

The **Center for Reproductive Rights** is pleased to share its **January 2015** edition of the Reproductive Rights Rundown, highlighting significant reproductive rights developments in UN Treaty Monitoring Bodies (TMBs), the key interpretative bodies of international human rights law, and Special Procedures mandate holders. In celebration of the New Year, this edition highlights key trends we saw over the course of 2014, followed by a more comprehensive review of the Treaty Monitoring Bodies' recommendations from the second half of the year.

Summary of 2014 Trends

Committee on the Rights of the Child (CRC) champions adolescents' sexual and reproductive rights

Over the course of 2014, the Committee on the Rights of the Child repeatedly demonstrated its firm commitment to realizing adolescents' sexual and reproductive rights. Kicking the year off, in January 2014, the CRC urged the Holy See to review its position on abortion and provide Catholic school students sexual and reproductive health education. In the summer of 2014, the CRC issued concluding observations on sexual and reproductive health and rights to every country under review, urging a number of states to ensure that the views of pregnant teenagers are always heard and respected in the context of abortion and calling for the elimination of parental consent requirements for adolescents to access sexual and reproductive health services.

Special Procedures mandate holders recognize that reproductive rights are critical to fulfilling a broad range of women's human rights

A number of Special Procedures mandate holders reinforced that the realization of women's reproductive rights impact their ability to exercise a broad range of human rights, including the Special Rapporteurs on extreme poverty and human rights, trafficking in persons, violence against women, the human rights of migrants, and freedom of peaceful assembly and of association.

TMBs affirm that states must respect, protect and fulfill women with disabilities' reproductive rights

The Committee on the Rights of Persons with Disabilities was joined in 2014 by the Committee on Economic, Social and Cultural Rights, the Committee against Torture, and the Committee on the Elimination of Discrimination against Women in urging states to eradicate forced and coerced sterilization of women with disabilities and take positive measures to guarantee their sexual and reproductive rights.

TMBs continue to condemn restrictive abortions laws, calling on states to liberalize their abortion laws and guarantee women access to safe abortion services

Building upon the strong body of law that has already been established, throughout 2014 TMBs continued to recognize that restrictive abortion laws and barriers in access to safe abortion services violate women's fundamental human rights.

Sex-selective abortion is repeatedly raised as an issue of concern

TMBs repeatedly raised the issue of sex-selective abortion to states, recognizing that the practice is indicative of broader societal discrimination against women and calling on states to take measures to

elevate the status of women and overcome such biases. Yet, only the Committee on Economic, Social and Cultural Rights explicitly referenced the recommendations included in the [Inter-Agency Statement on sex-selective abortion](#).

TMBs call on states to implement OHCHR's technical guidance on a human right based approach to preventable maternal mortality and morbidity and the World Health Organization's safe abortion guidance

Demonstrating the intersecting and reinforcing nature that the Office of the High Commissioner for Human Rights and the World Health Organization have on the realization of women's reproductive rights, TMBs have repeatedly called on states to utilize the technical guidance issued by these bodies on [maternal mortality and morbidity](#) and [abortion](#).

In Depth: 2014 Trends

Committee on the Rights of the Child calls on states to liberalize their abortion laws to ensure the best interests of the child, ensure that the views of pregnant girls are always heard and respected in abortion decisions, and eliminate parental authorization requirements for sexual and reproductive health services

- **The CRC urges Morocco** to "decriminalise abortion and review its legislation with a view to guaranteeing the best interests of pregnant teenage girls and ensure by law and in practice that the views of the child always be heard and respected in abortion decisions." (UN Doc. CRC/C/MAR/CO/3-4, para. 56-57)
- **The CRC calls on Venezuela** to "review its legislation on abortion and provide for additional exceptions in cases of pregnancy resulting from rape or incest, when the pregnancy poses a risk to the health of the adolescents and when abortion is in the best interests of the pregnant adolescent so as to prevent her from resorting to unsafe abortion. The State party should ensure in law and in practice that the views of the child always be heard and respected in abortion decisions." (UN Doc. CRC/C/VEN/CO/3-5, para. 57)
- **The CRC urges Indonesia** to "take all necessary legal amendments to ensure full and unconditional access of adolescents to information and services regarding sexual and reproductive health and contraception, without the need for consent from parents or husbands, as well as ensure that their request is treated in a confidential manner." (UN Doc. CRC/C/IND/CO/3-4, para. 49-50)
- *See also* Committee on the Rights of the Child, *Concluding Observations: India*, para. 65-66, UN Doc. CRC/C/IND/CO/3-4; *Jordan*, para. 45-46, UN Doc. CRC/C/JOR/CO/4-5; *St. Lucia*, para. 46, UN Doc. CRC/C/LCA/CO/2-4; *Kyrgyzstan*, para. 52, UN Doc. CRC/C/KGZ/CO/3-4.

Special Procedures mandate holders recognize the critical impact that reproductive rights have on the realization of a broad range of human rights

- **Special Rapporteur on extreme poverty and human rights urges Moldova to include contraception in its basic insurance package:** Expressing concern that "abortion and contraception have only limited coverage in the basic health insurance package and a broad range of treatments are discretionary or rationed" and urging the state to "include contraception in the basic insurance package." (UN Doc. A/HRC/26/28/Add.2, paras. 67 & 89)
- **Special Rapporteur on trafficking in persons, especially women and children expresses concern about parental consent requirements for sexual health services for minors:** "Moreover, the Special Rapporteur was informed that access to sexual health care for children under the age of 18 could only be accessed with an accompanying adult, in spite of the age for sexual consent being 15 years. This decreases the chance of identification by health-care professionals of children who may be potential victims of trafficking for sexual exploitation." (UN Doc. A/HRC/26/37/Add.7, para. 38)

- **Special Rapporteur on the human rights of migrants expresses concern about rights of pregnant migrant workers and unsafe abortion:** “The Special Rapporteur has received allegations concerning proposed regulations to deport pregnant migrant workers, which may in turn compel these women to seek unsafe abortions as their only option to stay employed, exposing them to serious health risks, including risk of death... Those who become pregnant as a result of rape seek to have unsafe abortions or abandon their babies in order to avoid being stigmatized upon their return to their home countries, where they may already have a husband and children.” (UN Doc. A/HRC/26/35, para. 54)
- **Special Rapporteur on the rights to freedom of peaceful assembly and of association urges states to affirm women’s reproductive rights:** “Various international law instruments point to particular principles and measures that States should adopt in order to achieve non-discrimination and equality. For example, States should... Eliminate gender-based violence, affirm women’s right to reproductive choice and modify social or cultural patterns so as to eliminate the idea of stereotyped roles for men and women.” (UN Doc. A/HRC/26/29, para. 18)

TMBs affirm states’ obligations to respect, protect and fulfill women with disabilities’ reproductive rights

- **CRPD expresses concern that Ecuador’s** “Criminal Code allows for a spouse, partner, close relative or a legal representative of a woman with intellectual disabilities to make the decision to perform an abortion on her behalf when the pregnancy results from a rape,” urging the state to “amend Article 150 of the Penal Code and any similar legislation authorizing third parties to make decisions regarding the body of women with disabilities.” (UN Doc. CRPD/C/EQU/CO/1, para. 40-41)
- **CRPD expresses concern to Mexico** surrounding “the restrictions on the right to access safely sexual and reproductive health services for women with disabilities and pressure that they receive during their pregnancy to abort. The Committee recommends that the State party...ensure[] that the right to sexual and reproductive health services are available, accessible and safe for women with disabilities, in both urban and rural areas, and prevent, investigate and punish medical personnel who pressure pregnant women with disabilities to have abortions.” (UN Doc. CRPD/C/MEX/CO/1, para. 49-50)
- **ESCR Committee expresses concern to Finland** “that in particular cases the decision on sterilisation might be made by the legal representative of the rights holder,” calling on the state to “effectively ensure that safeguards to the rights of women and girls with disabilities are adequately protected” and “develop a model for support in the decision-making process with regard to their right to sexual and reproductive health.” (UN Doc. E/C.12/FIN/CO/6, para. 26)
- *See also* CRPD, *Concluding Observations: New Zealand*, para. 51-52, U.N. Doc CRPD/C/NZL/CO/1; *Belgium*, para. 34-35, UN Doc. CRPD/C/BEL/CO/1; CEDAW Committee, *Concluding Observations: Belgium*, para. 35, UN Doc. CEDAW/C/BEL/CO/7; *Lithuania*, para. 36, UN Doc. CEDAW/C/LTU/CO/5; Committee against Torture, *Concluding Observations: Australia*, para. 20, UN Doc. CAT/C/AUS/CO/4-5.

TMBs continue to condemn restrictive abortions laws, calling on states to liberalize their abortion laws and guarantee women access to safe abortion services

- **CEDAW Committee expresses concern to Syria** that “the deterioration in the overall health status of women and girls along with the exacerbation of discriminatory attitudes which restrict women’s autonomy to make choices and decisions in relation to sexual and reproductive health” and urges the state to “expand the grounds on which abortion is permitted to include, in particular, cases of rape, and prepare guidelines on post-abortion care to ensure that women who are pregnant as a result of rape have free access to safe abortion services.” (UN Doc. CEDAW/C/SYR/CO/2, para. 39)
- **Human Rights Committee expresses concern about Malta’s** “general criminalization of abortion, which forces pregnant women to seek clandestine abortion services which put their lives and health at risk,” urging the state to “revise its legislation on abortion by making exceptions to the general ban on

abortion for therapeutic purposes and when the pregnancy is the result of rape or incest.” (UN Doc. CCPR/C/MLT/CO/2, para. 13)

- **ESCR Committee recognizes in Romania** that “although abortion is legal in the State party, women continue to have to resort to illegal and unsafe abortions. It further notes with concern that health professionals are increasingly invoking conscientious objection, thus hindering in practice access to safe abortion” and urges the state to “ensure that sexual and reproductive health services, including abortion and contraception services and information, are available, accessible and affordable without discrimination, including to adolescents.” (UN Doc. E/C.12/ROU/CO/3-5, para. 22)
- **CEDAW urges Lithuania not to adopt law restricting women’s right to safe abortion**, expressing concern about “the bill intended to restrict safe and legal abortions and the limited access to contraceptives.” and urging the state to “Refrain from adopting laws or amendments that would restrict women’s right to legal and safe abortion and instead adopt the pending bills on reproductive health and assisted reproduction.” (UN Doc. CEDAW/C/LTU/CO/5, para. 36)
- *See also, e.g.*, CEDAW Committee, *Concluding Observations: Ghana*, para. 36-37, UN Doc. CEDAW/C/GHA/CO/6-7; *Guinea*, para. 50-51, UN Doc. CEDAW/C/GIN/CO/7-8; Human Rights Committee, *Concluding Observations: Sri Lanka*, para. 10, UN Doc. CCPR/C/LKA/CO/5; ESCR Committee, *Concluding Observations: Guatemala*, para. 24, UN Doc. E/C.12/GTM/CO/3; *Nepal*, para. 25, UN Doc. E/C.12/NPL/CO/3; Committee against Torture, *Concluding Observations: Sierra Leone*, para. 17, UN Doc. CAT/C/SLE/CO/1.

TMBs, Special Rapporteur on violence against women and Working Group on discrimination against women raise sex-selective abortion as an issue of concern

- **Special Rapporteur on violence against women, its causes and consequences recognizes in India** that “the desire for sons has led to a ‘policing’ of pregnancies by spouses and families through prenatal monitoring systems. The results can lead to sex-selective abortions, which are often forced on women in violation of their sexual and reproductive rights. Despite specific legislation to address this problem, including stringent measures in case of contravention, there is a continuing prevalence of sex-selection practices in some states. Furthermore, some of those measures are perceived as the State policing pregnancies broadly and violating women’s sexual and reproductive choices.” (UN Doc. A/HRC/26/38/Add.1, para. 11)
- **Committee on the Rights of the Child notes to India** that “due to long-standing traditions and cultural influences that perpetuate boy preference and unequal status of girls, sex-selective abortions, female infanticide and abandonment of girls remain widespread, resulting among others in a high male-to-female sex ratio,” and urging the state to “ensure the effective implementation of the Pre-Conception and Pre-natal Diagnostic Techniques Act so as to prevent sex-selective abortions and strengthen regulatory mechanisms” (UN Doc. CRC/C/IND/CO/3-4, para. 33-34)
- **ESCR Committee urges Armenia** to “take proactive measures against sex-selective abortions, including legislative and administrative measures, in consultation with women, reproductive health personnel and other stakeholders... Adopt measures to expedite the elimination of discrimination against women and girls, in particular addressing practices and social norms fuelling son preference; Conduct comprehensive studies to identify the root causes of sex-selective abortion and of discrimination against women in the State party and provide, in its next report, yearly plans to combat sex-selective abortions, taking on board the recommendations in the interagency statement on preventing gender-biased sex selection by United Nations specialized agencies in 2011.” (UN Doc. CESCR/C.12/ARM/CO/2-3, para. 22)
- *See also* Special Rapporteur on violence against women, its causes and consequences, Mission to Azerbaijan, para. 19-20, UN Doc. A/HRC/26/38/Add.3; Report of the Working Group on the issue of discrimination against women in law and in practice, para. 73-74, UN Doc. A/HRC/26/39; CEDAW Committee, *Concluding Observations: Georgia*, para. 30-31, UN Doc. CEDAW/C/GEO/CO/4-5; *China*

(China-Mainland), para. 24-25, UN Doc. CEDAW/C/CHN/CO/7-8; Human Rights Committee, *Concluding Observations: Georgia*, para. 7-8, UN Doc. CCPR/C/GEO/CO/4; ESCR Committee, *Concluding Observations: Montenegro*, para. 24, UN Doc. E/C.12/MNE/CO/1.

CEDAW Committee, Committee on the Rights of the Child and the ESCR Committee call on states to implement OHCHR's technical guidance on a human rights-based approach to preventable maternal mortality and morbidity

- **CEDAW Committee calls on Venezuela** to “enhance efforts to reduce maternal mortality by adopting a comprehensive strategy which provides for the effective implementation of the existing protocol on prenatal care and emergency obstetric care, a monitoring mechanism and adequate sexual and reproductive health services, including emergency contraception, antenatal, delivery, postnatal and post-abortion services. To that end, the State party is encouraged to consider the OHCHR Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality.” (UN Doc. CEDAW/C/VEN/CO/7-8, para. 31)
- **CRC urges Venezuela** to “increase efforts to reduce maternal mortality among adolescents by implementing the existing protocol and providing adequate sexual and reproductive health services, including emergency contraception and ante-natal, delivery, post-natal and post-abortion services. In this endeavor, the State party is encouraged to consider the OHCHR's technical guidance on the application of a rights based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity” (UN Doc. CRC/C/VEN/CO/3-5, para. 57)
- **ESCR Committee calls on Nepal** to “take measures to prevent uterine prolapse among women by ensuring adequate sexual and reproductive healthcare over the life cycle and combatting poverty that is the main cause for women not to rest sufficiently after delivery...the State party is encouraged to consider the OHCHR's technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity.” (UN Doc. E/C.12/NPL/CO/3, para. 25)

Committee against Torture calls on Sierra Leone to comply with the World Health Organization's safe abortion guidance

- **Committee against Torture calls on Sierra Leone** to “accelerate the review process of the Offences against the Person Act with a view to considering providing for further exceptions to the general prohibition of abortion, in particular for cases of therapeutic abortion and pregnancy resulting from rape or incest. The State party should, in accordance with the guidelines issued by the World Health Organization, guarantee immediate and unconditional treatment for women seeking emergency medical care as a consequence of unsafe abortion.” (UN Doc. CAT/C/SLE/CO/1, para. 17)

The Center for Reproductive Rights is a nonprofit legal advocacy organization dedicated to promoting and defending women's reproductive rights worldwide.