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| Civil Society SectionOffice of the United Nations High Commissioner for Human Rights |

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| **UN expert on cultural rights** **Consultation on the right to enjoy benefits of scientific progress and its applications**QUESTIONNAIRE ON THE RIGHT TO ENJOY THE BENEFITS OF SCIENTIFIC PROGRESS AND ITS APPLICATIONS Response from Ipas, an international NGO working globally and in selected countries, to end preventable deaths and disabilities from unsafe abortion. Ipas works to ensure that women can obtain safe, respectful and comprehensive abortion care, including counseling and contraception to prevent future unintended pregnancies.**Accessing the benefits of science and its applications** 2**. What are the key challenges faced in your country in undertaking research at the domestic level and ensuring access to scientific developments and its applications, particularly for marginalized groups?** In various countries, insufficient information is available on the magnitude of unsafe abortion, the deaths and short- and long-term disabilities and illnesses suffered by women and girls as a result of complications, and measures needed to improve post-abortion and induced abortion care. Such data are needed to persuade policy-makers to adopt legislation and regulations to decriminalize abortion, to ensure that the safest technologies are available and accessible in all health facilities to treat complications of unsafe abortions and to provide safe abortion care, and to improve counseling and the provision of care. ***An international seminar in 2010 noted that research on unsafe abortion is “relatively underdeveloped area of research,” indicating that additional funding is needed to support such studies.***Reference: IUSSP Scientific Panel on Abortion. 2010. International Seminar on The Health, Social and Economic Consequences of Unsafe Abortion San Juan del Rio, Mexico, 10-12 November 2010; <http://www.iussp.org/Activities/abortion/Report10.pdf> An annotated bibliography of studies on abortion produced in 2008 includes reports that call for, *inter alia,* determining why not all designated facilities are providing abortion services and what needs to be made available for these facilities to provide abortion services (South Africa); improving qualitative research on reproductive health care delivery for women who seek abortion (Zambia); investigating gaps and proposing strategies to address gaps in availability of counseling and support services (Australia); undertaking further research to document women’s experiences and perspectives regarding unsafe abortion, as well as clinical aspects of post-abortion care (Guatemala).Reference: The International Reproductive and Sexual Health Law Programme. January 2008. ACCESS TO ABORTION REPORTS: An Annotated Bibliography. Toronto, University of Toronto; <http://www.law.utoronto.ca/documents/reprohealth/abortionbib.pdf>  In the United States, many states have laws mandating parental involvement in abortion care for adolescents. A study to be presented at a conference in 2011 states that: “State parental involvement abortion laws have both helpful and harmful effects on researchers’ ability to enroll adolescent subjects” in research related to abortion care. The researchers further say: “Health care providers and lawyers are often used as proxy informants for adolescents without attention to whether the information is reliable” and “Investigators have highly varied levels of knowledge of the laws and policies that affect adolescents ability to participate in research.”Reference: Tracy A. Weitz and Erin C. Schultz. 2011. Assessing the Barriers to Inclusion of Adolescent Minors in Abortion-Related Research. <http://www.primr.org/uploadedFiles/PRIMR_Site_Home/Education/Conferences/AER_2011/Weitz_T_BarriersMinorsAbortion.pdf>**The rights of scientists and collaborative work** **4. What measures have been put in place to recognize, respect and protect the rights of scientists to:** **b) collaborate with colleagues nationally and internationally, including through sharing data, samples, research findings, and other information, by travelling freely within and outside the country, and conducting joint research projects?** Ipas has worked with the government of Nepal to ensure that safe legal abortion care using up-to-date technologies is available to women and girls. However, restrictions on funding imposed by the United States’ Helms amendment has led to decreased access to care for women, decreased training for providers, fragmentation of basic health services, and unnecessary censorship at all levels. The Helms Amendment to the Foreign Assistance Act was passed in 1973, prohibiting the use of funds for the performance of abortion “as a method of family planning” or to “motivate or coerce any person to practice abortions.” The Helms Amendment has been over-interpreted by the U.S. government, effectively banning a range of activities related to abortion. Although abortion should not be regarded as a “method of family planning” where the life or health of a woman is threatened or in cases of rape, USAID does not support provision of safe services or counseling even in these extreme cases. The Nepal Family Health Program (NFHP) is a bilateral project under an agreement between USAID and the Nepal government. The NFHP and its recipients and partners, because they receive funding from USAID, must be compliant with limitations based on a restrictive interpretation of the Helms amendment stipulating that funds provided by USAID for health, family planning and population are prohibited from being used to promote or provide abortion services. In addition, the NFHP supports the National Safe Motherhood and Neonatal Subcommittee of the Ministry of Health. As a result, abortion-related information has been excluded from Safe Motherhood information and national guidelines on family planning. At the time of an Ipas study in late 2009, USAID would not permit post-abortion care rooms to be used for abortion services. Health-care providers who were already strapped for resources faced the added challenge of separating physical facilities. Equipment, too, could not be used for both purposes. Providers could not use the same procedure room, manual vacuum aspirator (MVA), table, or lamps for both PAC and induced abortion care.Organizations in Nepal working on abortion-related services or advocacy that don’t receive USAID funding are unofficially barred from attending USAID-sponsored meetings and events and even participating in some government initiatives. Government publications, including key training manuals supported by USAID, have excluded information about abortion. US abortion restrictions prevent comprehensive counseling on a full range of reproductive health care. In USAID- funded training, including training on family planning and post-abortion care, health-care providers and outreach workers receive no information about abortion. This engenders inadequate knowledge about the permissible circumstances for legal abortion and the dissemination of incomplete information related to the procedure. Providers and community health volunteers equipped with incomplete information, in turn, fail to ensure thoughtful discussion, to connect across reproductive health services, cut inefficiencies, and link to broader concerns about unwanted pregnancies due to circumstances such as rape or domestic violence.***The overly strict interpretation of the US Helms Amendment has clearly constituted a barrier to women’s access to the benefits of scientific progress with regard to safe legal abortion care.***References: Jennifer Daw Holloway. 2010. The impact of U.S. foreign policy on safe abortion in Nepal. Chapel Hill, NC; <http://www.ipas.org/Publications/asset_upload_file928_5644.pdf>Jamila Taylor and Patty Skuster. 2010. U.S. foreign policy and abortion in Nepal: Barriers to saving women’s lives. Chapel Hill, NC; <http://www.ipas.org/Publications/asset_upload_file305_5697.pdf>**11. What are the achievements in the field of scientific progress and its applications? Please provide details.** The development of abortion care using medications is the outcome of decades of medical research to make available a safe alternative to surgical abortion. This research has shown that misoprostol is also useful for other obstetric uses. To make the benefits of this medical research more widely available, governments must include misoprostol and mifepristone on their national essential medicines lists, following the example of the World Health Organization, which did so in 2005 for its Model List of Essential Medicines. Reference: International Consortium for Medical Abortion. No date. Information for policy-makers; <http://www.medicalabortionconsortium.org/articles/for-policy-makers/default/?bl=en>  |
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