BREAKING GROUND

Treaty Monitoring Bodies on Reproductive Rights

2020–2024

CENTER *for* REPRODUCTIVE RIGHTS

This booklet summarizes the jurisprudence from United Nations treaty monitoring bodies on reproductive rights, particularly the standards on reproductive health information and contraception, maternal health care, abortion, and emerging issues in international human rights law. It is intended to provide treaty body experts and human rights advocates with succinct and accessible information on the standards being adopted across treaty monitoring bodies surrounding these important rights. This is the fifth edition of this publication. This publication is current through July 2024.

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Glossary

ART	assisted reproductive technology
CAT Committee	Committee against Torture
CEDAW Committee	Committee on the Elimination of Discrimination against Women
CERD Committee	Committee on the Elimination of Racial Discrimination
CRC Committee	Committee on the Rights of the Child
CRPD Committee	Committee on the Rights of Persons with Disabilities
IHL	international humanitarian law
IHRL	international human rights law
SOGIESC	sexual orientation, gender identity and expression, and sex characteristics
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UN	United Nations
WHO	World Health Organization

Unless otherwise noted, the term "women" is intended to encompass women and girls, as well as other persons with diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC).

Introduction: Reproductive Rights in Context

Sexual and reproductive health and rights (SRHR) entail a set of freedoms and entitlements. Among these freedoms is the right to make free and responsible decisions and choices—free from violence, coercion, and discrimination—concerning one's body and sexual and reproductive health (SRH).[1] Entitlements include unhindered access to a wide range of health facilities, goods, services, and information, which ensures that all people can fully enjoy the right to sexual and reproductive health.[2] Human rights central to guaranteeing SRHR include the right to life, the right to be free from torture and other ill-treatment, the right to the highest attainable standard of health, the right to privacy, the rights to information and to education, the right to decide the number, spacing, and timing of one's children, and the prohibition of discrimination.

This booklet summarizes the concluding observations, general comments and recommendations, and views (decisions) adopted by United Nations (UN) treaty monitoring bodies on sexual and reproductive rights.[3] Treaty monitoring bodies' mandate is to interpret State obligations and hold States accountable under UN human rights treaties. These bodies are instrumental in advancing the protection of SRHR through their country reviews, general comments and recommendations, individual complaints, and special inquiries.

Relevant international human rights treaties and their monitoring bodies

Treaty	Monitoring Body
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	Committee against Torture
Convention on the Elimination of All Forms of Discrimination against Women	Committee on the Elimination of Discrimination against Women
Convention on the Rights of the Child	Committee on the Rights of the Child
Convention on the Rights of Persons with Disabilities	Committee on the Rights of Persons with Disabilities
International Convention on the Elimination of All Forms of Racial Discrimination	Committee on the Elimination of Racial Discrimination
International Covenant on Civil and Political Rights	Human Rights Committee
International Covenant on Economic, Social and Cultural Rights	CESCR Committee

Over the last four years (2020–2024), treaty monitoring bodies have built on existing and developed new relevant general comments and recommendations and have issued views in individual cases related to reproductive rights. For example, General Recommendation No. 39 on the rights of Indigenous women and girls adopted by the Committee on the Elimination of Discrimination against Women (CEDAW Committee) in 2022, which focuses on the protection of persons facing intersecting forms of discrimination, is critical for understanding present threats and long-standing barriers to SRHR.[4] Meanwhile, the Committee on Economic, Social and Cultural Rights (CESCR Committee), in its General Comment No. 25 on the right to benefit from scientific progress, issued in 2020, calls on States to ensure access to medication abortion.[5] Similarly, the Committee on the Rights of the Child's (CRC Committee) decision in *Camila v. Peru*, its first decision on abortion, recommended that Peru decriminalize abortion in all cases of child pregnancy, ensure access to safe abortion services, and provide post-abortion care for pregnant girls.[6] The CEDAW Committee decision in *S.H. v. Bosnia and Herzegovina* also established important standards in protecting the right to health and access to justice for survivors of sexual violence in the context of conflict.[7]

Numerous general comments and recommendations are in progress and expected to be issued in the next year, including the Committee on the Elimination of Racial Discrimination's (CERD Committee) General Recommendation No. 37.[8] This general recommendation is expected to advance SRHR standards, including those provided in the CESCR Committee's General Comment No. 22 on the right to SRH[9] and its General Comment No. 14 on the right to health,[10] as well as a critical intersectional perspective that aims to clarify States' obligation to address racial discrimination and its impact on the right to health generally and SRHR in particular. Similarly, the CEDAW Committee is working on General Recommendation No. 40 on the equal and inclusive representation of women in decision-making systems, which builds on the link between inclusive participation in political decision-making systems, bodily autonomy, and health care for women.[11] The Committee on the Rights of Persons with Disabilities (CRPD Committee) is also working on two general comments: one focused on States' obligations in situations of risk and humanitarian emergencies and the other on the impact of these situations on persons with disabilities.[12]

Summarizing key treaty monitoring body standards on SRHR, this booklet examines new concluding observations, views, and general recommendations and comments issued between 2020 and 2024, while also highlighting long-established standards where appropriate. It is structured in three thematic chapters. Chapter One describes general human rights standards on SRH. Chapter Two focuses more specifically on equality, non-discrimination, bodily autonomy, and the social

determinants of health. Chapter Three presents particularly relevant topics that require in-depth attention, such as assisted reproductive technology (ART) and surrogacy; access to SRH services in conflict zones and humanitarian and crisis situations; COVID-19; and the climate crisis. The booklet concludes with specific recommendations on how treaty monitoring bodies can continue to advance standards on SRHR.

I. Sexual and Reproductive Health: Human Rights Standards

a. General Standards

Like all human rights, SRHR are indivisible and interdependent. This means that they cannot be enjoyed fully without other human rights, including economic, social, and cultural rights (such as the rights to education, employment, housing, and water) and civil and political rights protecting the physical and mental integrity of individuals and their autonomy (such as the rights to life, liberty, and security of person; freedom from torture and other cruel, inhuman, or degrading treatment; privacy and respect for family life; and non-discrimination and equality).[13] SRHR are an integral part of the right of everyone to the highest attainable standard of physical and mental health set forth in the CESCR Committee's General Comments No. 14 on the right to health and No. 22 on the right to SRH. The right to SRH, as part of the right to health, contains four interrelated and essential elements, described below.[14]

- **Availability**: There should be an adequate number of functioning health care facilities, services, goods, and programs to provide the fullest possible range of sexual and reproductive health care. States should ensure that such facilities have the underlying determinants necessary for quality sexual and reproductive health care, including safe and potable drinking water, adequate sanitation facilities, and hospitals and clinics[15] staffed with trained medical and professional personnel and skilled providers trained in sexual and reproductive health care.[16] States should also ensure the availability of essential medicines, such as condoms and emergency contraception, medicines for abortion and for post-abortion care, and medicines for the prevention and treatment of sexually transmitted infections (STIs), including HIV.[17]
- **Accessibility**: Health facilities, goods, information, and services related to sexual and reproductive health care[18] should be guaranteed and accessible to all without discrimination or barriers. Accessibility includes physical accessibility, affordability, and information accessibility.[19]

Physical accessibility to sexual and reproductive health care must be available within safe physical and geographical reach for all so that persons in need can receive timely services and information. Guaranteeing physical accessibility includes the devotion of resources to address the distinct needs of disadvantaged and marginalized groups and persons living in rural and remote areas.[20]

Affordability requires that essential goods and services, including those related to the underlying determinants of SRH, be provided at no cost or based on the principle of equality to ensure that individuals and families are not disproportionately burdened with health expenses.[21]

Information accessibility includes the right to seek, receive, and disseminate information and ideas concerning SRH issues generally and the right to receive specific information on one's health status.[22] States should consider the needs of individuals and communities, taking into consideration factors such as age, gender, language ability, educational level, disability, sexual orientation, gender identity, and intersex status in ensuring accessibility while at the same time ensuring respect for the right to privacy and confidentiality, especially regarding personal health data and information.[23]

- **Acceptability**: All facilities, goods, information, and services related to SRHR must respect the cultures of individuals and groups, including minority communities, and must be sensitive to gender, age, disability, sexual diversity, and life-cycle requirements. However, this cannot be used to justify the refusal to provide tailored facilities, goods, information, and services to specific groups.[24]
- **Quality**: Services related to SRH must be of good quality, meaning that they are evidence based, scientifically and medically appropriate, and up to date. Failure to ensure up-to-date services, including technological advances and innovations in the provision of SRH services, jeopardizes the quality of care.[25] This requires trained and skilled health care personnel, scientifically approved and unexpired drugs and equipment, and the use of technological advances to meet the standard of care.[26] Examples of technological advances and innovations in SRH that are key to guaranteeing quality include medication for abortion, modern and safe forms of contraception (including emergency contraception), ART, and advances in the treatment of HIV and AIDS. States should ensure the quality provision of SRH-related services on the basis of non-discrimination and equality.

Respect, protect, fulfill: States' obligations to respect, protect, and fulfill SRHR under international human rights law (IHRL) must be implemented in a way that ensures that all SRH information and services are available, accessible, acceptable, and of good quality[27] and are guided

by contemporary human rights instruments and jurisprudence, as well as the most recent international guidelines and protocols established by UN agencies, in particular the World Health Organization (WHO).[28]

Core obligations: States have a core obligation to ensure, at the very least, minimum essential levels of satisfaction of the right to SRH. This core obligation includes the following:

- Removing laws, policies, and practices that criminalize, obstruct, or undermine access by individuals or a particular group to SRH facilities, services, goods, and information.[29]
- Adopting and implementing a national strategy and action plan, with an adequate budget allocation, on SRH that is transparently monitored and is disaggregated by prohibited grounds of discrimination.[30]
- Guaranteeing universal and equitable access to affordable, acceptable, and quality SRH goods and services.[31]
- Enacting and enforcing legal prohibitions against harmful practices and gender-based violence.[32]
- Taking measures to prevent unsafe abortions and providing post-abortion care and counseling for those in need.[33]
- Ensuring universal access to comprehensive education and information on SRH that is non-discriminatory, non-biased, and evidence based and that takes into account the evolving capacities of children and adolescents.[34]
- The adequate provision of medicines, equipment, and technologies essential to SRH.[35]
- Eliminating discrimination against individuals and groups and protecting and ensuring their equal right to SRH.[36]

Remedy and redress is also a core obligation under which States must "ensure that women have recourse to affordable, accessible and timely remedies."[37] Adequate remedy and redress for SRHR violations requires the provision of timely, effective, and transformative reparations that address root causes of violations and guarantee non-recurrence and rehabilitation.[38]

b. Right to Contraceptive Information and Services

Treaty monitoring bodies have long held that States must ensure that a full range of good-quality, modern, and effective contraceptives, including emergency contraception, is available and accessible to everyone.[39] This includes taking all necessary measures to remove economic and structural barriers that result in unequal access to SRH services, including

contraceptive information and services.[40] Treaty monitoring bodies have held that modern methods of contraception should be affordable, including that they be subsidized, covered by public health insurance schemes, or provided free of charge to women and girls.[41]

States must ensure that all persons have access to adequate SRH services and information, including family planning, to prevent early pregnancy and STIs.[42] The right to information includes comprehensive sexuality education and requires the repeal of laws and policies that create barriers to accessing SRH information.[43] Violations occur when States fail to ensure that SRH facilities, goods, and services are available, accessible, acceptable, and of good quality.[44]

Treaty monitoring bodies have emphasized States' obligation to ensure that the use of contraceptives is voluntary, fully informed, and free from coercion and discrimination, with particular attention paid to disadvantaged groups.[45] Effective remedies should be available when violations of informed consent and other abuses around contraceptive access and use have occurred.[46]

The CEDAW Committee has noted that a lack of access to contraceptives disproportionately affects women and violates their right to access health services and information, including family planning.[47] Ensuring particular contraception-related health outcomes for women is viewed as a means of ensuring substantive equality.[48] Limiting women's rights to freely choose the number and spacing of their children undermines access to the same education and employment opportunities enjoyed by men and can drive women into or maintain their poverty.[49] The CEDAW Committee has also noted that discouraging access to contraception and banning its funding can lead to, *inter alia*, "increased exposure to sexually transmitted diseases and HIV."[50] The Committee has explained that the "denial of access to affordable sexual and reproductive health services, including the full range of methods of contraception, [has] severe consequences ... for the lives and health of many women."[51] These challenges also often generate tension within families, spousal conflict, and domestic violence against women.[52]

Contraceptives are on the WHO Model List of Essential Medicines,[53] which identifies the medicines that should always be available and affordable within health systems.[54] The list includes a wide range of contraceptive methods, such as condoms and emergency contraception, as well as generic medicines (including for the prevention and treatment of HIV and other STIs) and medicines for abortion and post-abortion care.[55]

States also have an obligation to gather disaggregated data on contraceptive use and barriers to contraceptive access.[56] The collection of such data enables the tailoring of laws, policies, and programs to reflect the needs of society, including marginalized groups, and helps ensure the availability and affordability of contraceptives in practice.[57]

Emergency Contraception

The CESCR Committee's General Comment No. 25 on science and economic, social, and cultural rights calls on States to ensure access to modern and safe forms of contraception, including emergency contraception.[58] It notes that prohibiting or denying access in practice to SRH services and medicines, such as emergency contraception, violates States' obligations.[59] Further, the CRC and CEDAW Committees have clarified that emergency contraception should be available without a prescription and be free for victims of violence, including adolescents.[60]

The CEDAW Committee has also highlighted States' obligation to ensure access to emergency contraception to prevent early and unplanned pregnancy in cases of sexual violence, including in conflict and post-conflict zones, which requires special measures to ensure the availability of emergency contraception and other SRH services.[61] It has recommended that States promote and raise awareness about the benefits of emergency contraceptives in such situations, particularly among adolescent girls.[62] It has also recommended adopting protective measures for women complainants of and witnesses to gender-based violence before, during, and after legal proceedings covering health care services responsive to trauma and timely and comprehensive mental, sexual, and reproductive health services,[63] including emergency contraception and post-exposure prophylaxis against HIV.[64] Considering the physical and mental suffering of victims of rape and sexual abuse, the Committee against Torture (CAT Committee) has also found the denial of access to emergency contraception to constitute a form of torture or ill-treatment.[65]

c. Adolescents' Capacity and Consent

Under the Convention on the Rights of the Child, States must consider the best interests of adolescents.[66] Applying the best interests principle requires that appropriate weight be afforded to the evolving capacities of adolescents as they acquire understanding and mature.[67] The capacity of children and adolescents evolves over the course of their childhood, as they "progressively acquire competencies, understanding and increasing levels of agency to take responsibility and exercise their rights."[68] In the context of SRHR, States should provide a legal presumption that adolescents are competent to seek and have access to preventive or time-sensitive SRH commodities and services.[69]

In the context of SRHR, the CRC Committee has recommended that States review or introduce legislation that recognizes the right of adolescents to take increasing responsibility for decisions affecting their lives and that introduces minimum legal age limits, consistent with the right to protection, the best interests principle, and respect for the evolving capacities of adolescents.[70] Age limits should recognize the right to make

decisions with regard to health services, and States should recognize the right of any child below a minimum age limit and able to demonstrate sufficient understanding to be entitled to give or refuse consent, along with adolescents' right to access preventive or time-sensitive SRH services.[71] The CRC Committee has emphasized that all adolescents have the right to have access to confidential medical counseling and advice without the consent of a parent or guardian.[72] It has also recommended that States review their legislation and consider allowing children to consent to SRH medical treatments and interventions—including education and guidance on sexual health, contraception, and safe abortion—without the permission of a parent, caregiver, or guardian.[73] In addition, States should provide trainings for relevant professionals on the right of adolescents to SRHR and specific services.[74] Lack of access to such services contributes to adolescent girls being the group most at risk of dying or suffering serious or lifelong injuries in pregnancy and childbirth.[75]

In recognition of the unique vulnerabilities of children, the Convention on the Rights of the Child requires that States adopt special measures of protection for children.[76] The CRC Committee has noted that particular efforts need to be made to overcome barriers of stigma and fear experienced by adolescent girls, girls with disabilities, and lesbian, gay, bisexual, transgender, and intersex adolescents when seeking such services.[77] Likewise, the CESCR Committee has explained that States must take effective steps to prevent third parties from undermining the enjoyment of SRH through violence targeting lesbian, gay, bisexual, transgender, and intersex adolescents and through medically unnecessary, irreversible, and involuntary surgery and treatment performed on intersex infants or children.[78]

Access to Sexual and Reproductive Health Information and Services for Adolescents

States must ensure that adolescents have full access to evidence-based information and education on SRH, including family planning and contraceptives, the risks of early pregnancy, and the prevention and treatment of STIs, including HIV/AIDS, regardless of their marital status and whether their parents or guardians consent, with respect for their privacy and confidentiality.[79]

The CEDAW and CRC Committees have consistently recommended that States ensure universal and affordable access to modern contraceptives and related information for adolescents and disadvantaged women and girls.[80] The CRC Committee has specifically found that short-term contraceptive methods such as condoms, hormonal methods, and emergency contraception should be made easily and readily available to sexually active adolescents.[81] Long-term and permanent contraceptive methods should also be provided.[82] The CERD Committee has specifically expressed

concern about the fact that efforts taken to prevent teenage pregnancy have not been effective among marginalized and racialized populations.[83] The CESCR Committee has connected high rates of teenage pregnancy and maternal mortality with the lack of adequate, available, and accessible SRH services and information.[84]

In its concluding observations, the CRC Committee has consistently reiterated the importance of States' obligation to ensure that adolescents' views are always heard and given due consideration as a part of decision-making processes.[85] This includes expanding the provision of free and confidential SRH information and services and access to contraceptives for adolescents without parental (or legal guardian) consent or accompaniment requirements.[86] Likewise, States must conduct education and awareness-raising campaigns on SRHR and dispel health-related misconceptions about modern methods of contraception and gender-based stereotypes that discourage the use of these contraceptive methods.[87]

For adolescents' right to abortion, see section (f) on abortion.

d. Rights to Sexual and Reproductive Health Information and Education

The right to SRH information includes the right to seek, receive, and disseminate information and ideas concerning SRHR generally and for individuals to receive specific information on their particular health status.[88] This also refers to States' obligation to respond to information requests from the public or the media and proactively publish and widely disseminate information of significant public interest.[89]

All individuals and groups, including adolescents and youth, have the right to evidence-based information on all aspects of SRHR, including contraceptives, maternal health, family planning, STIs, HIV prevention, safe abortion and post-abortion care, infertility and fertility options, and reproductive cancer.[90] Such information must be provided in a manner consistent with the needs of the individual and the community, taking into consideration, for example, age, gender, language ability, educational level, disability, sexual orientation, gender identity, and intersex status.[91] Notably, the CEDAW Committee has highlighted the need to ensure free, prior, and informed consent given by intersex children for any medical treatment or intervention.[92] The Committee has also recognized the need to address the limited access for women and girls to SRH information, including information on responsible sexual behavior, and to family planning and modern contraceptives, especially in rural areas.[93]

States are required to provide age-appropriate, evidence-based, scientifically accurate comprehensive education on SRHR for all—and

to do so, they must routinely update evidence-based guidelines for the provision of SRHR services.[94] States, including donor governments, must refrain from censoring, withholding, misrepresenting, or criminalizing the provision of SRHR information, both to the public and individuals.[95] Such restrictions impede access to information and services and can fuel stigma and discrimination.[96] States must also prohibit and prevent private actors from imposing practical or procedural barriers to health services, such as the physical obstruction of facilities, the dissemination of misinformation, informal fees, and third-party authorization requirements.[97]

Treaty monitoring bodies have consistently emphasized that access to information is a critical element in accessing abortion services.[98] They have repeatedly recommended that abortion be decriminalized[99] and have specifically noted that States should not place criminal sanctions on providers who share information about abortion.[100] Further, they have called on States to eliminate informational barriers to abortion services, such as medically unnecessary or biased counseling requirements,[101] and to ensure that information provided is scientifically accurate and evidence based and addresses both the risks of having an abortion and those of carrying a pregnancy to term, in order to ensure women's autonomy and informed decision-making.[102]

Sexuality Education in and out of Schools: Comprehensive Sexuality Education

The right to education, among other rights, includes the right to comprehensive sexuality education that is non-discriminatory, evidence based, scientifically accurate, and age-appropriate.[103] The CRC Committee and other treaty monitoring bodies have clearly articulated States' obligation to provide comprehensive sexuality education in and out of schools,[104] irrespective of age and without the consent of a parent or guardian.[105] Unequal access by adolescents to information may amount to discrimination,[106] and States must "ensure that girls can make autonomous and informed decisions on their reproductive health."[107] Comprehensive sexuality education is not limited to sexual education; it is also grounded in fundamental human rights on gender equality, sexual diversity, SRHR, responsible parenthood, sexual behavior, violence prevention, and the prevention of early pregnancy and STIs.[108]

e. Right to Maternal Health Care

All treaty monitoring bodies have reinforced the right to quality maternal health care services and the numerous human rights underpinning it. The Human Rights Committee has long recognized that the right to life entails the State obligation to ensure universal access without discrimination for

all individuals— including those from disadvantaged and marginalized groups—to the full range of quality sexual and reproductive health care, including maternal health care.[109] States must also take appropriate measures to guarantee adequate conditions for protecting the right to life, including improving access to medical examinations and treatments to reduce maternal and infant mortality.[110]

Similarly, the CESCR Committee has explained that protecting the right to health requires States to adopt legislative or other national measures to ensure universal access to maternal health care without discrimination for all individuals, including those from disadvantaged and marginalized groups.[111] Other treaty monitoring bodies have also emphasized that ensuring universal access in practice requires that social and other determinants of health be addressed to enable women and girls to seek and access the maternal health services they need.[112] Women and girls must also be able to exercise reproductive autonomy in determining the number and spacing of their children, have adequate evidence-based information about maternal health care, and be empowered to utilize maternal health services.[113] The CESCR Committee has specifically noted that informational accessibility, including comprehensive sexuality education, is necessary to prevent maternal mortality and morbidity.[114]

The CEDAW Committee has noted that States must provide safe motherhood services and prenatal assistance in order to reduce maternal mortality rates and remain compliant with their obligations under the Convention.[115] Aligning its recommendations with the Office of the High Commissioner for Human Rights' technical guidance on applying a human rights-based approach to preventing maternal mortality,[116] the CEDAW Committee has recommended that States increase their health expenditure by allocating sufficient budgetary resources to establish adequately equipped hospitals.[117] The CEDAW and CRC Committees have also called on States to take necessary steps to reduce neonatal, infant, under-five, and maternal mortality rates by, *inter alia*, improving access to prenatal and postnatal services and facilities—particularly in rural and remote areas—in order to eliminate mother-to-child HIV transmission.[118]

The CEDAW Committee has further recommended amending legislation to prohibit discrimination against women through onerous insurance premiums specifically linked to women's childbearing capacity and to ensure that additional costs for health insurance related to childbearing are subsidized so that women are not considered child-bearers by default and that those women who do bear children are not penalized.[119]

Freedom from Violence in Maternal Health Facilities

Women and girls, especially from marginalized and discriminated communities, are frequently subjected to mistreatment and violence during pregnancy and childbirth.[120] In this delicate moment of their life,

they often face different types of abuse during facility-based childbirth that violate their right to care and threaten their rights to life, health, bodily integrity, and freedom from discrimination. Many women and girls are also at risk of death or disability from pregnancy-related causes because they lack the funds to access the necessary services, such as antenatal, maternity, and postnatal care.[121] The lack of emergency obstetric care services and the denial of abortion can lead to maternal mortality and morbidity, which in turn constitutes a violation of the rights to life or security, and in certain circumstances can amount to torture or cruel, inhuman, or degrading treatment.[122] Treaty monitoring bodies have specifically recognized that the disrespect and abuse faced by women in maternal health facilities can amount to ill-treatment.[123]

The CEDAW Committee has also noted that States must allocate the maximum amount of available resources to ensure women and girls' right to safe motherhood and emergency obstetric services.[124] Notably, the CEDAW Committee, in its first decision on maternal mortality, *Alyne da Silva Pimentel v. Brazil*—in which a poor, Afro-Brazilian woman died unnecessarily as a result of an unaddressed obstetric complication while seeking care in multiple health facilities—recognized that States have a human rights obligation to address and reduce maternal mortality, to ensure women's right to safe motherhood, and to provide affordable access to adequate emergency obstetric care, meeting the specific and distinctive health needs of women, particularly women from low socioeconomic backgrounds and historically marginalized groups.[125] The Committee has also highlighted that even when governments outsource health services to private institutions, governments remain directly responsible for these third parties' actions and have a duty to regulate and monitor these institutions.[126]

Disproportionate Impact of Maternal Mortality and Morbidity on Racialized and Marginalized Women, Girls, and Persons with Diverse Sexual Orientations, Gender Identities and Expressions, and Sex Characteristics

The CERD Committee's recent recommendations on the need to address the disproportionately high rate of maternal mortality among marginalized and racialized populations reflects the importance of an intersectional approach in reducing maternal mortality and morbidity.[127] The Committee's specific recommendations include taking steps to eliminate racial and ethnic disparities in SRHR through an intersectional approach; removing barriers to accessing SRH services; implementing measures aimed at reducing the disproportionately high rates of maternal mortality and morbidity among Afro-descendant women and girls, Indigenous peoples, quilombolas, and non-citizens;[128] providing anti-racism and human rights-based training for all SRH professionals; and ensuring accountability and remedies for all forms of obstetric violence.[129]

The CEDAW Committee has specifically recommended strengthening efforts to eliminate the segregation of Roma women in hospital maternity wards, as well as verbal and physical abuse by medical staff, and to ensure that Roma women have access to adequate health care services throughout pregnancy and childbirth.[130] This Committee has similarly noted with concern the historical discrimination against Indigenous women and girls perpetuated not only by gender stereotypes but also by manifestations of racism, colonialism, and militarization that impede access to their SRHR.[131] It has emphasized how health professionals are often racially and gender biased; are frequently insensitive to the realities, culture, and views of Indigenous women; seldom speak Indigenous languages; and rarely offer services respecting the dignity, privacy, informed consent, and reproductive autonomy of Indigenous women. Furthermore, Indigenous midwives and birth attendants are often criminalized, and their technical knowledge often remains undervalued by non-Indigenous health systems.[132]

f. Right to Abortion

General Standards

Under human rights standards, States have an obligation to decriminalize abortion[133] and to ensure access to abortion. Treaty monitoring bodies have clearly stated that total abortion bans violate States' obligations to protect women and girls' rights to health and to life, as well as their right to dignity.[134] These bodies have consistently noted that decriminalization is not only necessary to strengthen measures to combat maternal mortality but also an obligation that flows directly from the rights of women and girls to non-discrimination, bodily autonomy, health, and life, among other rights.[135] They have historically called on States to legalize access to abortion in, at least, situations of rape, of incest, where there is a risk to the health or life of the pregnant person, and where there is severe or fatal fetal impairment.[136]

In recent years, treaty monitoring bodies have increasingly articulated States' obligations to ensure access to abortion beyond grounds-based laws and to decriminalize abortion in all cases.[137] They have been moving away from a grounds-based approach by making it clear that States have a duty to ensure that women and girls do not have to undergo unsafe abortions. In General Comment No. 36, the Human Rights Committee opens the opportunity to go beyond the exceptions-based framework, indicating that "States parties may not regulate pregnancy or abortion in all other cases in a manner that runs contrary to their duty to ensure that women and girls do not have to undertake unsafe abortions"; this includes—but is not limited to—applying criminal sanctions against women and girls who undergo abortion.[138] In recent country reviews, the Human Rights Committee has also recognized that grounds-based exceptions for abortion are not enough where the enjoyment of the right is denied in practice or where a hostile

environment creates fear of prosecution and stigmatization that prevents such enjoyment and has recommended explicit legislation guaranteeing safe, legal, and effective access to abortion in such circumstances.[139]

The CEDAW Committee has also taken clear steps to move beyond the grounds-based exceptions and, in its General Recommendation No. 30, recommends—without delineating any grounds—that States ensure that sexual and reproductive health care includes safe abortion services and post-abortion care.[140] Its General Recommendation No. 34 also explicitly recognizes that the criminalization of abortion is a form of gender-based discrimination and calls on States to decriminalize abortion without mentioning specific grounds for such decriminalization.[141] Similarly, General Recommendation No. 35 stresses that "forced pregnancy, criminalization of abortion, denial or delay of safe abortion and/or post-abortion care, [and] forced continuation of pregnancy," among others, are violations of women's SRHR, again without mentioning any grounds.[142] In recent country reviews, the CEDAW Committee has—with a few exceptions—recommended that States legalize abortion and decriminalize it *in all cases* and ensure that women and adolescent girls have adequate access to safe abortion and post-abortion services.[143]

Other treaty monitoring bodies have taken similar steps to call for the liberalization of abortion-related laws. The CESCR Committee has recognized that preventing unsafe abortions requires States to liberalize restrictive abortion laws[144] and to eliminate laws and policies that undermine autonomy and the right to equality and non-discrimination in the full enjoyment of SRHR.[145] The CAT Committee has recognized that the criminalization or denial of abortion may constitute torture or cruel, inhuman, or degrading treatment[146] and has called on States to allow for legal exceptions to the prohibition of abortion in which the continuation of pregnancy is likely to result in severe pain and suffering, such as when the pregnancy is the result of rape or incest or in cases of fatal fetal impairment.[147] The Committee has also called on States to ensure that "all women and girls, including those belonging to disadvantaged groups, have access to legal voluntary termination of pregnancy under safe and dignified conditions without harassment or efforts to criminalize them or their medical providers, and guarantee health care for women after they have had an abortion, regardless of whether they have done so legally or illegally."[148]

The CRC Committee has urged States to "decriminalize abortion to ensure that girls have access to safe abortion and post-abortion services."[149] It has recommended that States ensure access to abortion services for adolescents, as well as "review legislation with a view to guaranteeing the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions," without specifying the requirement of an exceptions-based legal standard.[150]

Camila v. Peru (CRC Committee, 2023)

Background

Camila v. Peru concerned an Indigenous girl from a rural area who was repeatedly raped by her father beginning at age 9 and became pregnant at age 13. Camila and her mother submitted a request for an abortion to the hospital and the relevant judicial authority. Although therapeutic abortions are legal in Peru,[151] the hospital and judicial authority neither informed Camila that she had a right to a therapeutic abortion nor responded to Camila and her mother's request. Instead, medical staff went to Camila's home several times, sometimes accompanied by police officers, where they pressured her to continue with the pregnancy. After Camila's pregnancy resulted in a miscarriage, the local prosecutor responded by diverting the investigation from the father's rape of Camila and instead charged her with the crime of self-induced abortion[152] based solely on Camila's repeated statements that she did not want to continue the pregnancy.[153]

Outcome

After not getting redress in the country, Camila, represented by Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos (known as PROMSEX), filed a case before the CRC Committee for numerous violations of the Convention on the Rights of the Child.[154]

The CRC Committee found that both a lack of information on abortion services and the failure to give her effective access to such services "exposed [Camila] to a real, personal and foreseeable risk of death"[155] and violated her right to seek and receive information under article 13 of the Convention.[156] Camila's status as a victim of rape by her father exacerbated the consequences of the pregnancy on her mental health, violating article 19 of the Convention, which requires measures to protect children from all forms of physical or mental violence.[157]

Assessing the right to health, the Committee recalled that States must ensure that health systems and services are able to meet the SRH needs of adolescents, including through safe family planning, abortion services, and psychological care.[158] It concluded that the lack of adequate psychological care and accessibility to specialized medical personnel and equipment violated Camila's right to the highest attainable standard of health.[159] Moreover, the State's denial of access to abortion and Camila's subsequent prosecution amounted to cruel, inhuman, and degrading treatment proscribed under article 37(a) of the Convention, as well as a form of gender-based violence.[160] The Committee also found that the invasive home visits of medical personnel—resulting in community stigmatization to the extent that

it forced Camila to leave school and, ultimately, her home[161]—were attempts to force Camila to continue with the pregnancy and therefore constituted arbitrary interference in her private life, in violation of her right to privacy under article 16 of the Convention.

The Committee further found a violation of the right to non-discrimination under article 2 of the Convention, basing its reasoning on, *inter alia,* the lack of access to safe abortion (which constituted differential treatment based on gender), punishment for not complying with gender stereotypes regarding her reproductive role,[162] and the infliction of repeated revictimization.[163] The Committee also found that Camila's discrimination was compounded by further "discrimination based on her age, … ethnic origin and social status."[164]

Based on these rights violations, the Committee requested that Peru (1) decriminalize abortion in all cases of child pregnancy; (2) ensure access to safe abortion services and post-abortion care for pregnant girls, particularly in cases of rape, incest, and risk to the life or health of the pregnant person; and (3) amend its regulations governing access to therapeutic abortion to provide for its specific application to girls.[165]

Medication Abortion[166]

Several international bodies have recognized medication abortion as critical to protecting and guaranteeing numerous human rights.[167] The CESCR Committee's General Comment No. 14 on the right to health recognizes States' obligation to provide all medications listed in the WHO Model List of Essential Medicines, which includes drugs used for medication abortion.[168] The CESCR Committee's subsequent comment on SRHR, General Comment No. 22, reiterates that "medicines for abortion" are essential.[169]

The International Covenant on Economic, Social and Cultural Rights also protects the "right of everyone: … To enjoy the benefits of scientific progress and its applications," which has been interpreted to include pharmaceutical advancements such as medication abortion. As the CESCR Committee has highlighted, a gender-sensitive approach is particularly relevant for the right of everyone to enjoy the benefits of scientific progress and is part of States' obligation to ensure access to up-to-date and quality medication for abortion.[170]

Non-retrogression Principle

Furthermore, the Covenant clearly articulates the principle of non-retrogression, prohibiting regressive measures in women's access to reproductive health. In this light, State laws, policies, and practices that introduce new restrictions on the exercise of the right to health

or that erect new barriers to individuals' access to health services should be interpreted as failing to comply with international human rights laws and standards.[171] The Human Rights Committee, in its General Comment No. 36, specifically recognizes this principle in the context of abortion, noting that States parties should not introduce new barriers that deny effective access by women and girls to safe and legal abortion.[172]

Denial of access to abortion as torture or ill-treatment

Human rights bodies have long recognized that the denial of an abortion service may violate the right to be free from cruel, inhuman, and degrading treatment and that States have an obligation to liberalize restrictive laws.[173] These bodies have found that denying or delaying safe abortion or post-abortion care may amount to torture or cruel, inhuman, or degrading treatment.[174] For example, the CAT Committee has expressed concern that complete bans on abortion may constitute torture or ill-treatment and has specifically referred to WHO's Abortion Care Guideline.[175] Notably, in every abortion-related individual complaint submitted to the Human Rights Committee, the Committee has found a violation of article 7 (the right to be free from torture and other ill-treatment) of the International Covenant on Civil and Political Rights.[176]

The CRPD Committee has specifically stated that medical procedures or interventions performed without free and informed consent, including procedures and interventions related to contraception and abortion, may be considered as cruel, inhuman, or degrading treatment or punishment and as breaching a number of international human rights treaties.[177]

Barriers to Abortion

In addition to the criminalization of abortion, other barriers—such as refusals of care, waiting periods, biased counseling, and anti-abortion demonstrations—pose significant hurdles to accessing lawful abortion.

- **Refusals of care based on conscience**
  According to treaty monitoring bodies' standards, States that permit health care providers to invoke conscientious objection must adequately regulate the practice to ensure that it does not limit women's access to reproductive health services, including abortion.[178] Measures to eliminate discrimination against women are considered inadequate if a health care system lacks services to prevent, detect, and treat illnesses specific to women. For

example, if individual health personnel refuse to perform certain SRH services based on conscientious objection, States should introduce measures to ensure that women receive quality care from alternative health providers in order not to be deprived of their SRHR.[179] Indeed, the CESCR Committee has expressed concern in situations where conscientious objections exacerbated the limited availability and accessibility of abortion services and led pregnant women to undergo unsafe abortions.[180] The CAT Committee has similarly expressed concern about legal frameworks that do not effectively regulate conscience-based refusals, that allow excessive waiting periods, or that do not have guidelines on how to seek legal abortion services.[181] In addition, the CEDAW Committee has highlighted that States have an obligation to ensure that conscientious objection is a personal, not institutional, practice.[182]

- **Waiting periods and biased counseling**
  States have an obligation to eliminate and refrain from adopting medically unnecessary barriers to abortion, including mandatory waiting periods, biased counseling, and third-party authorization requirements.[183] Mandatory waiting periods force women to wait a certain amount of time between requesting and receiving an abortion. Some States further require that within this mandatory waiting period pregnant women and girls receive counseling or other advice that is often biased.[184] These waiting periods frequently result in delays that increase the cost of abortion, restrict access, and disproportionately impact poor and underprivileged women and girls.[185]

  SRH information must be scientifically accurate, evidence based, non-biased, and non-discriminatory, and it must consider the individual's needs.[186] Laws and policies must ensure respect for women's dignity and autonomy in medical decision-making and when accessing reproductive health services. They also require respect for the principle of full and informed consent and necessitate that women be enabled to make medical decisions freely and voluntarily, without threat or inducement.[187]

- **Anti-abortion demonstrations**
  Abortion continues to generate intense opposition and hostility. Anti-abortion demonstrations in the vicinity of health facilities that provide abortions and post-abortion care are common in some jurisdictions and usually seek to intimidate and harass women and girls in order to deter them from exercising their right to access abortion and to harass health care providers and other staff of clinics where abortions are performed.[188]

  This has reached a level where, in certain contexts, anti-abortion activists impersonate legitimate health care providers and deliver inaccurate, fake, and threatening information about abortion.[189] Concerned that a chilling effect from anti-abortion demonstrations has led women seeking safe and legal abortion to feel the need to travel elsewhere to

seek abortion services, the Human Rights Committee has recommended the provision of "safe access zones" to prevent the stigmatization, harassment, and traumatization of women and girls seeking abortion.[190] Safe access zones are protective areas around abortion clinics which anti-abortion demonstrators cannot enter.[191] The CEDAW Committee has also found that the right to seek SRH services and information is violated when women are subjected to harassment by anti-abortion protesters that is encouraged by a lack of prosecution.[192]

The specific impact of abortion barriers on marginalized women and girls

Treaty monitoring bodies have long recognized that individuals belonging to particular groups may be disproportionately affected by restrictions on abortion and other SRH services and have issued specific recommendations to address non-discrimination, including intersectional discrimination and substantive equality. The CESCR Committee has recommended that States "be cognizant of and seek to overcome the often exacerbated impact that intersectional discrimination has on the realization of the right to sexual and reproductive health"[193] and "ensure that all individuals and groups have equal access to the full range of sexual and reproductive health information, goods and services, including by removing all barriers that particular groups may face."[194]

The CESCR Committee has connected the persistence of total bans on abortion to cases of serious suffering and injustice that disproportionately affect poor and underprivileged women.[195] Additionally, the CERD Committee has noted the impact of restrictive abortion laws on racialized and marginalized populations, paying special attention to the fact that these populations—as well as the doctors and other medical staff providing abortion and other SRH services—are often subjected to harassment, violence, and criminalization.[196] This Committee has further noted with concern that racial and ethnic minorities are at a higher risk of lacking the means to overcome socioeconomic and other barriers to accessing safe abortion.[197] The Committee has recommended addressing the profound disparate impact of criminalization and restrictions on women of racial and ethnic minority backgrounds, Indigenous women, and women with low incomes, as well as providing safe, legal, and effective access to abortion.[198]

The Human Rights Committee has also expressed alarm at the disproportionate impact of SRHR restrictions on women and girls with low incomes, those from vulnerable groups, those living in rural areas, and those belonging to racial and ethnic minorities.[199]

The World Health Organization's Abortion Care Guideline

The recommendations contained in WHO's 2022 Abortion Care Guideline are based on an evaluation of public health evidence and human rights standards. In the context of law and policy, the guideline recommends that States ensure the following:

- the full decriminalization of abortion and the absence of laws and other regulations that restrict abortion.[200]
- that abortion be available on the request of the woman, girl, or other pregnant person.[201]
- the absence of gestational age limits,[202] mandatory waiting periods for abortion,[203] and third-party authorization requirements.[204]
- the option of self-management of medical abortion in whole or in part at gestational ages of less than 12 weeks.[205]
- that regulations on who can provide and manage abortion are consistent with WHO guidance.[206]
- that all norms, standards, and clinical practice related to abortion promote and protect non-discrimination (including intersectional discrimination) and equality.[207]
- that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection.[208]

The WHO Abortion Care Guideline recognizes the following fundamental principles that should underlie the provision of abortion services:

Non-discrimination and equality: The guideline identifies discrimination in particular as an underlying cause preventing or hindering access to abortion services.[209] For example, finding disproportionate impacts on certain groups of women as a result of limits in the provision of SRH services, the guideline notes that "States must acknowledge and take measures to address access to safe abortion and post-abortion care for particular groups of individuals, especially those who are marginalized, have limited resources, live in rural areas, and/or are from minorities, as they are more likely to experience intersecting forms of discrimination."[210]

Inclusive, person-centered approach: The guideline recognizes that abortion provision is often stigmatized due to a variety of factors. It therefore recommends that stigma be addressed through an inclusive approach that captures the range of people who can get pregnant—such as "cisgender women, transgender men, nonbinary, gender-fluid and

intersex individuals with a female reproductive system and capable of becoming pregnant may require abortion care"—and that is in line with States' human rights obligations.[211]

Self-managed abortion: Medicines for abortion and post-abortion care are considered essential primary care goods and necessary for the functioning of a basic health care system.[212] WHO recommends the option of self-management of the medical abortion process.[213] For medical abortions performed at less than 12 weeks, WHO recommends the option of self-managing any or all of the three component parts of the medical abortion process: "self-assessment of eligibility (determining pregnancy duration; ruling out contraindications); self-administration of medications outside of a health-care facility and without the direct supervision of a trained health worker, and management of the abortion process; and self-assessment of the success of the abortion."[214] Specific essential medicines for self-managed abortion include mifepristone and misoprostol.[215] Accompanying their dispensation should be service delivery models that can facilitate access, such as telemedicine or community outreach, access or referral to emergency care if necessary, access or referral to post-abortion care and contraceptive services, and an assurance of privacy in all settings, especially in places where securing a private place may be challenging.[216]

Abortion as an essential health service: The guideline recognizes abortion as an essential health service. In order to meet Sustainable Development Goal target 3.8 on achieving universal health coverage, which includes access to quality essential health services and affordable essential medicines, the guideline notes that improving access to abortion care and ensuring that it is "central within primary health care" is key.[217]

Accountability: Accountability is central to ensuring that SRHR are protected, respected, and fulfilled. The guideline notes that accountability in ensuring access to safe abortion can come in different forms, such as an accessible mechanism "to challenge denial of abortion in a timely manner" and a meaningful and effective remedy in cases where a person's rights have been violated. Remedies include restitution, compensation, rehabilitation, satisfaction, and guarantees of non-repetition, including through law and policy reform. The guideline highlights that an enabling environment should feature the regular review and reform of laws and policies on abortion, including the decriminalization of services and of "forms of behavior that can be performed only by women, such as abortion."[218]

WHO in Treaty Monitoring Body Recommendations

Treaty monitoring bodies have referred to WHO's Abortion Care Guideline in their recommendations:

The CERD Committee has referred to the WHO Abortion Care Guideline in recommending that States parties take all measures necessary to mitigate the risks faced by women seeking an abortion and by the health providers assisting them and to ensure that these individuals are not subjected to criminal penalties.[219]

The Human Rights Committee, in light of its General Comment No. 36 on the right to life, has recommended that States put an end to the criminalization of abortion by repealing such laws—including laws that apply criminal sanctions to women and girls who undergo abortion, to health service providers who assist women and girls in undergoing an abortion, and to persons who assist women and girls in procuring an abortion—and to consider harmonizing their legal and policy frameworks with the WHO Abortion Care Guideline.[220]

The CAT Committee has referred to the WHO Abortion Care Guideline in recommending the decriminalization of abortion in law and in practice.[221]

The CEDAW Committee, in line with its General Recommendation No. 24 on women and health, has highlighted States' obligations to ensure legal abortion, including abortion on request, and to remove restrictions on access to safe abortion services, such as requirements for mandatory counseling, medically unnecessary waiting periods, and third-party authorization, in line with WHO's recommendations.[222]

g. Accountability for Sexual and Reproductive Health and Rights Violations

Remedy and redress are a core obligation under which States must "ensure that women have recourse to affordable, accessible and timely remedies."[223] Adequate remedy and redress for SRHR violations requires the provision of timely, effective, and transformative reparations that address the root causes of violations and guarantee non-recurrence and rehabilitation.[224]

Reparations also include, among other things, guarantees of non-recurrence and rehabilitation, such as access to medical services, and the removal of specific barriers women and girls may face in seeking justice by establishing confidential and non-biased processes to receive and address complaints and make meaningful changes to services.[225] The CEDAW

Committee has specifically found an obligation to ensure the provision of adequate and comprehensive reparations that address all gender-based violations, including SRHR violations,[226] and to ensure access to effective and transparent remedies and redress for SRHR violations.[227]

II. Equality and Non-discrimination, Bodily Autonomy, and Social Determinants of Health

a. Equality and Non-discrimination / Intersectional Discrimination

The failure to provide women and girls with quality SRH services violates the right to equality and non-discrimination because these are services that women and girls require in order to meet their particular reproductive health needs.[228] Denial of access to various forms of sexual and reproductive health care, such as the criminalization of abortion, is, in fact, a failure to meet the obligation to guarantee equality and non-discrimination in the area of SRHR.[229] The realization of gender equality and of the rights of women, both in law and in practice, requires repealing or reforming discriminatory laws, policies, and practices in the area of SRH.[230]

Impeding access to a full range of reproductive health information and services, as well as the failure to remove barriers to access such services, stems, in part, from stereotypes portraying women's "natural role" as mothers and caregivers. These stereotypes seek to justify denial or neglect of services, constitute discrimination against women and girls, and put their well-being and lives at risk.[231]

Substantive equality

Ensuring substantive equality is a human rights obligation and requires States to identify the root causes of discrimination, such as power structures and socioeconomic systems reinforced by gender stereotypes and socialized gender roles that lead to inequalities. Substantive equality also requires States to acknowledge that people experience inequality differently not only because of who they are as individuals but also because of the groups to which they belong. Finally, substantive equality requires that States measure progress on addressing inequalities by looking at the results for all persons, including the most marginalized,

and ensuring equality of results, which may require enacting practices and policies targeting particular marginalized groups.

States have an obligation to report on how policies and measures on health care address the health rights of women from the perspective of women's distinct needs and interests.[232] Achieving substantive equality requires that States "immediately assess the de jure and de facto situation of women and take concrete steps to formulate and implement a policy that is targeted as clearly as possible towards the goal of fully eliminating all forms of discrimination against women and achieving women's substantive equality with men."[233] This means that States must ensure that women are protected against discrimination by public authorities, the judiciary, other public institutions, and private actors.[234] The principle of substantive or de facto equality must be applied to legal interpretations—including national, religious, and customary laws, as well as laws on SRH[235]—and should be cognizant of and seek to overcome the often exacerbated impact that intersectional discrimination has on the realization of SRHR.[236]

Certain individuals and population groups experience intersecting forms of discrimination that exacerbate exclusion in both law and practice,[237] depriving them of the full enjoyment of their SRHR.[238] Groups such as poor women, persons with disabilities, migrants, Indigenous peoples and other ethnic minorities, adolescents, people living with HIV/AIDS, and lesbian, gay, bisexual, transgender, and intersex persons are more likely to experience intersecting forms of discrimination.[239] Trafficked and sexually exploited women, girls, and boys are subject to violence, coercion, and discrimination in their everyday lives, with heightened risks to their SRHR. Women and girls living in conflict situations are disproportionately exposed to risks of violations of their rights, including through systematic rape, sexual slavery, forced pregnancy, and forced sterilization.[240] Simply, States have an obligation to ensure that all individuals and groups have equal access to the full range of SRH information, goods, and services, including by removing all barriers that particular groups may face.[241]

The gender-based disaggregation of health and socioeconomic data is also essential for identifying and remedying inequalities in health.[242] Poverty, income inequality, systemic discrimination, and marginalization are all social determinants of SRHR that such a disaggregation should capture.[243]

Report of the United Nations Working Group on discrimination against women and girls on gendered inequalities and poverty

While this booklet is focused specifically on the work of the treaty monitoring bodies, it is important to highlight the recent report of the UN Working Group on discrimination against women and girls regarding the impact of poverty and socioeconomic inequalities on SRHR,[244] given its connection to the underlying and social determinants of health stated in General Comments No. 14 and 22 of the CESCR Committee.

In its report, the Working Group recognizes that socioeconomic inequality, poverty, and gender discrimination often intersect and exacerbate the marginalization of women and girls, leaving them vulnerable to violations of their right to bodily autonomy and integrity and their SRHR.[245] Unable to access SRH education, SRH information, and quality SRH services such as abortion, women and girls subject to gender-based inequalities often become trapped in poverty cycles that transmit to future generations.[246] The privatization of SRH services and products—including through the implementation of austerity measures by States[247]—exacerbates this issue by excluding low-income women and girls.[248] Moreover, the criminalization of women and girls seeking contraceptive goods and services or abortion care disproportionately punishes those without the financial means to travel to other jurisdictions to access those services.[249]

The mutually reinforcing cycle between violations of SRHR and poverty requires that States take positive measures to achieve the realization of the full range of SRHR.[250] While States are primary holders of human rights obligations, businesses also have obligations to take adequate steps to guarantee SRHR, bodily autonomy, and freedom from violence.[251] Such steps may include gender-sensitive grievance mechanisms, paid maternity or carers' leave, and women's right to collective bargaining and freedom of association.[252]

The CERD and CEDAW Committees, recognizing that women experience intersectional discrimination and violence—and especially sexual violence[253]—in conflict and post-conflict settings, have observed that these violations disproportionately impact women and girls from particular racial or ethnic groups.[254] For example, the CERD Committee has pointed to "sexual violence committed against women members of particular racial or ethnic groups in detention or during armed conflict [and] the coerced sterilization of indigenous women."[255]

The Convention on the Rights of Persons with Disabilities has been instrumental in the recognition of the intersections between discrimination based on disability and discrimination on other grounds such as age, sexual orientation, gender identity, and sex characteristics.[256] The CRPD Committee has expressly stated that such harmful intersectional stereotyping can lead to structural or systemic discrimination that is intrinsically linked to a lack of adequate law enforcement and programs.[257] The Committee has reminded States that reasonable accommodation must be made to enable persons with disabilities to fully access SRH services on an equal basis, such as physically accessible facilities, information in accessible formats, and decision-making support, and that care should be provided in a respectful and dignified manner that does not exacerbate marginalization.[258]

The CEDAW Committee has acknowledged the particular impact of intersectional discrimination on women and girls, including rural women, migrant women, women in conflict, and women refugees and asylum seekers, among others.[259] The Committee has also noted that specific temporary special measures may be required to address multiple and intersecting forms of discrimination against women.[260] Its General Recommendation No. 39 on Indigenous women and girls and its General Recommendation No. 37 on the gender-related dimensions of disaster risk reduction in the context of climate change include an intersectional perspective and remind States that they must integrate an intersectional perspective toward the prevention of discrimination against Indigenous women and girls.[261]

Impact of racial discrimination on sexual and reproductive health and rights: The case of the United States

In 2022, both the CERD Committee and the Human Rights Committee reviewed the United States' compliance with the respective Conventions, developing significant standard-setting recommendations on SRHR and discrimination. These include the following:

Maternal health: Concerned about the increase in maternal mortality and morbidity in the US,[262] the Human Rights Committee recommended that the country redouble its efforts to combat maternal mortality and morbidity and integrate an intersectional and culturally respectful approach in policies and programs aimed at improving women's access to comprehensive SRH services.[263] The Committee also recommended that the US take further steps to eliminate racial and ethnic disparities in SRHR, especially those

aimed at reducing the disproportionately high rates of maternal mortality and morbidity among racial and ethnic minorities.[264]

Abortion: The Human Rights Committee specifically referred to the immediate and devastating impact on women and girls' health and rights stemming from the US Supreme Court's reversal of the federal right to an abortion in *Dobbs v. Jackson Women's Health Organization*, especially its disproportionate impact on women and girls with low incomes and from vulnerable groups. The Committee noted the profound impact of *Dobbs* on the rights of women and girls seeking an abortion and the rights to life, privacy, and freedom from cruel and degrading treatment.[265] The Committee recommended that the US provide legal, effective, safe, and confidential access to abortion for women and girls throughout its territory, free from discrimination, violence, and coercion;[266] end the criminalization of abortion, including of providers, and consider harmonizing its legal and policy framework with WHO's Abortion Care Guideline; remove existing barriers impeding access to abortion care and refrain from introducing new ones; and continue efforts to guarantee and expand access to medication abortion.[267]

Midwifery: The Human Rights Committee expressed concern that various states in the US severely restrict, ban, or even criminalize midwifery, thereby limiting the availability of culturally sensitive and respectful maternal health care for those with low incomes, those living in rural areas, people of African descent, and members of Indigenous communities.[268] The Committee recommended that the US take further steps to remove restrictive and discriminatory legal and practical barriers to midwifery care, including those affecting midwives in communities of people of African descent and Indigenous peoples.[269]

b. Restrictions on Bodily Autonomy and Reproductive Rights

Ensuring women's right to non-discrimination and substantive equality requires that women be able to exercise autonomy and self-determination, as well as make important decisions without undue influence or coercion.[270] The right of a woman, girl, and person with diverse SOGIESC to make autonomous decisions about their own body and reproductive functions is at the very core of the fundamental right to equality and privacy as it concerns intimate matters of physical and psychological integrity.[271] While all the issues throughout this booklet concern bodily autonomy, the issues below relate to procedural and other barriers to reproductive autonomy

(such as third-party authorization requirements for SRH services) and violence and coercion impacting SRHR (such as female genital mutilation; child, early, and forced marriage; and forced sterilization).

Procedural and Other Barriers to Reproductive Autonomy

"The right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation,"[272] include the obligation of the State to respect the right to make autonomous decisions about one's SRH.

- **Third-party authorization requirements**
  The CEDAW Committee has urged States to repeal third-party authorization requirements—such as those requiring authorization from spouses, judges, parents, guardians, or health authorities—to access SRH services and information, classifying these requirements as a form of discrimination against women, a violation of the right to privacy, and a barrier to women's access to SRH services.[273] The CRC Committee has also specifically affirmed that "[t]here should be no barriers to commodities, information and counseling on sexual and reproductive health and rights, such as requirements for third-party consent or authorization."[274] States should allow children to "consent to certain medical treatments and interventions without the permission of a parent, caregiver, or guardian, such as HIV testing and sexual and reproductive health services, including education and guidance on sexual health, contraception, and safe abortion."[275] The CRC Committee has also urged States to decriminalize abortion to ensure that girls have access to safe abortion and post-abortion services and to "review legislation to guarantee the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions."[276]
- **Legal capacity of persons with disabilities in sexual and reproductive health care**
  For persons with disabilities, the CRPD Committee has recommended that States parties adopt "effective measures to provide women with disabilities access to the support they may require to exercise their legal capacity, in line with the Committee's General Comment No. 1 (2014) on equal recognition before the law, to give their free and informed consent and to take decisions about their own lives."[277] Treaty monitoring bodies have long emphasized the need to obtain informed consent for sterilization procedures[278] and have urged States to repeal any legal provisions that allow substituted consent by third parties, to investigate and hold accountable perpetrators of forced sterilization, and to provide redress and support to women and girls who are victims of forced sterilization.[279]

Violence and Coercion

Treaty monitoring bodies have recognized that women are denied reproductive autonomy when they are subjected to violence or coercion, which may include harmful practices such as female genital mutilation; child, early, and forced marriage; and forced sterilization.[280] They have stated that violations of women's SRHR such as forced sterilization are a form of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman, or degrading treatment.[281] Likewise, these bodies have long recognized that coercive sterilization violates women's rights to informed consent and to dignity.[282]

Treaty monitoring bodies have clearly stated that such practices are based on intersectional forms of discrimination, gender stereotypes, and prejudices that have roots in historical social norms and structures, including patriarchy, with a differentiated impact on girls.[283] They have also highlighted States' obligation to ensure that all cases of torture, ill-treatment, harmful practices, and other types of violence, including domestic and sexual violence, are promptly and effectively investigated; that perpetrators are prosecuted and, if convicted, punished with appropriate penalties; and that victims have access to effective remedies, including rehabilitation, compensation, and means of protection and assistance.[284]

- **Child, early, and forced marriage**
  The CEDAW and CRC Committees have called for the implementation of laws that prohibit child marriage.[285] Further, the Human Rights Committee and CEDAW Committee have recommended that the minimum age of marriage be raised to the age of 18 without exception—regardless of cultural, religious, or other customary practice[286]—and that child marriages below the minimum age be declared void.[287] Recognizing that patriarchal traditions, cultural attitudes, and discriminatory stereotypes lie at the root of child, early, and forced marriage, treaty monitoring bodies have consistently noted that States have an obligation to ensure such traditions and viewpoints are not used to violate women and girls' rights.[288] This coincides with States' particular obligation to protect girls most at risk of child marriage, including girls from vulnerable subgroups.[289]

  Treaty monitoring bodies have expressed consistent concern about the impacts that child, early, and forced marriage have on early pregnancy, school dropout rates, sexual and gender-based violence, and maternal health, as well as how these impacts are exacerbated by limited, inadequate, or discriminatory SRH services.[290] They have recommended that States provide adequate resources for the treatment and rehabilitation of child victims of forced marriage, such as shelters and physical and psychological recovery programs.[291]

The CAT Committee has recognized child marriage as a harmful traditional practice that must be prohibited to ensure compliance with the prohibition of torture and cruel, inhuman, and degrading treatment under the Convention against Torture.[292] Similarly, the CEDAW Committee has noted that forced marriage is punishable as human trafficking or coercion.[293] This Committee has further reminded States of their obligations to ensure that cases of forced marriage are effectively investigated and prosecuted and that perpetrators are adequately punished;[294] to explicitly criminalize forced marriage in domestic criminal codes; and to ensure that victims receive appropriate care, support, and reparations.[295] It has also specifically referred to the impact of early pregnancy within Roma communities and on women with disabilities and has recommended that States adopt necessary legal safeguards to protect women with disabilities from being pressured into forced marriages.[296]

- **Forced reproductive health procedures**
  Forced or coerced sterilization, forced or coerced abortion, and mandatory testing for pregnancy or STIs, including HIV, are violations of women's rights to health-related decision-making and to informed consent.[297] The CEDAW Committee has classified forced sterilization as a form of gender-based violence[298] and has called for complaints about forced sterilization to be duly investigated and for the provision of remedies and redress that are "adequate, effective, promptly granted, holistic and proportionate to the gravity of the harm suffered."[299] The Committee has also called for a more robust collection of disaggregated data on forced sterilization as a form of gender-based violence.[300]

  Violations related to forced health procedures often occur against persons belonging to marginalized groups, including persons with disabilities, persons living with HIV, persons belonging to ethnic or racial minorities, and persons with diverse SOGIESC.[301] Women from marginalized groups—including Indigenous women,[302] women with disabilities,[303] and women who are living with HIV[304]—are often subjected to forced or coerced sterilization, which treaty monitoring bodies have found violates, *inter alia*, the right to be free from torture and ill-treatment.[305]

  The CEDAW Committee has raised specific concerns regarding the involuntary sterilization of transgender women as a precondition to legal gender recognition.[306] The Committee has recommended ensuring that transgender women continue to obtain legal recognition of their gender and change their names in civil registries without undergoing involuntary sterilization.[307] It has also asked States to commit to not adopting legislation allowing compulsory sterilization.[308] The Committee has also noted with concern the involuntary sterilization of Roma women without informed consent and has issued recommendations to guarantee

their access to justice and fair compensation via facilitating access to medical records, pretrial evidence disclosure, removal of financial barriers, and other effective mechanisms.[309] Observing numerous States with education gaps in SRHR, including among medical personnel, that lead to forced sterilization, treaty monitoring bodies have further recommended education-based measures such as awareness campaigns on SRHR and trainings for medical personnel on the requirements of laws against forced sterilization and the SRHR of women with disabilities.[310]

Treaty monitoring bodies have also expressed concerns regarding unnecessary medical or surgical treatment for intersex persons. Reminding States of their obligations to guarantee bodily integrity, autonomy, and self-determination, they have recommended that no person be subjected to such treatment. They have further recommended that medical staff be educated and trained on sexual diversity and the consequences of unnecessary surgical and other medical interventions for intersex children.[311] The CESCR Committee has noted that "regulations requiring that lesbian, gay, bisexual transgender and intersex persons be treated as mental or psychiatric patients, or requiring that they be 'cured' by so-called 'treatment', are a clear violation of their right to sexual and reproductive health."[312] The CAT Committee has also recommended that all intersex persons who experience severe pain and suffering caused by such unnecessary medical procedures have access to effective remedies.[313]

III. Issues in Focus

a. Assisted Reproductive Technology and Surrogacy

Individuals and couples have the right to decide the number, timing, and spacing of their children and the right to benefit from scientific progress.[314]

Infertility can challenge the realization of these essential human rights. Addressing infertility and ensuring equitable access to fertility care are therefore an important part of realizing the right of individuals and couples to found a family.[315] To this end, States must, at minimum, ensure access to up-to-date scientific technologies such as ART on the basis of non-discrimination and equality, as outlined in CESCR General Comment No. 22 on the right to SRH.[316] The use of ART must respect the fundamental principle that every person has the right to make decisions about their reproductive life.[317] Equally, every person has the right to comprehensive, unbiased, and evidence-based information and services.[318] Essential to ensuring that ART accounts for the needs, realities, and contexts of

women—and vulnerable groups in particular—is the inclusion of persons directly impacted in the development, adoption, and implementation of laws and policies on ART's implementation.[319]

States must also ensure access to modern and safe forms of ART and other sexual and reproductive goods and services. States' obligations in this regard include the adoption of necessary measures to prevent any person or entity from interfering with the right to participate in and enjoy the benefits of scientific progress and its applications by, for example, protecting individuals from discrimination based on gender, sexual orientation, gender identity, or other circumstances.[320] This right has, in fact, paved the way for a greater diversity of family formation.

In recent country reviews, treaty monitoring bodies have called on States to eliminate excessive restrictions on the use of ART,[321] while the CEDAW Committee has more specifically welcomed State legislation regulating ART and guaranteed access to medically assisted procreation.[322] Particular concerns in accessing ART include the criminalization of certain ART practices, gender-based and intersectional discrimination,[323] restrictions on women's right to make independent decisions about their bodily autonomy, ineffective regulations unable to keep pace with technological developments, and, in some States, the lack of specific regulations.[324]

Surrogacy

While surrogacy is often discussed only from a child rights perspective, it is an important method of family formation for many individuals and couples and implicates the rights of multiple stakeholders, including intended parents and people who act as surrogates.[325]

Much international human rights development on surrogacy has focused on the rights of children born via surrogacy and the right to identity. The CRC Committee, for example, has expressed "deep concern" at the deprivation of nationality that some children born through surrogacy continue to face and has recommended the removal of legal barriers and the strengthening of legal pathways for all children to acquire a nationality.[326] It has encouraged ongoing legislative initiatives seeking to regulate surrogacy to ensure that medically assisted reproduction involving surrogacy has children's best interests as a primary consideration and that children born through surrogacy have access to information about their origins, in line with the right to identity.[327] The CRC Committee has also highlighted that fully realizing the best interests of such children and persons who act as surrogates may also require providing surrogates and prospective parents with appropriate counseling and support.[328] It has further recommended that surrogacy regulations seeking to protect the right to identity provide clear procedures for managing and storing data regarding children's origins.[329] The CEDAW Committee has expressed similar concern where there is an absence of legal regulation of surrogacy

and has recommended the adoption of legal provisions allowing children born of surrogacy abroad to acquire citizenship by descent.[330]

From the perspective of women acting as surrogates, the CEDAW Committee has addressed the issue in only two country reviews. In 2019, for the first time, the Committee recommended that a country not impose criminal liability or administrative sanctions on women who act as surrogates and that it ensure that laws, regulations, and policies on surrogacy prevent exploitation and the deprivation of liberty, as well as coercion, discrimination, and violence against them.[331] More recently, the CEDAW Committee expressed concern at the risk of exploitation due to poverty and a lack of alternative income-generating opportunities, particularly regarding surrogate women and the children born to them during the war in Ukraine.[332] Recognizing these risks, the Committee recommended the adoption of a legislative framework regulating surrogacy that protects women acting as surrogates from exploitation, coercion, discrimination, and trafficking.[333]

b. Sexual and Reproductive Health in Conflict Zones, Crisis Situations, and Humanitarian Settings

IHRL continues to apply during humanitarian and risk situations, including armed conflict, and provides the most robust standards on SRHR than any other body of international law.[334] For example, article 11 of the Convention on the Rights of Persons with Disabilities explicitly affirms the continuing application of the Convention in situations of armed conflict "to ensure the protection and safety of persons with disabilities."[335] General Comments No. 9 and 10, which the CRPD Committee is currently working on, present an opportunity for the Committee to ground the obligation of non-discrimination that is enshrined in the Convention in relevant international humanitarian law (IHL) principles and rules for the protection of persons with disabilities.[336]

Human rights standards are complementary to those in IHL and can and should be used as an interpretative tool for gaps in other branches of international law.[337] IHRL standards apply not only to States but also to non-State actors, including armed non-State actors in certain circumstances, as well as to donor States and other actors.[338]

Treaty monitoring bodies have expressed concern regarding limited access for women and girls to SRH services in conflict-affected areas and its impact on maternal mortality.[339] The CEDAW Committee, for example, has recommended the provision of SRH information and services in crisis situations, including for refugee, asylum-seeking, and internally displaced women and girls.[340]

The CEDAW Committee's General Recommendation No. 30 on women in conflict prevention, conflict, and post-conflict situations covers a wide spectrum of SRHR in such contexts, including protections against sexual and gender-based violence and the right to access SRH services.[341] Expressing concern regarding the effects of conflict on SRHR and maternal mortality, the CEDAW Committee has specifically urged States to prioritize the provision of SRH services, including safe abortion services, post-abortion care, psychosocial support, emergency contraception, antenatal care, skilled delivery services, emergency obstetric care, services for injuries such as fistula arising from sexual violence, and the prevention and treatment of HIV/AIDS and other STIs, among others.[342]

Accountability for Sexual and Reproductive Health and Rights in Humanitarian Situations and the Provision of Reparations

The application and enforcement of human rights standards within humanitarian settings and programs help strengthen accountability, which includes reparations for lack of access to SRH services.[343] For example, the Human Rights Committee has expressed deep concern about sexual and gender-based violence as a method of warfare and the lack of effective access to emergency health care, rehabilitation, and redress mechanisms for victims of sexual and gender-based violence against women.[344] This led to the Committee's recommendation that States ensure effective access to rehabilitation and redress for all victims of sexual and gender-based violence and that States prevent further violations.[345]

S.H. v. Bosnia and Herzegovina (CEDAW Committee, 2020)[346]

The claimant, S.H., was a survivor of rape perpetrated by a member of the Bosnian Serb forces during the conflict in the former Yugoslavia. The rape caused S.H. physical and psychological suffering, including problems with her thyroid gland and a major genital infection, for which she could not afford appropriate treatment. The infection later developed into a cervical disease and subsequently cervical cancer, resulting in the removal of her cervix. S.H.'s inability to engage in sexual intercourse with her husband after the rape also led to her divorce. She has been living below the poverty level since her divorce.

Shortly after the rape, S.H. filed a police report. However, the police gave her neither access to information on progress made in the investigation nor a timely opportunity to contribute to the investigation.[347] The police did not investigate S.H.'s initial complaint for over 10 years, and State authorities ignored S.H.'s requests for updates.[348] The State also failed to provide her with access to comprehensive social assistance until 2019, when authorities

eventually recognized her status as a victim of conflict-related sexual violence and granted her a monthly pension of about 67 euros (approximately USD $75).

After exhausting all domestic legal procedures and remedies to access justice and adequate financial support, S.H. filed a complaint before the CEDAW Committee. In its decision, the Committee found that the State's failure to provide an effective and timely investigation, as well as sufficient redress for the victim, amounted to multiple breaches of the Convention, including access to justice and equality before the law. It also found a violation of article 12 on the right to health.[349]

c. COVID-19

The COVID-19 pandemic deeply impacted SRHR, especially maternal health care.[350] This is partly reflected in the stalled decline of the global maternal mortality rate. For two decades before the pandemic, the worldwide maternal mortality rate had steadily and progressively declined.[351] Analyzing social and other determinants of health was key to assessing the differentiated impacts on marginalized and discriminated individuals and populations during COVID-19.[352] Importantly, under IHRL, the concept of progressive realization to the maximum extent of States' available resources in fulfilling the right to health is restricted by the obligation of "taking steps" toward the realization of rights, the principle of non-retrogression, and core obligations that are non-derogable and include the right to non-discrimination.[353] Measures adopted by States during the COVID-19 pandemic included the diversion of financial and human resources away from sexual and reproductive health care and the imposition of restrictions on services, amounting in practice to a retrogression incompatible with States' human rights obligations.[354]

Sexual and Reproductive Health Goods and Services during COVID-19

WHO and the CEDAW Committee specifically categorized reproductive health as a "high priority" essential service at the onset of the COVID-19 pandemic.[355] They reiterated that sexual and reproductive health care is a vital and essential health service that must continue during the pandemic.[356] Essential goods and services encompass those related to reproductive health, "including during childbirth and pregnancy."[357] In its General Comment No. 36, the Human Rights Committee articulates that the duty to protect life implies a concomitant obligation to ensure access "without delay" to essential goods and services within emergency response

operations.[358] States cannot postpone or delay essential services even when they implement protective public health measures during emergencies such as COVID-19.[359] Ensuring SRH services remains essential in both law and practice and is especially important in light of the threats to SRHR that treaty monitoring bodies have highlighted since the onset of the pandemic.

Threats and Vulnerabilities since the Onset of COVID-19

Treaty monitoring bodies have continued to highlight the threats and vulnerabilities created by COVID-19 and their detrimental impact on existing gaps in protecting and fulfilling SRHR. Having observed a general de-prioritization in sexual and reproductive health care and services during the pandemic, even as COVID-19 exacerbated threats and led to poorer outcomes in SRH, treaty monitoring bodies have consistently reminded States of their need to treat sexual and reproductive health care as essential. Categorizing goods and services as essential triggers specific legal protections and obligations during emergencies such as COVID-19.[360]

Treaty monitoring bodies have also expressed concern regarding the persistence of specific threats to SRHR since the onset of the pandemic, such as spikes in sexual and gender-based violence and domestic violence,[361] limited access to SRH education and information,[362] and the increased prevalence of child, early, and forced marriage.[363] Access to SRH services has generally been more limited since the start of the pandemic, including limited accommodations for working mothers and pregnant women and girls facing distinct challenges as a result of COVID-19, women and girls in rural areas, and women and girls with disabilities.[364] The CEDAW and CRC Committees have also expressed concern at higher rates of teenage pregnancy during the pandemic, leading in some countries to a high dropout rate among girls in secondary education.[365]

Recognizing that vulnerabilities exposed by COVID-19 often reflect discriminatory policies and practices and weak enforcement mechanisms that long predate the pandemic, treaty monitoring bodies have continued to recommend that States improve accountability mechanisms for sexual and gender-based violence and ensure women and girls' access to justice, including by ensuring that legal assistance is affordable or free and that law enforcement bodies and judicial authorities build their capacity on gender-sensitive investigations and interrogation methods. The CEDAW Committee has also recommended that States address the underlying causes of persistent gender stereotypes that have led to the kinds of threats to SRHR exacerbated or exposed by COVID-19 by, for example, expanding secondary curricula to include content on harmful gender stereotypes and the prevention of early pregnancy, as well as law enforcement training on sexual and gender-based violence.[366]

The CEDAW Committee has more specifically recommended the implementation of "institutional, legislative and policy measures to redress

long-standing inequalities between women and men" and to ensure that women and girls are not confined to stereotypical gender roles in recovery plans and that there is equal participation—including by disadvantaged and marginalized groups of women and girls—"in the design and implementation of COVID-19 recovery programmes."[367] Considering the more limited access to SRH services during the COVID-19 pandemic, treaty monitoring bodies have recommended that States raise awareness of the availability of accessible and affordable goods and services.[368] The CEDAW Committee has also recommended the collection of disaggregated data on the COVID-19 pandemic's impact on women's health.[369]

d. The Climate Crisis and Sexual and Reproductive Health and Rights

The CESCR Committee's General Comment No. 14 on the right to the highest attainable standard of health includes the right to a healthy natural environment, which obligates States to, *inter alia,* prevent and reduce "the population's exposure to harmful substances such as radiation and harmful chemicals or other detrimental environmental conditions that directly or indirectly impact upon human health."[370] The Human Rights Committee's General Comment No. 36 on the right to life recognizes both environmental degradation and climate change as two of the most significant and direct threats to the right to life for future generations, urging States to take measures to protect against environmental harms, mitigate pollution, and address the effects of the climate crisis.[371]

The CEDAW Committee's General Recommendation No. 37 on gender-related dimensions of disaster risk reduction in a changing climate recognizes the disproportionate impact that women and girls face from the climate crisis due to gender discrimination and inequalities, recommending that States ensure that women and girls' human rights are fulfilled in all climate change responses and mitigation efforts.[372] It also urges States to prioritize SRH services and information—such as safe abortion services, contraception, and maternal health care—in all disaster-preparedness and response programs[373] and to remove all barriers to accessing SRH services before, during, and after disasters.[374] Both the CEDAW Committee and the Human Rights Committee have recommended that States develop policies that protect vulnerable persons from the adverse effects of climate change, especially women and girls who are disproportionately affected by climate change due to gender discrimination.[375]

The CEDAW Committee has also recognized the indirect role of corporations in contributing to sexual and gender-based violence against women through environmental degradation, especially for women

in rural or marginalized communities.[376] The Committee's General Recommendation No. 34 on rural women, for example, recommends that States "regulate the activities of domestic non-State actors within their jurisdiction, including when they operate extraterritorially."[377] In its recent General Recommendation No. 39 on the rights of Indigenous women and girls, the CEDAW Committee recognizes the concept of "environmental violence" as a form of sexual and gender-based violence that includes environmental harm, degradation, and pollution.[378]

Building on these recommendations while tracking the progress of States parties, treaty monitoring bodies have continued to recognize the impacts of climate change and environmental degradation on gender equality, the right to health, and SRHR, especially for disadvantaged populations facing gender and other intersecting forms of discrimination.[379]

Climate Crisis and Discriminatory Natural Resource Allocation

The CEDAW Committee has continued to focus on the connection between unequal and discriminatory land ownership policies and natural resource allocation, particularly for women in rural areas who are disproportionately impacted by the climate crisis and have limited access to SRH goods and services.[380] The Committee has observed that persistent patriarchal attitudes tend to accompany States' imposition of restrictions on land ownership, decision-making roles for women on the use of natural resources, and services for victims of gender-based violence.[381]

Recognizing these connections, including between SRHR and the climate crisis, the CEDAW Committee has recommended that States adopt national plans toward the reduction of pollution that are "compatible with the full enjoyment of women and girls of their right to health."[382] Moreover, the Committee has recommended that for States to meet Sustainable Development Goal 5, they should implement reforms that ensure women's equal right to economic services—including natural resources—and support their access to sexual and reproductive health care and services.[383]

IV. Recommendations

In recent years, treaty monitoring bodies have made substantial progress in elaborating human rights standards on SRHR. In order to ensure the continued development of human rights standards and the full realization of SRHR around the world, treaty monitoring bodies should consider doing the following:

i. Explicitly recognize that States have an obligation to ensure the right of women, girls, and persons with diverse SOGIESC to access abortion. In doing this, States must be guided by WHO's Abortion Care Guideline to ensure that access to abortion is available on the request of the woman, girl, or other pregnant person without the authorization of any other individual, body, or institution. This includes the full decriminalization of abortion and the elimination of grounds-based approaches to abortion access, waiting periods, and gestational age limits, as well as guaranteeing the option of self-managed abortion up to 12 weeks' gestation without provider involvement, should the pregnant person so desire.

ii. Continue to remind States that the denial of access to SRH services, goods, and information is a form of gender discrimination; that it can result in torture or cruel, inhuman, or degrading treatment; and that States are required to prevent, punish, and redress such rights violations.

iii. Reinforce the applicability of IHRL in humanitarian settings as a way to strengthen accountability and reparations for access to SRH services and reiterate that the provision of the full range of SRH information and services—including abortion—without discrimination is essential in situations of risk and humanitarian settings.

iv. Continue to address intersectional discrimination as an underlying cause of the disproportionate impact of SRHR violations on disadvantaged and historically marginalized groups, and specify that States may need to implement special temporary measures to ensure the SRHR of such groups.

v. Develop a clear human rights-based approach to ART, including surrogacy, that recognizes ART as an important method of family formation and protects the rights of all parties involved. This approach should center the rights of women and ensure that the right to benefit from scientific progress is implemented on a non-discriminatory basis.

vi. Continue efforts to mainstream gender-inclusive language to enhance the protection of persons with diverse SOGIESC in the interpretation and application of the different UN human rights treaties as a way to

contribute to the normalization of non-binary identities and to enhance the visibility of marginalized experiences linked to intersecting forms of discrimination.

vii. Recognize that only pregnant persons can determine their relation to their pregnancy, and move away from using language related to motherhood (e.g., terms such as "mother") in the context of abortion as a matter of dignity and respect.

Endnotes

1 Committee on Economic, Social and Cultural Rights (CESCR Committee), General Comment No. 22 on the right to sexual and reproductive health, U.N. Doc. E/C.12/GC/22 (May 2, 2016) [hereinafter CESCR Committee, Gen. Comment No. 22], para. 5.

2 *Id*.

3 This booklet is limited to UN treaty body standards and does not include standards developed by Special Procedures of the UN Human Rights Council.

4 Committee on the Elimination of Discrimination against Women (CEDAW Committee), General Recommendation No. 39 on the rights of Indigenous women and girls, U.N. Doc. CEDAW/C/GC/39 (October 26, 2022) [hereinafter CEDAW Committee, Gen. Rec. No. 39].

5 CESCR Committee, General Comment No. 25 on science and economic, social and cultural rights (article 15(1)(b), (2), (3), and (4) of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/GC/25 (April 30, 2020) [hereinafter CESCR Committee, Gen. Comment No. 25], para. 33.

6 Committee on the Rights of the Child (CRC Committee), "Peru violated child rape victim's rights by failing to guarantee access to abortion and criminally prosecuting her for self-abortion, UN Committee finds," June 18, 2023, *available at* https://www.ohchr.org/en/press-releases/2023/06/peru-violated-child-rape-victims-rights-failing-guarantee-access-abortion.

7 CEDAW Committee, *S.H. v. Bosnia and Herzegovina*, Views adopted by the Committee under article 7(3) of the Optional Protocol, concerning Communication No. 116/2017, U.N. Doc. CEDAW/C/76/D/116/2017 (July 9, 2020) [hereinafter CEDAW Committee, *S.H. v. Bosnia and Herzegovina*].

8 The Committee on the Elimination of Racial Discrimination (CERD Committee) is still in the process of drafting General Recommendation No. 37. CERD Committee, "Call for contributions: Draft General Recommendation n°37 on Racial discrimination in the enjoyment of the right to health," August 2, 2023, *available at* https://www.ohchr.org/en/calls-for-input/2023/call-contributions-draft-general-recommendation-ndeg37-racial-discrimination. The CEDAW Committee is also working on a general recommendation focused on the equal and inclusive representation of women in decision-making systems. CEDAW Committee, "Half-day general discussion on the equal and inclusive representation of women in decision-making systems," February 22, 2022, *available at* https://www.ohchr.org/en/events/events/2023/half-day-general-discussion-equal-and-inclusive-representation-women-decision. The Committee on the Rights of Persons with Disabilities (CRPD Committee) is developing a General Comment on article 11 of the Convention on the Rights of Persons with Disabilities. CRPD Committee, "Day of General Discussion and call for written submissions on article 11 of the Convention," February 15, 2023, *available at* https://www.ohchr.org/en/calls-for-input/2023/day-general-discussion-and-call-written-submissions-article-11-convention.

9 *See generally* CESCR Committee, Gen. Comment No. 22, *supra* note 1.

10 *See generally* CESCR Committee, General Comment No. 14 on the right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/2000/4 (August 11, 2000) [hereinafter CESCR Committee, Gen. Comment No. 14].

11 CEDAW Committee, "Draft general recommendation No 40. on the equal and inclusive representation of women in decision-making systems," July 18, 2023, *available at* https://www.ohchr.org/en/documents/general-comments-and-recommendations/draft-general-recommendation-no-40-equal-and.

12 CRPD Committee, "Day of General Discussion and call for written submissions on article 11 of the Convention," February 15, 2023.

13 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 10.

14 CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 12 (defining normative elements of State obligations to guarantee the right to health). These standards also

apply to the underlying determinants, or the preconditions, of health, including access to sexuality education and SRH information. *See also* CRC Committee, General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), U.N. Doc. CRC/C/GC/15 (April 17, 2013), which applies those norms to adolescents. States parties should provide health services that are sensitive to the particular needs and human rights of all adolescents. CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 10.

15 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 12.

16 *See* CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 12(a); CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 13, 20.

17 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 13.

18 References in this booklet to health facilities, goods, and services include the underlying determinants outlined in CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 15.

19 As elaborated in CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 12 and CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 15.

20 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 16.

21 *Id*. para. 17.

22 *Id*. para. 18.

23 *See id*. para. 19.

24 *Id*. para. 20.

25 *Id*. para. 21.

26 *Id*.; CESCR Committee, Gen. Comment No. 25, *supra* note 5, para. 33.

27 CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 12-21; CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 12.

28 CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 14, 40, 45. The *obligation to respect* requires States to refrain from directly or indirectly interfering with individuals' exercise of the right to SRH. The *obligation to protect* requires that States put in place and implement laws and policies prohibiting conduct by third parties that causes harm to physical and mental integrity or undermines the full enjoyment of the right to SRH, including the conduct of private health care facilities, insurance and pharmaceutical companies, and manufacturers of health-related goods and equipment. The *obligation to fulfill* requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional, and other measures to ensure the full realization of the right to SRH with the aim of ensuring universal access without discrimination for all, including those from disadvantaged and marginalized groups. *See also* CESCR Committee, Gen. Comment No. 14, *supra* note 10, paras. 33, 36-37.

29 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 49(a); *see also* CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 21.

30 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 49(b); CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 43(f).

31 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 49(c).

32 Such harmful practices include female genital mutilation; child, early, and forced marriage; domestic and sexual violence; and marital rape. Concomitant obligations against harmful practices include the provision of private, confidential, and quality SRH services for victims of harmful practices and gender-based violence.

33 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 49(e).

34 *Id*. para. 49(f).

35 In particular, medicines listed in the World Health Organization's (WHO) *Model List of Essential Medicines*. WHO, *Model List of Essential Medicines*, 23rd list (2023), *available at* https://iris.who.int/bitstream/handle/10665/371090/WHO-MHP-HPS-EML-2023.02-eng.pdf?sequence=1 [hereinafter WHO, *Model List of Essential Medicines*], p. 22.

36 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 34. Article 2(2) of the International Covenant on Economic, Social and Cultural Rights obliges each State party "to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."

37 Timely remedy includes the procedural requirement of a fair hearing by a competent and independent court or tribunal, where appropriate. States' failure to put in place a system that ensures effective judicial action in the context of access to health care services, information, and education constitutes a violation of the right to health. CEDAW Committee, General Recommendation No. 24 on article 12 of the Convention (Women and Health), U.N. Doc. A/54/38/Rev.1 (February 2, 1999) [hereinafter CEDAW Committee, Gen. Rec. No. 24], para. 13.

38 CEDAW Committee, General Recommendation No. 30 on women in conflict prevention, conflict, and post-conflict situations, U.N. Doc. CEDAW/C/GC/30 (October 18, 2013) [hereinafter CEDAW Committee, Gen. Rec. No. 30], paras. 77-79.

39 Human Rights Committee, General Comment No. 36 on article 6: right to life, U.N. Doc. CCPR/C/GC/36 (September 3, 2019) [hereinafter Human Rights Committee, Gen. Comment No. 36], para. 8; CRC Committee, General Comment No. 20 on the implementation of the rights of the child during adolescence, U.N. Doc. CRC/C/GC/20 (December 6, 2016) [hereinafter CRC Committee, Gen. Comment No. 20], paras. 59, 63; CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 13, 28, 45, 57; CEDAW Committee, General Recommendation No. 34 on the rights of rural women, U.N. Doc. CEDAW/C/GC/34 (March 7, 2016) [hereinafter CEDAW Committee, Gen. Rec. No. 34], paras. 38-39(a); CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, paras. 12(d), 17; CRC Committee, General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), U.N. Doc. CRC/C/GC/15 (April 17, 2013) [hereinafter CRC Committee, Gen. Comment No. 15], paras. 31, 70.

40 CEDAW Committee, Philippines Inquiry Summary (article 8 of Optional Protocol to Convention on the Elimination of All Forms of Discrimination against Women), U.N. Doc. CEDAW/C/OP.8/PHL/1 (April 22, 2015) [hereinafter CEDAW Philippines Inquiry], para. 52.

41 Including, in particular, for women and girls who are victims of sexual violence. CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 17, 28, 49(c); CEDAW Philippines Inquiry, *supra* note 40, para. 52; CEDAW Committee, Concluding observations on the ninth periodic report of Honduras, U.N. Doc. CEDAW/C/HND/CO/9 (November 1, 2022), para. 39.

42 CEDAW Committee, Concluding observations on the ninth periodic report of Honduras, U.N. Doc. CEDAW/C/HND/CO/9 (November 1, 2022), para. 39; *see generally* CEDAW Committee, Gen. Rec. No. 24, *supra* note 37.

43 CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 9, 38.

44 Examples of such violations include the failure to guarantee access to the full range of contraceptive options so that all individuals can utilize an appropriate method that suits their particular situation and needs. CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 62.

45 CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 17, 28; *see, e.g.*, CRC Committee, Concluding observations on the sixth periodic report of New Zealand, U.N. Doc. CRC/C/NZL/CO/6 (February 28, 2023), para. 33(b)(ii); CEDAW Committee, Concluding observations on the eighth periodic report of Türkiye, U.N. Doc. CEDAW/C/TUR/CO/8 (July 12, 2022), para. 48(a); CEDAW Committee, Concluding observations on the ninth periodic report of Peru, U.N. Doc. CEDAW/C/PER/CO/9 (March 1, 2022), para. 38(d).

46 CEDAW Philippines Inquiry, *supra* note 40, paras. 44-45, 51.

47 *Id*. paras. 33-34.

48 CRC Committee, Gen. Comment No. 15, *supra* note 14, para. 56; CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 17.

49 CEDAW Philippines Inquiry, *supra* note 40, para. 47.

50 *Id*.

51 *Id*.

52 *Id*. para. 13.

53 WHO, *Model List of Essential Medicines*, *supra* note 35, p. 22.

54 "Essential medicines are those that satisfy the priority health care needs of a population. They are selected with due regard to disease prevalence and public health relevance, evidence of efficacy and safety and comparative cost-effectiveness. They are intended to be available in functioning health systems at all times, in appropriate dosage forms, of assured quality and at prices individuals and health systems can afford." WHO, "WHO Model List of Essential Medicines - 23rd list, 2023" (landing page) (July 26, 2023), *available at* https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02.

55 Essential medicines are defined by WHO as "those that satisfy the priority health care needs of the population" and that "are intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and community can afford." WHO, *WHO Policy Perspectives on Medicines* (2004), *available at* https://iris.who.int/bitstream/handle/10665/68571/?sequence=1, p. 1; CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 13.

56 CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 20.

57 *Id*.; *see also* CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 45.

58 CESCR Committee, Gen. Comment No. 25, *supra* note 5, para. 33.

59 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 47.

60 CEDAW Committee, General Recommendation No. 35 on gender-based violence against women (updating General Recommendation No. 19), U.N. Doc. CEDAW/C/GC/35 (July 26, 2017) [hereinafter CEDAW Committee, Gen. Rec. No. 35], para. 40(c); CRC Committee, Gen. Comment No. 20, *supra* note 39, para. 59; CRC Committee, Gen. Comment No. 15, *supra* note 39, para. 70; CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 13, 45, 57; CEDAW Philippines Inquiry, *supra* note 40, para. 52.

61 CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, para. 52(c); *see also* CEDAW Committee, Concluding observations on the sixth periodic report of Georgia, U.N. Doc. CEDAW/C/GEO/CO/6 (March 2, 2023), para. 42.

62 CEDAW Philippines Inquiry, *supra* note 40, para. 52.

63 CESCR Committee, Gen. Comment No. 22, *supra* note 1; CEDAW Committee, Gen. Rec. No. 35, *supra* note 60, para. 31.

64 CEDAW Committee, Gen. Comment No. 35, *supra* note 60, para. 31(a)(iii).

65 Committee against Torture (CAT Committee), Concluding observations on the combined fifth and sixth periodic reports of Peru, U.N. Doc. CAT/C/PER/CO/5-6 (January 21, 2013), para. 15(d); *see also* CAT Committee, Concluding observations on the seventh periodic report of Greece, U.N. Doc. CAT/C/GRC/7 (September 3, 2019), paras. 24-25; CEDAW Committee, Gen. Rec. No. 35, *supra* note 35, paras. 18, 40(c).

66 Convention on the Rights of the Child, *adopted* November 20, 1989, G.A. Res. 44/25, annex, U.N. GAOR, 44th Session, Supp. No. 49, U.N. Doc. A/44/49 (1989) (*entered into force* September 2, 1990) [hereinafter CRC], art. 3(1).

67 CRC Committee, Gen. Comment 20, *supra* note 39, para. 22.

68 Article 5 of the CRC requires that parental direction and guidance be provided in a manner that is consistent with the evolving capacities of the child. Subsequently, both the Special Rapporteur on the right to health's report on adolescents and the CRC Committee's General Comment No. 20 on adolescents call on States to put in place appropriate measures to enable adolescents to exercise their sexual and reproductive rights and fill a critical gap in the human rights framework's conceptualization of evolving capacities as it pertains to adolescents' sexuality and reproduction. CRC Committee,

Gen. Comment 20, *supra* note 39, para. 18; UN General Assembly, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, U.N. Doc. A/HRC/32/32 (April 4, 2016), paras. 60, 113(a-e).

69 CRC Committee, Gen. Comment No. 20, *supra* note 39, paras. 39-40.

70 *Id*. para. 39.

71 *Id*.

72 *Id*.

73 CRC Committee, Gen. Comment No. 15, *supra* note 14, para. 24(c) (noting that "States parties shall strive to ensure that no child is deprived of his or her right of access to such health care services").

74 CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Kyrgyzstan, U.N. Doc. CRC/C/KGZ/5-6 (October 18, 2023), para. 37(b) (recalling CRC Committee, General Comment No. 4 on adolescent health and development in the context of the Convention, U.N. Doc. CRC/GC/2003/4 (July 1, 2003) and CRC Committee, Gen. Comment No. 20, *supra* note 39); CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Iceland, U.N. Doc. CRC/C/ISL/CO/5-6 (June 23, 2022), para. 33(b) (referring generally to CRC Committee, Gen. Comment No. 20, *supra* note 39).

75 CRC Committee, Concluding observations on the sixth periodic report of Jordan, U.N. Doc. CRC/C/JOR/CO/6 (November 8, 2023), para. 36; CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Kyrgyzstan, U.N. Doc. CRC/C/KGZ/5-6 (October 18, 2023), para. 37(c); CRC Committee, Concluding observations on the combined third to fourth periodic reports of Andorra, U.N. Doc. CRC/C/AND/CO/3-5 (October 17, 2023), paras. 32-33; CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Albania, U.N. Doc. CRC/C/ALB/CO/5-6 (October 17, 2023), para. 34(b-c); CRC Committee, Concluding observations on the combined fourth and fifth periodic reports of Türkiye, U.N. Doc. CRC/C/TUR/CO/4-5 (June 21, 2023); para. 39(a); CEDAW Committee, Concluding observations on the fourth periodic report of Bahrain, U.N. Doc. CEDAW/C/BHR/CO/4 (March 2, 2023), para. 36(b); CEDAW Committee, Concluding observations on the eighth periodic report of Costa Rica, U.N. Doc. CEDAW/C/CRI/CO/8 (March 2, 2023), para. 34(c); *see generally* CRC Committee, Gen. Comment 15, *supra* note 14, para. 24(c).

76 This includes taking "all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation." CRC, *supra* note 66, art. 19.

77 CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Poland, U.N. Doc. CRC/C/POL/CO/5-6 (December 6, 2021), para. 36(b); *see also* CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Bolivia (Plurinational State of), U.N. Doc. CRC/C/BOL/CO/5-6 (March 6, 2023), para. 35; CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Croatia, U.N. Doc. CRC/C/HRV/CO/5-6 (June 22, 2022), para. 35(b); CRC Committee, Gen. Comment No. 20, *supra* note 39, para. 60.

78 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 59; *see also* CRC Committee, Concluding observations on the combined fifth and sixth reports of Bolivia (Plurinational State of), U.N. Doc. CRC/C/BOL/CO/5-6 (March 6, 2023), para. 35 (recommending, *inter alia*, that the State party "adopt a comprehensive and effective gender-sensitive sexual and reproductive health policy for adolescents and raise awareness among the health community of the potential health issues for lesbian, gay, bisexual, transgender and intersex children and adolescents, in particular transgender adolescents"); CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Poland, U.N. Doc. CRC/C/POL/CO/5-6 (December 6, 2021), para. 36(b) (recommending that the State party ensure full access to SRH services that are "tailored to address the needs of adolescent girls, children with disabilities and lesbian, gay, bisexual, transgender and intersex children").

79 *See* CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 44 (citing CRC Committee, General Comment No. 4 on adolescent health and development in the context of the Convention on the Rights of the Child, U.N. Doc. CRC/GC/2003/4 (July 1, 2003), paras. 28, 33); CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of the Philippines, U.N. Doc. CRC/C/PHL/CO/5-6 (October 26, 2022), para. 32; Human Rights Committee, Concluding observations on the combined fifth and sixth periodic reports of Viet Nam, U.N. Doc. CRC/C/VNM/CO/5-6 (October 21, 2022), para. 40.

80 *See, e.g.*, CEDAW Committee, Concluding observations on the tenth periodic report of Bhutan, U.N. Doc. CEDAW/C/BTN/CO/10 (November 14, 2023), paras. 47(c), 48(d); CEDAW Committee, Concluding observations on the eighth periodic report of Jamaica, U.N. Doc. CEDAW/C/JAM/CO/8 (October 30, 2023), para. 33(c); CRC Committee, Concluding observations on the fifth and sixth periodic reports of Kyrgyzstan, U.N. Doc. CRC/C/KGZ/CO/5-6 (October 18, 2023), para. 37(a); CRC Committee, Concluding observations on the fifth and sixth periodic reports of Togo, U.N. Doc. CRC/C/TGO/CO/5-6 (September 28, 2023), para. 39(b) (recommending that the State party ensure access to modern contraceptives, including through targeted measures that address sociocultural barriers and socioeconomic vulnerability); CEDAW Committee, Concluding observations on the tenth periodic report of Norway, U.N. Doc. CEDAW/C/NOR/CO/10 (March 2, 2023), para. 47(c).

81 CRC Committee, Gen. Comment No. 20, *supra* note 39, para. 63.

82 CRC Committee, Gen. Comment 15, *supra* note 39, para. 24(c) (reminding that "States parties shall strive to ensure that no child is deprived of his or her right of access to such health care services").

83 CERD Committee, Concluding observations on the combined eighteenth to twentieth periodic reports of Brazil, U.N. Doc. CERD/C/BRA/CO/18-20 (December 19, 2022), para. 17.

84 CESCR Committee, Concluding observations on the fourth periodic report of Guatemala, U.N. Doc. E/C.12/GTM/CO/4 (November 11, 2022), para. 46; CESCR Committee, Concluding observations on the sixth periodic report of El Salvador, U.N. Doc. E/C.12/SLV/CO/6 (November 9, 2022), para. 56.

85 CRC Committee, Concluding observations on the third and fourth periodic reports of Liechtenstein, U.N. Doc. CRC/C/LIE/CO/3-4 (October 17, 2023), para. 33(b); CRC Committee, Concluding observations on the combined third to fifth periodic reports of Djibouti, U.N. Doc. CRC/C/DJI/CO/3-5 (June 23, 2022), para. 34(d); CRC Committee, Concluding observations on the sixth and seventh periodic reports of Chile, U.N. Doc. CRC/C/CHL/CO/6-7 (June 22, 2022), para. 30(e).

86 CRC Committee, Concluding observations on the initial report of South Sudan, U.N. Doc. CRC/C/SSD/CO/1 (October 27, 2022), para. 49; CRC Committee, Concluding observations on the combined third to sixth periodic reports of Kuwait, U.N. Doc. CRC/C/KWT/CO/3-6 (October 19, 2022), para. 35.

87 CEDAW Philippines Inquiry, *supra* note 40, para. 52.

88 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 18. Treaty monitoring bodies have specifically highlighted the need to ensure that all patients give free, prior, and informed consent for any treatment or medical intervention and to provide them with the support they need to make an informed decision. CEDAW Committee, Concluding observations on the eighth periodic report of Belgium, U.N. Doc. CEDAW/C/BEL/CO/8 (November 1, 2022), para. 49.

89 UN General Assembly, Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, U.N. Doc. A/76/258 (July 30, 2021), para. 54 (citing UN Commission on Human Rights, Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, Mr. Abid Hussain, U.N. Doc. E/CN.4/2000/63 (January 18, 2000), para. 44).

90 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 17.

91 *Id*. para. 19.

92 CEDAW Committee, Concluding observations on the eighth periodic report of Belgium, U.N. Doc. CEDAW/C/BEL/CO/8 (November 1, 2022), para. 45.

93 CEDAW Committee, Concluding observations on the ninth periodic report of Honduras, U.N. Doc. CEDAW/C/HND/CO/9 (November 1, 2022), para. 38; CEDAW Committee, Concluding observations on the seventh periodic report of Armenia, U.N. Doc. CEDAW/C/ARM/CO/7 (November 1, 2022), para. 37; CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 30-36.

94 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 47.

95 CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 34.

96 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 41.

97 *Id*. para. 43.

98 *See, e.g.*, CEDAW Committee, Concluding observations on the fifth periodic report of Albania, U.N. Doc. CEDAW/C/ALB/CO/5 (November 14, 2023), para. 36(c); CEDAW Committee, Concluding observations on the tenth periodic report of Bhutan, U.N. Doc. CEDAW/C/BTN/CO/10 (November 14, 2023), para. 48(a); CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Togo, U.N. Doc. CRC/C/TGO/CO/5-6 (October 11, 2023), para. 39(b).

99 In outlining States' core obligations on SRHR, the CESCR Committee has noted that States should be guided by the current international guidelines established by UN agencies, particularly WHO. *See* CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 49; WHO, *Abortion Care Guideline* (2022) [hereinafter WHO, *Abortion Care Guideline*], *available at* https://iris.who.int/bitstream/handle/10665/349316/9789240039483-eng.pdf?sequence=1, pp. 24–25; *see also* CERD Committee, Concluding observations on the combined tenth to twelfth reports of the United States of America, U.N. Doc. CERD/C/USA/CO/10-12 (September 21, 2022), para. 36 (recommending that the State party take all measures necessary to mitigate the risks faced by women seeking an abortion and by health providers assisting them and to ensure that they are not subjected to criminal penalties, drawing "the State party's attention to the World Health Organization's Abortion Care Guideline"); CAT Committee, Concluding observations on the third periodic report of El Salvador, U.N. Doc. CAT/C/SLV/CO/3 (December 19, 2022), para. 31 ("The Committee invites the State party to take the necessary measures, in accordance with the World Health Organization's abortion care guideline (2022), to ensure that neither patients who resort to abortions nor the medical professionals who perform them face criminal sanctions, and that women and girls have effective access to post-abortion care, regardless of whether they have had an abortion legally or illegally").

100 *See, e.g.,* Human Rights Committee, Concluding observations on the third periodic report of the United States of America, U.N. Doc. CCPR/C/USA/CO/5 (December 7, 2023), para. 29(b); Human Rights Committee, Concluding observations on the fourth periodic report of Panama, U.N. Doc. CCPR/C/PAN/CO/4 (April 12, 2023); Human Rights Committee, Concluding observations on the fifth periodic report of Ireland, U.N. Doc. CCPR/C/IRL/CO/5 (January 26, 2023); Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 8.

101 *See, e.g.*, CEDAW Committee, Concluding observations on the tenth periodic report of Uruguay, U.N. Doc. CEDAW/C/URY/CO/10 (November 14, 2023), paras. 35(c), 36(c); CEDAW Committee, Concluding observations on the ninth periodic report of Peru, U.N. Doc. CEDAW/C/PER/CO/9 (March 1, 2022), para. 37(d); Human Rights Committee, Concluding observations on the third periodic report of Armenia, U.N. Doc. CCPR/C/ARM/CO/3 (November 25, 2021), para. 18(a); CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 41.

102 *See, e.g.*, CESCR Committee, Concluding observations on the sixth periodic report of the Democratic Republic of the Congo, U.N. Doc. CESCR/C.12/COD/CO/6 (March 4, 2022), para. 57(d); CESCR Committee, Concluding observations on the fourth periodic report of Azerbaijan, U.N. Doc. CESCR/C.12/AZE/CO/4 (October 15, 2021), para. 47; CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 18, 21, 47.

103 *See* CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 9; CESCR Committee,

General Comment No. 20 on non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/GC/20 (July 2, 2009) [hereinafter CESCR Committee, Gen. Comment No. 20].

104 *See, e.g.*, CEDAW Committee, Concluding observations on the seventh periodic report of Armenia, U.N. Doc. CEDAW/C/ARM/CO/7 (November 1, 2022), para. 34; CEDAW Committee, Concluding observations on the eighth periodic report of Belgium, U.N. Doc. CEDAW/C/BEL/CO (November 1, 2022), para. 42; CRC Committee, Concluding observations on the fifth periodic report of Uzbekistan, U.N. Doc. CRC/C/UZB/CO/5 (October 27, 2022), para. 39; CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of the Philippines, U.N. Doc. CRC/C/PHL/CO/5-6 (October 26, 2022), para. 32; CESCR Committee, Concluding observations on the sixth periodic report of El Salvador, U.N. Doc. E/C.12/SLV/CO/6 (November 9, 2022), para. 57; *see also* Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 8; CEDAW Committee, Gen. Recommendation No. 36 on the rights of girls and women to education, U.N. Doc. CEDAW/CO/GC/36 (November 27, 2017), para. 68; CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 44.

105 CRC Committee, Gen. Comment No. 20, *supra* note 39, para. 60; CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 44. In the implementation of these measures, special consideration should be given to children in vulnerable situations and include adolescents and young women and men out of school. CEDAW Committee, Concluding observations on the ninth periodic report of Honduras, U.N. Doc. CEDAW/C/HND/CO/9 (November 1, 2022), para. 39.

106 CESCR Committee, Gen. Comment No. 20, *supra* note 103, para. 29.

107 CRC Committee, Gen. Comment No. 15, *supra* note 39, para. 56.

108 CRC Committee, Gen. Comment 20, *supra* note 39, para. 61; CEDAW Committee, Concluding observations on the sixth periodic report of the Gambia, U.N. Doc. CEDAW/C/GMB/CO/6 (November 1, 2022), para. 30; CRC Committee, Concluding observations on the combined third to sixth periodic reports of North Macedonia, U.N. Doc. CRC/C/MKD/CO/3-6 (October 20, 2022), para. 33.

109 *See, e.g.*, Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 45.

110 *Id.*, para. 26.

111 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 45.

112 *See* CEDAW Committee and CRC Committee, Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices, U.N. Doc. CEDAW/C/GC/31/REV.1-CRC/C/GC/18/Rev.1 (May 8, 2019) [hereinafter CEDAW Committee and CRC Committee, Joint Gen. Rec. No. 31 of the CEDAW Committee/Gen. Comment No. 18 of the CRC Committee], para. 62.

113 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 18; Convention on the Elimination of All Forms of Discrimination against Women, *adopted* December 18, 1979, G.A. Res. 34/180, U.N. GAOR Supp., 34th session, No. 46, U.N. Doc. A/34/46 (1979) (*entered into force* September 3, 1981) [hereinafter CEDAW], art. 16(c).

114 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 28.

115 CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 31(c); *see, e.g.*, U.N. Doc. CEDAW/C/NIC/CO/7-10 (February 14, 2024), para. 40(b); CEDAW Committee, *M.D.C.P. v. Spain*, Views adopted by the Committee under article 7 (3) of the Optional Protocol, concerning Communication No. 154/2020, U.N. Doc. CEDAW/C/84/D/154/2020 (February 24, 2023) [hereinafter CEDAW Committee, *M.D.C.P. v. Spain*], para. 8; CEDAW Committee, Concluding observations on the fourth periodic report of Mauritania, U.N. Doc. CEDAW/C/MRT/CO/4 (March 2, 2023), para. 37(b); CEDAW Committee, Concluding observations on the combined seventh to tenth periodic reports of Nicaragua, U.N. Doc. CEDAW/C/NIC/CO/7-10 (February 14, 2024), para. 40(b).

116 *See generally* UN Office of the High Commissioner for Human Rights (OHCHR), Report

on a human rights-based approach to reducing preventable maternal mortality and morbidity, U.N. Doc. A/HRC/45/19 (July 13, 2020).

117 CEDAW Committee, Concluding observations on the sixth periodic report of the Gambia, U.N. Doc. CEDAW/C/GMB/CO/6 (November 1, 2022), para. 34.

118 CEDAW Committee, Concluding observations on the sixth periodic report of the Gambia, U.N. Doc. CEDAW/C/GMB/CO/6 (November 1, 2022), para. 34; CRC Committee, Concluding observations on the fifth periodic report of Uzbekistan, U.N. Doc. CRC/C/UZB/CO/5 (October 27, 2022), para. 38; CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of the Philippines, U.N. Doc. CRC/C/PHL/CO/5-6 (October 26, 2022), para. 3.

119 CEDAW Committee, Concluding observations on the sixth periodic report of Switzerland, U.N. Doc. CEDAW/C/CHE/CO/6 (November 1, 2022), paras. 55-56.

120 UN General Assembly, Report of the Special Rapporteur on violence against women, its causes and consequences, A Human Rights-Based Approach to Mistreatment and Violence Against Women in Reproductive Health Services with a focus on childbirth and obstetric violence, U.N. Doc. A/74/137 (July 11, 2019), paras. 43-48.

121 CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 27.

122 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 10; CEDAW Committee, *Alyne da Silva Pimentel Teixeira v. Brazil*, View adopted by the Committee under article 7, paragraph 3, of the Optional Protocol, concerning Communication No. 17/2008, U.N. Doc. CEDAW/C/49/D/17/2008 (July 25, 2011) [hereinafter CEDAW Committee, *Alyne da Silva Pimentel Teixeira v. Brazil*] (recommending, among other things, that the State party ensure women's right to safe motherhood and affordable access to adequate emergency obstetric care, in line with the Committee's General Recommendation No. 24). Women seeking health care may experience abuse and mistreatment at the hands of health care personnel, who hold clear positions of authority and often exercise significant control over women in these contexts. WHO, "New evidence shows significant mistreatment of women during childbirth" (October 9, 2019), *available at* https://www.who.int/news/item/09-10-2019-new-evidence-shows-significant-mistreatment-of-women-during-childbirth.

123 *See* CEDAW Committee, *M.D.C.P. v. Spain*, *supra* note 115, para. 8(b)(i); CERD Committee, Concluding observations on the combined tenth to twelfth reports of the United States of America, U.N. Doc. CERD/C/USA/CO/10-12 (September 21, 2022), para. 35.

124 *See, e.g.*, CEDAW Committee, Concluding observations on the tenth periodic report of Portugal, U.N. Doc. CEDAW/C/PRT/CO/10 (July 12, 2022), paras. 32, 33(c); CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 27.

125 *See* CEDAW Committee, *Alyne da Silva Pimentel Teixeira v. Brazil*, *supra* note 122, paras. 7.1-7.8, 8. Alyne da Silva Pimentel Teixeira was an impoverished 28-year-old Afro-Brazilian woman who died of pregnancy-related complications after her local health center misdiagnosed her symptoms and delayed providing her with emergency care.

126 *Id*. para. 7.5.

127 CERD Committee, Concluding observations on the combined eighteenth to twentieth periodic reports of Brazil, U.N. Doc. CERD/C/BRA/CO/18-20 (December 19, 2022), para. 17(b).

128 Such an intersectional perspective must include persons with disabilities and those who identify as LGBTQI+. Among the measures aimed at reducing the disproportionately high rates of maternal mortality and morbidity among racial and ethnic minorities should be midwifery care. CERD Committee, Concluding observations on the combined tenth to twelfth reports of the United States of America, U.N. Doc. CERD/C/USA/CO/10-12 (September 21, 2022), para. 36.

129 CERD Committee, Concluding observations on the combined eighteenth to twentieth periodic reports of Brazil, U.N. Doc. CERD/C/BRA/CO/18-20 (December 19, 2022), para. 17(e).

130 CEDAW Committee, Concluding observations on the seventh periodic report of Slovakia, U.N. Doc. CEDAW/C/SVK/CO/7 (May 31, 2023), para. 42.

131 CEDAW Committee, Gen. Rec. No. 39, *supra* note 2, para. 20.

132 *Id*. para. 51.

133 Treaty monitoring bodies have never provided a definition of what the decriminalization of abortion means. Even among civil society, there are different understandings and views.

134 The CESCR Committee has also recommended that States treat complications caused by unsafe abortions with high-quality care instead of focusing on criminal prosecution. CESCR Committee, Concluding observations on the sixth periodic report of El Salvador, U.N. Doc. E/C.12/SLV/CO/6 (November 9, 2022), para. 59.

135 CEDAW Committee, Concluding observations on the combined fourth and fifth periodic reports of Djibouti, U.N. Doc. CEDAW/C/DJI/CO/4-5 (February 26, 2024), para. 36(c); CEDAW Committee, Concluding observations on the sixth periodic report of Turkmenistan, U.N. Doc. CEDAW/C/TKM/CO/6 (February 20, 2024), para. 46(a); Human Rights Committee, Concluding observations on the fifth periodic report of the United States of America, U.N. Doc. CCPR/C/USA/CO/5 (December 7, 2023), para. 29(b); CEDAW Committee, Concluding observations on the tenth periodic report of Guatemala, U.N. Doc. CEDAW/C/GTM/CO/10 (October 30, 2023), paras. 38-39; CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 28, 34; CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, para. 52.

136 Standards on access to abortion are not yet consistent within each of the committees and across treaty monitoring bodies generally. *See, e.g.*, CEDAW Committee, Concluding observations on the tenth periodic report of Rwanda, U.N. Doc. CEDAW/C/RWA/CO/10 (June 3, 2024), paras. 37-38; Human Rights Committee, Concluding observations on the seventh periodic report of Chile, U.N. Doc. CCPR/C/CHL/CO/7 (May 1, 2024), para. 21 (noting with concern that the State party has not expressly included incest as a ground for the decriminalized termination of pregnancy); CEDAW Committee, Concluding observations on the tenth periodic report of Guatemala, U.N. Doc. CEDAW/C/GTM/CO/10 (November 14, 2023), paras. 38-39; CRC Committee, Concluding observations on the sixth periodic report of the Dominican Republic, U.N. Doc. CRC/C/DOM/CO/6 (October 18, 2023), para. 35(d) (urging the State party to amend its Criminal Code at least in cases of rape, incest, and threats to the life and health of the pregnant woman and decriminalize it in all other cases by removing all criminal penalties for abortion from the Code); CEDAW Committee, Concluding observations on the seventh periodic report of Bolivia (Plurinational State of), U.N. Doc. CEDAW/C/BOL/CO/7 (September 22, 2022), para. 28(c) (recommending, among other things, that the State party guarantee the effectiveness of abortion in cases of rape, incest, and threats to the life or health of the pregnant woman and decriminalize it in all other cases); CEDAW Committee, Concluding observations on the combined fifth and sixth periodic reports of Morocco, U.N. Doc. CEDAW/C/MAR/CO/5-6 (July 12, 2022), para. 36(c) (recommending that the State party amend its Penal Code to "decriminalise abortion when it is necessary to protect the woman's health as defined in accordance with the 1948 definition of the World Health Organization to cover physical, mental and social well-being").

137 CEDAW Committee, Concluding observations on the combined fourth and fifth periodic reports of Djibouti, U.N. Doc. CEDAW/C/DJI/CO/4-5 (February 26, 2024), para. 36(c); CEDAW Committee, Concluding observations on the sixth periodic report of Turkmenistan, U.N. Doc. CEDAW/C/TKM/CO/6 (February 20, 2024), para. 46(a); Human Rights Committee, Concluding observations on the fifth periodic report of the United States of America, U.N. Doc. CCPR/C/USA/CO/5 (December 7, 2023), para. 29(b); CEDAW Committee, Concluding observations on the tenth periodic report of Guatemala, U.N. Doc. CEDAW/C/GTM/CO/10 (October 30, 2023), paras. 38-39; CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 28, 34; CEDAW Committee, Gen. Rec. 30, *supra* note 38, para. 52.

138 Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 8.

139 Human Rights Committee, Concluding observations on the third periodic report of Brazil, U.N. Doc. CCPR/C/BRA/CO/3 (September 6, 2023), paras. 25-26.

140 CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, para. 52(c).

141 CEDAW Committee, General Recommendation No. 33 on women's access to justice, U.N. Doc. CEDAW/C/GC/33, paras. 47(b), 51(l).

142 CEDAW Committee, Gen. Rec. No. 35, *supra* note 60, para. 18. *See also* CEDAW Committee, Concluding observations on the sixth periodic report of Namibia, U.N. Doc. CEDAW/C/NAM/CO/6 (July 12, 2022), para. 42(a); CEDAW Committee, Concluding observations on the sixth periodic report of the Gambia, U.N. Doc. CEDAW/C/GMB/CO/6 (November 1, 2022), para. 34(b); CEDAW Committee, Gen. Rec. No. 35, *supra* note 60, paras. 18, 29(i).

143 CEDAW Committee, Concluding observations on the tenth periodic report of Guatemala, U.N. Doc. CEDAW/C/GTM/CO/10 (November 14, 2023), para. 39 (recommending the legalization of abortion in all cases); CEDAW Committee, Concluding observations on the tenth periodic report of Bhutan, U.N. Doc. CEDAW/C/BTN/CO/10 (November 14, 2023) (recommending the legalization of abortion at least in cases of risk to the life and health of the woman, rape, incest, or severe fetal impairment, as well as the decriminalization of abortion in all other cases), para. 48; CEDAW Committee, Concluding observations on the eighth periodic report of Malawi, U.N. Doc. CEDAW/C/MWI/CO/8 (November 14, 2023), para. 36(b) (recommending the immediate legalization of abortion in cases of rape, incest, defilement, risk to the health or life of the pregnant woman, and severe fetal impairment, and calling for the State to consider decriminalization in all other cases).

144 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 28.

145 For example, by ending criminalization of abortion or removing restrictive abortion laws. *Id*. para. 34.

146 CAT Committee, Concluding observations on the first periodic report of Nicaragua, U.N. Doc. CAT/C/NIC/CO/1 (June 10, 2009), para. 16; CAT Committee, Concluding observations on the second periodic report of El Salvador, U.N. Doc. CAT/C/SLV/CO/2 (December 9, 2009), para. 23.

147 CAT Committee, Concluding observations on the seventh periodic report of Peru, U.N. Doc. CAT/C/PER/CO/7 (December 18, 2018), para. 41; CAT Committee, Concluding observations on the first periodic report of Nicaragua, U.N. Doc. CAT/C/NIC/CO/1 (June 10, 2009), para. 27(e); CAT Committee, Concluding observations on the first periodic report of Bangladesh, U.N. Doc. CAT/C/BGD/CO/1 (August 26, 2019), para. 39(e).

148 CAT Committee, Concluding observations on the second periodic report of Brazil, U.N. Doc. CAT/C/BRA/CO/2 (June 12, 2023), paras. 49(e), 50(c); CAT Committee, Concluding observations on the third periodic report of El Salvador, U.N. Doc. CAT/C/SLV/CO/3 (December 19, 2022), para. 31; CAT Committee, Concluding observations on the third periodic report of Kenya, U.N. Doc. CAT/C/KEN/CO/3 (May 30, 2022), para. 42.

149 *See, e.g.*, CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Lithuania, U.N. Doc. CRC/C/LTU/CO/5-6 (March 7, 2024), para. 38(c); CRC Committee, Concluding observations on the combined sixth and seventh periodic reports of Senegal, U.N. Doc. CRC/C/SEN/CO/6-7 (February 29, 2024), para. 32(d); CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Bolivia (Plurinational State of), U.N. Doc. CRC/C/BOL/CO/5-6 (March 6, 2023), para. 35(d); CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Oman, U.N. Doc. CRC/C/OMN/CO/5-6 (March 6, 2023), para. 33(c); CRC Committee, Concluding observations on the combined sixth and seventh periodic reports of Mauritius, U.N. Doc. CRC/C/MUS/CO/6-7 (February 23, 2023), para. 34(a-b).

150 CRC Committee, Gen. Comment No. 20, *supra* note 39, para. 60; CRC Committee, Gen. Comment No. 15, *supra* note 39, paras. 31, 54, 70.

151 Abortion performed by a physician with the consent of the pregnant woman or her legal representative, if she has one, is not punishable when it is the only means to save the life of the pregnant woman or to prevent a serious and permanent damage to her health. Art. 119 Criminal Code of Peru. The handbook for the standardization of therapeutic abortion within the framework of the provisions of article 119 of the Penal Code provides the

possibility of therapeutic abortion before the 22nd week of pregnancy, with the informed consent of the pregnant woman where a medical diagnosis shows that her life is at risk or where required to prevent serious and lasting harm to her health. Ministry of Health of Peru, Ministerial Resolution No. 486-2014-MINSA (June 27, 2014).

152 At the time of the events, the offense of self-abortion was defined under article 199 (now article 114) of the Peruvian Criminal Code: "A woman who brings about her own abortion or consents to its being brought about by another person shall be sentenced to up to 2 years' imprisonment or to 104 days of community service."

153 OHCHR, "Peru violated child rape victim's rights by failing to guarantee access to abortion and criminally prosecuting her for self-abortion, UN Committee finds" (June 13, 2023), *available at* https://www.ohchr.org/en/press-releases/2023/06/peru-violated-child-rape-victims-rights-failing-guarantee-access-abortion.

154 The claimant alleged that the State party had violated her rights under articles 2, 6, 12, 16, 17, 24, 37, 39, and 40 of the CRC. CRC Committee, *Camila v. Peru*, Views adopted by the Committee under the Optional Protocol to the Convention on the Rights of the Child, concerning Communication No. 136/2021, U.N. Doc. CRC/C/93/D/136/2021 (May 15, 2023), para. 1.

155 *Id*. para. 3.4.

156 *Id*. para. 8.14.

157 *Id*. para. 8.17.

158 *Id*. para. 8.4.

159 *Id*. para. 8.10.

160 The Committee noted that inquiries on the question of gender-based violence should consider additional factors of vulnerability, such as being a victim of sexual violence. *Id*. para. 8.11.

161 *Id*. para. 8.13.

162 *Id*. para. 8.15.

163 *Id*. Including, among other things, by having Camila's home and school frequently invaded and prosecuting her for self-abortion.

164 *Id*.

165 *Id*. para. 9.

166 Self-managed abortions are medication abortions that occur outside of a medical setting. This often includes self-sourcing abortion pills and taking them at home, without the supervision of a clinic or physician. For more information, *see* Center for Reproductive Rights, "Medication Abortion in Global Context: Frequently Asked Questions," *available at* https://reproductiverights.org/medication-abortion-faq/.

167 Medication abortion is safe, effective, and essential to expanding access to abortion care across the world. *See* Center for Reproductive Rights, "Medication Abortion in Global Context: Frequently Asked Questions," *available at* https://reproductiverights.org/medication-abortion-faq/.

168 CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 43(d).

169 Medicines for abortion and for post-abortion care must be considered essential medicines and must be available. CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 13.

170 CESCR Committee, Gen. Comment No. 25, *supra* note 5, para. 33.

171 CESCR Committee, General Comment No. 3 on the nature of states parties' obligations (art. 2, para. 1, of the Covenant), U.N. Doc. E/1991/23 (December 14, 1990), para. 9; CESCR Committee, Gen. Comment No. 14, *supra* note 10, paras. 32, 48, 50.

172 Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 8.

173 *Id*.

174 *See* CAT Committee, Concluding observations on the second periodic report of Nicaragua, U.N. Doc. CAT/C/NIC/PCO/2 (September 1, 2022), paras. 27-28; CAT Committee, Concluding observations on the first periodic report of Nigeria, U.N. Doc. CAT/C/NGA/COAR/1 (December 21, 2021), para. 31; CAT Committee, Concluding observations on the seventh periodic report of Poland, U.N. Doc. CAT/C/POL/CO/7 (2019); CAT Committee, Concluding observations on the sixth periodic report of the United Kingdom of Great Britain and Northern Ireland, U.N. Doc. CAT/C/GBR/CO/6 (2019), para. 46; Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 8; CEDAW Committee, Gen. Rec. No. 35, *supra* note 60, para. 18.

175 CAT Committee, Concluding observations on the third periodic report of El Salvador, U.N. Doc. CAT/C/SLV/CO/3 (December 19, 2022), para. 31.

176 *See, e.g.*, Human Rights Committee, *Mellet v. Ireland*, Views adopted by the Committee under article 5 (4) of the Optional Protocol, concerning Communication No. 2324/2013, U.N. Doc. CCPR/C/116/D/2324/2013 (March 31, 2016) [hereinafter Human Rights Committee, *Mellet v. Ireland*], paras. 7.4-7.8.

177 *See* CRPD Committee, Concluding observations on the initial periodic report of Mexico, U.N. Doc. CRPD/C/MEX/CO/1 (October 27, 2014), para. 37; *see also* CRPD Committee, General Comment No. 3 on women and girls with disabilities, U.N. Doc. CRPD/C/GC/3 (November 25, 2016) [hereinafter CRPD Committee, Gen. Comment No. 3], para. 31.

178 *See, e.g.*, CEDAW Committee, Concluding observations on the seventh periodic report of Tunisia, U.N. Doc. CEDAW/C/TUN/CO/7 (March 2, 2023), para. 44(d); Human Rights Committee, Concluding observations on the fourth periodic report of Bolivia (Plurinational State of), U.N. Doc. CCPR/C/BOL/CO/4 (June 2, 2022), paras. 16-17; Human Rights Committee, Concluding observations on the fifth periodic report of Ireland, U.N. Doc. CCPR/C/IRL/CO/5 (January 6, 2023), para. 26(b); CESCR Committee, Concluding observations on the sixth periodic report of Italy, U.N. Doc. E/C.12/ITA/CO/6 (December 7, 2022), paras. 57-58; Human Rights Committee, Concluding observations on the sixth periodic report of Uruguay, U.N. Doc. CCPR/C/URY/CO/6 (October 3, 2022), paras. 16, 17(b).

179 CEDAW Committee, Concluding observations on the ninth periodic report of Hungary, U.N. Doc. CEDAW/C/HUN/CO/9 (February 28, 2023), para. 36(a); CEDAW Committee, Concluding observations on the tenth periodic report of Uruguay, U.N. Doc. CEDAW/C/URY/CO/10 (November 14, 2023), para. 36(b); CEDAW Committee, Concluding observations on the seventh periodic report of Bolivia (Plurinational State of), U.N. Doc. CEDAW/C/BOL/CO/7 (July 12, 2022), para. 28(c); CEDAW Committee, Concluding observations on the combined seventh and eighth periodic reports of Yemen, U.N. Doc. CEDAW/C/YEM/CO/7-8 (November 24, 2021), para. 38.

180 CESCR Committee, Concluding observations on the sixth periodic report of Italy, U.N. Doc. E/C.12/ITA/CO/6 (December 7, 2022), paras. 57-58; Human Rights Committee, Concluding observations on the fifth periodic report of Ireland, U.N. Doc. CCPR/C/IRL/CO/5 (January 6, 2023), para. 26(b); Human Rights Committee, Concluding observations on the fourth periodic report of Bolivia (Plurinational State of), U.N. Doc. CCPR/C/BOL/CO/4 (June 2, 2022), para. 16; CEDAW Committee, Concluding observations on the combined seventh and eighth reports of Yemen, U.N. Doc. CEDAW/C/YEM/CO/7-8 (November 24, 2021), para. 38. The Human Rights Committee is specifically concerned that high levels of individual conscientious objection and "institutional conscientious objection" may be impeding the realization of the right to safe and legal abortion. Human Rights Committee, Concluding observations on the seventh periodic report of Chile, U.N. Doc. CCPR/C/CHL/CO/7 (May 1, 2024), para. 21.

181 CAT Committee, Concluding observations on the seventh periodic report of Poland, U.N. Doc. CAT/C/POL/CO/7 (August 29, 2019), paras. 33(d), 34(e).

182 CEDAW Committee, Concluding observations on the ninth periodic report of Hungary, U.N. Doc. CEDAW/C/HUN/CO/9 (February 28, 2023), para. 36(a); *see also* CEDAW Committee, Concluding observations on the tenth periodic report of Uruguay, U.N. Doc. CEDAW/C/URY/CO/10 (November 14, 2023), para. 36(b); CEDAW Committee, Concluding observations on the seventh periodic report of Bolivia (Plurinational State of), U.N. Doc. CEDAW/C/BOL/CO/7 (July 12, 2022), para. 28(c); CEDAW Committee,

Concluding observations on the combined seventh and eighth periodic reports of Yemen, U.N. Doc. CEDAW/C/YEM/CO/7-8 (November 24, 2021), para. 38; CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 11.

183 Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 8; CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 41; CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 14.

184 Abortion counseling and information requirements are biased where their purpose is to persuade women not to obtain an abortion. Examples of biased counseling and information include health professionals overemphasizing the risks involved in abortion procedures, counselors describing abortion as murder or the killing of an "unborn child," or women being compelled to look at pictures of a fetus and receive information on the stage of its development. *See, e.g.*, Center for Reproductive Rights, Mandatory Waiting Periods and Biased Counseling Requirements in Central and Eastern Europe Restricting access to abortion, undermining human rights, and reinforcing harmful gender stereotypes (November 23, 2015), *available at* https://reproductiverights.org/mandatory-waiting-periods-and-biased-counseling-requirements-in-central-and-eastern-europe-restricting-access-to-abortion-undermining-human-rights-and-reinforcing-harmful-gender-stereotypes/.

185 CEDAW Committee, Concluding observations on the tenth periodic report of Uruguay, U.N. Doc. CEDAW/C/URY/CO/10 (October 30, 2023), paras. 35(a), 36(c) (specifically noting that WHO has determined that waiting periods are medically unnecessary and for the State party to bring policies in line with WHO's abortion recommendations); CEDAW Committee, Concluding observations on the ninth periodic report of Hungary, U.N. Doc. CEDAW/C/HUN/CO/9 (March 2, 2023), para. 35(a); Human Rights Committee, Concluding observations on the fifth periodic report of Ireland, U.N. Doc. CCPR/C/IRL/CO/5 (January 26, 2023), paras. 25-26; WHO, Abortion Care Guideline, *supra* note 99, p. 42; Human Rights Committee, Concluding observations on the seventh periodic report of Germany, U.N. Doc. CCPR/C/DEU/CO/7 (November 30, 2021), paras. 18-19.

186 CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 18-19, 21, 40, 41, 43, 58.

187 International Covenant on Civil and Political Rights, *adopted* December 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Session, Supp. No. 16, U.N. Doc. A/6316 (1966) (*entered into force* March 23, 1976) [hereinafter ICCPR], arts. 7, 17. *See also* Human Rights Committee, General Comment No. 28 on article 3 (The Equality of Rights Between Men and Women), U.N. Doc. CCPR/C/21/Rev.1/Add.10 (March 29, 2000) [hereinafter Human Rights Committee, Gen. Comment No. 28], para. 20.

188 *See, e.g.*, Amnesty International, *An Unstoppable Movement* (2023), *available at* https://www.amnesty.org/en/wp-content/uploads/2023/11/POL4074202023ENGLISH.pdf, p. 32; Royal College of Obstetricians and Gynecologists, *Safe Access Zones Around Abortion Clinics: The impact of harassment outside abortion clinics and the need for safe access zones to protect women and healthcare professionals* (January 2023), *available at* https://www.rcog.org.uk/media/iouempf3/fsrh-rcog-safe-access-zones-around-abortion-clinics-report.pdf; *The Washington Post*, "Justice Dept. focuses on violence by protesters at abortion clinics" (October 15, 2023), *available at* https://www.washingtonpost.com/national-security/2023/10/15/abortion-rights-clinics-violence/.

189 Mutante, "Ciudad de México: 15 años de la despenalización del aborto entre el derecho y el privilegio" (March 13, 2023), *available at* https://www.mutante.org/contenidos/ciudad-de-mexico-15-anos-de-la-despenalizacion-del-aborto-entre-el-derecho-y-el-privilegio.

190 Safe access zones are also referred to as "buffer zones." Human Rights Committee, Concluding observations on the fifth periodic report of Ireland, U.N. Doc. CCPR/C/IRL/CO/5 (January 26, 2023), para. 26(e); *see also* Human Rights Committee, Concluding observations on the third periodic report of Brazil, U.N. Doc. CCPR/C/BRA/CO/3 (September 6, 2023), para. 25 (noting with concern that women and girls who have a legal right to abortion may not be able to access it in practice because of, inter alia, fear of prosecution, denial of access at hospitals, and generally hostile environments); Human Rights Committee, Concluding observations on the seventh periodic report of Germany, U.N. Doc. CCPR/C/DEU/CO/7 (November 30, 2021), para. 18 (noting with concern the harassment of women seeking counseling about the voluntary termination of pregnancy).

191 *See* Human Rights Committee, Concluding observations on the seventh periodic report of Germany, U.N. Doc. CCPR/C/DEU/CO/7 (November 30, 2021), para. 18; *see generally* Amnesty International, *An Unstoppable Movement* (2023), *available at* https://www.amnesty.org/en/wp-content/uploads/2023/11/POL4074202023ENGLISH.pdf, p. 32; Royal College of Obstetricians and Gynecologists, *Safe Access Zones Around Abortion Clinics: The impact of harassment outside abortion clinics and the need for safe access zones to protect women and healthcare professionals* (January 2023), *available at* https://www.rcog.org.uk/media/iouempf3/fsrh-rcog-safe-access-zones-around-abortion-clinics-report.pdf.

192 *See also* CEDAW Committee, Inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, U.N. Doc. CEDAW/C/OP.8/GBR/1 (March 6, 2018), paras. 19-20, 70, 72(e) (finding violations of articles 10 and 12 of the Convention where the State party failed to protect women from harassment by anti-abortion protestors when seeking SRH services and information).

193 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 30.

194 *Id*. para. 34.

195 CESCR Committee, Concluding observations on the sixth periodic report of El Salvador, U.N. Doc. E/C.12/SLV/CO/6 (December 19, 2022), para. 58.

196 CERD Committee, Concluding observations on the combined eighteenth to twentieth eriodic reports of Brazil, U.N. Doc. CERD/C/BRA/CO/18-20 (December 19, 2022), para. 17.

197 CERD Committee, Concluding observations on the combined tenth to twelfth reports of the United States of America, U.N. Doc. CERD/C/USA/CO/10-12 (September 21, 2022), para. 36 (expressing deep concern at the Supreme Court's ruling in *Dobbs v. Jackson Women's Health Organization* and its consequent profound disparate impact on the SRHR of racial and ethnic minorities, in particular those with low incomes).

198 *Id.*

199 Human Rights Committee, Concluding observations on the fifth periodic report of the United States of America, U.N. Doc. CCPR/C/USA/CO/5 (December 7, 2023), para. 28; *see also* Human Rights Committee, *Mellet v. Ireland*, *supra* note 176, para. 3; Human Rights Committee, *Whelan v. Ireland*, Views adopted by the Committee under article 5 (4) of the Optional Protocol, concerning Communication No. 2425/2014, U.N. Doc. CCPR/C/119/D/2425/2014 (March 17, 2017) [hereinafter Human Rights Committee, *Whelan v. Ireland*], para. 7.11.

200 WHO, *Abortion Care Guideline, supra* note 99, pp. 24-25. This guideline provides the first-ever definition of "decriminalization" in the context of abortion by a UN agency or human rights mechanism: "Decriminalization means removing abortion from all penal/criminal laws, not applying other criminal offences (e.g. murder, manslaughter) to abortion, and ensuring there are no criminal penalties for having, assisting with, providing information about, or providing abortion, for all relevant actors." It notes that "decriminalization would ensure that anyone who has experienced pregnancy loss does not come under suspicion of illegal abortion when they seek care" and that "decriminalization of abortion does not make women, girls or other pregnant persons vulnerable to forced or coerced abortion. Forced or coerced abortion would constitute serious assault as these are non-consensual interventions."

201 *Id*. pp. 26–29.

202 *Id*. pp. 24–25.

203 *Id*. pp. 41–42.

204 *Id*. pp. 42–44.

205 *Id*. p. 98.

206 *Id*. p. 59.

207 *Id*. p. 31.

208 *Id*. pp. 60-61.

209 *See generally* WHO, *Abortion Care Guideline, supra* note 99.

210 For example, on specific disproportionate impacts, WHO's systematic review of studies on gestational age limits showed that women with cognitive impairments, adolescents, younger women, women living further from clinics, women who need to travel for abortion, women with lower educational attainment, women facing financial hardship, and unemployed women are disproportionately impacted by such restrictions. *Id*. pp. 8, 28, 42.

211 *See id*. p. 4.

212 *Id*. p. 16.

213 *Id*. p. 98.

214 *Id*. secs. 3.4 (pp. 62-63); 3.6.1 (p. 95); 3.6.2 (pp. 98-100); 3.6.3 (pp. 100-102).

215 For medical abortion at less than 12 weeks' gestation, WHO recommends using the combination of mifepristone and misoprostol or using misoprostol alone. *Id*. pp. 16-17, 98.

216 *Id*. p. 70.

217 *See id*. pp. 13-14.

218 *Id*. pp. 6, 11.

219 CERD Committee, Concluding observations on the combined tenth to twelfth reports of the United States of America, U.N. Doc. CERD/C/USA/CO/10-12 (September 21, 2022), para. 36.

220 Human Rights Committee, Concluding observations on the fifth periodic report of the United States of America, U.N. Doc. CCPR/C/USA/CO/5 (December 7, 2023), para. 29.

221 CAT Committee, Concluding observations on the second periodic report of Brazil, U.N. Doc. CAT/C/BRA/CO/2 (June 12, 2023), para. 50(b); CAT Committee, Concluding observations on the third periodic report of El Salvador, U.N. Doc. CAT/C/SLV/CO/3 (December 19, 2022), para. 31.

222 CEDAW Committee, Concluding observations on the seventh periodic report of Slovakia, U.N. Doc. CEDAW/C/SVK/CO/7 (May 31, 2023), para. 37.

223 Timely remedy includes the procedural requirement of a fair hearing by a competent and independent court or tribunal, where appropriate. States' failure to put in place a system that ensures effective judicial action in the context of access to health care services, information, and education constitutes a violation of the right to health. CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 13.

224 CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, paras. 77-79.

225 *See id*. para. 81 (recommending, *inter alia,* that the State ensure women's participation in the design of all reparation programs; eliminate all forms of discrimination against women when re-establishing the rule of law; include "specific measures aimed at protecting women against any act of discrimination"; and ensure that women's identity is protected in transitional justice processes in order to encourage their full collaboration and participation in the adoption of gender-sensitive procedures).

226 *Id*. para. 81(g).

227 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 49.

228 *See generally* CEDAW Committee, *Alyne da Silva Pimentel Teixeira v. Brazil, supra* note 122 (finding that Brazil's failure to ensure timely and appropriate maternal health services amounted to discrimination on, *inter alia,* the basis of sex); CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 11.

229 *See generally* CEDAW Committee, Gen. Rec. No. 24, *supra* note 37; CEDAW Philippines Inquiry, *supra* note 40; CESCR Committee, Gen. Comment No. 22, *supra* note 1; UN Human Rights Council, Report of the Working Group on the issue of discrimination against women in law and in practice, U.N. Doc. A/HRC/32/44 (April 8, 2016); CEDAW

Committee, Gen. Rec. No. 33, *supra* note 141.

230 *See generally* CESCR Committee, Gen. Comment No. 14, *supra* note 10; CESCR Committee, Gen. Comment No. 22, *supra* note 1; *see generally* CESCR Committee, Gen. Comment No. 20, *supra* note 103.

231 CEDAW Philippines Inquiry, *supra* note 40, paras. 33, 36, 43; CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 28.

232 Examples of distinct needs and interests that should be considered for women and girls include the following: distinct biological factors such as their menstrual cycle, reproductive function, menopause, and their higher risk of exposure to STIs as compared to men; distinct socioeconomic factors such as unequal power relationships between women and men in the home and workplace, which may expose women to violence or negatively impact their nutrition and health; distinct psychosocial factors such as depression in general and post-partum depression in particular, as well as other psychological conditions; and lack of respect for the confidentiality of patients, as it may deter women from seeking advice and treatment and thus adversely affect their health and well-being. CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 12.

233 CEDAW Committee, General Recommendation No. 28 on the core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women, U.N. Doc. CEDAW/C/GC/28 (December 16, 2010) [hereinafter CEDAW Committee, Gen. Rec. No. 28], para. 24.

234 *Id*. para. 17.

235 *Id*.

236 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 30.

237 For intersex persons, *see* the fact sheet at https://www.unfe.org/en/know-the-facts/challenges-solutions/intersex. *See also* CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 2.

238 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 2; CRPD Committee, Gen. Comment No. 3, *supra* note 177, para. 4(c); *see also* CEDAW Committee, General Recommendation No. 25 on article 4, paragraph 1, of the Convention on the Elimination of All Forms of Discrimination against Women, on temporary special measures, U.N. Doc. HRI/GEN/1/Rev.7 (May 12, 2004) [hereinafter CEDAW Committee, Gen. Rec. No. 25], para. 12.

239 Non-discrimination in the SRHR context requires respecting sexual orientation, gender identity, and intersex status. CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 23.

240 *See id*. para. 30; Beijing Declaration and Platform for Action of 1995, U.N. Doc. A/CONF.177/20 (September 15, 1995), para. 135; The World Conference on Human Rights, Vienna Declaration and Programme of Action of 1993, U.N. Doc. A/CONF.157/23 (July 12, 1993), para. 38.

241 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 34.

242 CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 14.

243 *See* CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 8; CESCR Committee, Gen. Comment No. 20, *supra* note 103, para. 35.

244 UN Human Rights Council, Report of the Working Group on discrimination against women and girls: Gendered inequalities of poverty: feminist and human rights-based approaches, U.N. Doc A/HRC/53/39 (April 26, 2023) [hereinafter UN Human Rights Council, Report of the Working Group on discrimination against women and girls: Gendered inequalities of poverty].

245 *Id*. para. 42 (noting that while progress has been made in ensuring the accessibility of contraceptive goods and services, 164 million women and girls globally still have unmet needs in family planning).

246 *Id*. para. 43.

247 *Id*. para. 53.

248 *Id*. para. 42; *see also* observations and recommendations from treaty monitoring bodies on the establishment of universal SRH services to ensure that SRHR are guaranteed regardless of affordability: CEDAW Committee, Concluding observations on the eighth periodic report of Costa Rica, U.N. Doc. CEDAW/C/CRI/CO/8 (March 2, 2023), para. 34; CEDAW Committee, Concluding observations on the seventh periodic report of Bolivia (Plurinational State of), U.N. Doc. CEDAW/C/BOL/CO/7 (July 12, 2022), para. 4(d); CEDAW Committee, Concluding observations on the sixth periodic report of Azerbaijan, U.N. Doc. CEDAW/C/AZE/CO/6 (July 12, 2022), para. 34; CEDAW Committee, Concluding observations on the eighth periodic report of Senegal, U.N. Doc. CEDAW/C/SEN/CO/8 (March 1, 2022), para. 33.

249 UN Human Rights Council, Report of the Working Group on discrimination against women and girls: Gendered inequalities of poverty, *supra* note 244, para. 75.

250 This includes, *inter alia,* ensuring the availability, affordability, and accessibility of sexual and reproductive information and quality services, necessary measures to prevent and respond to gender-based discrimination and violence, adequately funded public services and welfare systems, decriminalizing acts associated with poverty and life-sustaining activities, decriminalizing abortion and other SRH services, and decriminalizing other status offenses that disproportionately affect poor and marginalized women and girls. *Id.* para. 62.

251 *See id*. paras. 57, 64.

252 *Id*. para. 57.

253 CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, para. 34.

254 CERD Committee, General Recommendation No. 25: Gender related dimensions of racial discrimination, U.N. Doc. A/55/18 (March 20, 2000) [hereinafter CERD Committee, Gen. Rec. No. 25], para. 2; *see also* UN General Assembly, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, The right to health in conflict situations, U.N. Doc. A/68/297 (October 15, 2013), para. 49.

255 CERD Committee, Gen. Rec. No. 25, *supra* note 254, para. 3.

256 CRPD Committee, Gen. Comment No. 3, *supra* note 177, para. 2; *see also* Ad Hoc Committee on the CRPD, Daily Summary of Discussions at the Sixth Session (August 2005), *available at* https://www.un.org/esa/socdev/enable/rights/ahc6sum2aug.htm.

257 CRPD Committee, Gen. Comment No. 3, *supra* note 177, para. 17(e).

258 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 24.

259 CEDAW Committee, Gen. Rec. No. 34, *supra* note 39, paras. 14-15; CEDAW Committee, General Recommendation No. 32 on the gender-related dimensions of refugee status, asylum, nationality and statelessness of women, U.N. Doc. CEDAW/C/GC/32 (November 5, 2014), para. 16; *see, e.g.*, CEDAW Committee and CRC Committee, Joint Gen. Rec. No. 31 of the CEDAW Committee/Gen. Comment No. 18 of the CRC Committee, *supra* note 112, paras. 5, 14, 15, 54; CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, paras. 7, 57; CEDAW Committee, General Recommendation No. 26 on women migrant workers, U.N. Doc. CEDAW/C/2009/WP.1/R (December 5, 2008), para. 6; CEDAW Committee, Gen. Rec. No. 25, *supra* note 238, para. 12.

260 CEDAW Committee, Gen. Rec. No. 28, *supra* note 233, para. 18; *see also* CEDAW Committee, Gen. Rec. No. 25, *supra* note 238, para. 28 (noting that States' justification for applying temporary special measures "should include a description of the actual life situation of women, including the conditions and influences which shape their lives and opportunities—or that of a specific group of women, suffering from multiple forms of discrimination—and whose position the State party intends to improve in an accelerated manner with the application of such temporary special measures").

261 CEDAW Committee, Gen. Rec. No. 39, *supra* note 2; CEDAW Committee, General Recommendation No. 37 on the gender-related dimensions of disaster risk reduction in the context of climate change, U.N. Doc. CEDAW/C/GC/37 (March 13, 2018) [hereinafter

CEDAW Committee, Gen. Rec. No. 37] (recognizing that as situations of risk and climate change exacerbate pre-existing inequalities, States should identify and eliminate all forms of discrimination, including intersecting forms of discrimination in policies relating to disaster risk reduction and climate change).

262 *Id*. The US has the highest rate of maternal mortality among developed countries, with a particularly disproportionate impact on women belonging to racial and ethnic minorities such as women of African descent, Indigenous women and, notably, Native Hawaiian and other Pacific Islander women, who have the highest rate of maternal mortality in the country.

263 *Id*.

264 Such policies and programs would include the availability of midwifery care. CERD Committee, Concluding observations on the combined tenth to twelfth reports of the United States of America, U.N. Doc. CERD/C/USA/CO/10-12 (September 21, 2022), para. 35.

265 Human Rights Committee, Concluding observations on the fifth periodic report of the United States of America, U.N. Doc. CCPR/C/USA/CO/5 (December 7, 2023), para. 28.

266 Including through the adoption of legislative initiatives such as the Women Health's Protection Act. *Id*. para. 29.

267 *Id*.

268 *Id*., para. 26.

269 *Id*. para. 27.

270 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 25; Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 9; CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 41, 43; CRPD Committee, General Comment No. 1 on art. 12 of the Convention (Equal recognition before the law), U.N. Doc. CRPD/C/GC/1 (May 19, 2014), para. 35; CRPD Committee, Gen. Comment No. 3, *supra* note 177, para. 44; CRC Committee, Gen. Comment No. 15, *supra* note 14, para. 31.

271 ICCPR, *supra* note 187, arts. 3, 17.

272 CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 8.

273 CEDAW Committee, Concluding observations on the seventh periodic report of Slovakia, U.N. Doc. CEDAW/C/SVK/CO/7 (May 31, 2023), para. 37(c); CEDAW Committee, Concluding observations on the sixth periodic report of Georgia, U.N. Doc. CEDAW/C/GEO/CO/6 (March 2, 2023), para. 36; CEDAW Committee, Concluding observations on the combined fifth and sixth periodic reports of Morocco, U.N. Doc. CEDAW/C/MAR/CO/5-6 (July 12, 2022), para. 35(d).

274 CRC Committee, Gen. Comment No. 20, *supra* note 39, para. 60.

275 CRC Committee, Gen. Comment No. 15, *supra* note 39, para. 31.

276 CRC Committee, Gen. Comment No. 20, *supra* note 39, para. 60.

277 CRPD Committee, Gen. Comment No. 3, *supra* note 177, para. 64(c).

278 "Any medical procedure or intervention performed without free and informed consent, including procedures and interventions related to contraception and abortion; invasive and irreversible surgical practices such as psychosurgery, female genital mutilation and surgery or treatment performed on intersex children without their informed consent," may be considered cruel, inhuman, or degrading treatment or punishment and as breaching a number of international human rights treaties. *Id.* para. 32.

279 Human Rights Committee, Concluding observations on the sixth periodic report of Peru, U.N. Doc. CCPR/C/PER/CO/6 (April 5, 2023), para. 10 (noting with concern delays in providing redress for forced sterilization and forms of reparations); CRPD Committee, Concluding observations on the combined second and third periodic reports of Mongolia, U.N. Doc. CRPD/C/MNG/CO/2-3 (October 5, 2023), para. 36; CEDAW Committee, Concluding observations on the sixth periodic report of Switzerland, U.N. Doc. CEDAW/C/CHE/CO/6 (November 1, 2022), para. 68; CEDAW Committee, Gen.

Rec. No. 24, *supra* note 37, para. 22; CRPD Committee, Gen. Comment No. 3, *supra* note 177, paras. 31, 35; Human Rights Committee, Gen. Comment No. 28, *supra* note 187, para. 20.

280 *See*, e.g., CEDAW Committee, Concluding observations on the combined fourth and fifth periodic reports of Djibouti, U.N. Doc. CEDAW/C/DJI/CO/4-5 (February 26, 2024), para. 24(a); CRC Committee, Concluding observations on the combined fifth and sixth reports of Togo, U.N. Doc. CRC/C/TGO/CO/5-6 (September 28, 2023), paras. 30-31; CEDAW Committee, Concluding observations on the sixth periodic report of the Gambia, U.N. Doc. CEDAW/C/GMB/CO/6 (November 1, 2022), para. 20; CRC Committee, Concluding observations on the combined fifth to sixth periodic reports of Germany, U.N. Doc. CRC/C/DEU/CO/5-6 (September 23, 2022), para. 24 (recalling joint Gen. Rec. No. 31 of the CEDAW Committee/Gen. Comment No. 18 of the CRC Committee); CEDAW Committee, Concluding observations on the eighth periodic report of Belgium, U.N. Doc. CEDAW/C/BEL/CO (November 1, 2022), para. 32; CEDAW Committee, Concluding observations on the eighth periodic report of Finland, U.N. Doc. CEDAW/C/FIN/CO/8 (November 1, 2022), para. 21.

281 UN Human Rights Council, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, U.N. Doc. A/HRC/31/57 (January 5, 2016); CEDAW Committee, L.C. v. Peru, Views adopted by the Committee under article 7, paragraph 3, of the Optional Protocol to the Convention, concerning Communication No. 22/2009, U.N. Doc. CEDAW/C/50/D/22/2009 (October 17, 2011), para. 8.18; Human Rights Committee, *Mellet v. Ireland, supra* note 176, para. 7.4; Human Rights Committee, *Whelan v. Ireland, supra* note 199, para. 18.

282 CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 22.

283 CEDAW Committee, Concluding observations on the seventh periodic report of Armenia, U.N. Doc. CEDAW/C/ARM/CO/7 (November 1, 2022), para. 54; CEDAW Committee, Concluding observations on the eighth periodic report of Belgium, U.N. Doc. CEDAW/C/BEL/CO (November 1, 2022), para. 23; CEDAW Committee, Concluding observations on the sixth periodic report of Switzerland, U.N. Doc. CEDAW/C/CHE/CO/6 (November 1, 2022), para. 68; CRC Committee, Concluding observations on the combined fifth to sixth periodic reports of Ukraine, U.N. Doc. CRC/C/UKR/CO/5-6 (October 27, 2022), para. 19; CRC Committee, Concluding observations on the initial report of South Sudan, U.N. Doc. CRC/C/SSD/CO/1 (October 27, 2022), para. 21; CRC Committee, Concluding observations on the combined third to sixth periodic reports of Kuwait, U.N. Doc. CRC/C/KWT/CO/3-6 (October 19, 2022), paras. 16-17 (recommending that the State party amend article 26 of its Personal Status Act allowing for child marriage and repeal all exceptions from the legal minimum age of marriage of 18 years for both women and men); CEDAW Committee, Concluding observations on the ninth periodic report of Honduras, U.N. Doc. CEDAW/C/HND/CO/9 (November 1, 2022), para. 49; CRC Committee, Concluding observations on the combined fifth to sixth periodic reports of Germany, U.N. Doc. CRC/C/DEU/CO/5-6 (September 23, 2022) (recalling joint Gen. Rec. No. 31 of the CEDAW Committee/Gen. Comment No. 18 of the CRC Committee); *see generally* CEDAW Committee and CRC Committee, Joint Gen. Rec. No. 31 of the CEDAW Committee/Gen. Comment No. 18 of the CRC Committee, *supra* note 112.

284 Specifically, treaty monitoring bodies have highlighted the need to improve access to support and rehabilitation services, as well as to reparations, including financial compensation, to ensure that victims are protected from retaliation. More specifically, this includes establishing protection schemes for victims of female genital mutilation and other harmful practices; encouraging the reporting of such practices to the relevant authorities; ensuring victims' access to social, medical, psychological, and rehabilitative services free of charge and to redress, including through international cooperation and assistance; and ensuring the provision of mandatory training on female genital mutilation to health professionals. Human Rights Committee, Concluding observations on the second periodic report of Ethiopia, U.N. Doc. CCPR/C/ETH/CO/2 (December 7, 2022), para. 32; Human Rights Committee, Concluding observations on the eighth periodic report of the Russian Federation, U.N. Doc. CCPR/C/RUS/CO/8 (December 1, 2022), paras. 16-17; CEDAW Committee, Concluding observations on the eighth periodic report of Finland, U.N. Doc. CEDAW/C/FIN/CO/8 (November 1, 2022), para. 22; CRC Committee, Concluding observations on the combined third to sixth periodic reports of

Kuwait, U.N. Doc. CRC/C/KWT/CO/3-6 (October 19, 2022), para. 29.

285 *See, e.g.*, CEDAW Committee, Concluding observations on the eighth periodic report of the Dominican Republic, U.N. Doc. CEDAW/C/DOM/CO/8 (March 1, 2022), para. 20(c); CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Czechia, U.N. Doc. CRC/C/CZE/CO/5-6 (October 22, 2021), para. 17.

286 Human Rights Committee, Gen. Comment No. 28, *supra* note 187, para. 20; Human Rights Committee, General Comment No. 17 on article 24 (Rights of the Child), U.N. Doc. HRI/GEN/1/Rev.9 (April 7, 1989), para. 4.

287 *See, e.g.*, CEDAW Committee, Concluding observations on the seventh periodic report of Gabon, U.N. Doc. CEDAW/C/GAB/CO/7 (March 1, 2022), para. 39; Human Rights Committee, Concluding observations on the eighth periodic report of Ukraine, U.N. Doc. CCPR/C/UKR/CO/8 (February 9, 2022), para. 19.

288 CEDAW, *supra* note 113, Art. 5(a); *see, e.g.,* CEDAW Committee, Concluding observations on the ninth periodic report of the Philippines, U.N. Doc. CEDAW/C/PHL/CO/9 (November 14, 2023), paras. 39-40; CEDAW Committee, Concluding observations on the tenth periodic report of Bhutan, U.N. Doc. CEDAW/C/BTN/CO/10 (November 14, 2023), paras. 63-64; CEDAW Committee, Concluding observations on the eighth periodic report of Malawi, U.N. Doc. CEDAW/C/MWI/CO/8 (October 30, 2023), paras. 49-50; CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Albania, U.N. Doc. CRC/C/ALB/CO/5-6 (September 28, 2023), para. 28; Human Rights Committee, Concluding observations on the second periodic report of Botswana, U.N. Doc. CCPR/C/BWA/CO/2 (November 24, 2021), paras. 13-14.

289 CEDAW Committee, Gen. Rec. No. 28, *supra* note 233, para. 21; CEDAW Committee, Gen. Rec. No. 25, *supra* note 238, para. 12.

290 *See, e.g.*, CEDAW Committee, Concluding observations on the eighth periodic report of Malawi, U.N. Doc. CEDAW/C/MWI/CO/8 (October 30, 2023), para. 31(a); CEDAW Committee, Concluding observations on the eighth periodic report of the Dominican Republic, U.N. Doc. CEDAW/C/DOM/CO/8 (March 1, 2022), para. 19; CEDAW Committee, Concluding observations on the combined seventh and eighth periodic reports of Yemen, U.N. Doc. CEDAW/C/YEM/CO/7-8 (November 24, 2021), paras. 43-44; CEDAW Committee, Concluding observations on the initial periodic report of South Sudan, U.N. Doc. CEDAW/C/SSD/CO/1 (November 23, 2021), paras. 40-41.

291 *See, e.g.,* CESCR Committee, Concluding observations on the fourth periodic report of Chad, U.N. Doc. E/C.12/TCD/CO/4 (October 30, 2023), paras. 33-34; Human Rights Committee, Concluding observations on the fifth periodic report of Georgia, U.N. Doc. CCPR/C/GEO/CO/5 (September 23, 2022); paras. 47-48; CEDAW Committee, Concluding observations on the combined eighth to tenth periodic reports of Egypt, U.N. Doc. CEDAW/C/EGY/CO/8-10 (November 26, 2021); para. 23; Human Rights Committee, Concluding observations on the second periodic report of Botswana, U.N. Doc. CCPR/C/BWA/CO/2 (November 24, 2021), paras. 13, 14(c); CEDAW Committee, Concluding observations on the tenth periodic report of Sweden, U.N. Doc. CEDAW/C/SWE/CO/10 (November 24, 2021), para. 22(a); CEDAW Committee, Concluding observations on the eighth periodic report of Indonesia, U.N. Doc. CEDAW/C/IDN/CO/8 (November 24, 2021), para. 52(e); CEDAW Committee, Concluding observations on the fifth periodic report of South Africa, U.N. Doc. CEDAW/C/ZAF/CO/5 (November 23, 2021), para. 34(c).

292 *See* CAT Committee, Concluding observations on the second periodic report of Ethiopia, U.N. Doc. CAT/C/ETH/CO/2 (June 7, 2023), paras. 26-27 (recommending that the State party end child marriage, including in customary justice systems, and eradicate cultural justifications for the practice).

293 CEDAW Committee, Concluding observations on the ninth periodic report of Ukraine, U.N. Doc. CEDAW/C/UKR/CO/9 (November 1, 2022), para. 21.

294 CEDAW Committee, Concluding observations on the eighth periodic report of Belgium, U.N. Doc. CEDAW/C/BEL/CO (November 1, 2022), para. 23; CEDAW Committee, Concluding observations on the sixth periodic report of Switzerland, U.N. Doc. CEDAW/C/CHE/CO/6 (November 1, 2022), para. 24; CEDAW Committee, Concluding

observations on the eighth periodic report of Finland, U.N. Doc. CEDAW/C/FIN/CO/8 (November 1, 2022), para. 21.

295 CEDAW Committee, Concluding observations on the eighth periodic report of Finland, U.N. Doc. CEDAW/C/FIN/CO/8 (November 1, 2022), paras. 17, 29 (recalling joint Gen. Rec. No. 31 of the CEDAW Committee/Gen. Comment No. 18 of the CRC Committee and the CEDAW Committee's previous recommendations); CEDAW Committee, Concluding observations on the eighth periodic report of Finland, U.N. Doc. CEDAW/C/FIN/CO/8 (November 1, 2022), para. 22; CRC Committee, Concluding observations on the fifth periodic report of Uzbekistan, U.N. Doc. CRC/C/UZB/CO/5 (October 27, 2022), para. 29.

296 CEDAW Committee, Concluding observations on the ninth periodic report of Ukraine, U.N. Doc. CEDAW/C/UKR/CO/9 (November 1, 2022), para. 45.

297 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 57; CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 22; CRPD Committee, Gen. Comment No. 3, *supra* note 177, para. 63(a); CRPD Committee, General Comment No. 1 on art. 12 (Equal recognition before the law), U.N. Doc. CRPD/C/GC/1 (May 19, 2014), para. 35.

298 CEDAW Committee, Concluding observations on the ninth periodic report of Iceland, U.N. Doc. CEDAW/C/ISL/CO/9 (May 31, 2023), paras. 25-26; CEDAW Committee, Concluding observations on the sixth periodic report of Georgia, U.N. Doc. CEDAW/C/GEO/CO/6 (March 2, 2023), para. 25; CEDAW Committee, Gen. Rec. No. 35, *supra* note 60, para. 18.

299 CEDAW Committee, Gen. Rec. No. 33, *supra* note 141, para. 19(d); *see also* Human Rights Committee, Concluding observations on the sixth periodic report of Peru, U.N. Doc. CCPR/C/PER/CO/6 (April 5, 2023), para. 10 (noting with concern delays in effective accountability mechanisms for forced sterilization); CRPD Committee, Concluding observations on the combined second and third periodic reports of Mongolia, U.N. Doc. CRPD/C/MNG/CO/2-3 (October 5, 2023), para. 36 (recommending that the State party establish a mechanism for identifying, investigating, and following up on cases that arise despite existing legal prohibitions on forced sterilization); CEDAW Committee, Concluding observations on the sixth periodic report of Switzerland, U.N. Doc. CEDAW/C/CHE/CO/6 (November 1, 2022), para. 68.

300 CEDAW Committee, Concluding observations on the ninth periodic report of Iceland, U.N. Doc. CEDAW/C/ISL/CO/9 (May 31, 2023), para. 26(h).

301 *See e.g.,* CEDAW Committee, Concluding observations on the tenth periodic report of Guatemala, U.N. Doc. CEDAW/C/GTM/CO/10 (November 14, 2023), para. 50 (noting with concern that women and girls with disabilities, especially Indigenous women, face intersecting forms of discrimination and violations of their rights by being subjected to, among other things, forced sterilization, in the State party); CRPD Committee, Concluding observations on the first periodic report of Switzerland, U.N. Doc. CPRD/C/CHE/CO/1 (April 13, 2022), paras. 35-36 (noting with concern that "intersex persons can be subjected to unnecessary and irreversible medical and/or surgical interventions, including during infancy or childhood"); CAT Committee, Concluding observations on the third periodic report of Kenya, U.N. Doc. CAT/C/KEN/CO/3 (May 30, 2022), para. 37(e) (noting with concern "the persistence of forced and coerced sterilization of HIV positive women" in the State party).

302 CEDAW Committee, Concluding observations on the eighth periodic report of Panama, U.N. Doc. CEDAW/C/PAN/CO/8 (March 1, 2022), paras. 37-38; CESCR Committee, Concluding observations on the third periodic report of Panama, U.N. Doc. E/C.12/PAN/CO/3 (March 31, 2023), para. 48; Human Rights Committee, Concluding observations on the fourth periodic report of Panama, U.N. Doc. CCPR/C/PAN/CO/4 (April 12, 2023), para. 19; CEDAW Committee, Concluding observations on the fifth periodic report of South Africa, U.N. Doc. CEDAW/C/ZAF/CO/5 (November 23, 2021), para. 53.

303 CRPD Committee, Concluding observations on the initial report of Andorra, U.N. Doc. CRPD/C/AND/CO/1 (October 9, 2023), para. 35; CRPD Committee, Concluding observations on the initial report of Israel, U.N. Doc. CRPD/C/ISR/CO/1 (October 9, 2023), para. 39; CRPD Committee, Concluding observations on the combined initial and second reports of Malawi, U.N. Doc. CRPD/C/MWI/CO/1-2 (October 5, 2023),

paras. 17, 35; CRPD Committee, Concluding observations on the combined second and third periodic reports of Germany, U.N. Doc. CRPD/C/DEU/CO/2-3 (October 5, 2023), para. 37; CRPD Committee, Concluding observations on the combined second and third periodic reports of Mongolia, U.N. Doc. CRPD/C/MNG/CO/2-3 (October 5, 2023), para. 36; CEDAW Committee, Concluding observations on the ninth periodic report of Iceland, U.N. Doc. CEDAW/C/ISL/CO/9 (May 31, 2023), paras. 23-24 (recommending the explicit criminalization of forced sterilizations, particularly against women with intellectual or psychosocial disabilities); CRPD Committee, Concluding observations on the combined second and third reports of Tunisia, U.N. Doc. CRPD/C/TUN/CO/2-3 (April 17, 2023), para. 29; CCPR Committee, Concluding observations on the fourth periodic report of Panama, U.N. Doc. CCPR/C/PAN/CO/4 (April 12, 2023), para. 19; CEDAW Committee, Concluding observations on the ninth periodic report of Hungary, U.N. Doc. CEDAW/C/HUN/CO/9 (March 2, 2023), para. 35(c); CEDAW Committee, Concluding observations on the sixth periodic report of Switzerland, U.N. Doc. CEDAW/C/CHE/CO/6 (November 1, 2022), para. 24; CRPD Committee, Concluding observations on the initial report of Switzerland, U.N. Doc. CRPD/C/CHE/CO/1 (April 13, 2022), para. 36; CEDAW Committee, Concluding observations on the tenth periodic report of Portugal, U.N. Doc. CEDAW/C/PRT/CO/10 (July 12, 2022), para. 40(c).

304 CEDAW Committee, Concluding observations on the sixth periodic report of Namibia, U.N. Doc. CEDAW/C/NAM/CO/6 (July 12, 2022), para. 41(g).

305 CEDAW Committee, Concluding observations on the ninth periodic report of China, U.N. Doc. CEDAW/C/CHN/CO/9 (May 31, 2023), para. 43(d) (noting with concern allegations of torture in Uyghur-populated areas through, inter alia, forced sterilizations); CAT Committee, Concluding observations on the fourth periodic report of Slovakia, U.N. Doc. CAT/C/SVK/CO/4 (June 7, 2023), para. 23; CESCR Committee, Concluding observations on the third periodic report of China, including Hong Kong, China and Macao, China, U.N. Doc. E/C.12/CHN/CO/3 (March 22, 2023), para. 70; CEDAW Committee, Concluding observations on the eighth periodic report of Belgium, U.N. Doc. CEDAW/C/BEL/CO/8 (November 1, 2022), para. 23; CEDAW Committee, Concluding observations on the sixth periodic report of Switzerland, U.N. Doc. CEDAW/C/CHE/CO/6 (November 1, 2022), para. 57.

306 Human Rights Committee, Concluding observations on the fifth periodic report of the Republic of Korea, U.N. Doc. CCPR/C/KOR/CO/5 (November 24, 2023), para. 13; CAT Committee, Concluding observations on the fourth periodic report of Kazakhstan, U.N. Doc. CAT/C/KAZ/CO/4 (June 8, 2023), para. 41.

307 CEDAW Committee, Concluding observations on the seventh periodic report of Slovakia, U.N. Doc. CEDAW/C/SVK/CO/7 (May 31, 2023), para. 45(a).

308 *Id.*

309 *Id.* paras. 42(c), 43(c).

310 CRPD Committee, Concluding observations on the combined second and third reports of Tunisia, U.N. Doc. CRPD/C/TUN/CO/2-3 (April 17, 2023), para. 30(b); CRPD Committee, Concluding observations on the combined second and third periodic reports of Austria, U.N. Doc. CRPD/C/AUT/CO/2-3 (September 28, 2023), para. 44(a).

311 CRC Committee, Concluding observations on the combined third and fourth periodic reports of Lichtenstein, U.N. Doc. CRC/C/LIE/CO/3-4 (October 17, 2023), para. 24(b-c).

312 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 23.

313 CAT Committee, Concluding observations on the eighth periodic report of Denmark, U.N. Doc. CAT/C/DNK/CO/8 (December 8, 2023), para. 33; CAT Committee, Concluding observations on the second periodic report of Ireland, U.N. Doc. CAT/C/IRL/CO/2 (August 31, 2017), paras. 29-30 (expressing concern regarding the past practice of subjecting women and girls to symphysiotomy childbirth operations, as doctors declined to perform—due to their religious beliefs—alternative procedures that would have resulted in "substantially less pain and suffering").

314 CEDAW, *supra* note 113, art. 16(e); *see generally* CESCR Committee, Gen. Comment No. 25, *supra* note 5.

315 WHO, *Infertility* (April 3, 2023), *available at* https://www.who.int/news-room/fact-sheets/detail/infertility.

316 CESCR Committee, Gen. Comment No. 25, *supra* note 5, para. 33.

317 This includes transgender men and gender non-conforming people who can also become pregnant.

318 CESCR Committee, Gen. Comment No. 22, *supra* note 1, para. 9; CEDAW Committee, Gen. Rec. No. 24, *supra* note 37, para. 22 ("Acceptable services are those which are 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").

319 *See* CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 11 ("A further important aspect [of the right to health] is the participation of the population in all health-related decision-making at the community, national and international levels"); UN Commission on Human Rights, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report of the Special Rapporteur: The right of everyone to the enjoyment of highest attainable standard of physical and mental health, U.N. Doc. E/CN.4/2004/49 (February 16, 2004), para. 48 ("The right to health requires that health policies, programmes and projects are participatory ... Since sexual and reproductive health are integral elements of the right to health, it follows that all initiatives for the promotion and protection of sexual and reproductive health must be formulated, implemented and monitored in a participatory manner").

320 CESCR Committee, Gen. Comment No. 25, *supra* note 5, para. 33.

321 *See, e.g.,* CEDAW Committee, Concluding observations on the tenth periodic report of Uruguay, U.N. Doc. CEDAW/C/URY/CO/10 (November 14, 2023), paras. 45-46.

322 CEDAW Committee, Concluding observations on the tenth periodic report of Portugal, U.N. Doc. CEDAW/C/PRT/CO/10 (July 12, 2022), para. 4(a).

323 *See, e.g.,* CEDAW Committee, Concluding observations on the seventh periodic report of Slovenia, U.N. Doc. CEDAW/C/SVN/CO/7 (March 2, 2023), para. 39 (noting with concern limited access to health services, including ART, for disadvantaged women in the State party).

324 *See, e.g.,* UN General Assembly, Report of the Special Rapporteur on the sale and sexual exploitation of children, including child prostitution, child pornography and other child sexual abuse material, U.N. Doc. A/74/162 (July 15, 2019), para. 13.

325 *See generally* OHCHR, *Surrogacy* (n.d.), *available at* https://www.ohchr.org/en/special-procedures/sr-sale-of-children/surrogacy; UNICEF, *Key Considerations: Children's Rights and Surrogacy* (February 2022), *available at* https://www.unicef.org/media/115331/file; International Social Service, *Principles for the protection of the rights of the child born through surrogacy* (Verona Principles) (2021), *available at* https://www.iss-ssi.org/wp-content/uploads/2023/03/VeronaPrinciples_25February2021-1.pdf.

326 CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Ireland, U.N. Doc. CRC/C/IRL/CO/5-6 (February 28, 2023), para. 19(c)(ii).

327 CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Ukraine, U.N. Doc. CRC/C/UKR/CO/5-6 (October 27, 2022), para. 21; *see also* CRC Committee, Concluding observations on the combined fifth to sixth periodic reports of Ireland, U.N. Doc. CRC/C/IRL/CO/5-6 (February 28, 2023), para. 20; CRC Committee, Concluding observations on the sixth periodic report of New Zealand, U.N. Doc. CRC/C/NZL/CO/6 (February 28, 2023), para. 20; CRC Committee, Concluding observations on the combined fourth to sixth periodic reports of Greece, U.N. Doc. CRC/C/GRC/CO/4-6 (June 28, 2022), para. 22; CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Switzerland, U.N. Doc. CRC/C/CHE/CO/5-6 (October 22, 2021), para. 22.

328 *See id.*

329 CRC Committee, Concluding observations on the combined fifth and sixth periodic

reports of Luxembourg, U.N. Doc. CRC/C/LUX/CO/5-6 (June 21, 2021), para. 16.

330 Even where domestic courts have recognized a child's citizenship when born of surrogacy abroad or when the State has established an electronic birth registration system. *See* CEDAW Committee, Concluding observations on the sixth periodic report of Namibia, U.N. Doc. CEDAW/C/NAM/CO/6 (July 12, 2022), paras. 35(a), 36(a).

331 CEDAW Committee, Concluding Observations on the sixth periodic report of Cambodia, U.N. Doc. CEDAW/C/KHM/CO/6 (November 12, 2019).

332 CEDAW Committee, Concluding observations on the ninth periodic report of Ukraine, U.N. Doc. CEDAW/C/UKR/CO/9 (November 1, 2022), para. 45(d).

333 *Id*. para. 46(d).

334 *See generally* CESCR Committee, Gen. Comment No. 22, *supra* note 1; CESCR Committee, Gen. Comment No. 14, *supra* note 10; CEDAW Committee, Gen. Rec. No. 28, *supra* note 233; CEDAW Committee, Gen. Rec. No. 30, *supra* note 38; CEDAW Committee, Gen. Rec. No. 37, *supra* note 261.

335 Convention on the Rights of Persons with Disabilities, *adopted* December 13, 2006, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611 (*entered into force* May 3, 2008) [hereinafter CRPD], art. 11.

336 *Id*.

337 *See* CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, paras. 19-24; CESCR Committee, General Comment No. 12 on the right to adequate food (art. 11 of the Covenant), U.N. Doc. E/C.12/1999/5 (May 12, 1999), para. 6; Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 64.

338 CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 50-53; *see also* CRPD, *supra* note 329, art. 32.

339 For example, the CEDAW Committee has also remarked on the challenges that refugee and asylum-seeking women and girls leaving Ukraine, for instance, face in accessing safe abortion services in countries of transit or destination. CEDAW Committee, Concluding observations on the ninth periodic report of Ukraine, U.N. Doc. CEDAW/C/UKR/CO/9 (November 1, 2022), paras. 41, 218; *see, e.g.*, CAT Committee, Concluding observations on the third periodic report of Burundi, U.N. Doc. CAT/C/BDI/CO/3 (December 11, 2023), para. 40; CEDAW Committee, Concluding observations on the combined eighth and ninth periodic reports of Uganda, U.N. Doc. CEDAW/C/UGA/CO/8-9 (March 1, 2022), para. 42; CEDAW Committee, Concluding observations on the combined seventh and eighth periodic reports of Yemen, U.N. Doc. CEDAW/C/YEM/CO/7-8 (November 24, 2021), para. 42.

340 For internally displaced women and girls, the CEDAW Committee has recommended that such women and girls who are victims of gender-based violence receive free and immediate access to medical services, legal assistance, and a safe environment, as well as access to female health care providers and access to services such as reproductive health care and counseling. CEDAW Committee, Concluding observations on the ninth periodic report of Honduras, U.N. Doc. CEDAW/C/HND/CO/9 (November 1, 2022), para. 47 (in line with its General Recommendation No. 32 on the gender-related dimensions of refugee status, asylum, nationality, and statelessness of women and General Recommendation No. 30 on women in conflict prevention, conflict, and post-conflict situations).

341 *See generally* CEDAW Committee, Gen. Rec. No. 30, *supra* note 38; Center for Reproductive Rights, *Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings* (2021), *available at* https://reproductiverights.org/wp-content/uploads/2021/06/SRHR-humanitarian-settings-6-2021.pdf.

342 CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, para. 52(c); CEDAW Committee, Concluding observations on the combined initial and second to fifth periodic reports of the Central African Republic, U.N. Doc. CEDAW/C/CAF/CO/1-5 (July 24, 2014), para. 40(b); *see also* CEDAW Committee, Concluding comments on the Democratic Republic of the Congo, U.N. Doc. CEDAW/C/COD/CO/5 (August 25, 2006), paras. 35-36, in Center for Reproductive Rights, *Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings* (2021), *available at* https://reproductiverights.org/wp-content/

uploads/2021/06/SRHR-humanitarian-settings-6-2021.pdf.

343 States must also ensure redress for the acts of private individuals or entities, as part of their due diligence obligation. CEDAW Committee, Gen. Rec. No. 30, *supra* note 38, para. 17(a); UN Human Rights Council, Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General: Follow-up on the application of the technical guidance, U.N. Doc. A/HRC/39/26 (June 29, 2018); *see generally* Center for Reproductive Rights, *Ensuring Sexual and Reproductive Health and Rights of Women and Girls Affected by Conflict* (July 25, 2017), *available at* https://reproductiverights.org/sites/default/files/documents/ga_bp_conflictncrisis_2017_07_25.pdf.

344 Examples of sexual and gender-based violence include rape, gang rape, sexual slavery, and the intentional transmission of HIV. Human Rights Committee, Concluding observations on the second periodic report of Ethiopia, U.N. Doc. CCPR/C/ETH/CO/2 (December 7, 2022), para. 13.

345 The Committee has specifically referred to the implementation of the recommendations listed in the joint investigation report of the OHCHR and the Ethiopian Human Rights Commission (2021). *Id.* para. 14.

346 CEDAW Committee, *S.H. v. Bosnia and Herzegovina, supra* note 7.

347 *Id.* paras. 3.3, 8.4.

348 *Id.* paras. 8.5-8.6.

349 *Id.* paras. 9-10.

350 OHCHR, "COVID-19 and Human Rights Treaty Bodies" (n.d.), *available at* https://www.ohchr.org/en/treaty-bodies/covid-19-and-human-rights-treaty-bodies; *see also* WHO, "Essential health services face continued disruption during COVID-19 pandemic" (February 7, 2022), *available at* https://www.who.int/news/item/07-02-2022-essential-health-services-face-continued-disruption-during-covid-19-pandemic.

351 WHO et al., *Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division* (February 23, 2023), *available at* https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1, p. xvi; WHO, *Maintaining essential health services: operational guidance for the COVID-19 context* (June 1, 2020), *available at* https://iris.who.int/bitstream/handle/10665/332240/WHO-2019-nCoV-essential_health_services-2020.2-eng.pdf?sequence=1, p. 24; *see generally* Marie Thoma and Eugene Declercq, *All-Cause Maternal Mortality in the US Before vs During the COVID-19 Pandemic,* 1 JAMA (2022); *see also* Inter-Agency Working Group on Reproductive Health in Crises, *COVID-19 Pandemic Further Threatens Women and Girls Already at Risk in Humanitarian and Fragile Settings* (May 2020), *available at* https://wordpress.fp2030.org/wp-content/uploads/2023/08/IAWG-COVID-ADVOCACY-STATEMENT.pdf, p. 3.

352 *See, e.g.,* CERD Committee, Concluding observations on the combined tenth to twelfth reports of the United States of America, U.N. Doc. CERD/C/USA/CO/10-12 (September 21, 2022), para. 35.

353 CESCR Committee, Gen. Comment No. 22, *supra* note 1, paras. 33, 38.

354 UN Human Rights Council Report of the Working Group on discrimination against women and girls, Women's and girls' sexual and reproductive health rights in crises, U.N. Doc. A/HRC/47/38 (April 28, 2021), para. 26 (citing generally the CESCR Committee's Gen. Comment No. 14 and Gen. Comment No. 22).

355 WHO, *Maintaining essential health services: operational guidance for the COVID-19 context* (June 1, 2020), *available at* https://iris.who.int/bitstream/handle/10665/332240/WHO-2019-nCoV-essential_health_services-2020.2-eng.pdf?sequence=1, p. 29; CEDAW Committee, *Guidance Note on CEDAW and COVID-19* (2020), *available at* https://www.ohchr.org/Documents/HRBodies/CEDAW/Statements/CEDAW_Guidance_note_COVID-19.docx, paras. 1-2.

356 *See, e.g.,* CEDAW Committee, *Guidance Note on CEDAW and COVID-19* (2020), *available at* https://www.ohchr.org/Documents/HRBodies/CEDAW/Statements/CEDAW_Guidance_note_COVID-19.docx, para. 2 ("States parties must continue to provide gender-responsive sexual and reproductive health services, including maternity care, as part of their COVID-19 response. Confidential access to sexual and reproductive health information and services such as modern forms of contraception, safe abortion and post-abortion services and full consent must be ensured to women and girls at all times, through toll-free hotlines and easy-to access procedures such as online prescriptions, if necessary free of charge. States parties should raise awareness about the particular risks of COVID-19 for pregnant women and women with pre-existing health conditions. They should provide manuals for health workers guiding strict adherence to prevention of infection, including for maternal health, during pregnancy, at-birth and the post-delivery period."); OHCHR, "Statement by the UN Working Group on discrimination against women and girls: Responses to the COVID-19 pandemic must not discount women and girls" (April 20, 2020), *available at* https://www.ohchr.org/en/statements/2020/04/statement-un-working-group-discrimination-against-women-and-girlsresponses-covid; OHCHR, "COVID-19 Guidance" (n.d.), *available at* https://www.ohchr.org/en/covid-19/covid-19-guidance (providing that "effective responses to COVID-19 must fully consider and address the specific situations, perspectives and needs of women, girls and LGBTI people and ensure that any measures taken do not directly or indirectly discriminate based on gender … Sexual and reproductive health services should be seen as a life-saving priority and integral to the response, including access to contraception, maternal and newborn care; treatment of STIs; safe abortion care; and effective referral pathways, including for victims of gender-based violence. Resources should not be diverted away from essential sexual and reproductive health services, which would impact the rights and lives of women and girls in particular").

357 WHO, *Maintaining essential health services: operational guidance for the COVID-19 context* (June 1, 2020), *available at* https://iris.who.int/bitstream/handle/10665/332240/WHO-2019-nCoV-essential_health_services-2020.2-eng.pdf?sequence=1, p. 6.

358 Human Rights Committee, Gen. Comment No. 36, *supra* note 39, para. 26.

359 CEDAW Committee, *Guidance Note on CEDAW and COVID-19* (2020), *available at* https://www.ohchr.org/Documents/HRBodies/CEDAW/Statements/CEDAW_Guidance_note_COVID-19.docx, paras. 1-2.

360 *See, e.g., id.* para. 2.

361 CEDAW Committee, Concluding observations on the sixth periodic report of Georgia, U.N. Doc. CEDAW/C/GEO/CO/6 (March 2, 2023), para. 37 (noting with concern the sharp increase in gender-based violence against women, which more than tripled between 2020 and 2021); CEDAW Committee, Concluding observations on the sixth periodic report of Namibia, U.N. Doc. CEDAW/C/NAM/CO/6 (July 12, 2022), para. 27(b); CAT Committee, Concluding observations on third periodic report of Kenya, U.N. Doc. CAT/C/KEN/CO/3 (May 30, 2022), para. 37 (expressing concern at the significant increase in domestic violence and sexual violence during COVID-19, as well as the persistence of forced and coerced sterilization); CEDAW Committee, Concluding observations on the fifth periodic report of Kyrgyzstan, U.N. Doc. CEDAW/C/KGZ/CO/5 (November 29, 2021), para. 21 (noting with concern the "high incidence of gender-based violence against women in the State party, including the spike in domestic violence during the lockdown in COVID-19, and the persistence of the harmful practice of bride kidnapping"); Human Rights Committee, Concluding observations on the second periodic report of Botswana, U.N. Doc. CCPR/C/BWA/CO/2 (November 24, 2021), para. 13.

362 CEDAW Committee, Concluding observations on the seventh periodic report of the Plurinational State of Bolivia, U.N. Doc. CEDAW/C/BOL/CO/7 (July 12, 2022), para. 23(a); CEDAW Committee, Concluding observations on the fifth periodic report of Kyrgyzstan, U.N. Doc. CEDAW/C/KGZ/CO/5 (November 29, 2021), para. 31(b) (while recognizing the State party's efforts to ensure online education during COVID-19, it noted with concern an "absence of education on gender equality and sexual and reproductive health and rights"); CEDAW Committee, Concluding observations on the combined seventh and eighth reports of Yemen, U.N. Doc. CEDAW/C/YEM/

CO/7-8 (November 24, 2021), para. 36(c) (observing the disproportionate lack of access to COVID-19 treatment in the State party was, at least in part, "attributed to women's restricted access to health services, digital registration and public information"); CEDAW Committee, Concluding observations on the fifth periodic report of South Africa, U.N. Doc. CEDAW/C/ZAF/CO/5 (November 23, 2021), para. 53 (noting with concern the limited access to SRH services in the State party, particularly in rural areas); *see also* CERD Committee, Concluding observations on the combined fifth to eleventh periodic reports of Zimbabwe, U.N. Doc. CERD/C/ZWE/CO/5-11 (September 16, 2022), para. 39 (expressing concern that "persons without identification documents" in the State party have been "prevented from realizing their rights under article 5 of the Convention, including with respect to ... maternal and other health care" and the State party's COVID-19 vaccination program); CEDAW Committee, Concluding observations on the eighth periodic report of Panama, U.N. Doc. CEDAW/C/PAN/CO/8 (March 1, 2022), para. 33(c) (noting with concern the "barriers preventing indigenous women and girls from attending virtual education programmes during the period of confinement during the COVID-19 pandemic").

363 CEDAW Committee, Concluding observations on the sixth periodic report of Azerbaijan, U.N. Doc. CEDAW/C/AZE/CO/6 (July 12, 2022), para. 29(a); CEDAW Committee, Concluding observations on the fifth periodic report of Kyrgyzstan, U.N. Doc. CEDAW/C/KGZ/CO/5 (November 29, 2021), para. 49(b); CEDAW Committee, Concluding observations on the combined seventh and eighth reports of Yemen, U.N. Doc. CEDAW/C/YEM/CO/7-8 (November 24, 2021), paras. 10, 43(a); CEDAW Committee, Concluding observations on the fifth periodic report of South Africa, U.N. Doc. CEDAW/C/ZAF/CO/5 (November 23, 2021), para. 53; Human Rights Committee, Concluding observations on the second periodic report of Botswana, U.N. Doc. CCPR/C/BWA/CO/2 (November 24, 2021), para. 13.

364 *See, e.g.,* CEDAW Committee, Concluding observations on the sixth periodic report of Georgia, U.N. Doc. CEDAW/C/GEO/CO/6 (March 2, 2023), para. 37 (expressing concern at the disproportionate health impact of COVID-19 on women, limited access to SRH services and goods and HIV treatment, limited data on the availability of safe abortion for victims of sexual violence, and the persistently high maternal mortality rate); CRPD Committee, Concluding observations on the initial report of Singapore, U.N. Doc. CRPD/C/SGP/CO/1 (October 5, 2022), para. 49 (expressing concern regarding barriers to accessing SRH services for persons with disabilities, while also noting more generally that "persons with disabilities have faced obstacles in gaining access to health care throughout the COVID-19 pandemic"); CEDAW Committee, Concluding observations on the sixth periodic report of Azerbaijan, U.N. Doc. CEDAW/C/AZE/CO/6 (July 12, 2022), para. 29(e) (expressing concern regarding COVID-19's exacerbation of existing "horizontal and vertical segregation of women and girls in education," including the "underrepresentation of women at the decision-making level in the education system ... and the decrease in female professors' publications during the COVID-19 pandemic due to their disproportionate burden of domestic and care work"); CRC Committee, Concluding observations on the combined fifth and sixth periodic reports of Cyprus, U.N. Doc. CRC/C/CYP/CO/5-6 (June 24, 2022), para. 37(d) (expressing concern at the increased incidence of sexual violence during the COVID-19 pandemic in the State party); CEDAW Committee, Concluding observations on the eighth periodic report of Senegal, U.N. Doc. CEDAW/C/SEN/CO/8 (March 1, 2022), para. 34(e) (recommending that the State party "strengthen efforts to enhance access for women to inclusive health-care services and affordable medical assistance provided by trained personnel ... taking into account the specific health concerns exacerbated by the COVID-19 pandemic"); CEDAW Committee, Concluding observations on the fifth periodic report of South Africa, U.N. Doc. CEDAW/C/ZAF/CO/5 (November 23, 2021), paras. 53-54; CRC Committee, Concluding observations on the combined second to fourth periodic reports of Eswatini, U.N. Doc. CRC/C/SWZ/CO/2-4 (October 22, 2021), para. 54(c) (expressing concern at the high rate of early pregnancy during the COVID-19 pandemic).

365 CEDAW Committee, Concluding observations on the sixth periodic report of Azerbaijan, U.N. Doc. CEDAW/C/AZE/CO/6 (July 12, 2022), para. 29(a); CEDAW Committee, Concluding observations on the fifth periodic report of South Africa, U.N. Doc. CEDAW/C/ZAF/CO/5 (November 23, 2021), para. 43. Identifying a potential causal connection between COVID-19's disproportionate impact on girls and the higher

dropout rate, the CRC Committee recommended that States parties provide adequate information on dropout rates among teenage girls in order to "strengthen support and assistance to pregnant teenagers and adolescent mothers to continue their education in mainstream schools" and address persistent gender discrimination in the education system where it exists. CRC Committee, Concluding observations on the combined fifth to seventh periodic reports of Zambia, U.N. Doc. CRC/C/ZMB/CO/5-7 (June 27, 2022), para. 38(b); CEDAW Committee, Concluding observations on the fifth periodic report of Kyrgyzstan, U.N. Doc. CEDAW/C/KGZ/CO/5 (November 29, 2021), para. 31(a-b).

366 *See, e.g.*, CEDAW Committee, Concluding observations on the sixth periodic report of Azerbaijan, U.N. Doc. CEDAW/C/AZE/CO/6 (July 12, 2022), paras. 30(b-d) (recommending that the State party address underlying causes of high dropout rates among girls and integrate into the school curricula content on the harmful effects of gender stereotyping and gender-based violence); CEDAW Committee, Concluding observations on the fifth periodic report of Kyrgyzstan, U.N. Doc. CEDAW/C/KGZ/CO/5 (November 29, 2021), para. 31(b) (recommending that the State party address "persisting gender stereotypes in the education system," while noting the absence of education on gender equality and SRHR in the system more generally); CRC Committee, Concluding observations on the combined second to fourth periodic reports of Eswatini, U.N. Doc. CRC/C/SWZ/CO/2-4 (October 22, 2021), para. 55(c) (recommending that the State party ensure that comprehensive SRH education is part of the compulsory school curriculum, "with special attention placed on the prevention of early pregnancy"); Human Rights Committee, Concluding observations on the second periodic report of Botswana, U.N. Doc. CCPR/C/BWA/CO/2 (November 24, 2021), para. 14(b) (recommending that the State party eradicate harmful traditional practices and gender stereotypes).

367 CEDAW Committee, Concluding observations on the eighth periodic report of Belgium, U.N. Doc. CEDAW/C/BEL/CO/8 (November 1, 2022), para. 10.

368 Including free COVID-19 vaccinations for women and girls with comorbidities and ensuring quality SRH goods and services in rural areas and for disadvantaged populations. CRPD Committee, Concluding observations on the initial report of Singapore, U.N. Doc. CRPD/C/SGP/CO/1 (October 5, 2022), paras. 49-50 (recommending—after expressing concern that persons with disabilities have been unable to access adequate health services during the COVID-19 pandemic—that the State party provide "persons with disabilities, in particular women and girls with disabilities, with access to sexual and reproductive health care and services, on an equal basis with others"); CEDAW Committee, Concluding observations on the sixth periodic report of Azerbaijan, U.N. Doc. CEDAW/C/AZE/CO/6 (July 12, 2022), paras. 33-34 (recommending—after expressing concern over the disproportionate impact of COVID-19 on women and girls—that the State party accelerate its draft national reproductive health strategy, ensure access to affordable and quality SRH services, and, among other things, ensure a "sufficient number of health-care facilities with adequately trained staff and with accessibility measures, including in rural and remote areas"); CEDAW Committee, Concluding observations on the eighth periodic report of the Dominican Republic, U.N. Doc. CEDAW/C/DOM/CO/8 (March 21, 2022), para. 36(e) (recommending that the State party "[e]nsure that migrant women in an irregular situation have effective access to hospitals and health-care services, including sexual and reproductive health-care services and COVID-19 vaccines"); CEDAW Committee, Concluding observations on the combined seventh and eighth reports of Yemen, U.N. Doc. CEDAW/C/YEM/CO/7-8 (November 24, 2021), paras. 37, 44(a) (recommending the provision of "free and immediate access to medical services, legal assistance and a safe environment, as well as to female health-care providers and services, such as reproductive health care and counselling," to internally displaced women and girls who are victims of gender-based violence); CEDAW Committee, Concluding observations on the fifth periodic report of South Africa, U.N. Doc. CEDAW/C/ZAF/CO/5 (November 23, 2021), para. 54(a); CEDAW Committee, Concluding observations on the fifth periodic report of Kyrgyzstan, U.N. Doc. CEDAW/C/KGZ/CO/5 (November 29, 2021), para. 36(h) (recommending free COVID-19 vaccinations for women and girls with comorbidities).

369 CEDAW Committee, Concluding observations on the ninth periodic report of Peru, U.N. Doc. CEDAW/C/PER/CO/9 (March 1, 2022), para. 38(f).

370 CESCR Committee, Gen. Comment No. 14, *supra* note 10, para. 15.

371 Human Rights Committee, Gen. Comment No. 36, *supra* note 39 ("States parties should therefore ensure sustainable use of natural resources, develop and implement substantive environmental standards, conduct environmental impact assessments and consult with relevant States about activities likely to have a significant impact on the environment, provide notification to other States concerned about natural disasters and emergencies and cooperate with them, provide appropriate access to information on environmental hazards and pay due regard to the precautionary approach").

372 CEDAW Committee, Gen. Rec. No. 37, *supra* note 261, para. 17.

373 *Id*.

374 *See id*.

375 *See* Human Rights Committee, Concluding observations on the initial report of Cabo Verde, U.N. Doc. CCPR/C/CPV/CO/1/Add.1 (December 3, 2019), para. 18; CEDAW Committee, Concluding observations on the ninth periodic report of Cabo Verde, U.N. Doc. CEDAW/C/CPV/CO/9 (July 30, 2019), para. 37; CEDAW Committee, Concluding observations of the combined fourth to seventh periodic reports of Antigua and Barbuda, U.N. Doc. CEDAW/C/ATG/CO4-7 (March 14, 2019), para. 51; CEDAW Committee, Concluding observations of the fourth periodic report of Botswana, U.N. Doc. CEDAW/C/BWA/CO/4 (March 8, 2019), para. 46.

376 CEDAW Committee, Gen. Rec. No. 35, *supra* note 60 ("Gender-based violence against women is affected and often exacerbated by cultural, economic, ... and environmental factors, as evidenced, among others, in the contexts of displacement [and] migration ... Gender-based violence against women is also affected by political, economic and social crises, civil unrest, humanitarian emergencies, natural disasters, destruction or degradation of natural resources."); *see also* CEDAW Committee, Concluding observations on the eighth periodic report of Australia, U.N. Doc. CEDAW/C/AUS/CO/8 (July 25, 2018), para. 29(a) ("The gendered social and environmental impact of the State party's projects in extractive industries, owing to displacement and the loss of livelihood opportunities and social services among local women, resulting in discrimination against them and their exclusion and marginalization, as well as fueling conflict and conflict-related gender-based violence against women").

377 CEDAW Committee, Gen. Rec. No. 34, *supra* note 39, para. 13.

378 *Id*. para. 9.

379 *See, e.g.*, CEDAW Committee, Concluding observations on the fourth periodic report of Mauritania, U.N. Doc. CEDAW/C/MRT/CO/4 (March 2, 2023), paras. 40-41 (expressing concern regarding the State party's exclusion of rural women from decision-making on the use of natural resources and development strategies, which are often rooted in patriarchal attitudes and gender stereotypes); CEDAW Committee, Concluding observations on the eighth periodic report of Costa Rica, U.N. Doc. CEDAW/C/CRI/CO/8 (March 2, 2023), paras. 35-36 (noting with concern that despite the presence of a gender perspective in the government's rural development initiative, rural women have had limited access to land titles and ownership, public transport, and SRH services, thus failing to meet Sustainable Development Goal 5); UN General Assembly, Report of the Special Rapporteur on the issue of human rights obligations relating to the enjoyment of a safe, clean, healthy and sustainable environment, Women, girls and the right to a clean, healthy and sustainable environment, U.N. Doc. A/HRC/52/33 (January 5, 2023); CEDAW Committee, Concluding observations on the tenth periodic report of Portugal, U.N. Doc. CEDAW/C/PRT/CO/10 (July 12, 2022), para. 36 (noting with concern the limited access of rural and other "underrepresented groups" of women in agricultural associations, as well as their limited access to ownership of land and natural resources); CEDAW Committee, Concluding observations on the seventh periodic report of Gabon, U.N. Doc. CEDAW/C/GAB/CO/7 (March 1, 2022), para. 34(c) (noting with concern the disproportionate impact of climate change on rural women); CEDAW Committee, Concluding observations on the ninth periodic report of Peru, U.N. Doc. CEDAW/C/PER/CO/9 (March 1, 2022), paras. 41-42 (noting with concern the "adverse impact of mineral, oil extraction and large-scale agricultural industries on rural women's health and environment, in particular for indigenous, Afro-Peruvian and other Afro descendent women").

380 CEDAW Committee, Concluding observations on the seventh periodic report of Gabon, U.N. Doc. CEDAW/C/GAB/CO/7 (March 1, 2022), para. 34; CEDAW Committee, Concluding observations on the tenth periodic report of Mongolia, U.N. Doc. CEDAW/C/MNG/CO/10 (July 12, 2022), para. 32 (noting with concern that while "air pollution is the leading cause of death associated with two of the five most common diseases, respiratory and cardiovascular diseases and appears to induce stillbirth and premature births," women and girls continue to face limited access to SRH goods, information, and services, including modern contraceptives).

381 *See, e.g.*, CEDAW Committee, Concluding observations on the eighth periodic report of Costa Rica, U.N. Doc. CEDAW/C/CRI/CO/8 (March 2, 2023); CEDAW Committee, Concluding observations on the fourth periodic report of Mauritania, U.N. Doc. CEDAW/C/MRT/CO/4 (March 2, 2023), paras. 40-41; CEDAW Committee, Concluding observations on the ninth periodic report of Peru, U.N. Doc. CEDAW/C/PER/CO/9 (March 1, 2022), para. 41; CEDAW Committee, Concluding observations on the seventh periodic report of Gabon, U.N. Doc. CEDAW/C/GAB/CO/7 (March 1, 2022), paras. 34(b), 35-36; CEDAW Committee, Concluding observations on the sixth periodic report of Lebanon, U.N. Doc. CEDAW/C/LBN/CO/6 (March 1, 2022), paras. 51-52; CEDAW Committee, Concluding observations on the tenth periodic report of Portugal, U.N. Doc. CEDAW/C/PRT/CO/10 (July 12, 2022), paras. 35-36 (noting that while the State party made efforts to provide support to entrepreneurship projects by women in rural areas, the Committee is concerned that "rural women have limited access to education, employment and health care, including sexual and reproductive health services").

382 CEDAW Committee, Concluding observations on the tenth periodic report of Mongolia, U.N. Doc. CEDAW/C/MNG/CO/10 (July 12, 2022), paras. 32(e), 33(e); CEDAW Committee, Concluding observations on the ninth periodic report of Peru, U.N. Doc. CEDAW/C/PER/CO/9 (March 1, 2022), paras. 41-42; CEDAW Committee, Concluding observations on the seventh periodic report of Gabon, U.N. Doc. CEDAW/C/GAB/CO/7 (March 1, 2022), paras. 34-35; *see also* CEDAW Committee, Concluding observations on the fourth periodic report of Mauritania, U.N. Doc. CEDAW/C/MRT/CO/4 (March 2, 2023), para. 41(c) (recommending the strengthening of "the equal participation of rural women and girls in decision-making on disaster mitigation, climate change and energy transition, including with regard to the [State party's] National Strategy for the Environment and Sustainable Development and the national climate change plan, in line with general recommendation No. 37 (2018) on the gender-related dimensions of disaster risk reduction in the context of climate change").

383 CEDAW Committee, Concluding observations on the tenth periodic report of Portugal, U.N. Doc. CEDAW/C/PRT/CO/10 (July 12, 2022), para. 36; *see also* CEDAW Committee, Concluding observations on the sixth periodic report of Lebanon, U.N. Doc. CEDAW/C/LBN/CO/6 (March 1, 2022), para. 52.

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