Ministerial announcements since 2010 have made it clear that Canadian foreign aid will not be put toward safe abortion services. Canada’s refusal to fund abortion services abroad is not a written policy, and therefore has not been subjected to Parliamentary scrutiny. The refusal represents an ideological stance that is not guided by medical evidence or best practice.

The World Health Organization (WHO) estimates that 22 million unsafe abortions are performed each year, which account for 13% of maternal deaths worldwide. In the year 2008 alone, 47,000 women died and an estimated 5 million more experienced temporary or permanent disability as a result of unsafe abortions.

Over 14 million girls are forced into marriage each year and an estimated 90% of adolescents who give birth are married. Married girls are twice as likely to experience sexual violence, encounter unwanted pregnancies and seek unsafe abortions.

Despite legal restrictions and social barriers to accessing abortion services and the lack of availability of safe services in developing countries, abortion rates are higher than in other parts of the world. This reality clearly indicates that restrictions on abortion do not reduce abortion rates; they force women to resort to clandestine, illegal and unsafe services putting their health and lives at risk.

The Government of Canada’s current practice overseas contradicts Canada’s domestic stance on the issue. In accordance with the 1988 Supreme Court of Canada decision in Canada v. Morgentaler, there are no laws restricting access to abortion in Canada. The decision found that the existing legislation surrounding the regulation of abortion violated section 7 of the Canadian Charter of Rights and Freedoms by infringing upon a woman’s right to security of the person. The decision clarified that restrictions on access to abortion were discriminatory, particularly against marginalized women, who may experience additional barriers and stigma when attempting to access abortion services.

Canada’s current approach to abortion services in its development programming is comparable to the US policy. The Helms Amendment in the United States (banning the provision of abortion services as a form of family planning in all US-funded development initiatives) unintentionally led to shortages in resources and an incomplete and inconsistent approach to addressing injuries related to unsafe abortions.¹ The overly broad application of the Amendment has resulted in the denial of lawful care related to abortion. This includes the denial of safe abortions, post-abortion care and referrals, counselling and information with regard to abortion services. The Ministerial statements indicating that Canada will not fund safe abortion services abroad has the potential to be interpreted in a similarly overly broad manner in its implementation and to result in the denial of lawful care to women and girls. Implementing partners or health facilities, for fear of losing Canadian government funding, may simply not provide lawful services and information related to abortion to the detriment of women.

Globally, the majority of countries worldwide permit abortion either in cases of rape or to preserve a woman’s physical health.² Thirty-one out of fifty of Canada’s priority development countries permit abortion without restriction or on the grounds of women’s mental health and/or rape. According to the WHO, “ready access to contraception and to early, safe abortion significantly reduces high rates of maternal mortality and morbidity; it prevents the
costs currently imposed by unsafe abortion on health systems and on society and individuals.”

Given the legal permissibility of abortion in most of these countries, as well as in Canada, there is ample scope for Canadian international cooperation efforts to support increased access to safe and legal abortion services for women and adolescent girls as part of a comprehensive and integrated package of sexual and reproductive health services.

Access to abortion is a recognized component of the right to health in international human rights law. Failing to provide women and adolescent girls, including survivors of sexual violence and married young women and girls, with access to a comprehensive package of sexual and reproductive health services (which include safe abortion) denies them their human rights, including their fundamental right to life, to health, to bodily autonomy, to decide freely about the number and spacing of children, to self-determination, to freedom from torture, and to freedom from discrimination, as well as the right to live free from violence. A policy that restricts Canadian foreign aid from funding access to safe and legal abortion services, Canada is complicit in the continued violation of women’s and girls’ human rights. This position also alienates Canada from its traditional allies, including the US and the UK, who have expressed grave concern regarding the Government’s failure to recognize the linkages between sexual and reproductive health and rights and sexual violence.

According to the Official Development Assistance (ODA) Accountability Act, the Government is responsible for aligning development assistance with international human rights standards. Through the ODA Accountability Act, the Government has a responsibility to promote international human rights standards through the delivery of foreign aid. Failing to take responsibility for inaction on promoting reproductive rights and a full spectrum of reproductive health services leaves the Government in a position to be held accountable in Canadian courts for the denial of reproductive health care to women and girls.

We call on the Government to:

End Ministerial restrictions on funding for safe abortion in Canadian foreign aid.

Transform the Muskoka Initiative on maternal, newborn and child health as well as initiatives on child, early and forced marriage and sexual violence to ensure that sexual and reproductive health and rights are central components of these initiatives, including funding for safe abortion services, accompanied by financial resources for effective advocacy for policy change in countries receiving development assistance from Canada.

Fund and support advocacy initiatives aimed at decriminalizing and increasing access to abortion services.

Develop a comprehensive policy to guide Government of Canada efforts in providing a comprehensive and integrated package of sexual and reproductive health services and information, which includes funding for abortion services and advocacy.

Endnotes


2 At the time of publication, 132 countries worldwide permit abortion upon request, to preserve a woman’s physical health and/or in cases of rape.

3 WHO. 2010. “Technical Opinion in response to the request of: Katherine MacDonald, Executive Director, Action Canada for Population and Development.” http://www.sexualhealthandrights.ca/who-technical-opinion-2010/ In response to the Canadian Parliamentary committees’ concerns regarding Canada’s approach, the WHO produced a technical opinion in which it concludes that ready access to contraception and safe abortion significantly reduces high rates of maternal mortality and morbidity, indicating that these interventions are essential components of any response to improve maternal health. Access to safe abortion drastically reduces the negative health outcomes and deaths from unsafe abortion, thereby reducing maternal mortality and morbidity rates.