CENTRO DE DERECHOS REPRODUCTIVOS 20 AÑOS

September 17, 2012

United Nations Committee on the Elimination of Discrimination against Women
Office of the United Nations High Commissioner for Human Rights
Palais des Nations
CH-1211 Geneva 10
Switzerland

Re: Supplementary Information on Chile, scheduled for review by the U.N. Committee on the Elimination of Discrimination against Women during its 53rd session (October 2012)

Distinguished Committee Members:

This letter is intended to supplement the 5th and 6th periodic reports of the State of Chile, scheduled for review by the U.N. Committee on the Elimination of Discrimination against Women (the Committee) during its 53rd session in October 2012. 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 under the Convention on the Elimination of All Forms of Discrimination against Women (the Convention). This letter highlights the systemic problem of forced and coerced sterilization of women living with HIV in Chile and the failure of the Chilean government to take effective measures to prevent, address and remediate these discriminatory practices which compromise Chile´s obligations under the Convention, particularly obligations arising from articles 1, 2, 5, 10, 12, and 16 which commit States to adopt all measures to eliminate discrimination, violence, stereotypes and recognize the right to health and information as well as the right to decide the number and spacing of children.

Women living with HIV often face pervasive stigma and discrimination that limits their full and equal participation in society and violates their sexual and reproductive rights.[1] Involuntary sterilization of HIV-positive women in Chile offers a stark example of such violations. In 2010, the Center for Reproductive Rights and Vivo Positivo, a Chilean-based organization advocating on behalf of people living with HIV/AIDS, released the fact-finding report *Dignity Denied: Violations of the Rights of HIV-Positive Women in Chilean Health Facilities*.[2] Based on interviews with women living with HIV and health care providers from across Chile, the report documents the systematic discrimination and abuse that women living with HIV endure in Chilean health care facilities. In particular, the report establishes that the rights of women living with HIV in Chile are routinely violated though involuntary medical practices highlighting forced and coerced sterilization.

Chile has ratified a number of regional and international human rights treaties, including the CEDAW Convention, signifying its commitment to respect, protect, and fulfill the basic human

rights of women. However, Chile has failed to comply with these commitments by fostering an environment in which health care workers willfully discriminate against women living with HIV. As a result, women living with HIV face significant barriers to accessing quality health care, including pressure not to become pregnant, biased counseling, and forced and coerced sterilization. In order to guarantee women's rights to reproductive health care, the Chilean government must develop effective strategies to prevent discrimination and involuntary sterilization of women living with HIV. We hope that the Committee will urge the State of Chile to prioritize these issues, as they are central to fulfilling its obligations under the Convention.

I. Chilean Women Living with HIV are Subject to Involuntary Sterilization

a. Legal framework

Chile has relatively low HIV-prevalence at 0.3% of the population[3] and the Chilean government has made great strides in responding to HIV; it has adopted a national plan on the prevention, testing, and treatment of HIV/AIDS and 82% of Chileans with advanced HIV infection are currently receiving antiretroviral therapy.[4] Chile has also enacted a legislative framework designed to protect and promote the rights of women and HIV-positive individuals. The Chilean Constitution provides that "[p]eople are born free and equal in dignity and rights."[5] Article 19 of the Constitution guarantees the rights to life and to physical and mental integrity; the rights to equal protection of the law and equality before the law; the rights to privacy, personal dignity, and family life; and the right to health.[6]

In addition, Chile's Public Health Law mandates special protections for women during pregnancy and for the period of six months following birth.[7] Chile's law on HIV/AIDS prohibits discrimination on the basis of HIV status.[8] The same law mandates that neither private nor public health institutions can deny access to health care services on the basis of an individual's serological status. However, despite this strong legislative framework, Chile has failed to adequately implement these laws, leaving women living with HIV/AIDS vulnerable to the discriminatory practices of health care providers.

Chilean health care institutions routinely violate the rights of women living with HIV through delayed care, pressure not to have children, and involuntary medical practices, such as forced and coerced sterilization. In a 2004 study in Chile, 56% of women living with HIV interviewed reported being pressured by health service personnel to prevent pregnancy, while 50% of women who had been sterilized reported that the sterilization occurred without their consent or under pressure.[9]

These practices are often justified by a mistaken and discriminatory belief that women living with HIV are not fit to be mothers because of the risks associated with mother-to-child transmission (MTCT) of the virus, or due to the assumption that the women will soon become debilitated or will die, making them unable to care for children.[10] Meanwhile, the advances in effective and affordable treatment have reduced the chance of MTCT to less than 2%.[11] Additionally, more women and men of reproductive age are living with HIV/AIDS, and greater access to anti-retroviral treatment has essentially transformed HIV into a chronic manageable

disease. These advancements allow women living with HIV to fully exercise their reproductive capacities and form healthy families.

Chile has a history of medical professionals making decisions about sterilization for their female patients based on their HIV-positive status. Prior to 2000, the law governing surgical sterilization codified medical practitioners' ability to make decisions on their patients' behalf in "serious cases," in addition to restricting surgical sterilization to specific medical issues and requiring spousal consent.[12] Although HIV/AIDS was not explicitly included among the medical indications for sterilization, medical practitioners routinely read the "other medical causes" provision to include HIV/AIDS, and used this provision to justify involuntary sterilization of women living with HIV.

Involuntary sterilization can take the form of coerced or forced sterilization. Coerced sterilization occurs when the individual does not provide free and informed consent prior to the sterilization. It may result from the use of intimidation tactics, misinformation, directive counseling or financial or other incentives which compel a person to undergo sterilization. The conditioning of health services on consent to sterilization is another form of coercion. Sterilization is considered forced when a person is sterilized without his or her knowledge or is not given an opportunity to provide consent. Due to sterilization's permanent nature, it is critical that women provide informed consent prior to the procedure. Informed consent to sterilization entails that the consent is free and voluntary, and that the patient is provided counseling about the risks and benefits of sterilization and about alternative, reversible forms of family planning, before consent is obtained.[13]

Recognizing that its international legal obligations required informed consent, Chile revised its law governing sterilization in 2000. The new law states that "[t]he decision to undergo sterilization is personal" and mandates that it should be provided through written consent as well as that health care providers offer counseling on alternative forms of contraception, the irreversible nature of sterilization and the potential risks involved before obtaining a patient's written informed consent for the procedure.[14] Voluntary, informed consent must be obtained in writing prior to the sterilization.[15] Despite the revision of the law, forced and coerced sterilization of women living with HIV/AIDS continue to occur in Chile.

The situation is further exacerbated by a new regulation that requires mandatory HIV testing for all pregnant women, in violation of their rights to equality and non-discrimination.[16] Adopted in October 2011, Decree 45 of 2011 modified article 5 of the Ministry of Health's Decree N°182 of 2005, which stated that HIV tests will always be voluntary and never compulsory.[17] As a response to the different manifestations of civil society the Ministry of Health through its Sub Secretary issued Circular 47 of 2011 where it was stated that if women wanted she could refuse to the testing through a written declaration. While the Circular is a very positive step towards the respect of human rights there is no institutional dissemination of this information and there is no modification of the legal disposition. Since women are the only sex that can become pregnant, the law is inherently discriminatory as it only applies to women. In addition, although the stated purpose of the law is to ensure the health of children, the fact that the mandatory testing is only

applied in the case of HIV makes this purpose questionable. The International Guidelines on HIV/AIDS and Human Rights acknowledge that mandatory or involuntary testing policies can "drive away the people most in need of such services and fail to achieve their public health goals of prevention through behavioral change, care and health support."[18] By requiring a mandatory HIV testing for pregnant women, the government of Chile discourages women from seeking prenatal care and also deters them from treatment programs.

b. *F.S. v. Chile*

The case of *F.S. v. Chile*, currently pending before the Inter-American Commission on Human Rights (IACHR), exemplifies the pervasive problem of involuntary sterilization in Chile.[19] F.S., a rural woman living with HIV, was sterilized without her knowledge or consent following a cesarean section when she was only 20 years old. F.S. had not requested or discussed sterilization with her doctor prior to the procedure, nor did she receive counseling on the risks and benefits of sterilization or alternative methods of birth control. While she and her husband had planned to have more children, it was no longer possible following the sterilization. The forced sterilization violated F.S.'s reproductive rights, permanently robbing her of her reproductive capabilities.

To vindicate her rights and to prevent other women from experiencing the same abuse, F.S. filed a complaint against the operating surgeon seeking criminal sanctions and financial reparations. A police investigation confirmed that F.S. had not given written consent for the sterilization as required by Chilean law. Despite this and F.S.'s own testimony that she had never consented verbally or otherwise – the Public Prosecutor failed to adequately investigate the complaint and recommended that the case be dismissed as it finally was. The case was taken before the regional human rights system where it has started the admissibility procedures. Chile has been notified of the petition and has been asked to provide comments on the admissibility of the case, which Chile has delayed for over a year.

To this day, F.S. suffers from depression resulting from the sterilization, and the physical and psychological effects of the sterilization have strained her and her husband's relationship. F.S. also has trouble receiving medical attention, as a result of the abuses she suffered at the hands of medical professionals.

II. Right to Reproductive Health and Information (Arts. 10, 12, and 16) and to determine the number and spacing of children

a. Right to Health

Article 12 of the Convention requires States to ensure women's right to health.[20] In order to satisfy this right, health care services must be "delivered in a way that ensures that a woman gives her fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives."[21] The Committee has emphasized that States should not permit forms of coercion, such as non-consensual sterilization, mandatory testing for sexually transmitted diseases or mandatory pregnancy testing,[22] and the Special Rapporteur on the right to

health has stated that "[r]eproductive freedom should never be limited by individuals or States as a family planning method, HIV/AIDS prevention, or any other public health agenda."[23]

The right to health also includes the right to information. Article 10(h) of the Convention requires that women have "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning."[24] International bodies have indicated that counseling and informed consent for sterilization are particularly important in the context of HIV/AIDS. Given the permanent nature of surgical sterilization, the World Health Organization (WHO) and United Nations Population Fund (UNFPA) have cautioned that special care must be taken to ensure that every woman who undergoes sterilization makes a voluntary, informed decision.[25] They further state that health care workers should ensure that women living with HIV are not pressured or coerced to sterilization and that the decision is not made in the moment of crisis.[26]

In contrast to international guidelines, Chilean women living with HIV often do not receive adequate counseling on surgical sterilization and are frequently pressured, coerced or forced to undergo sterilization.[27] Moreover, surgical sterilizations are often performed in conjunction with a cesarean delivery, such as in the case of F.S., at a time when most HIV-positive women are concerned primarily about delivering a healthy child without HIV. Considering the anxiety that women living with HIV may experience during delivery, any consent given under these circumstances cannot qualify as informed consent.

The coerced or forced sterilization of a woman because of her HIV-positive status carries serious and lasting consequences for her physical and mental health. The Human Rights Committee has stated that coercive sterilization violates the right to be free from torture and cruel, inhuman, or degrading treatment,[28] and the Committee against Torture has emphasized that coerced sterilization is among those acts which "put women's physical and mental health at grave risk and that constitute cruel and inhuman treatment."[29] Similarly, in the case of *V.C. v. Slovakia*, the European Court of Human Rights noted that "sterilization constitutes a major interference with a person's reproductive health status" and "bears on manifold aspects of the individual's personal integrity, including his or her physical and mental well-being and emotional, spiritual and family life."[30] Women who have been involuntarily sterilized may experience alienation from their partners and families due to the loss of their fertility, particularly in cultures that closely associate womanhood with motherhood. Additionally, the psychological distress caused by involuntary sterilization discourages HIV-positive patients from seeking necessary health care in the future.

In most cases, surgical sterilization permanently strips a woman of her reproductive capabilities. While surgery to reverse sterilization is sometimes possible, it is costly, not widely available and rarely successful.[31] Furthermore, reversal surgeries carry their own health consequences. In addition to the risks inherent in any surgical procedure, where tubal ligation reversals are successful, there is a heightened risk of ectopic pregnancy.[32]

This Committee has called on Chile to "take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services."[33] By refusing to guarantee the rights of women living with HIV and by failing to ensure that all women provide informed and voluntary consent to the procedure, Chile is violating the right to health of women living with HIV.

b. Right to determine the number and spacing of one's children

Individuals living with HIV express similar desires as HIV-negative individuals to have children, with their HIV-positive status being one of many factors that may be considered in making this decision. Article 16 of the Convention requires that all women, including women living with HIV, be able to decide freely on the number and spacing of their children.[34] The WHO and UNFPA have explained that "[b]ecause of the stigma and discrimination so often attached to HIV, it is particularly important that health service providers be able to protect the reproductive rights of women living with HIV,"[35] and the International Federation of Gynecology and Obstetrics has emphasized that "HIV-positive women should not be discouraged from becoming pregnant."[36]

This Committee has clearly articulated that compulsory sterilization "infringes on the right of women to decide the number and spacing of their children."[37] It recommended that States should take measures to "prevent coercion in regard to fertility and reproduction, and to ensure that women are not forced to seek unsafe medical procedures . . . because of lack of appropriate services in regard to fertility control."[38] This recommendation is particularly relevant to the situation of women living with HIV in Chile as evidence demonstrates that they have been coerced into undergoing medically unnecessary sterilizations, depriving them of their right to reproductive autonomy.

According to the Special Rapporteur on Violence against Women, "[f]orced sterilization is not only a fundamental violation of a woman's reproductive rights but it also has few benefits in terms of HIV prevention. Furthermore, it may undermine women's negotiating power by removing the need for condoms as a form of birth control."[39] When health care providers pressure women living with HIV to be sterilized, they unlawfully interfere with these women's right to make autonomous decisions about motherhood and family life.

III. Obligation to eliminate discrimination against women, stereotypes and to guarantee freedom from gender based violence (Arts. 1, 2, 5, and 12)

a. Right to equality and non-discrimination

Involuntary sterilization is a physical manifestation of the stigma and discrimination against people living with HIV/AIDS, based on the medical practitioner's belief that women living with HIV should not bear children. This stereotype is based on two different misconceptions: that a woman will transmit the virus to her child or that she will soon leave behind an orphan child because she will necessarily die from the virus. In fact, with proper treatment and by avoiding breastfeeding, the likelihood that a woman will transmit HIV to a fetus through labor can be

reduced to less than 2%.[40] Furthermore, women living with HIV can live long and productive lives. Scientific advancements have transformed the treatment regimen for HIV, and with appropriate care, HIV can be a chronic, manageable disease and is no longer a death sentence.

Article 12 of CEDAW explicitly prohibits discrimination against women in the field of health care, including in access to family planning services.[41] The differential treatment of HIV-positive women in Chilean health care facilities constitutes a flagrant violation of this right to non-discrimination. In General Recommendation 24, this Committee has stated that measures to eliminate discrimination are inappropriate if "a health care system lacks services to prevent, detect and treat illnesses specific to women."[42] It has further noted that women living with HIV may be subject to multiple forms of discrimination. In instances of sterilization based on seropositive status, the sex of the woman and her status as HIV-positive intersect exposing her to additional barriers in accessing health care services. The Committee requires States to take measures to eliminate multiple discrimination[43] and calls on them to give special attention to the health needs and rights of women belonging to vulnerable and disadvantaged groups.[44]

b. Right to be free from gender-based violence

The right to non-discrimination includes the right to be free from gender-based violence. This Committee defines gender-based violence as violence "directed against a woman because she is a woman or that affects women disproportionally" and "includes acts that inflict physical, mental or sexual harm and suffering, threats of such acts, coercion and other deprivations of liberty."[45] Under the Convention, States have an obligation to eliminate gender-based violence and "may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and to provide compensation."[46]

International bodies have consistently recognized forced and coerced sterilization as a form of gender-based violence.[47] The Special Rapporteur on Violence against Women has characterized forced sterilization as "a method of medical control of a woman's fertility without the consent of a woman. Essentially involving the battery of a woman - violating her physical integrity and security - forced sterilization constitutes violence against women."[48] Chile's failure to take appropriate steps to prevent health care providers from sterilizing women without their voluntary and fully informed consent violates its obligations under the Convention to prevent and eliminate violence against women.

Under Article 2(c) of the Convention, State parties are obligated to "establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination."[49] Chile has failed to put in place effective mechanisms to provide redress for involuntarily sterilized women. In a 2010 study of women living with HIV in Chile, none of the women interviewed reported receiving redress for their sterilization.[50] The case of *F.S. v. Chile* further demonstrates the State's failure to conduct prompt and impartial investigations into reports of involuntary sterilization and provide a remedy for involuntarily sterilized women.

In May 2012, the Committee against Torture through the list of issues prior to the report requested that the government of Chile comment on allegations of forced sterilization of HIV-positive women and indicate whether a system of complaints, redress and compensation relating to involuntary sterilizations has been available to the victims.[51] To comply with its obligations under the Convention, the government of Chile must enhance its efforts in order to effectively redress involuntary sterilization and monitor the use and effectiveness of mechanisms for redress.

There remains a significant gap between the rights afforded to women living with HIV under the Convention and the reality for women in Chile. We respectfully request that the Committee addresses the question of forced sterilizations to women living with HIV during the dialogue with the State by asking about the practices to secure informed consent to medical treatment, inquiring on the reluctance of the state to address the issue through the F.S. case pending before the IACHR and the adoption of Decree 45 of 2011 which is still in vigor.

IV. Questions and Recommendations

We respectfully submit the following questions and recommendations to be considered by the Honorable Committee during Chile's periodic review:

Questions:

1. Has Chile adopted any concrete measures to prevent involuntary sterilization of women living with HIV in health care facilities?

2. Has Chile taken any measures to train and educate medical personnel on voluntary and informed consent and stigma and discrimination of HIV positive women?

3. Has Chile taken any steps to ensure that women living with HIV have access to family planning services, including specialized counseling and appropriate information in order to enable them to make informed and voluntary decisions?

4. Are there any mechanisms for redress available for women who have been sterilized without their consent?

5. Is Chile planning to submit a response on the F.S v Chile case pending before the inter-American Commission of Human Rights?

6. Is Chile planning to provide institutional information on the modification through Circular 47 of 2011 of the Sub Secretary of Health to assure women know they can refuse HIV testing when pregnant?

Recommendations:

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In light of the information provided above, we hope that this Committee will consider making Chile the following recommendations:

1. Urge Chile to take measures to prevent involuntary sterilization of women living with HIV in health care facilities by ensuring that all women provide their informed consent prior to sterilization and are not discouraged from becoming pregnant on the basis of their serological status.

2. Urge Chile to develop and implement policies necessary to guarantee that the sexual and reproductive rights of HIV-positive women are respected and protected, and that HIV-positive women have access to acceptable, quality sexual and reproductive health services.

3. Urge Chile to strengthen structures to protect the rights of HIV-positive women in health care facilities through combating stigma and discrimination around HIV/AIDS.

4. Urge Chile to adopt measures so that women and medical personnel are informed about the modification to the mandatory HIV testing of pregnant women to ensure voluntary testing with proper counseling and confidentiality procedures.

We applaud the Committee for its commitment to advancing and protecting the reproductive rights of all women. We hope that the information in this letter will be useful during the Committee's review of the Chile's report. If you have questions or would like further information, please do not hesitate to contact the undersigned.

Sincerely,

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America and the Caribbean
Center for Reproductive Rights

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[1] *See, e.g.*, Global Commission on HIV and the Law, RISKS, LIFE AND HEALTH, July 2012.
[2] Center For Reproductive Rights and Vivo Positivo, DIGNITY DENIED, VIOLATIONS OF THE RIGHTS OF HIV POSITIVE WOMEN IN CHILEAN HEALTH FACILITIES (2010).
[3] WHO et al., *Epidemiological Factsheet on HIV and AIDS: Core data on epidemiology and response: Chile* 4 (Dec. 2008), *available at* http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_CL.pdf; WHO, World Health Statistics 2010 32 (2010), *available at* http://www.who.int/whosis/whostat/EN_WHS10_Full.pdf [hereinafter WHO, World Health Statistics 2010].
[4] WHO, World Health Statistics 2010, *supra* note ***, at 35.
[5] República de Chile, Constitución de la República, art. 1 (1980) (Chile).
[6] Id. art. 19.
[7] República de Chile, Ministerio de Salud Publica, Decreto No. 725: Código Sanitario [Decree No. 725: Public Health Code], art. 16 (*published* Jan. 31, 1968).
[8] República de Chile, Ministerio de Salud, Ley 19.779: *Establece normas relativas al virus de inmuno deficiencia humana y crea bonficación fiscal para enfermedades catastróficas* [Law 19.779: Establishing norms regarding the HIV virus], art. 7 (*published* Dec. 14, 2001).
[9] Center For Reproductive Rights and Vivo Positivo, DIGNITY DENIED, VIOLATIONS OF THE RIGHTS OF HIV POSITIVE WOMEN IN CHILEAN HEALTH FACILITIES 9 (2010).
[10] Open Society Foundations, AGAINST HER WILL: FORCED AND COERCED STERILIZATION OF WOMEN WORLDWIDE 5 (2011), available at: http://www.soros.org/sites/default/files/against-her-will-20111003.pdf.
[11] *See* World Health Organization (WHO), PMTCT Strategic Vision 2010-2015: Preventing Mother-to-Child transmission of HIV to reach the UNGASS and Millennium Development Goals 6 (2010), *available at* http://www.who.int/hiv/pub/mtct/strategic_vision.pdf.
[12] República de Chile, Ministerio de Salud, Resolución 003: *Métodos Anticonceptivos Irreversibles o Esterilizaciones Quirúrgicas* [Res. 003: Irreversible Contraceptive Methods or Surgical Sterilizations] (*published* Sept. 1, 1975).
[13] International Federation of Gynecology and Obstetrics (FIGO), *Ethical Considerations in Sterilization*, *in* Ethical Issues in Obstetrics and Gynecology 98, 98 (October 2009), *available at*: http://www.figo.org/files/figo-corp/Ethical%20Issues%20-%20English.pdf.
[14] República de Chile, Resolución Exenta 2326: *Fija Directrices para los servicios de salud sobre esterilización femenina y masculina* [Resolution 2326: Guidelines on feminine and masculine sterilization for healthcare services], arts. 2-4 (*published* Dec. 9, 2000) [hereinafter Sterilization Law (Chile)].
[15] *Id*. arts. 2-4.
[16] Ministerio de Salud de Chile, Decreto 45 de 2011, Numeral C: "Sustitúyese el inciso segundo del artículo 5º, por el siguiente: "Sin embargo, el examen se efectuará siempre en los casos de donación de sangre o de órganos para trasplante y de tejidos para injerto, en la elaboración de plasma, en el control prenatal de mujeres embarazadas y en cualesquiera otras actividades médicas que pudieren ocasionar contagio y sean consideradas de riesgo, de acuerdo a las normativas sanitarias vigentes. En todos estos casos se respetará igualmente la confidencialidad de los resultados del examen en la forma establecida en este reglamento."
[17] Circular No. 40 of October 28, 2011.
[18] Office of the United Nations High Commissioner for Human Rights & UNAIDS, International Guidelines on HIV/AIDS and Human Rights 2006 Consolidated Version (2006), para. 96, *available at* http://data.unaids.org/Publications/IRCpub07/jc1252-internguidelines_en.pdf
[19] For more information on the case of *F.S. v. Chile*, *see* http://reproductiverights.org/en/lbs-fs-vs-chile.
[20] CEDAW, art. 12.
[21] CEDAW Comm., *General Recommendation 24: Women and Health* (20th Sess., 1999), para. 22, U.N. Doc. HRI/GEN/1/Rev.5 (2001).
[22] *Id*.
[23] Anand Grover, *Report of the Special Rapporteur on the Rights of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: The Right to Health and Informed Consent*, para. 58, U.N. Doc. A/64/272 (Aug. 10, 2009).
[24] CEDAW, art. 10(h).

[25] UNFPA & WHO, Sexual and reproductive health of women living with HIV/AIDS: Guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource constrained settings 23 (2006), *available at* http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/srh_women_aids.pdf [hereinafter UNFPA & WHO, SRH Guidelines].
[26] *Id*.
[27] Center For Reproductive Rights and Vivo Positivo, DIGNITY DENIED, VIOLATIONS OF THE RIGHTS OF HIV POSITIVE WOMEN IN CHILEAN HEALTH FACILITIES (2010).
[28] Human Rights Committee, *Gen. Comment No. 28: Article 3 (The equality of rights between men and women)*, (68th Sess., 2000), *in* Compilation of General Comments and Recommendations by Human Rights Treaty Bodies, at 231, para. 20, U.N. Doc. HRI/ GEN/1/Rev.9 (Vol. I) (2008).
[29] Committee against Torture, *Concluding Observations*: *Peru*, para. 23, U.N. Doc. CAT/C/PER/CO/4 (2006).
[30] V.C. v Slovakia, para. 106, App. No. 18968/07 Eur. Ct. H.R.
[31] Johns Hopkins Population Information Program, The Essentials of Contraceptive Technology: A Handbook for Clinical Staff sec. 9-22 (July 1997).
[32] *Id.* secs. 9-5, 9-22.
[33] CEDAW Comm., *Concluding Comments: Chile*, para. 20, U.N. Doc. CEDAW/C/CHI/CO/4 (2006).
[34] CEDAW, art 16.1(e).
[35] UNFPA & WHO, Sexual and reproductive health of women living with HIV/AIDS: Guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource constrained settings 23 (2006), *available at* http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/srh_women_aids.pdf.
[36] INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, *Pregnancy and HIV-Positive Patients*, Recommendation 1, 107 INT. J. GYNECOL. OBSTET. 77-78 (Oct. 2009).
[37] CEDAW Comm., *General Recommendation 19: Violence against Women* (11th Sess., 1992), para. 22, U.N. Doc. HRI/GEN/1/Rev.5 (2001).
[38] *Id*. para. 24(m).
[39] Report of the Special Rapporteur on Violence against Women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1997/44 – Addendum: *Policies and practices that impact women's reproductive rights and contribute to, cause or constitute violence against women*, para. 69, U.N. Doc. E/CN.4/1999/68/Add.4 (1999).
[40] World Health Organization (WHO), PMTCT Strategic Vision 2010-2015: Preventing Mother-to-Child transmission of HIV to reach the UNGASS and Millennium Development Goals 6 (2010), *available at* http://www.who.int/hiv/pub/mtct/strategic_vision.pdf.
[41] CEDAW, art. 12(1).
[42] CEDAW Comm., *Gen. Rec. 24*, para. 11.
[43] CEDAW Comm., *Gen. Rec. 25*, para. 12.
[44] CEDAW Comm., *Gen. Rec. 24*, para. 6.
[45] CEDAW Comm., *Gen. Rec. 19*, para. 6.
[46] CEDAW Comm., *Gen. Rec. 19*, para. 9.
[47] Report of the Secretary-General, *Indepth study on all forms of violenceagainst women* (61st Sess.), para. 142, U.N. Doc. A/61/122/Add.1 (July 6, 2006); CEDAW Committee, *General Recommendation No. 19: Violence against Women (11th Sess.), 1993*, para. 22, U.N. Doc. A/47/38 at 1 (1993); *Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences, Integration of the Human Rights of Women and the Gender Perspective, Addendum: Policies and practices that impact women's reproductive rights and contribute to cause or constitute violence against women*, para. 51, U.N. Doc. E/CN.4/1999/68/ Add.4 (Jan. 21, 1999).
[48] Yakin Ertürk, *Report of the Special Rapporteur on Violence against Women*, para. 69.
[49] CEDAW, art. 2(c).
[50] DIGNITY DENIED, supra note ***.
[51] CAT/C/CHL/6, para. 11.