



October 9, 2008

The Committee on Economic, Social and Cultural Rights

Re: Supplementary Information on the Abolition of Therapeutic Abortion in Nicaragua scheduled for review by the Committee on Economic, Social and Cultural Rights during its 41st session

Distinguished Committee Members:

This letter is intended to supplement the periodic report submitted by Nicaragua, which is scheduled to be reviewed by the Committee on Economic, Social and Cultural Rights (the Committee) during its 41st Session. The Center for Reproductive Rights (The Center), an independent non-governmental organization, hopes to further the work of the Committee by providing independent information concerning the rights protected in the International Covenant on Economic, Social and Cultural Rights (ICESCR).¹ This letter provides specific and detailed information concerning the abolition of therapeutic abortion in Nicaragua and the severe impact on women's rights as guaranteed in the ICESCR.

Reproductive rights are fundamental to women's life, health, and equality, and therefore the commitment of States Parties to uphold and ensure these rights deserves serious attention.

The Right to Reproductive Health Care (Articles 2, 3, and 12 of the ICESCR)

Women's reproductive health and rights receive broad protection under the ICESCR, which recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" under Article 12(1).² This Committee has interpreted the right to health to encompass "the right to control one's health and body, including sexual and reproductive freedoms."³

Article 12(2)(a) directly addresses the right to maternal, child and reproductive health. This Committee defines "reproductive health" to include "the freedom to decide if and when to reproduce and the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning services that will, for example, enable women to go safely through pregnancy and childbirth."⁴

Article 2(2) guarantees all persons the rights set forth in the ICESCR without discrimination as to sex, social origin or other status⁵ and Article 3 obligates States "to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights."⁶ This Committee has characterized the duty to prevent discrimination in access to health care as a "core

obligation” of the State.⁷

Furthermore, this Committee has asserted that States parties are required to take “measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, emergency obstetric services and access to information, as well as to resources necessary to act on that information.”⁸ General Comment 14 also specifically states that “[t]he realization of women’s right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health.”⁹ In light of these principles, we hope to bring attention to Nicaragua’s total abortion law as a breach of its obligations under the Covenant.

Contextual Background

On October 26, 2006, the Nicaraguan legislature enacted one of the most restrictive abortion laws in the world, voting to eliminate the longstanding exception to their general abortion ban and criminalizing abortion under any circumstances, even for victims of rape or incest, or to save the life or health of the woman.¹⁰ A year later, on September 13, 2007, the legislature rejected a proposal to reauthorize therapeutic abortions in cases where pregnancy endangered the woman’s life or health¹¹ and moved to adopt a revised penal code.¹² The new Penal Code in effect punishes anyone who performs an abortion on a consenting woman with up to three years of imprisonment and also punishes the woman who has an abortion with up to two years in prison.¹³

With this step, Nicaragua joined Chile and El Salvador as the third country in the Western Hemisphere to institute a total abortion ban in the past 20 years.¹⁴ Meanwhile, maternal death and morbidity rates in Nicaragua remain among the highest in Latin America.¹⁵ Every year, nearly 6,700 women are hospitalized with complications from miscarriages and illegal abortions that could possibly result in death, permanent injury, or infertility.¹⁶ In its third periodic report to this Committee, the Nicaraguan government acknowledged that pregnancy-related mortality is a “major health problem,”¹⁷ with an average of 144 maternal deaths per year between 1992 and 2002,¹⁸ although the Ministry also notes that many maternal deaths go unrecorded.¹⁹ The report, however, fails to mention the continuing problem of unsafe abortion and the effects of its total abortion ban on women’s health and lives.

Citing significantly higher maternal mortality rates than the estimates given by the Nicaraguan government, the World Health Organization reported 270 maternal deaths in Nicaragua in 2005 and an upper estimate of 230 maternal deaths per 100,000 live births.²⁰ Unsafe abortion is the main cause of maternal mortality for women of all ages in Nicaragua,²¹ causing 16% of all maternal deaths prior to the ban.²² Experts estimate that the ban has caused a 100% increase in indirect obstetric deaths,²³ defined by the World Health Organization as deaths resulting from maternal diseases “aggravated by physiologic effects of pregnancy.”²⁴ These deaths probably could have been prevented through access to therapeutic abortions.²⁵

Nicaragua’s Total Abortion Ban Violates the ICESCR

This Committee has repeatedly linked illegal and unsafe abortions with high rates of maternal mortality.²⁶ Consequently, in accordance with the principles outlined in the ICESCR, this

Committee has recognized that a State's duty under the Covenant to protect the right to health and to guarantee sexual equality and freedom from discrimination may necessarily include access to therapeutic abortion.

Article 12 contains freedoms and entitlements, including the freedom to "control one's health and body"²⁷ and the entitlement "to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health."²⁸ On several occasions, this Committee has expressed concern over the illegality of abortion and its severe effects on a woman's right to health.²⁹ Consequently, this Committee has prompted States parties "to undertake preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights."³⁰

As this Committee has observed, a State's failure to ensure access to reproductive health care for women constitutes discrimination by depriving them of their ability to fully enjoy their economic, social and cultural rights on an equal basis with men, as guaranteed by Article 3 of the Covenant.³¹ Moreover, Nicaragua's total abortion ban has the most dangerous impact on young and low income women, who typically lack access to quality sex education and reproductive health services,³² in violation of Article 2(2), which prohibits discrimination on the basis of sex, social origin or other status.³³ To illustrate the heightened effect of the total abortion ban on vulnerable groups, *more than 80%* of maternal deaths recorded in Nicaragua in 2007 were adolescents and youths and *75%* were women who lived in rural areas.³⁴

Responding to similar total abortion bans in Chile and El Salvador, this Committee has expressed specific concern about the consequences for women's health when State laws prohibit any exceptions for legal abortion. For example, the Committee stated that "while there are no official statistics on the number of abortions performed annually [in Chile], the large number of women who are hospitalized for abortion complications every year (34,479 in 2001) gives an indication of the extent of this problem."³⁵ By some estimates, a similarly high number – 30,000 – of unsafe abortions take place every year in Nicaragua under its total abortion ban.³⁶ Furthermore, the Committee has urged both Chile and El Salvador to revise its legislation and decriminalize abortion when the pregnancy puts the mother's health or life at risk, or is the result of rape or incest.³⁷

Nicaragua's Abortion Ban Stands in Stark Opposition to the Expanding Consensus that Prohibiting Therapeutic Abortion Violates Human Rights

I. Nicaragua's total abortion ban runs counter to the growing trend in the Latin America and Caribbean region toward recognizing a woman's right to health.

While Nicaragua has passed a more restrictive abortion law, other States in the region have moved definitively toward liberalizing their abortion laws. In 2006, the Constitutional Court of Colombia struck down the State's total abortion ban as "a blatantly disproportionate measure"³⁸ that not only violates international human rights treaties, but also the State's Constitution.³⁹ The Court ruled that abortion should be permitted when a pregnancy threatens a woman's life or health, and in cases of rape, incest, or fetal impairment.⁴⁰

Mexico has also affirmed a woman's reproductive rights. In 2005, the Mexican government acknowledged that legal access to abortion is a human right in its response to *Paulina Ramírez v. Mexico*, in which a 13-year-old was denied a legal abortion in the state of Baja California.⁴¹ More recently, in August 2008, Mexico's Supreme Court upheld Mexico City's law legalizing abortion in the first trimester, striking down a challenge that the abortion law violated constitutional and international principles on the right to life.⁴² This landmark ruling not only recognized a woman's autonomy over her reproductive decisions, but also signaled a trend in jurisprudence toward protecting abortion as a human right.

Further establishing this shift, Nicaragua's total abortion ban has been criticized by the Inter-American Commission on Human Rights. In November 2006, the Commission issued an unprecedented statement to the Nicaraguan government in response to the passage of the ban.⁴³ Cautioning that total abortion bans may violate international law and human rights, the Commission reminded Nicaragua that denying women access to therapeutic abortion "endangers women's lives as well as their physical and psychological integrity."⁴⁴ The Commission also expressed concern that the ban would have a chilling effect on the ethical mandate of health care providers to "protect the lives of their patients and provide them with adequate treatment."⁴⁵

II. Nicaragua's total abortion ban directly contravenes other international human rights treaties to which it is party.

Other UN treaty monitoring bodies have similarly recognized that denying women access to therapeutic abortions violates human rights obligations. The Committee that oversees implementation of the International Covenant on Civil and Political Rights (ICCPR)⁴⁶ and the Committee that monitors compliance with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)⁴⁷ have both manifested deep concern over general prohibitions on abortion and have urged States Parties to at least provide for exceptions where the mother's life is at risk or where pregnancy has resulted from rape or incest.⁴⁸

In fact, the CEDAW Committee directly criticized Nicaragua's total abortion ban in February 2007, pointing to Nicaragua's high maternal mortality rates resulting from illegal and unsafe abortion⁴⁹ and commenting that the criminalization of therapeutic abortion "may lead more women to seek unsafe, illegal abortions, with consequent risks to their life and health."⁵⁰ The Committee then urged Nicaragua to remove criminal penalties imposed on women who have abortions and to ensure access to quality post-abortion care.⁵¹

The Human Rights Committee (HRC) has also found that denying access to abortion may constitute multiple violations of the ICCPR. In the November 2005 decision of *K.L. v Peru*,⁵² the Human Rights Committee ruled that the basic human rights of a 17-year-old Peruvian adolescent had been violated when health officials denied her a therapeutic abortion, even though her doctor had diagnosed her fetus with a fatal abnormality and confirmed that continuing the pregnancy posed grave health risks to the mother.⁵³ In reviewing the case, the HRC found that the hospital's denial of a therapeutic abortion violated the author's autonomy and right to privacy,⁵⁴ the guarantee against cruel, inhuman or degrading treatment,⁵⁵ and that the State violated its obligation to afford K.L. special protection as an adolescent.⁵⁶

The United Nations Committee on the Rights of the Child has underscored the high rate of maternal mortality caused by illegal abortions in Nicaragua and recommended that Nicaragua change some of the prevailing social attitudes toward abortion.⁵⁷ Additionally, the Committee against Torture has advised States to “take whatever legal and other measures are necessary to effectively prevent acts that put women’s health at risk,” noting that restrictive abortion laws lead to grave consequences, including the unnecessary deaths of women.⁵⁸ Against this backdrop of growing international recognition that denying access to therapeutic abortion is a violation of human rights, Nicaragua’s total abortion ban stands in stark opposition.

We hope that the Committee will consider addressing the following questions to the government of Nicaragua:

1. Given the prevalence of unsafe abortion and its dangerous impact on women’s lives – especially the lives of adolescents – what measures will the government of Nicaragua implement in order to protect the life and health of these girls and women at risk?
2. How does the government of Nicaragua reconcile the total abortion law with its obligation to guarantee the rights and freedoms under the ICCPR?
3. What methods will the government of Nicaragua adopt, such as family planning and sex education, to reduce the rate of unwanted pregnancies?
4. How will the government of Nicaragua resolve the tension between the total abortion ban and the ethical mandate of health care providers to protect the lives of their patients and provide them with adequate treatment?

We appreciate the active interest that the Committee has taken in reproductive health and rights, and the strong Concluding Observations and General Recommendations the Committee has issued to governments in the past, emphasizing the need to take steps to ensure the realization of these rights. We hope that the information presented is useful during the Committee’s review of Nicaragua’s compliance with the provisions contained in the Convention.

If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Sincerely,



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¹ International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 3 (*entered into force* Jan. 3, 1976)[hereinafter ICESCR].

² *Id.*

³ Committee on Economic, Social and Cultural Rights, Gen. Comment 14, The Right to the Highest Attainable Standard of Health, ¶ 8, U.N. Doc. E/C.12/2000/4 (2000)[hereinafter CESCR Gen. Comment 14].

⁴ *Id.* at ¶ 12.

⁵ ICESCR, *supra* note 1, at art. 2(2).

⁶ *Id.* at art. 3.

⁷ CESCR Gen. Comment 14, *supra* note 3, at ¶ 19.

⁸ CESCR Gen. Comment 14, *supra* note 3, at ¶ 14.

⁹ *Id.* at ¶ 21.

¹⁰ Nicaragua's Third Periodic Report to the Human Rights Committee, *Consideration of the Reports of States Parties Under Article 40 of the Covenant*, ¶¶ 127, 128, U.N. Doc. CCPR/C/NIC/3 (Oct. 19, 2007). IPAS, THE FACES BEHIND THE FIGURES: THE TRAGIC EFFECTS OF THE CRIMINALIZATION OF THERAPEUTIC ABORTION IN NICARAGUA 25 (2007)(reproducing text of Penal Code, art. 165 (Nicar.)). The law, which entered into force on November 17, 2006, rescinded Article 165 of the Penal Code, which had permitted therapeutic abortions based on approval of three medical practitioners. *Id.*

¹¹ See Ipas, *Nicaraguan Legislature Votes "No" to Saving Women's Lives*, September 20, 2007, available at http://www.ipas.org/Library/News/News_Items/Nicaraguan_legislature_votes_no_to_saving_womens_lives.aspx (last visited Oct. 9, 2008).

¹² IPAS, *supra* note 10, at 8 (citing Articles 143 and 144 of Nicaragua's new penal code).

¹³ *Id.*

¹⁴ See Press Release, Ctr. for Reprod. Rights, Center for Reproductive Rights Condemns Passage of Nicaragua's Abortion Ban (Oct. 26, 2006), available at http://www.reproductiverights.org/pr_06_1026Nicaragua.html (last visited Oct. 9, 2008).

¹⁵ See, e.g., Gilda Sedgh et. al., World Health Organization, *Induced Abortion: Estimated Rates and Trends Worldwide*, 370 LANCET 1338, 1342 (Oct. 13, 2007)(discussing how Latin America has one of the highest annual incidences of unsafe abortions in the world). In 2003, almost 99% of the 3.8 million abortions that took place in the region were unsafe. *Id.* As a result of these unsafe conditions, around 4000 women die from abortions every year in Latin America and the Caribbean. UNDP, UNFPA, WHO & World Bank, Special Programme of Research, Dev. & Research Training in Human Reprod. (HRP), *Preventing Unsafe Abortion*, available at http://www.who.int/reproductivehealth/unsafe_abortion/map.html.

¹⁶ See Marta María Blandón, *New Nicaraguan Law Violates Human Rights*, CTR. FOR AM. PROGRESS, Dec. 11, 2006, available at <http://www.americanprogress.org/issues/2006/12/nicaragua.html>.

¹⁷ Third periodic reports submitted by States parties under articles 16 and 17 of the Covenant, Nicaragua, Committee on Economic, Social and Cultural Rights, ¶ 503, U.N. Doc. E/C.12/NIC/4 (Oct. 22, 2007).

¹⁸ *Id.*

¹⁹ *Id.* at ¶ 502.

²⁰ WHO, *Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA, and the World Bank* 25 (2007), http://www.who.int/reproductive-health/publications/maternal_mortality_2005/mme_2005.pdf.

²¹ Jocelyn E. Getgen, *Reproductive Injustice: An Analysis of Nicaragua's Complete Abortion Ban*, 41 CORNELL INT'L L.J. 143, 158 (2008)(citing Letter from the CEDAW Committee to Members of the Nicar. Nat'l Assembly (Oct. 16, 2006)). The World Health Organization defines unsafe abortion as "a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both." GUTTMACHER INSTITUTE & WORLD HEALTH ORGANIZATION, *FACTS ON INDUCED ABORTION WORLDWIDE* (Oct. 2007), available at http://www.guttmacher.org/pubs/fb_IAW.html (last visited Oct. 9, 2008). Examples of unsafe abortion are drinking turpentine, bleach, or livestock manure; inserting herbal preparations into the vagina or cervix; placing foreign bodies, such as a stick, coat hanger, or chicken bone, into the uterus; or jumping from the top of stairs or a roof. *Id.* The World Health Organization defines unsafe abortion as "a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both." *Id.*

²² IPAS, *Nicaragua on the verge of banning abortion*, October 16, 2006, available at http://www.ipas.org/Library/News/News_Items/Nicaragua_on_the_verge_of_banning_abortion.aspx (last visited Oct. 9, 2008). These mortality rates are presumably much higher since families may fear reporting causes of death to authorities due to the illegality of abortion. See, e.g., CTR. FOR REPROD. RIGHTS, PERSECUTED: POLITICAL PROCESS AND LEGISLATION ON ABORTION IN EL SALVADOR 25 (2001).

²³ IPAS, *supra* note 10, at 10 (citing Departamento de Atención Integral a la Mujer, Servicios de Salud. Ministerio de Salud, 2007).

²⁴ WHO, *Maternal Mortality in 2000: Estimates developed by WHO, UNICEF and UNFPA*. Accessed 8/15/07 at http://www.who.int/reproductive-health/publications/maternal_mortality_2000/challenge.html (last visited Oct. 9, 2008).

²⁵ IPAS, *supra* note 10, at 10. Given the low risk of complications when abortion is performed by a trained professional in a proper environment, the World Health Organization has called unsafe abortion “one of the most easily preventable causes of maternal death and ill-health.” WHO, UNSAFE ABORTION: GLOBAL AND REGIONAL ESTIMATES OF THE INCIDENCE OF UNSAFE ABORTION AND ASSOCIATED MORTALITY IN 2003, at preface (5th ed. 2007). Every year, about 20 million women are forced to resort to unsafe abortion worldwide, *Id.*, and every year, over five million of these women – or approximately one in four – face severe abortion-related complications, including permanent disability, infertility, and death. *Id.* at 1.

²⁶ See, e.g., Committee on Economic, Social and Cultural Rights, Concluding Observations: **Benin**, 05/06/2002, U.N. Doc. E/C.12/1/Add.78, ¶ 23; **Brazil**, 23/05/2003, U.N. Doc. E/C.12/1/Add.87, ¶ 27; **Cameroon**, 08/12/99, U.N. Doc. E/C.12/1/Add.40, ¶ 25; **Mauritius**, 31/05/94, U.N. Doc. E/C.12/1994/8, ¶ 15; **Mexico**, 08/12/99, U.N. Doc. E/C.12/1/Add.41, ¶ 29; **Mexico**, 09/06/2006, U.N. Doc. E/C.12/MEX/CO/4, ¶ 25; **Nepal**, 24/09/2001, U.N. Doc. E/C.12/1/Add.66, ¶ 32; **Panama**, 24/09/2001, U.N. Doc. E/C.12/1/Add.64, ¶ 20; **Paraguay**, 04/01/2008, U.N. Doc. E/C.12/PRY/CO/3, ¶ 21; **Poland**, 16/06/98, U.N. Doc. E/C.12/1/Add.26, ¶ 12; **Russian Federation**, 12/12/2003, U.N. Doc. E/C.12/1/Add.94, ¶ 35; **Senegal**, 24/09/2001, U.N. Doc. E/C.12/1/Add.62, ¶ 26.

²⁷ CESCR Gen. Comment 14, *supra* note 3, at ¶ 8.

²⁸ CESCR Gen. Comment 14, *supra* note 3, at ¶ 1.

²⁹ See, e.g., Committee on Economic, Social and Cultural Rights, Concluding Observations: **Bolivia**, 21/05/2001, U.N. Doc. E/C.12/1/Add.60, ¶ 23; **Chile**, 26/11/2004, U.N. Doc. E/C.12/1/Add.105, ¶¶ 26, 53; **Costa Rica**, 04/01/2008, U.N. Doc. E/C.12/CRI/CO/4, ¶¶ 25, 46; **El Salvador**, 27/06/2007, U.N. Doc. E/C.12/SLV/CO/2, ¶¶ 25, 44; **Kuwait**, 07/06/2004, U.N. Doc. E/C.12/1/Add.98, ¶¶ 23, 43; **Nepal**, 24/09/2001, U.N. Doc. E/C.12/1/Add.66, ¶ 55; **Poland**, 19/12/2002, U.N. Doc. E/C.12/1/Add.82, ¶¶ 29, 51; **Senegal**, 24/09/2001, U.N. Doc. E/C.12/1/Add. 62, ¶¶ 26, 47; **Trinidad/Tobago**, 05/06/2002, U.N. Doc. E/C.12/1/Add.80, ¶¶ 25, 48.

³⁰ CESCR Gen. Comment 14, *supra* note 3, at ¶ 21.

³¹ See, e.g., Committee on Economic, Social and Cultural Rights, Concluding Observations: **Dominican Republic**, 12/12/97, U.N. Doc. E/C.12/1/Add.16, ¶ 15; see also CESCR Gen. Comment 14, *supra* note 3, ¶¶ 18-21. “To eliminate discrimination against women, there is a need to develop and implement a comprehensive national strategy for promoting women’s right to health throughout their life span. Such a strategy should include ... sexual and reproductive services.” *Id.* at ¶ 21.

³² IPAS, *supra* note 10, at 11.

³³ ICESCR, *supra* note 1, at Art. 2(2).

³⁴ *Id.* (citing unpublished analysis of maternal deaths).

³⁵ Committee on Economic, Social and Cultural Rights, Concluding Observations: **Chile**, 26/11/2004, U.N. Doc. E/C.12/1/Add.105, ¶ 26.

³⁶ Getgen, *supra* note 21, 158 (citing PEW FORUM ON RELIGION & PUB. LIFE, ABORTION LAWS AROUND THE WORLD 2 (2006)).

³⁷ Committee on Economic, Social and Cultural Rights, Concluding Observations: **El Salvador**, 27/06/2007, U.N. Doc. E/C.12/SLV/CO/2, ¶ 44; **Chile**, 26/11/2004, U.N. Doc. E/C.12/1/Add.105, ¶ 53.

³⁸ Women’s Link Worldwide, C-355/2006: Excerpts of the Constitutional Court’s Ruling That Liberalized Abortion in Colombia 59 (2007) (quoting Corte Constitucional [Const. Court], Sentencia [Decision] C-355/06, May 10, 2006 (Colom.)).

³⁹ *Id.*

⁴⁰ *Id.*, at 61; see also Press Release, Ctr. for Reprod. Rights, Landmark Decision by Colombia’s Highest Court Liberalizes One of the World’s Most Restrictive Abortion Laws (May 11, 2006), available at http://www.reproductiverights.org/pr_06_0511colombia.html (last visited Oct. 9, 2008).

⁴¹ *Paulina Ramírez v. Mexico*, Petición 161/02, Acuerdo de Solución Amistosa, Inter-Am. C.H.R. (2006).

⁴² See Press Release, Ctr. for Reprod. Rights, Mexico Supreme Court Upholds Mexico City Abortion Law (Aug. 27, 2008), *available at* http://www.reproductiverights.org/pr_08_0827MexicoAbortion.html (last visited Oct. 9, 2008).

⁴³ Letter from Victor Abramovich, Rapporteur on the Rights of Women, Organization of American States, to Norman Calderas Cardenal, Minister of Foreign Affairs, Nicaragua (Nov. 10, 2006) [English translation], *available at* http://www.reproductiverights.org/pdf/index_nicaragua_english.pdf (last visited Oct. 9, 2008).

⁴⁴ *Id.* at 1.

⁴⁵ *Id.*

⁴⁶ International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, U.N. Doc A/6316 (1966), 999 U.N.T.S. 3 (*entered into force* Jan. 3, 1976).

⁴⁷ Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1979) (*entered into force* Sept. 3, 1981).

⁴⁸ See, e.g., Committee on Economic, Social and Cultural Rights, Concluding Observations: **Costa Rica**, 04/01/2008, U.N. Doc. E/C/12/CRI/CO/4, ¶¶ 25, 46. See also Committee on Economic, Social and Cultural Rights, Concluding Observations: **Nepal**, 24/09/2001, U.N. Doc. E/C.12/1/Add.66, ¶ 55 (“The committee urges the State Party to take remedial action to address the problems of clandestine abortions, unwanted pregnancies and the high rate of maternal mortality. In this regard, the committee urges the State Party to reinforce reproductive and sexual health programmes, in particular in rural areas, and to allow abortion when pregnancies are life threatening or a result of rape or incest.”).

⁴⁹ Committee on the Elimination of All Forms of Discrimination against Women, Concluding Observations: **Nicaragua**, 02/02/2007, U.N. Doc. CEDAW/C/NIC/CO/6, ¶ 17.

⁵⁰ *Id.* Research demonstrates that highly restrictive abortion laws do not result in fewer abortions, but consistently lead to unsafe abortions. See, e.g., Axel I. Mundigo, *Determinants of Unsafe Induced Abortion in Developing Countries*, in PREVENTING UNSAFE ABORTION AND ITS CONSEQUENCES: PRIORITIES FOR RESEARCH AND ACTION 51, 52 (Ina K. Warriner & Iqbal H. Shah eds., 2006), *available at* <http://www.gutmacher.org/pubs/2006/07/10/PreventingUnsafeAbortion.pdf> (last visited Oct. 9, 2008). See also WORLD HEALTH ORGANIZATION, UNSAFE ABORTION: GLOBAL AND REGIONAL ESTIMATES OF THE INCIDENCE OF UNSAFE ABORTION AND ASSOCIATED MORTALITY IN 2003, at 2 (5th ed. 2007)(noting restrictive legislation is associated with a high incidence of unsafe abortion).

⁵¹ Committee on the Elimination of All Forms of Discrimination against Women, Concluding Observations: **Nicaragua**, 02/02/2007, U.N. Doc. CEDAW/C/NIC/CO/6, ¶ 18.

⁵² Human Rights Committee, *K.L. v. Peru*, Comm. No. 1153/2003, 24/10/05, U.N. Doc. CCPR/C/85/D/1153/2003.

⁵³ *Id.*

⁵⁴ *Id.* at ¶ 6.4.

⁵⁵ *Id.* at ¶ 6.3.

⁵⁶ *Id.* at ¶ 6.5.

⁵⁷ Committee on the Rights of the Child, Summary Record: **Nicaragua**, 29/05/1995, U.N. Doc. CRC/C/SR.212, ¶¶ 22, 52; Committee on the Rights of the Child, Concluding Observations: **Nicaragua**, 24/08/1999, U.N. Doc. CRC/C/15/Add.108, ¶ 35.

⁵⁸ See Committee against Torture, Concluding Observations: **Peru**, 25/07/2006, U.N. Doc. CAT/C/PER/4, ¶ 23.