–22 March 2019

**Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”**

### **Statement submitted by IPAS, a non-governmental organization in consultative status with the Economic and Social Council\***

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* The present statement is issued without formal editing.



## Statement

We welcome the discussion on next year's priority theme: "Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls." The 2019 session of the Commission on the Status of Women provides a critical opportunity to accelerate progress in fulfilling the Beijing Declaration, the Platform for Action, and the Sustainable Development Goals.

In accordance with the Beijing Platform for Action, the International Conference on Population and Development, and the Global Goals focused on health and gender equality, and the targets calling for universal access to reproductive health and rights, countries must prioritize advancing women's and girls' access to comprehensive sexuality education, contraception, and safe abortion.

Despite progress following the International Conference on Population and Development launch in 1994, women and girls around the world continue to face social, economic, legal and health-system barriers to accessing contraception and safe abortion services. Key factors contributing to low contraceptive prevalence and high rates of unintended pregnancies are: limited or unreliable contraceptive supplies, low levels of education among women, scarce financial resources, long distances to obtain services, lack of transportation, poor infrastructure, and partner's opposition to family planning. Improving accessibility, including free or low-cost services, and quality of health services and providers is essential to positive health outcomes, especially for reducing maternal mortality and morbidity.

Research shows that even in countries where abortion is legal, women's and girls' access to safe services may be restricted. This includes a high service costs and a lack of adequate health facilities and skilled professionals. Women who cannot access safe abortion services often resort to clandestine procedures that put their health and lives at risk. They also often avoid seeking treatment for resulting health complications because of stigma and fear of harassment, arrest and imprisonment.

A recent study of the World Health Organization and the Guttmacher Institute found expanding legal access to abortion and increasing use of medication abortion has significantly improved the safety of induced-abortion services over the past decade. It also found that in legally restrictive settings, where minimum standards of the WHO safety guidelines are partially met, results in less-safe procedures.

In this context, we urge governments to do the following:

- Accelerate legal measures repeal laws that criminalize women and girls who seek abortion. In most countries, legalizing abortion is a precursor to planning for and delivering high-quality safe abortion services. Women's access to safe and legal abortion is as relevant to gender equality as women's equal access to education, employment, adequate food and housing. It puts women's and girls' lives, health and human rights at the core of human development.
- Provide universal access to non-judgmental sexual and reproductive health services, including contraception and safe abortion care. Services must respect the rights to confidentiality, privacy and informed consent.
- Strengthen health system capacity to deliver medical abortion, especially in rural and low-income areas. Decentralizing medical abortion services will facilitate access to more women through multiple cadres of primary and community health-care providers. The availability of medical abortion (or abortion with pills) make abortions safer, particularly in low-resource settings.

Unlike surgical procedures, medical abortion does not require health care facilities, special medical equipment, or specially trained healthcare providers.

- Increase efforts to prevent and provide care to those affected by sexual violence, including access to emergency contraception and safe abortion. Young women and victims of violence are also more likely to need second trimester abortion services. This makes it even more important to ensure that public health services include trained providers that are willing to provide second trimester abortion.
  - Mandate comprehensive sexuality education programs that include non-biased information on contraception and safe abortion, and that are linked to sexual and reproductive health services. Reaching youth, particularly adolescent girls and young women—both in and out of school—with comprehensive sexuality education is key to preventing unwanted pregnancy, HIV and other STIs, and to meet the global goals focused on health and gender equality. Governments must implement and monitor sustainable comprehensive sexuality education programs, by establishing gender-sensitive indicators and quality education systems and infrastructure, which should include qualified staff, appropriate facilities, tools, teaching materials and methods.
  - Promote consistent, community-level health education with evidence-based messages that debunk myths and misconceptions associated with family planning and abortion.
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