**1. Report of the Portfolio Committee on Health on the Choice on Termination of Pregnancy Amendment Bill [B34 – 2017], dated 9 May 2018.**

The Portfolio Committee on Health (the Committee), having considered the Choice on Termination of Pregnancy Amendment Bill [B34 – 2017] (National Assembly – section 76), referred to it and classified by the Joint Tagging Mechanism (JTM) as a section 76 Bill, reports as follows:

1. The Choice on Termination of Pregnancy Amendment Bill [B34 – 2017], a private member’s bill, was referred to the Portfolio Committee on Health on 6 December 2017.
2. The Committee met with the sponsor of the Bill, Mrs C Dudley, MP, on 27 March 2018 to receive a briefing on the Bill.
3. The Committee received input on the Bill from the Department of Health (the Department) on 2 May 2018.
4. The Committee observed and noted the following in relation to the proposed amendments contained in the Bill, as presented by the Department:
	1. Provision of ultrasound scans before a termination of pregnancy to determine the gestation period:
* The current South African Guidelines on Termination of Pregnancy do not prescribe the use of ultrasound scans/machines for routine pre-termination investigation as a mandatory requirement;
* The World Health Organisation (WHO) Guidelines state that the use of routine pre-abortion ultrasounds is not necessary (Safe Abortion Guidance, 2012). This is considered as a potential barrier to service delivery;
* Nurses are trained to examine uterine size manually, and the use of the pregnancy wheel is also advocated; and
* The showing of ultrasound images to pregnant women who present for a termination of pregnancy present two limitations: it can bias the content of counselling (which should be non-directive); and it can put pressure on the woman to change her decision, by facilitating feelings of guilt.
	1. Mandatory counselling versus voluntary counselling:
* Provision of information is important for all services rendered, however, the decision to have a termination or not should be free from pressure;
* A woman is best positioned to make the decision to terminate her pregnancy including taking her own socio-economic circumstances into context;
* Many women who present for a termination of pregnancy have already made the decision to terminate;
* According to the WHO, provision of counselling to women who desire counselling should be voluntary, confidential, non-directive and conducted by a trained person; and
* The current Choice on Termination of Pregnancy Act, 1996 (Act No.92 of 1996) provides for voluntary counselling and is aligned to WHO recommendations.
	1. Inclusion of social workers in decision-making in certain circumstances:
* The WHO states that “requiring third-party authorisation is a health system and service delivery barrier that affects women’s access to safe abortion” (WHO, 2012); and
* Involvement of a social worker can be a barrier to care, including increasing delays that are not medically necessary.
1. Financial Implications

The Committee noted that in order to implement the proposals contained in the Bill, additional funding will be required for the following:

* Human Resources: additional social workers, professional nurses (general nursing and speciality nursing), counsellors, and technicians would need to be employed and trained); and
* Equipment: additional ultrasound machines will need to be bought and maintained.
1. Costing Assumptions

The Committee further noted that in order to implement the Bill, all public hospitals that offer termination of pregnancy services will need to have ultrasound machines to determine the gestation period of the foetus. Furthermore, these hospitals that offer terminations of pregnancy from the 13th up to and including the 20th week of gestation will also need to provide a social worker to consult with the pregnant woman to determine whether the continued pregnancy would affect the social or economic circumstances of the woman. Furthermore, mandatory counselling services would need to be made available. Hence, in this scenario:

* All calculations assume that termination of pregnancy services will be scaled up to 75% of existing primary health care (PHC) facilities and all hospitals excluding specialised hospitals;
* 75% of PHC facilities (3736) and 332 hospitals must be equipped to offer termination of pregnancy services;
* 75% of the PHC facilities and 100% hospitals will require a Professional Nurse (General Nursing) and Professional Nurse (Speciality Nursing) respectively to be able to meet demand for termination of pregnancy services;
* 75% of PHC facilities and 100% hospitals will require a trained counsellor, social worker and ultrasound technician. With further data on current availability and distribution of these cadres, this assumption can be made more accurate; and
* 50% of all PHC facilities will require an ultrasound machine to meet the increased demand for this service.

The Committee noted that the costs of providing the services as proposed in the Bill will be prohibitive as indicated by the Department.

Following extensive Committee deliberations, input from the Department and guidance from the World Health Organisation on the Bill, the Committee concludes as follows:

* There is lack of conclusive evidence that the proposed amendments contained in the Bill will enhance the provision of care;
* The costs of providing the services as proposed by the Bill are prohibitive; and
* The proposed amendments in the Bill will present further barriers in accessing termination of pregnancy services.

Based on the aforementioned reasons, the Committee believes that the Bill is not desirable at this stage. The Committee is also of the opinion that greater education and awareness campaigns as well as prevention programmes are needed to ensure that women are equipped with the necessary information in order to make informed decisions concerning their reproductive health and rights.

The Committee thanks Mrs C Dudley for sponsoring this Bill and in so doing giving the Committee the opportunity to engage in a continuous debate on improving the health system of our country.

Report to be considered.