



# WHAT THE LAW SAYS ABOUT **ABORTION**

A GUIDE FOR SEX WORKERS AND WOMEN LIVING WITH HIV/AIDS IN UGANDA

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### **Human Rights Awareness and Promotion Forum (HRAPF)**

Plot 390 Professor Apollo Nsibambi Road

P.O. Box 25603 Kampala

Tel:+256-414-530-683

Email: [info@hrapf.org](mailto:info@hrapf.org)

Website: [www.hrapf.org](http://www.hrapf.org)

Facebook: [hrapf.uganda](https://www.facebook.com/hrapf.uganda)

Twitter: [@hrapf](https://twitter.com/hrapf)

## PREFACE

Uganda's law on abortion is not easily accessible in a single document. While it is a well-known fact that abortions in Uganda are illegal, many people are not aware of the provisions stipulating exceptions to this illegality. The tragic result of a lack of information is that women would often resort to unsafe methods for obtaining an abortion, even under circumstances where one or more of the exceptions to the illegality are applicable.

The main purpose of the handbook is to take all the scattered provisions governing abortion in Uganda and to present them in a single, simplified guide. The handbook also discusses Uganda's abortion laws in the context of the country's regional and international human rights obligations.

The target audience for this handbook are sex workers and Women Living With HIV/AIDS (WLHA). Apart from the stigma attached to abortions themselves, sex workers and WLHA also face immense discrimination and stigma that cause a barrier to their access to services and information. Sex workers and WLHA are more likely to become pregnant than the women in the general population and, as the handbook will show, are also likely to benefit from the circumstances allowing for legal abortion.

The handbook is written in easy to understand language and has scenarios to further simplify it. Care has been taken not to use technical legal language.

We hope the intended users find this booklet useful.

# ACKNOWLEDGEMENTS

The publication of this handbook was a collective effort from various persons.

Human Rights Awareness and Promotion Forum (HRAPF) would like to thank Ms. Godiva Akullo on whose expansive and detailed compilation of the laws and instruments governing abortion in Uganda this simplified handbook is based.

We also acknowledge the contribution of Ms. Susan Mirembe who conducted an assessment of the needs of sex workers and Women Living With HIV/AIDS in terms of information on the legal regime governing abortion in Uganda. These assessments informed our decision to publish this handbook as a simplified guide aimed at sex workers and Women Living With HIV/AIDS in particular.

We specially acknowledge our generous supporters whose financial contribution made this publication possible.

## PROJECT TEAM

### Researchers

Godiva Akullo  
Linette du Toit

### Contributors

Patience Akumu  
Edward Mwebaza  
Flavia Zalwango

### Editor

Adrian Jjuuko

# LIST OF ABBREVIATIONS

<b>ACHPR</b>	African Charter on Human and Peoples' Rights
<b>CEDAW</b>	Convention on the Elimination of All forms of Discrimination Against Women
<b>CEHURD</b>	Center for Health, Human Rights and Development
<b>CRR</b>	Center for Reproductive Rights
<b>UN HRC</b>	United Nations Human Rights Committee
<b>HSSP III</b>	Health Sector Strategic Plan III
<b>ICCPR</b>	International Covenant on Civil and Political Rights
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>MOH</b>	Ministry of Health
<b>PAC</b>	Post Abortion Care
<b>RH</b>	Reproductive Health
<b>UN</b>	United Nations
<b>WLHA</b>	Women Living With HIV/AIDS

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# 1. INTRODUCTION

Every woman could be faced with an unplanned or unwanted pregnancy at some point in her life. One of the many options available in this situation is to terminate the pregnancy by undergoing an abortion. In Uganda, most people believe that abortions are illegal under all circumstances. This, however, is not the case. The confusion around the nature of the law on abortion in Uganda has over the years operated as a barrier in access to safe abortion and post-abortion care for women in Uganda. The purpose of this handbook is to clarify the legal position surrounding abortions in Uganda in terms of national, regional and international laws.

This handbook focuses on the particular needs of two groups of women: sex workers and Women Living with HIV/AIDS (WLHA). Sex workers are more likely to fall pregnant than women in the general population because they tend to have a high frequency of sexual encounters while not necessarily being in a position to negotiate safe sex. Sex workers are also likely to consider terminating pregnancies resulting from encounters with clients, especially in cases of sexual assault.

WLHA also have increased reason to consider terminating a pregnancy because of the possible effects which pregnancy, childbirth and even motherhood could have on their own health. They also have to consider the possibility of transmitting HIV to the child or leaving the child as an orphan. WLHA might also fear the exposure of their HIV status if they are to visit antenatal clinics, which is a real concern considering that intentional HIV transmission is criminalised in Uganda under Section 43 of the HIV Prevention and Control Act, 2014.

Apart from being more likely to be in need of abortion services in comparison to the general population, sex workers and WLHA also face immense discrimination and stigma that cause them to be alienated from the health care system. The aim of this handbook is to empower these two groups in particular and to inform them about their sexual and reproductive health rights as they relate to abortions.

## 2. WHAT DOES 'ABORTION' MEAN?

An abortion is a medical procedure by which a pregnancy is terminated, usually during the first 28 weeks when the embryo or foetus is still too small to survive outside of the mother's body.

### 3. WHAT IS AN UNSAFE ABORTION?

An 'unsafe abortion' takes place when a pregnancy is terminated by someone who does not have the skill to do so and/or if it takes place in conditions which do not meet hospital or clinical standards of hygiene, facilities and without the availability of emergency care. Abortions are complex medical procedures. If the person who performs it is not skilled or qualified the woman could easily suffer serious complications. If the operation also takes place outside of a medical facility, the necessary medical equipment will not be at hand to respond to a medical emergency. Many women have died because they have undergone unsafe abortions.<sup>1</sup>

### 4. WHY DO WOMEN UNDERGO UNSAFE ABORTIONS?

Since it is illegal to undergo an abortion in Uganda, women would not easily approach a medical institution for assistance, but would rather seek the services of unqualified people to assist them. Also, they may be unaware of the legal provisions under which a pregnancy can be terminated and they may therefore not seek the services from professional health workers at all thinking that the law is absolute. Again, some may not have enough money to pay for the services even when they could legally get the services and they thus resort to unsafe methods, which are considered cheaper. Finally, they may opt for unsafe abortions because of the stigma that abortions carry in situations where they are criminalised. There may be many other reasons but they all rotate around the fact that criminalisation of abortions forces women to undertake unsafe methods of getting rid of their pregnancies.

It is important for women, and sex workers and WHLA in particular, to know that there are circumstances where abortions would be legal in Uganda and that they should be able to approach medical facilities to discuss the possibility of undergoing an abortion.

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<sup>1</sup> According to the Ministry of Health, Health Sector Strategic Plan III (HSSP), 8% of maternal deaths in Uganda are as a result of unsafe abortion. Ministry of Health 'Health Sector Strategic Plan III 2010/11 – 2014/15' (2009) 11.

## 5. WHAT DOES UGANDA'S LAWS SAY ABOUT ABORTION?

Uganda's laws on abortion are not found in one comprehensive document, but are scattered in different laws. These are:

### 5.1 The Constitution

Article 22 of the Constitution protects the right to life and provides that no person shall lose their life except when a death sentence is carried out. Article 22(2) includes the right to life of unborn children providing that no person has the right to terminate the life of an unborn child except where this is allowed by the law.

This article does not outlaw abortion; it simply means that the life of an unborn child can only be terminated in accordance with the laws of Uganda. This means that one has to look at other laws to find instances where pregnancies can be terminated.

The Constitution also provides for the rights of women. Article 33 provides that women shall be accorded full and equal dignity of the person with men and the government is required to provide the facilities and opportunities necessary to enhance the welfare of women to enable them to realise their full potential and advancement. The government is required to protect women and their rights, taking into account their unique status and natural maternal functions in society. This would indicate that protection of women and the realisation of their rights is a priority and the government has to respect this.

Article 21 of the Constitution furthermore provides that all people are equal before the law and shall enjoy equal protection of the law. The section also prohibits discrimination on the basis of a number of grounds, including sex. This provision means that women cannot be accorded differential treatment simply on the basis of their sex. Considering that the burden imposed by abortion laws are borne almost exclusively by women, this article serves as a constitutional basis for questioning Uganda's current position on abortion. Article 24 furthermore provides that 'no person shall be subjected to any form of torture or cruel, inhuman or degrading treatment or punishment'. Denying women of the inherently personal choice of keeping or terminating a pregnancy, without regard to the immense impact

that motherhood or the care of an additional child has on a woman, could be construed as ‘degrading treatment’. This article serves as a further constitutional basis for questioning the criminalisation of abortion.

## 5.2 Statutes

The Penal Code Act (Cap. 120), in sections 141, 142 and 143 criminalise abortion, attempted abortion and the sale of drugs intended to aid an abortion. Section 142 makes it a crime for any woman to take something poisonous which will cause her to have an abortion.

### **Example A:**

*Shakira, a senior 4 student, just discovered that she is pregnant. Her school has a policy that says any girl who gets pregnant while in school will be expelled. She walks to Nalongo’s and buys a special tea which Nalongo promises will ‘fix her problem.’ Can Shakira be arrested?*

*Yes, Shakira can be arrested for administering to herself a substance intended to cause a miscarriage.*

Any person who gives a woman herbs, drugs or the like with the intention to cause an abortion can be arrested and prosecuted, regardless of whether the person was pregnant or not (section 141).

### **Example B:**

*Atim suspects that her friend Sophie is pregnant. Atim knows that Sophie does not want a child even though she is too religious to consider abortion. Atim prepares a special tea and serves it to Sophie.*

*Atim can be arrested and prosecuted for attempting to cause an abortion according to section 141.*

*It later turns out that Sophie is not pregnant after all, can Atim still be prosecuted?*

*Yes, because she intended to cause an abortion, and that is the offence.*

Section 143 of the Penal Code makes it a crime for any person to unlawfully supply drugs or any other substance necessary for an abortion to be carried out.

**Example C:**

*Nalongo from example A above can be arrested and prosecuted under this section of the Penal Code Act because she provided Shakira with a special tea intended to bring about an abortion.*

The Penal Code Act further criminalises ‘killing an unborn child’ in section 212. The section reads:

‘Any person who, when a woman is about to be delivered of a child, prevents the child from being born alive by any act or omission of such a nature that if the child had been born alive and had then died, he or she would be deemed to have unlawfully killed the child, commits a felony and is liable to imprisonment for life.’

However, the law provides an exception for any person who performs a surgical operation, in good faith and with reasonable care and skill, for the preservation of the mother’s life. Section 224 titled ‘Surgical operation’ provides:

‘A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his or her benefit, or upon an unborn child for the preservation of the mother’s life, if the performance of the operation is reasonable, having regard to the patient’s state at the time, and to all the circumstances of the case.’

**Explanation:** This section protects medical professionals who may perform an abortion to save the life of a pregnant woman.

**Example D:**

*Dr. Nakato receives a patient who is bleeding profusely and seems to be in the late stages of an attempted abortion. If she leaves her in that state, she will die. Dr. Nakato decides to operate on her and remove the fetus to save her life.*

*Dr. Nakato, who is a qualified professional, cannot be arrested or prosecuted for doing this. She was saving the mother’s life.*

This protection however, does not extend to persons who perform abortions to save a life but who do not have the necessary care and skill; including mothers who may want to assist their daughters, traditional healers (even though they may have the skill), and others who may assist a woman in procuring an abortion.

## 5.3 Policies, Codes and Guidelines

### a) National Policy Guidelines

Uganda's 2006 National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights provide for several exceptions to the prohibition on abortions. It also provides that no verbal or written consent is required from a parent, guardian or spouse before a client can be given family planning services.<sup>2</sup> Access to abortion services are permitted in the following cases:

1. Where the pregnant woman suffers from a serious illness which threatens her health such as severe heart disease, kidney disease, seizures caused by high blood pressure during pregnancy or HIV.
2. Where the foetus is severely abnormal and would not be able to survive outside of the mother's womb.
3. Where the pregnancy is the result of rape, incest or defilement.

The National Policy Guidelines considers abortion and post-abortion care to be components of reproductive health that must be addressed in Uganda's health policies. Under this policy, Ugandan women are entitled to Post-Abortion Care (PAC) and it provides as follows:

'(PAC) is health care given to a woman who has had an abortion from any cause. The care, to be provided on a 24-hour basis, is to be an integral part of RH services. The services are to be provided in all hospitals and health centers where there are doctors, midwives and clinical officers trained in PAC and where the minimum hygienic standards are met. Other nurses and nursing assistants should provide counseling services. These facilities should observe the patients' rights.'<sup>3</sup>

### b) Standards and Guidelines on Reducing Maternal Morbidity and Mortality from Unsafe Abortions in Uganda, 2015

The Ministry of Health issued Standards and Guidelines on Reducing Maternal Morbidity and Mortality from Unsafe Abortions in Uganda in 2015. It is the aim of these guidelines to clarify the law pertaining to abortion. Commenting on the law on abortion in Uganda, the guidelines state that: '[t]here is no absolute prohibition on termination of pregnancy in Uganda. It is permitted to preserve the life and

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<sup>2</sup> Chapter 3.6.

<sup>3</sup> Chapter 4.8.

health of the pregnant woman.<sup>4</sup>

This policy provides that the filing of a police report should not be a requirement for access to safe abortion services for survivors of rape, defilement or incest and other forms of gender-based violence.<sup>5</sup> One of the guiding principles of this policy, which is legally binding on health workers, is that high quality services for termination of pregnancy should be available and accessible to all women and girls regardless of age or marital status.<sup>6</sup> It also calls upon health professionals to provide safe abortion services to a pregnant woman or girl who needs such services to preserve her life or health, taking into consideration the circumstances of each case and her state at the time.<sup>7</sup>

At the time of publication of this handbook, the Ministry of Health has stayed the publication of the guidelines in order to consult with religious leaders about terminology which is viewed as ‘problematic’.

**Circumstances permitting abortion under the Standards and Guidelines:**

- To save the mother’s life
- When the pregnant woman’s mental and physical health is at risk
- Where the pregnancy is a result of rape, defilement, incest or other forms of gender-based violence
- Where the pregnant woman is HIV positive

**c) Professional Standards of Medical Care**

The ‘Medical and Dental Practitioners: Code of Professional Ethics’ is a progressive legal document derived from section 34 of the Medical and Dental Practitioners Act of 1998.<sup>8</sup> It requires of medical practitioners to respect the rights of their patients as protected under Uganda’s Constitution and international human rights law.<sup>9</sup>

Section 5 of the Code of Ethics provides that practitioners are not to discriminate against patients on the basis of HIV status or any other indication of vulnerability. Section 6 provides that a practitioner shall observe the patient’s confidentiality and privacy and shall not disclose any information regarding the patient without express consent of the patient or in order to ‘protect the public or advance

<sup>4</sup> (Draft) Standards and Guidelines on Reducing Maternal Morbidity and Mortality from Unsafe Abortions in Uganda, 2015 at 4.

<sup>5</sup> As above at Part I, sec 4.

<sup>6</sup> As above at Part II, sec 3.

<sup>7</sup> As above.

<sup>8</sup> Uganda Medical and Dental Practitioners Council ‘Code of Professional Ethics’ (2013).

<sup>9</sup> As above at sec 4.

greater good of the community’.

These provisions are of significance to sex workers and WLHA who often face challenges with regard to access to health care because of stigma around their profession or HIV status. Doctors are obligated by their code of ethics to provide care to all patients without discrimination. They are also obligated to keep their patients’ information confidential. This means that medical practitioners cannot share information that a patient has given them with the public or anyone else without that patient’s consent. This provision seemingly means that sex workers could disclose their profession; WLHA could reveal their HIV status and anyone can ask for information and assistance in procuring abortions without fear that any of this information will be publicised. It is, however, unfortunate that section 6 provides a wide exception for cases where disclosure of a patient’s information would ‘protect the public or advance greater good of the community’. This gives medical practitioners wide discretion in deciding what kind of information they should disclose to ‘protect the public’ and puts women living with HIV/AIDS, sex workers and other minority populations in jeopardy as they have to walk the dangerous rope of hiding information from their doctors.

Doctors must, as provided under section 8 of their code of ethics, not deny emergency treatment or health care to a patient. In some cases, abortions are performed as part of emergency treatment for pregnant women and as such it is important to note that doctors are obligated to provide emergency health care to patients.

In conclusion, when visiting a medical practitioner, you are entitled to the following:

1. Any emergency treatment you need, including post-abortion care
2. Respect of your human rights as enshrined in the Constitution of the Republic of Uganda.
3. Protection of your privacy. The doctor must not disclose your medical and personal information to anyone else except if you agree to it.

**Caution:** Doctors are permitted to disclose information if disclosing it would ‘protect the public or advance greater good of the community’. It is unclear how wide this discretion is but the wording is vague enough to allow for a very wide interpretation.



## 6. WHAT DOES INTERNATIONAL HUMAN RIGHTS LAW SAY ABOUT ABORTION?

Human rights are the rights which all people have simply because they are human. After the Second World War, the nations of the world came together and made certain agreements in order to prevent the death and destruction of another world war. The nations came up with a document called 'The Universal Declaration on Human Rights'. In this document, it was agreed and recognised that all people have 'human rights', simply because they are human and regardless of their nationality, location, language, religion, sex, political opinion or any other status. Since that time, the states of the world have made many more agreements or 'treaties' on human rights. Signing on to such a treaty would mean that the state agrees to protect, promote and fulfill the human rights of the people within its territory according to the standard set by the treaty. Uganda has signed on to a number of human rights treaties including:

- The International Covenant on Civil and Political Rights (ICCPR)
- The International Covenant on Economic Social and Cultural Rights (ICESCR)
- The Convention on the elimination of All forms of Discrimination Against Women (CEDAW)

International human rights standards recognise the right to safe abortions. In what follows, certain rights protected under agreements to which Uganda is party will be discussed as they pertain to abortions.

### 6.1 Right to Life

The right to life is recognised in international law and understood to apply to both the unborn child as well as the mother. It is recognised that giving birth can infringe a woman's right to life and that it can also impact upon her quality of life.<sup>10</sup> The rights of both the mother and child should be considered.

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<sup>10</sup> CEHURD 'Whose right to life? Women's rights and prenatal protections under human rights and comparative law' (2014) 6, 14 [http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/RTL\\_Updated\\_8.18.14.pdf](http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/RTL_Updated_8.18.14.pdf) accessed 5 July 2016.

## 6.2 Right to Health

International law recognises a woman's right to health to include a right to control her health and body and to have access to a system of health protection, which gives her the opportunity to enjoy the highest attainable standard of health.<sup>11</sup> States are expected to adopt measures to improve sexual and reproductive health services, including access to family planning, care before and after giving birth and emergency medical services.<sup>12</sup> Health care providers have to provide these services to people regardless of factors such as their age, sex, race, religion, HIV status or status as a sex worker.<sup>13</sup> The CEDAW, which focuses on the human rights of women in particular, has been interpreted to support the decriminalisation of abortion.<sup>14</sup>

Both sex workers and WLHA are entitled to access to sexual and reproductive health care as part of the right to health and the government is expected to respect, protect and fulfill this right. For WLHA in particular, the effect of pregnancy and motherhood on the mental and physical health of the woman cannot be discounted.<sup>15</sup>

## 6.3 Right to Privacy

The decision to have an abortion or not is a private decision to be made by a woman concerning her reproductive health: this kind of decision should be protected by the right to privacy. International law recognises this right and religious leaders, politicians and the like should not be allowed to interfere in women's private decisions regarding their sexual and reproductive health, which includes decisions surrounding abortions.

The right to privacy also expects of health care providers to protect patient confidentiality.<sup>16</sup> Sex workers and WLHA should take note that medical professionals are duty-bound to ensure that details about all their patients remain confidential.

<sup>11</sup> General Comment No 14 'Article 12: The Right to the Highest Attainable Standard of Health' Committee on Economic, Social and Cultural Rights. Adopted on 11 August 2000 U.N. Doc. E/C.12/2000/4 available at <http://www.ohchr.org/Documents/Issues/Women/WRGS/Health/GC14.pdf> accessed 19 May 2016.

<sup>12</sup> As above at para 14.

<sup>13</sup> As above at para 18.

<sup>14</sup> General Recommendation 24 'Article 12: Women and Health' CEDAW Committee. Adopted at the twentieth session of the CEDAW Committee U.N. Doc. No. A/54/38/Rev.1 (1999) at para 31(c) <http://www.refworld.org/docid/453882a73.html> accessed 19 May 2016.

<sup>15</sup> As above at para 27.

<sup>16</sup> As above at para 12(d).

## 6.4 Right to Equality

International law recognises the rights to non-discrimination and equality. This means that people cannot be excluded from services or treated differently from others in an unfair way on the basis of things such as their sex, race, religion, profession or marital status. States are expected to take special steps to ensure that women, and women in rural areas in particular, do not suffer discrimination in accessing health care services.<sup>17</sup> States are also expected to abolish laws and practices which discriminate against women, this means that the criminalisation of abortion, which only applies to women, ought to be abolished.<sup>18</sup>

It is also recognised that heavy work responsibilities fall to women along with the bearing and raising of children which affect their right of access to education and employment. Pregnancy and motherhood could have particularly detrimental effects on a sex worker's ability to earn a living. In order to enjoy rights on an equal footing with men, all women should be able to decide when to have children and how many children to have.

## 7. WHAT DOES THE REGIONAL HUMAN RIGHTS FRAMEWORK SAY ABOUT ABORTION?

Apart from international agreements on human rights standards, Uganda has also entered into agreements with other African countries and has certain obligations which are only relevant for human rights protection on the continent.

### 7.1 African Charter on Human and Peoples' Rights

Uganda is a party to the African Charter on Human and Peoples' Rights (ACHPR). The ACHPR provides for the enjoyment of human rights by all persons without discrimination of any kind on grounds like race, ethnic group, color, sex, language, religion, political or any other opinion, national and social origin

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<sup>17</sup> n 11 above at para 36.

<sup>18</sup> n 14 above.

or other status.<sup>19</sup> This prohibition is of particular importance to sex workers and WLHA who often suffer discrimination in service delivery. The ACHPR also guarantees the right of all persons to the highest attainable standard of physical and mental health which, as discussed earlier, includes access to safe and legal abortion.<sup>20</sup>

The ACHPR also highlights the enjoyment of rights by groups and not just by individuals. One of the groups whose enjoyment of human rights is of particular importance are women (including sex workers and WLHA) and it is on the basis of this that a ‘protocol’ (or additional agreement) to the ACHPR was developed to expound on the rights of women in Africa.

## 7.2 Maputo Protocol (Protocol to the African Charter on Human and Peoples’ Rights on Women’s Rights in Africa)

The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, adopted by the African Union in 2003, addresses abortion explicitly. The Maputo Protocol provides that member states must take all appropriate measures to protect the reproductive rights of women by allowing medical abortion in cases of sexual assault, rape or incest.<sup>21</sup> Medical abortion should also be allowed where the pregnancy endangers the mental and physical health of the mother or the life of the mother or the unborn child. It is an important development in human rights law for a treaty to call on governments to allow abortions under particular circumstances.

Uganda signed this agreement, but made it clear that the provision about abortion will not apply here.<sup>22</sup> This means that Uganda is not under the obligation to allow abortions in order save the mother’s life and health, or in cases of rape, incest or if the pregnant woman is infected with HIV.

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<sup>19</sup> Article 2.

<sup>20</sup> Article 16.

<sup>21</sup> Article 14.

<sup>22</sup> Ministry of Foreign Affairs, AOG 238/01, ‘Instrument of Ratification Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa’ (July 21 2010), cited in CEHURD, n 2 above at 10.

## 8. CONCLUSION

This handbook set out to clarify the current legal position on abortion in Uganda. It intended to inform sex workers and WLHA on their rights and legal options if they need or want an abortion in Uganda. It has been illustrated that even though international human rights law calls for the decriminalisation of abortions, Uganda has not aligned its laws to this standard. While it remains a crime to undergo an abortion in Uganda, there are exceptions to this rule. It is not illegal to undergo an abortion if one of the following conditions are applicable:

- a) Where the pregnant woman suffers from a serious illness which threatens her health such as severe heart disease, kidney disease, seizures caused by high blood pressure during pregnancy or HIV;
- b) Where the foetus is severely abnormal and would not be able to survive outside of the mother's womb;
- c) Where the pregnancy is the result of rape, incest or defilement.

When considering different options as to how to deal with an unwanted and unplanned pregnancy, it must be considered whether one of these exceptions to the prohibition against abortion are perhaps applicable. For both sex workers and WLHA, this could likely be the case.

International and regional human rights law, the Ugandan Constitution and certain policies and guidelines also protect the right to health, equality and privacy. Sex workers and WLHA must bear in mind that they have the right to health care services, post-abortion care and emergency health care and that medical practitioners are not allowed to discriminate against them on the basis of their profession, social or HIV status.

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# ABOUT HRAPF

## Background:

Human Rights Awareness and Promotion Forum (HRAPF) is an independent, nonpartisan, Non-Governmental human rights organisation that is duly registered under the laws of Uganda. HRAPF was founded in 2008. HRAPF prides itself in promoting access to justice, raising awareness on human rights among the most marginalised groups in Uganda and advocating for an enabling legal and policy framework for the promotion of rights of marginalised groups.

## HRAPF's Vision:

A society where the human rights of all persons including marginalised groups are valued and respected.

## HRAPF's Mission:

To promote respect and observance of human rights of marginalised groups through legal and legislative advocacy, research and documentation, legal and human rights awareness, capacity building and partnerships.

## HRAPF's Slogan:

'Taking Human Rights to all'

## HRAPF's Objectives:

1. To sensitise Ugandans on the international and national human rights regime in order to promote a culture of respect for human rights of marginalised groups.
2. To undertake research and document human rights abuses suffered by marginalised groups for appropriate remedial action.
3. To influence legal and policy developments in Uganda to ensure compliance with human rights principles.
4. To offer legal assistance to marginalised groups in order to enhance access to justice.
5. To share information and best practices on the rights of marginalised groups in order to strengthen the human rights movement in Uganda.
6. To network and collaborate with key strategic partners, government, communities and individuals at a national, regional and international level.
7. To build a strong and vibrant human rights organisation.

## HRAPF's Values:

1. Non -discrimination
2. Equal opportunity
3. Justice
4. Practical Approach
5. Team work

## HRAPF'S PROGRAMMES

Under the strategic plan 2013-2017, HRAPF has three broad programmes:



## **ACCESS TO JUSTICE PROGRAMME**

This programme aims at promoting sustainable access to justice for marginalised groups in Uganda. The programme mainly focuses on criminal justice, family justice and sexual and gender based violence. It targets sexual minorities, women and children living with HIV/AIDS, indigent men and women and the elderly with land problems.

## **LEGISLATIVE ADVOCACY AND NETWORKING PROGRAMME**

The objective of this programme is to work with likeminded organisations and institutions to advocate and influence the adoption of policies and legislation that promotes equality and non-discrimination in order to prevent discrimination of marginalised groups.

## **ORGANISATIONAL DEVELOPMENT AND CAPACITY BUILDING PROGRAMME**

The objective of this programme is to create the appropriate institutional structures and organisational framework for the efficient and effective implementation of the Programme activities and realisation of the Programme Goal.

## **HRAPF'S GOVERNANCE AND LEADERSHIP STRUCTURE**

HRAPF's governance and leadership structure is composed of four organs: The General Assembly, the Trustees, the Board of Directors and the Secretariat.

### **The General Assembly**

This is the supreme policy-making body of the organisation. It is made up of all members. Currently HRAPF has 53 members. Membership is open to all persons interested in promotion, protection and creation of awareness of human rights to the most marginalised Ugandans.

### **The Trustees**

The Trustees are the custodians of the organisation's Memorandum and Articles of Association. Currently there are three active trustees.

### **The Board of Directors**

The BOD is responsible for guiding the Secretariat to perform day-to-day running of the organisation. The BOD is composed of seven members: the Chairperson, the Vice Chairperson, the Secretary General, the Treasurer, two other members, and the Executive Director as ex-officio. The BOD meets once every quarter.

### **The Secretariat**

This is the implementing body of the Organisation. It is headed by the Executive Director and is currently made up of 27 staff members. HRAPF usually hosts interns and volunteers.

For further Inquiries, contact us:  
Human Rights Awareness and Promotion Forum (HRAPF)  
Plot 390, Professor Apolo Nsibambi Road,  
20 meters off Balintuma Road, Namirembe  
P. O. Box 25603, Kampala - Uganda.

Tel: +256-414-530683 or +256-312-530683  
Email: [info@hrapf.org](mailto:info@hrapf.org), Website: [www.hrapf.org](http://www.hrapf.org)  
Facebook: [hrapf.uganda](https://www.facebook.com/hrapf.uganda), Twitter: [@hrapf](https://twitter.com/hrapf)