

Reproductive Rights Rundown

CENTER
FOR
REPRODUCTIVE
RIGHTS

The **Center for Reproductive Rights** is pleased to share its **September 2014** edition of the Reproductive Rights Rundown, highlighting reproductive rights developments in UN Treaty Monitoring Bodies (TMBs), the key interpretative bodies of international human rights law. While this is only a limited selection of recent concluding observations, we hope these highlights will prove useful in advocacy efforts at the local level and in both regional and international human rights arenas.

Highlights

The **Human Rights Committee** explicitly called on Ireland to change its abortion legislation, including its constitution, and recognized the “severe mental suffering caused by denial of abortion services to women seeking abortions due to rape, incest, fatal foetal abnormality or serious risks to health.” In addition, the Committee was concerned at the mental distress caused by the “excessive degree of scrutiny by medical professionals” that the law requires in cases where a woman’s life is threatened by suicide. Furthermore, the Committee recognized the discriminatory impact the law has on women who are unable to leave Ireland to access abortion services abroad, and the severe restrictions on access to information about abortion and the ban on referrals to abortion services abroad. The Committee grounded its concerns in many provisions of the ICCPR, namely Articles 2, 3, 6, 7, 17, 19 and 26. More information is below.

Furthermore, the **CEDAW Committee urged Peru to interpret therapeutic abortion to include physical, mental and social health**. While treaty monitoring bodies have previously utilized the World Health Organization’s expansive [definition of health](#), this is the first time a treaty monitoring body has explicitly applied this definition to the interpretation of a health exception in a country’s abortion law. More information on the CEDAW Committee’s concluding observations to Peru are below.

Human Rights Committee calls on Ireland to liberalize its abortion law, clarify the circumstances under which abortion is legal, and ensure women access to information on safe abortion services

Human Rights Committee, Concluding Observations: Ireland, para. 9, UN Doc. CCPR/C/IRL/CO/4 (2014)
“The Committee reiterates its previous concern regarding the highly restrictive circumstances under which women can lawfully have an abortion in the State party owing to article 40.3.3 of the Constitution and its strict interpretation by the State party...The State party should: (a) Revise its legislation on abortion, including its Constitution, to provide for additional exceptions in cases of rape, incest, serious risks to the health of the mother, or fatal foetal abnormality; (b) Swiftly adopt the Guidance Document to clarify what constitutes a “real and substantive risk” to the life of the pregnant woman; and (c) Consider making more information on crisis pregnancy options available through a variety of channels, and ensure that healthcare providers who provide information on safe abortion services abroad are not subject to criminal sanctions.”

Click [here](#) to read the Center’s shadow letter on Ireland’s restrictive abortion law.

CEDAW Committee calls on Peru to include physical, mental and social health in the implementation of its therapeutic abortion guidelines and distribute free emergency contraception in the public health sector and expresses concern about the procedural barriers in Peru’s abortion guidelines

CEDAW Committee, Concluding Observations: Peru, paras. 35-36, UN Doc. CEDAW/C/PER/CO/7-8 (2014)

“The Committee welcomes the adoption of technical guidelines for therapeutic abortion and the approval of a plan to prevent early pregnancy. It is concerned, however, that the two conditions required for therapeutic abortion (presence and signature of a witness and approval of a board) may constitute barriers to access to safe abortion.... the Committee recommends that the State party... (c) Remove punitive measures for women who undergo abortion, including by taking the measures necessary to harmonize the General Health Act and the Code of Criminal Procedure with the constitutional right to privacy; (d) Ensure that the exercise of conscientious objection by health professionals does not impede effective access by women to reproductive health-care services, including abortion and post-abortion care; (e) Ensure access to family planning services, in particular in rural areas, and adopt all measures necessary to carry out the free distribution of emergency contraceptives within the public health system, in particular to women and girls who are victims of sexual abuse; (f) Develop the capacity of medical staff on the right to health, including sexual and reproductive health, with a view to ensuring that health services are adequately provided to women and girls; (g) Disseminate information on the technical guidelines on therapeutic abortion among all health staff and ensure a broad interpretation of the right to physical, mental and social health in their implementation.”

Click [here](#) to read the joint shadow letter on Peru submitted by the Center for Reproductive Rights, Planned Parenthood, and Promsex.

Human Rights Committee expresses concern about high maternal mortality rates from unsafe abortion and calls on Malawi to reform its abortion law

Human Rights Committee, Concluding Observations: Malawi, para. 9, UN Doc. CCPR/C/MWI/CO/1/Add.1 (2014)

“The Committee is deeply concerned about the high rates of maternal mortality and, in particular, at the high percentage of unsafe abortion-related maternal deaths. It is concerned at the general criminalization of abortion, except to save the life of the woman, which obliges pregnant women to seek clandestine abortion services that put their lives and health at risk. While taking note of the special commission set up to review the abortion law in 2013, the Committee is concerned about the excessive delays in reforming the law... (arts. 2, 3, 6, 7, 17, 24 and 26). The State party should: (a) Urgently review its legislation on abortion and provide for additional exceptions in cases of pregnancy resulting from rape or incest and when the pregnancy poses a risk to the health of women.”

Click [here](#) to read the Center’s shadow letter to the Human Rights Committee on Malawi.

CEDAW Committee calls on Sierra Leone to accelerate adoption of a bill authorizing abortion on socioeconomic grounds and links contraception to women’s right to autonomous decision-making about their health

CEDAW Committee, Concluding Observations: Sierra Leone, paras. 32-33, U.N. Doc. CEDAW/C/SLE/CO/6 (2014)

“The Committee, however, notes with concern: The low contraceptive use (12.1 per cent) and limited access to modern contraceptives and information on sexual and reproductive health and rights, including the right of women to autonomous decision-making about their health... The fact that the law on abortion criminalizes the procedure without providing any exception...and delays in adopting the abortion bill, which decriminalizes the termination of pregnancy based on various socioeconomic grounds... The Committee recommends that the State party... Accelerate the adoption of the abortion bill...”

Click [here](#) to read the joint shadow letter to the CEDAW Committee on Sierra Leone submitted by the Center for Reproductive Rights and L.A.W.Y.E.R.S.

Committee on Economic, Social and Cultural Rights calls on El Salvador to revise its abortion legislation to protect women’s life, health and dignity, and ensure women seeking care for unsafe abortions receive quality treatment

Committee on Economic, Social and Cultural Rights, Concluding Observations: El Salvador, para. 22, UN Doc. E/C.12/SLV/CO/3-5 (2014)

“The Committee reiterates its concern at the continuing complete ban on abortion, which affects poor and less educated women in particular, with no allowance for exceptional circumstances, which has given rise to grave situations of distress and injustice (E/C.12/SLV/CO/2, paras. 25 and 44). The Committee is particularly concerned at cases in which women whose health was seriously at risk have turned to the health system and been reported on suspicion of having had an abortion. In some cases disproportionate criminal penalties have been imposed with no regard for due process. The Committee is also concerned at the high number of unsafe and illegal abortions, which have serious consequences for health and are still one of the main causes of maternal mortality (art. 12). The Committee urges the State party to revise its legislation on the total prohibition of abortion to make it compatible with other fundamental rights such as the woman’s right to health and life, and consistent with the dignity of women. The Committee urges the State party to provide quality treatment for complications arising from abortions carried out in unsafe conditions, rather than focusing on criminal prosecution.”

Click [here](#) to read about the joint shadow letter on El Salvador to the ESCR Committee submitted by the Center for Reproductive Rights and La Agrupación Ciudadana por la Despenalización del Aborto Terapéutico, Ético y Eugenésico.

Committee on the Elimination of Racial Discrimination calls on the U.S. to address disparities among racial and ethnic minorities in access to health services, including in the field of sexual and reproductive health

Committee on the Elimination of Racial Discrimination, Concluding Observations: United States, para. 15, UN Doc. CERD/C/USA/CO/7-9 (2014)

“The Committee recommends that the State party: (a) Take concrete measures to ensure that all individuals, and in particular racial and ethnic minorities who reside in states that have opted out of the ACA, undocumented immigrants, and immigrants and their families who have been residing lawfully in the United States for less than five years, have effective access to affordable and adequate health-care services; (b) Eliminate racial disparities in the field of sexual and reproductive health and standardize the data collection system on maternal and infant deaths in all states to effectively identify and address the causes of disparities in maternal and infant mortality rates; and (c) Improve monitoring and accountability mechanisms for preventable maternal mortality, including by ensuring that state maternal mortality review boards have sufficient resources and capacity.”

Click [here](#) to read the recent report on racial and gender discrimination in U.S. health care by the Center, SisterSong Women of Color Reproductive Justice Collective and the National Latina Institute for Reproductive Health.

Human Rights Committee calls on Sierra Leone to liberalize its abortion law, noting with interest a bill authorizing abortion on socioeconomic grounds

Human Rights Committee, Concluding Observations: Sierra Leone, para. 14, U.N. Doc. CCPR/C/SLE/CO/1 (2014)

“The Committee notes with interest the Abortion Bill of 2012... [and recommends the state] accelerate the adoption of a bill that includes provision for exceptions to the general prohibition of abortion for therapeutic reasons and in cases of pregnancy resulting from rape or incest.”

CRC calls on Holy See to review its position on abortion and provide Catholic school students sexual and reproductive health education

Committee on the Rights of the Child, Concluding Observations: Holy See, paras. 54, 55 & 57, U.N. Doc. CRC/C/VAT/CO/2 (2014)

“The Holy See should ensure that sexual and reproductive health education and HIV/AIDS prevention is part of the mandatory curriculum of Catholic schools and targeted at adolescent girls and boys, with special attention to preventing early pregnancy and STDs ...ensure that Catholic organizations protect the rights of pregnant children, adolescent mothers and their

children, and combat discrimination against them” and “expresses its deepest concern that in the case of a nine-year old girl in Brazil who underwent an emergency life-saving abortion in 2009 after she had been raped by her stepfather, an Archbishop of Pernambuco, Brazil, sanctioned the mother of the girl as well as the doctor who performed the abortion... The Committee urges the Holy See to review its position on abortion, which places obvious risks on the life and health of pregnant girls, and to amend Canon 1398 relating to abortion with a view to identifying circumstances under which access to abortion services may be permitted.”

CESCR calls on Albania to prevent sex-selective abortions

Committee on Economic, Social and Cultural Rights, *Concluding Observations: Albania*, para. 33, UN Doc. E/C.12/ALB/CO/2-3 (2013)

“The Committee is concerned about the distorted sex ratio at birth and its possible linkage to sex-selective abortions due to discrimination against women, including in inheritance, and son preference (arts. 3 and 12). ...The Committee recommends that the State party take steps to prevent sex-selective abortions, including by minimizing unsafe abortions and reducing the recourse to abortion through expanded and improved family planning services. The Committee also recommends that the State party collect reliable data on the sex ratio at birth, prevent all forms of discrimination against women, including in inheritance, and address customary practices as well as patriarchal and stereotyped attitudes. The Committee further recommends that the State party ensure enhanced education and awareness-raising about gender equality for the general public.”

CAT Committee calls on Poland to regulate conscientious objection and ensure women access to abortion services

Committee Against Torture, *Concluding Observations: Poland*, para. 24, UN Doc CAT/C/POL/CO/5-6 (2013)

“The Committee is concerned about restrictions on access to abortion, especially for victims of rape, due to the refusal of some physicians and clinics to perform legal operations on the basis of conscientious objection. This leads women to resort to clandestine, often unsafe abortions with all the health risks they entail (arts. 2 and 16). The State party should ensure that the exercise of conscientious objection does not prevent individuals from accessing services to which they are legally entitled. The State party should also implement a legal and/or policy framework that enables women to access abortion where the medical procedure is permitted under the law.”

CEDAW Committee calls on Qatar to ensure sexual and reproductive health care, including abortion services, for migrant women and expresses concern about gender stereotypes/role of women as caregivers

CEDAW Committee, *Concluding Observations: Qatar*, para. 39-40, U.N. Doc. CEDAW/C/QAT/CO/1 (2014)

CEDAW Committee expressed concern that “women migrant workers and Bidoun women experience serious difficulties in gaining access to health care, including sexual and reproductive health care and emergency obstetric services, and that they are often unaware of how to gain access to health care and services,” and called on the state to “Take appropriate measures to ensure that women migrant workers and Bidoun women enjoy access to free emergency medical care, including sexual and reproductive health care, and abortion services in cases of rape...The Committee is concerned about the persistence of deeply entrenched traditional stereotypes regarding the roles and responsibilities of women and men in the family and in society, which overemphasize the role of women as caregivers.”

CEDAW Committee calls on Kazakhstan to provide free contraception and expresses concern about gender stereotypes/role of women as caregivers

CEDAW Committee, *Concluding Observations: Kazakhstan*, paras. 16 & 31, U.N. Doc. CEDAW/C/KAZ/CO/3-4 (2014)

“The Committee is further concerned that free access to contraceptives is not on the list of State-guaranteed free medical services... The Committee calls upon the State party...To consider adding free access to a comprehensive range of contraceptives to women, including rural

women, women with disabilities and adolescents on the list of State-guaranteed free medical services” and the Committee “remains concerned at the persistence of some forms of harmful practices and traditions and patriarchal attitudes and deep-rooted stereotypes regarding the roles and responsibilities of women and men in the family and in society, in particular those portraying women as caregivers.”