

August 15, 2017

The Speaker of the National Assembly
P.O. Box 15, Cape Town, 8000
bmbete@parliament.gov.za

Dear Honorable Speaker Baleka Mbete:

We write on behalf of Global Doctors for Choice (GDC), an international network of physicians from a range of specialties committed to improving women's reproductive health and rights. GDC is committed to the provision of high-quality medical care grounded in science and to the defense of human rights. We strive to protect and expand access to comprehensive reproductive health care through advocacy for evidence-based policy and medical research. As we are a global network, our physician members have experience treating the harmful consequences of restricted access to safe abortion in many countries.

We write to urge you not to support the proposed ACDP (African Christian Democratic Party) Private Members Bill on abortion.

In 1996, South Africa passed the Choice on Termination of Pregnancy Act (CTOPA) to rectify the discrimination predominantly suffered by black women who were unable to access abortions permitted under the Apartheid government. The CTOPA passage resulted in a marked decrease in maternal mortality and morbidity. Yet, twenty years later, challenges in implementing the CTOPA results in stigmatized and inaccessible abortion services, black women continuing to die from septic abortion, and an inequitable health system. Energy should be directed towards enhancing access, and advancing women's lives and health. The ACDP's proposed bill will undermine the CTOPA, and further place the lives of women, especially poor, black women, at extreme risk. Further, this is not the first time that these issues have been raised and rejected by parliament and in the courts. The legal provisions of the CTOPA have been tested over 20 years, and the ACDP Private Members do not raise new issues for consideration in the delivery of reproductive justice to women in South Africa.

We oppose the ACDP Private Members Bill for the following reasons:

1. The ACDP's costly proposals will place further and unnecessary strain on scarce public health system resources and will increase inequalities in access to health services in South Africa. Across the country, especially in rural areas, access to safe abortion services (both medical and surgical) is severely limited due to large distances to health facilities and the high costs of transport to reach them.
2. The issues that the ACDP highlight in their proposed bill are essentially the similar issues that were raised in the 2010 parliamentary process. Again, the content and concerns are neither clinically relevant nor informed by evidence.
3. The ACDP arguments echo restrictions enacted by U.S. right-wing politicians. The arguments put forward are outdated, lack evidence, and are not relevant to South Africa. In the United

States, 13 states require an ultrasound¹ and approximately half of the states require counseling regarding fetal development.² While U.S. right-wing politicians attempt to disguise such requirements as helpful, they have in fact decreased access to abortion in their states and have had negative impacts on health outcomes. The Guttmacher Institute has documented how these laws are designed to discourage abortion and restrict access.³ The U.S. state of Texas serves as an example of the extreme effects of such legislation. Following the passage and implementation of a number of restrictive state laws, the number of Texas facilities providing abortion declined by 29%.⁴ As Texas is roughly half the size of South Africa, a significant number of women are left without accessible services. One can anticipate that in the South Africa public sector, which is already struggling to meet demand for safe and legal abortion services, additional requirements would create a significant barrier to abortion access. Instead of these ACDP's proposals which have already proven detrimental in other settings, we recommend interventions to *improve* access to safe, legal abortion care in South Africa.

A doctor's first duty is always to our patients. As a global network of physicians, we urge you not to proceed with this Private Members Bill.

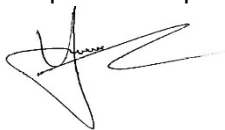
Sincerely,

ANA CRISTINA GONZALEZ V.

Dr. Ana Cristina González Vélez
Grupo Médico por el Derecho a Decidir, Bogotá, Colombia

Alfonso Carrera RPO

Dr. Alfonso Carrera
Grupo Médico por una Libre Elección, México DF



Dr. John Koku Awoonor-Williams
Global Doctors for Choice, Ghana

Wendy Chavkin

Dr. Wendy Chavkin

¹ NARAL Pro-Choice America. www.prochoiceamerica.org/issue/forced-ultrasound-laws/

² NARAL Pro-Choice America. www.prochoiceamerica.org/issue/biased-counseling-mandatory-delays/

³ Benson Gold, Rachel. 2009. "All That's Old Is New Again: The Long Campaign To Persuade Women to Forego Abortion." <https://www.guttmacher.org/gpr/2009/05/all-thats-old-new-again-long-campaign-persuade-women-forego-abortion>

⁴ Guttmacher. State Facts About Abortion: Texas. <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-texas>



Columbia University, New York, USA

A handwritten signature in black ink, appearing to read 'Dick Van der Tak', written over a thin horizontal line.

Dick Van der Tak
Executive Director, Global Doctors for Choice, New York, USA