

# Abortion care guideline Web Annex A. Key international human rights standards on abortion

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# Abortion care guideline

## Web annex : Key international human rights standards on abortion

### Key to abbreviations of treaties and treaty monitoring bodies

<b>Treaty</b> <i>(in chronological order)</i>	<b>Abbreviation</b>	<b>Year of adoption</b>	<b>Year entered into force</b>	<b>Treaty monitoring body (TMB)*</b>	<b>Abbreviation</b>
International Convention on the Elimination of All Forms of Racial Discrimination	ICERD	1965	1969	Committee on the Elimination of Racial Discrimination	CERD
International Covenant on Civil and Political Rights	ICCPR	1966	1976	Human Rights Committee	HRC
International Covenant on Economic, Social and Cultural Rights	ICESCR	1966	1976	Committee on Economic, Social and Cultural Rights	CESCR
Convention on the Elimination of All Forms of Discrimination against Women	CEDAW	1979	1981	Committee on the Elimination of Discrimination against Women	CEDAW
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	CAT	1984	1987	Committee against Torture	CAT
Convention on the Rights of the Child	CRC	1989	1990	Committee on the Rights of the Child	CRC
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	ICMW	1990	2003	Committee on Migrant Workers	CMW
Convention on the Rights of Persons with Disabilities	CRPD	2006	2008	Committee on the Rights of Persons with Disabilities	CRPD

\* Also sometimes referred to as “treaty bodies”.

Further information on the core international human rights instruments and their TMBs is available at:

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx>

<b>Human right and the resultant rights-based principles</b> <i>(Order of items here matches the order in Box 1.2 of the main guideline; the final item does not appear in Box 1.2)</i>	<b>International human rights law (IHRL) sources</b>	<b>Indicative statements on application to abortion</b>
1. The right to the highest attainable standard of physical and mental health including sexual and reproductive health (also known as “The right to health”)	Article 12, ICESCR Article 25, UDHR Article 5, CERD <sup>1</sup> Article 11, 12, 14 CEDAW Article 24 CRC Article 25 CRPD Articles 28, 43(e), 45(c) ICMW Constitution of the World Health Organization (1948)	
<i>1.1 Health care must be provided in an equal and non-discriminatory manner</i>	CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))  Report to the General Assembly of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (2016) (UN Doc. A/HRC/32/32)	Health services relating to SRH should be accessible to all without discrimination; states should aim to ensure universal access without discrimination, including safe abortion care (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))  Unequal access to SRH by adolescents including to safe abortion constitutes discrimination (Report to the General Assembly of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (2016) (UN Doc. A/HRC/32/32))

<sup>1</sup> Article 5(e)(iv) includes protection for “The right to public health...”

	+ all sources on right to equality and non-discrimination (No. 2 below)	
<i>1.2 States must protect people from the physical and mental health risks associated with unsafe abortions</i>	<p>HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10)</p> <p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>CRC, General Comment No. 4: Adolescent health and development (2003) (UN Doc. CRC/GC/2003/4)</p> <p>CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34)</p>	<p>States should protect people from mental and physical health risks associated with unsafe abortions (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Lowering maternal mortality including taking steps to prevent unsafe abortions (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States should take measures to reduce maternal mortality and morbidity in adolescent girls including addressing unsafe abortion (CRC, General Comment No. 4: Adolescent health and development (2003) (UN Doc. CRC/GC/2003/4))</p> <p>Women in rural settings experience disproportionately high maternal mortality and morbidity, exacerbated when abortion is illegal (CEDAW, General Recommendation No. 34 on the rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p> <p>States should repeal laws and regulations that impede rural women's access to SRH including those criminalizing abortion, requiring a mandatory waiting period, or requiring third-party consent for abortion (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p> <p>States should repeal and refrain from enacting laws and policies that create barriers to access to SRH including biased counselling requirements and mandatory waiting periods for access to abortion (CESCR, General Comment No. 22 on the right to sexual and</p>

	<p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p> <p>Special Rapporteur on extrajudicial, summary or arbitrary executions, Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-sensitive approach to arbitrary killings (2017) (UN Doc. A/HRC/35/23)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p>	<p>reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States should ensure women do not have to undertake life-threatening clandestine abortions (HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10))</p> <p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>State should decriminalize abortion (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States must reform laws that limit SRH including laws criminalizing abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States must provide safe, legal and effective access to abortion where the life and health of the pregnant woman is at risk (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause substantial pain or suffering, most notably where the pregnancy is the result of rape (HRC, General</p>
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<p><i>1.3 Securing sexual and reproductive health including availability of safe abortion respects, protects and fulfils the right to health</i></p>	<p>HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10)</p> <p>HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014)</p> <p>HRC, <i>Mellet v Ireland</i>, UN (2016) (UN Doc. CCPR/C/116/D/2324/2013)</p> <p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p>	<p>States should ensure women do not have to undertake life-threatening clandestine abortions (HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10))</p> <p>States should allow women to terminate pregnancy on request during the first trimester or later in specific cases (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p> <p>Safe abortion services and post abortion care health care interventions in pregnancy have profound implications for health of women and children (CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15))</p> <p>Decriminalization coupled with appropriate regulation and provision of safe and accessible abortion services may be the most expeditious way of protecting the right to health (Special Rapporteur on the right of</p>

	<p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34)</p> <p>CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15)</p> <p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p>	<p>everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Criminal sanctions should not be applied against medical service providers assisting women or girls undergoing abortion (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Over-medicalization, including providing that only doctors can provide pharmaceutical termination of pregnancy, may result in reduced access or affordability of services (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p> <p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36 on Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>State should decriminalize abortion (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should repeal laws and regulations that impede rural women's access to SRH including those criminalizing abortion, requiring a mandatory waiting period, or requiring third-party consent for abortion (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p>
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	<p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172)</p> <p>+ all sources on 1.2 above, 3.1 below</p>	<p>States should repeal and refrain from enacting laws and policies that create barriers to access to SRH including biased counselling requirements and mandatory waiting periods for access to abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States must reform laws that limit SRH including laws criminalizing abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States must provide safe, legal and effective access to abortion where the life and health of the pregnant woman is at risk (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause substantial pain or suffering, most notably where the pregnancy is the result of rape (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Abortion and abortion-related health care should be available in cases of fatal fetal anomaly (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause the pregnant person substantial pain or suffering, most notably where the pregnancy is not viable (HRC, General Comment No. 36: Article 6 of the International</p>
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		<p>Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>Denial of abortion, health care and bereavement support in a situation of fatal diagnosis for the fetus caused suffering of sufficient intensity to violate the right to be free from torture, cruel, inhuman and degrading treatment (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>Sexual and reproductive health encompasses maternal health care; contraceptive information, goods and services; safe abortion care; and prevention, diagnosis and treatment of infertility, reproductive cancers, sexually transmitted infections and HIV/AIDS, including with generic medicines. Entitlements include physical and mental health care for survivors of sexual and domestic violence in all situations ... safe abortion services and the availability of trained medical and professional personnel and skilled providers (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172), para. 20)</p> <p>Access to family planning, contraception including emergency contraception, safe abortion services and post-abortion care is a component of the right to health and, in particular, the right to sexual and reproductive health (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172), para. 33)</p>
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		Safe and legal abortion is a necessary component of comprehensive health services (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172), para. 40)
1.4 <i>The right to health requires provision of accurate health care information including information on abortion without fear of criminal sanction</i>	<p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014)</p> <p>HRC, <i>Mellet v Ireland</i>, UN (2016) (UN Doc. CCPR/C/116/D/2324/2013)</p> <p>CESCR, General Comment No. 14: The right to the highest attainable standard of health (Article 12) (2000) (UN Doc. E/C.12/2000/4)</p> <p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C.12/GC/22)</p>	<p>States should ensure availability of accurate abortion information and ensure it can be distributed by health-care providers without fear of criminal sanction (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>Women with unwanted pregnancy should be offered reliable information including information on where and when a pregnancy may legally be terminated (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Decriminalization coupled with appropriate regulation and provision of safe and accessible abortion services may be the most expeditious way of protecting the right to health (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Criminal sanctions should not be applied against medical service providers assisting women or girls undergoing abortion (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Right to health includes a right to access health information including on SRH (CESCR, General Comment No. 14: The right to the highest</p>

	<p>CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3)</p> <p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p>	<p>attainable standard of health (Article 12) (2000) (UN Doc. E/C.12/2000/4))</p> <p>States must ensure accurate, evidence-based information regarding abortion and its legal availability is publicly available (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>All individuals and groups have a right to evidence-based information on SRH including safe abortion and post-abortion care (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C.12/GC/22))</p> <p>Information including SRH information including information on safe abortion and post-abortion care should be provided in accessible formats (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3))</p> <p>States have an obligation to allow health information, including abortion information, to flow freely without state interference on moral or other grounds (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p>
<p><i>1.5 States must take steps to prevent forced or coerced abortion</i></p>	<p>HRC, General Comment No. 28: Article 3: The Equality of Rights between Men and Women (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10)</p> <p>CRPD, General Comment No. 3: Article 6: Women and girls with</p>	<p>States should take measures to prevent forced abortion (HRC, General Comment No. 28: Article 3: The Equality of Rights between Men and Women (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10))</p> <p>Forced abortion is a fundamentally and inherently inconsistent with the right to health (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report (2004) (UN Doc. E/CN.4/2004/49))</p>

	<p>disabilities, (2016) (UN Doc. CRPD/C/GC/3)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report (2004) (UN Doc. E/CN.4/2004/49)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2008) (UN Doc. A/HRC/7/3)</p>	<p>Non-consensual abortion for persons with disabilities is a violation of the right of persons with disabilities to retain their fertility on an equal basis with others (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the General Assembly (2008) (UN Doc. A/HRC/7/3))</p> <p>Forced abortion violates the right to health (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should prohibit all forms of forced abortion (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3))</p>
<p><i>1.6 States must take steps to ensure children's enjoyment of SRH as part of their right to health</i></p>	<p>CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15)</p> <p>+ all sources relating to 1.1, 1.2, 1.3, 1.4, 1.5, 1.7</p>	<p>States should consider allowing children to consent to certain medical treatments without parental/guardian consent including safe abortion (CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15))</p>

<p><i>1.7 States must take steps to ensure equal enjoyment of SRH across different groups of women and girls</i></p>	<p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p> <p>+ all sources relating to the right to equality and non-discrimination in 2 below</p>	<p>Public funding should subsidize primary health-care services including legal abortion; such services should be affordable and, for economically disadvantaged women, provided free of charge (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p>
<p><i>1.8 States must ensure appropriate SRH care and services to address sexual violence against women and girls including making abortion available in cases of rape or incest</i></p>	<p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and Reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172)</p>	<p>States must guarantee physical and mental health care to victims of sexual and domestic violence, including safe abortion care (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause substantial pain or suffering, most notably where the pregnancy is the result of rape (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States should remove barriers to abortion in cases of sexual violence, such as any requirement to prove that legal proceedings have been opened in cases of rape or incest (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Access to comprehensive physical and mental care for survivors of sexual and domestic violence of all genders is part of the full range of quality sexual and reproductive health care that States have the obligation to provide, including access to post-exposure prevention, emergency contraception and safe abortion services (Special Rapporteur on the right of everyone to the enjoyment of the highest</p>

		attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172), para. 51)
<i>1.9 States must provide post-abortion care in all circumstances including where abortion is illegal</i>	<p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014)</p> <p>HRC, <i>Mellet v Ireland</i>, UN (2016) (UN Doc. CCPR/C/116/D/2324/2013)</p> <p>CESCR, General Comment No. 14: The right to the highest attainable standard of health (Article 12) (2000) (UN Doc. E/C.12/2000/4).</p> <p>CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15)</p> <p>CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34)</p>	<p>States must guarantee women post-abortion care including by training health-care providers (CESCR, General Comment No. 14: The right to the highest attainable standard of health (Article 12) (2000) (UN Doc. E/C.12/2000/4))</p> <p>States should ensure children access to safe abortion and post-abortion care irrespective of whether abortion is legal (CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15))</p> <p>In all circumstances, women should have access to quality health care for management of complications arising from abortion (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report (2004) (UN Doc. E/CN.4/2004/49))</p> <p>States must ensure women are not denied post-abortion care irrespective of the legality of abortion undertaken (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Post-abortion care must be unconditional and not dependent on a woman's willingness to cooperate with any subsequent criminal investigation (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p>

	<p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p> <p>Report to the General Assembly of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (2016) (UN Doc. A/HRC/32/32)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2013) (UN Doc. A/HRC/22/53)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the</p>	<p>Post-abortion care may not be used in evidence in proceedings against a woman or abortion care providers (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Laws must not require health-care providers to report women seeking abortion related care to law enforcement (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should provide safe abortion and high-quality abortion care regardless of whether abortion is legal (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p> <p>Post-abortion care must be available to all adolescent girls regardless of whether abortion is legal (Report to the General Assembly of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (2016) (UN Doc. A/HRC/32/32))</p> <p>States must guarantee immediate and unconditional treatment of persons seeking emergency medical care including after illegal abortion (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2016) (UN Doc. A/HRC/31/57))</p> <p>States must provide women and girls with medical treatment for unsafe abortion (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p>
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	<p>Human Rights Council (2016) (UN Doc. A/HRC/31/57)</p> <p>Special Rapporteur on extrajudicial, summary or arbitrary executions, Report to the General Assembly (2018) (UN Doc. A/73/314*)</p>	<p>States should ensure the availability of and access to confidential post-abortion care in all circumstances (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>States must ensure women have access to emergency medical care, including post-abortion care, without fear of criminal penalties or reprisals (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2013) (UN Doc. A/HRC/22/53))</p> <p>The right to health requires states not to discriminate in access to health care services and not to compel health-care providers from denying health care including health care for women exercising their reproductive rights (Special Rapporteur on extrajudicial, summary or arbitrary executions, Report to the General Assembly (2018) (UN Doc. A/73/314*))</p> <p>Abortion and abortion-related health care should be available in cases of fatal fetal anomaly (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>Denial of abortion, health care and bereavement support in a situation of fatal diagnosis for the fetus caused suffering of sufficient intensity to violate the right to be free from torture, cruel, inhuman and degrading treatment (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p>
1.10 Where abortion is lawful, it must be safe and accessible	HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political	Lawful abortions should be safe and accessible (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable

	<p>Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>HRC, <i>LMR v Argentina</i> (2011) (UN Doc. CCPR/C/101/D/1608/2007)</p> <p>HRC, <i>LC v Peru</i> (2011) (UN Doc. CEDAW/C/50/D/22/2009)</p> <p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report (2004) (UN Doc. E/CN.4/2004/49)</p> <p>Special Rapporteur on the Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p>	<p>standard of physical and mental health, Report (2004) (UN Doc. E/CN.4/2004/49))</p> <p>States should take steps to ensure legal and safe abortions are available, accessible and of good quality (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should guarantee access to safe abortion services (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States must provide safe, legal and effective access to abortion where the life and health of the pregnant woman is at risk (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause substantial pain or suffering, most notably where the pregnancy is the result of rape (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause the pregnant person substantial pain or suffering, most notably where the pregnancy is not viable (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p>
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	<p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Report to the Human Rights Council (2013) (UN Doc. A/HRC/22/53)</p>	<p>Failure to guarantee right to termination where lawful can violate the right to be free from torture, cruel, inhuman or degrading treatment (HRC, <i>LMR v Argentina</i> (2011) (UN Doc. CCPR/C/101/D/1608/2007))</p> <p>States must establish mechanism for effective access to abortion where it is lawful (HRC, <i>LC v Peru</i> (2011) (UN Doc. CEDAW/C/50/D/22/2009))</p> <p>Where abortion is lawful, states should ensure services are effectively available without adverse consequences for women or health-care providers (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Report to the Human Rights Council (2013) (UN Doc. A/HRC/22/53))</p>
<p><i>1.11 States must ensure provider refusal does not result in unavailability of abortion for the abortion seeker</i></p>	<p>CEDAW, General Comment No. 24: Article 12 of the Convention (Women and Health) (1999) (UN Doc. A/54/38/Rev.1, chap. I)</p> <p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p>	<p>If health-care providers refuse to provide SRH services based on conscientious objection, measures should be introduced to ensure referral to an alternative health-care provider (CEDAW, General Comment No. 24: Article 12 of the Convention (Women and Health) (1999) (UN Doc. A/54/38/Rev.1, chap. I))</p> <p>Where health-care providers are allowed to make conscientious objections, states must appropriately regulate this practice to ensure it does not inhibit access to SRH care including by requiring referral and ensuring no obstruction to care in emergency or urgent situations (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>Unavailability of goods and services due to ideologically based policies or practices, such as the refusal to provide services based on conscience, must not be a barrier to accessing services. An adequate number of health-care providers willing and able to provide such services should be available at all times in both public and private facilities and within reasonable geographical reach (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12</p>

		of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22), para. 14)
<i>1.12 States must protect health-care providers providing abortion care</i>	<p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p> <p>Special Rapporteur on extrajudicial, summary or arbitrary executions, Report to the General Assembly (2018) (UN Doc. A/73/314*)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the General Assembly (2013) (UN Doc. A/HRC/22/53)</p> <p>+ the general positive obligation of states to take steps to prevent deprivation of life, gender-based violence, torture and other ill-treatment, health etc of all persons</p>	<p>States should protect abortion care providers from harassment, violence, kidnappings and murders perpetrated by non-state actors (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should remove impediments to the provision of safe abortion care and take all reasonable measures to enable health-care providers can undertake their work without undue interference, intimidation, or restrictions (Special Rapporteur on extrajudicial, summary or arbitrary executions, Report to the General Assembly (2018) (UN Doc. A/73/314*))</p> <p>Where abortion is lawful, states should ensure services are effectively available without adverse consequences for women or health-care providers (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the General Assembly (2013) (UN Doc. A/HRC/22/53))</p>
<i>1.13 States must protect people seeking abortion</i>	HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political	States should prevent stigmatization of women and girls seeking abortion (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))

	<p>Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the General Assembly (2013) (UN Doc. A/HRC/22/53)</p> <p>+ the general positive obligation of states to take steps to prevent deprivation of life, gender-based violence, torture and other ill-treatment, health etc of all persons</p>	<p>States must provide safe, legal and effective access to abortion where the life and health of the pregnant woman is at risk (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Where abortion is lawful, states should ensure services are effectively available without adverse consequences for women or health-care providers (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the General Assembly (2013) (UN Doc. A/HRC/22/53))</p>
<p><i>1.14 Laws regulating abortion should be evidence-based and proportionate to protect the right to health; laws that do not meet that standard should be repealed or should not be enacted</i></p>	<p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>HRC, Whelan v Ireland (2017) (UN Doc. CCPR/C/11/D/2425/2014)</p> <p>HRC, Mellet v Ireland, UN (2016) (UN Doc. CCPR/C/116/D/2324/2013)</p> <p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on</p>	<p>State should decriminalize abortion (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should repeal laws and regulations that impede rural women's access to SRH including those criminalizing abortion, requiring a mandatory waiting period, or requiring third-party consent for abortion (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p> <p>States must reform laws that limit SRH including laws criminalizing abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p>

	<p>Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34)</p> <p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2016) (UN Doc. A/HRC/32/32)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2016) (UN Doc. A/HRC/31/57)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,</p>	<p>Criminalization of abortion is a violation of IHRL (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2016) (UN Doc. A/HRC/31/57))</p> <p>Laws regulating abortion should be evidence-based and proportionate (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Criminal laws penalising and restricting abortion are paradigm examples of impermissible restrictions on women's rights to health, and perpetuate unsafe conditions (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Criminal prohibition of termination of pregnancy violates women's rights to health and safety (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p> <p>States should remove impediments to the provision of safe abortion care and take all reasonable measures to enable health-care providers can undertake their work without undue interference, intimidation, or restrictions (Special Rapporteur on extrajudicial, summary or arbitrary executions, Report to the General Assembly (2018) (UN Doc. A/73/314*))</p> <p>Abortion must be available, accessible and of good quality at a minimum when the life or health of the woman is at risk, when the woman is a victim or rape or incest, and if there is a severe and fatal fetal impairment (Special Rapporteur on the right of everyone to the</p>
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	<p>Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p> <p>Special Rapporteur on extrajudicial, summary or arbitrary executions, Report to the General Assembly (2018) (UN Doc. A/73/314*)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172)</p>	<p>enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2016) (UN Doc. A/HRC/32/32))</p> <p>Abortion should be decriminalized, and access to safe and legal abortions assured, at a minimum where there is a case of rape or incest, severe or fatal fetal impairment, or a risk to the life or physical or mental health of the woman (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2016) (UN Doc. A/HRC/31/57))</p> <p>States must provide safe, legal and effective access to abortion where the life and health of the pregnant woman is at risk (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause substantial pain or suffering, most notably where the pregnancy is the result of rape (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Abortion and abortion-related health care should be available in cases of fatal fetal anomaly (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>Denial of abortion, health care and bereavement support in a situation of fatal diagnosis for the fetus caused suffering of sufficient intensity to violate the right to be free from torture, cruel, inhuman and degrading treatment (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p>
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<p><i>1.15 States must ensure adequate access to essential medicines in an affordable and non-discriminatory manner</i></p>	<p>CESCR, General Comment No. 14: The right to the highest attainable standard of health (Article 12) (2000) (UN Doc. E/C.12/2000/4)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the Human Rights Council (2013) (UN Doc. A/HRC/23/42)</p>	<p>[T]he right to health must be understood as a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health (CESCR, General Comment No. 14: The right to the highest attainable standard of health (Article 12) (2000) (UN Doc. E/C.12/2000/4), para. 9)</p> <p>States parties have a core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights enunciated in the Covenant, including essential primary health care ... these core obligations include ... [t]o provide essential drugs, as from time to time defined under the WHO Action Programme on Essential Drugs (CESCR, General Comment No. 14: The right to the highest attainable standard of health (Article 12) (2000) (UN Doc. E/C.12/2000/4), para. 43(d))</p> <p>While several aspects of the right to health are understood to be progressively realizable, certain core obligations cast immediate obligations on States, including the provision of essential medicines to</p>

		<p>all persons in a non-discriminatory manner (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the Human Rights Council (2013) (UN Doc. A/HRC/23/42), para. 3)</p> <p>[A]ccess to essential medicines for vulnerable and marginalized groups should not be impeded by political, legal and cultural considerations (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the Human Rights Council (2013) (UN Doc. A/HRC/23/42), para. 45)</p>
2. The right to non-discrimination and equality	<p>Article 2, UDHR Article 3, 26, ICCPR Article 2, ICESCR Article 1, CERD Article 1 and 2 CEDAW Article 2, CRC Article 1, ICMW Article 5, CRPD</p>	
<i>2.1 States must ensure equality and non-discrimination in provision of SRH services including abortion</i>	<p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15)</p>	<p>States should ensure health systems and services can meet the specific sexual and reproductive health needs of adolescents, including safe abortion (CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15))</p> <p>Information including SRH information including information on safe abortion and post-abortion care should be provided in accessible formats (Committee on the Rights of Persons with Disabilities, General Comment No. 3: Article 6: Women and girls with disabilities (2016) (UN Doc. CRPD/C/GC/3))</p> <p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or</p>

	<p>CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3)</p> <p>+ all general sources on the right to equality and non-discrimination</p>	<p>mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>States should safeguard rural women's rights to health and ensure adequate financing of rural health systems, in particular regarding SRH, to make them affordable for rural women (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p>
<i>2.2 Safe abortion services should be available in conflict situations</i>	<p>CEDAW, General Recommendation No. 30: Women in conflict prevention, conflict, and post-conflict situations (2013) (UN Doc. CEDAW/C/GC/30)</p>	<p>States must ensure sexual and reproductive health care in conflict situations including safe abortion services and post-abortion care (CEDAW, General Recommendation No. 30: Women in conflict prevention, conflict, and post-conflict situations (2013) (UN Doc. CEDAW/C/GC/30))</p>
<i>2.3 States must take steps to prevent the imposition of forced abortion on women and girls from marginalized groups</i>	<p>CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2008) (UN Doc. A/HRC/7/3)</p> <p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p>	<p>Non-consensual abortion for persons with disabilities is a violation of the right of persons with disabilities to retain their fertility on an equal basis with others (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2008) (UN Doc. A/HRC/7/3))</p> <p>Laws, policies and practices and prevent women with HIV from having children, including forced abortion, are an extreme form of discrimination (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p> <p>Information including SRH information including information on safe abortion and post-abortion care should be provided in accessible formats (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3))</p>

	+ sources relating to 9 below	
<i>2.4 SRH services including safe abortion services should be available to adolescents</i>	<p>CRC, General Comment No. 4: Adolescent health and development (2003) (UN Doc. CRC/GC/2003/4)</p> <p>CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2016) (UN Doc. A/HRC/32/32)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172)</p> <p>+ sources relating to 2.1 above, 3 below</p>	<p>States should take measures to reduce maternal mortality and morbidity in adolescent girls including addressing unsafe abortion (CRC, General Comment No. 4: Adolescent health and development (2003) (UN Doc. CRC/GC/2003/4))</p> <p>States should ensure health systems and services can meet the specific sexual and reproductive health needs of adolescents, including safe abortion (CRC, General Comment No. 15: The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (2013) (UN Doc. CRC/C/GC/15))</p> <p>Adolescents must have access to non-discriminatory, confidential and responsive SRH including safe abortion services (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2016) (UN Doc. A/HRC/32/32))</p> <p>Health services for adolescents should include HIV-related information, testing, diagnostics, care and treatment; and information on contraception and the use of condoms, as well as safe abortion and post-abortion (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172), para. 44)</p>

<p><i>2.5 Criminalizing abortion results in discrimination against women</i></p>	<p>CEDAW, General Recommendation No. 33: Women's access to justice (2015) (UN Doc. CEDAW/C/GC/33)</p> <p>CEDAW, General Recommendation No. 35: Gender-based violence against women, updating General Recommendation No. 19 (2017) (UN Doc. CEDAW/C/GC/35)</p> <p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p>	<p>Criminalizing behaviours that can only be undertaken by women such as abortion discriminates against women (CEDAW, General Recommendation No. 33: Women's access to justice (2015) (UN Doc. CEDAW/C/GC/33))</p> <p>Criminalization of behaviour that is attributed only to women is discriminatory per se – termination of pregnancy should be decriminalized (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p> <p>Criminalization of abortion results in severe discrimination against economically disadvantaged women (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p> <p>States should allow pregnant girls and adolescents to terminate pregnancy so they can complete school education (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p> <p>Criminalization of abortion is a form of gender-based violence that may amount to cruel, inhuman and degrading treatment; states must repeal all provisions that are discriminatory against women including those criminalizing abortion (CEDAW, General Recommendation No. 35: Gender-based violence against women, updating General Recommendation No. 19 (2017) (UN Doc. CEDAW/C/GC/35))</p>
<p><i>2.12 Requiring spousal or relative's consent, concurrence or guarantee to access abortion can constitute discrimination</i></p>	<p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p>	<p>Barriers to accessing lawful abortion that are not based on medical needs, including authorization requirements are discriminatory (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p>
<p>3. The right to life</p>	<p>Article 6, ICCPR</p>	

	<p>Article 6, CRC Article 3, Universal Declaration of Human Rights (UDHR) Article 9, ICMW Article 10, CRPD</p>	
<p><i>3.1 States must take steps to reduce maternal morbidity and mortality including addressing unsafe abortion, taking into account exacerbated challenges in certain settings</i></p>	<p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10)</p> <p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014)</p> <p>HRC, <i>Mellet v Ireland</i>, UN (2016) (UN Doc. CCPR/C/116/D/2324/2013)</p>	<p>States must take steps to lower maternal mortality including taking steps to prevent unsafe abortions (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States should take measures to reduce maternal mortality and morbidity in adolescent girls including addressing unsafe abortion (CRC, General Comment No. 4: Adolescent health and development (2003) (UN Doc. CRC/GC/2003/4))</p> <p>Women in rural settings experience disproportionately high maternal mortality and morbidity, exacerbated when abortion is illegal (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p> <p>States should repeal laws and regulations that impede rural women's access to health including SRH including those criminalizing abortion, requiring a mandatory waiting period, or requiring third-party consent for abortion (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p> <p>States should repeal and refrain from enacting laws and policies that create barriers to access to SRH including biased counselling requirements and mandatory waiting periods for access to abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p>

	<p>HRC, <i>LMR v Argentina</i> (2011) (UN Doc. CCPR/C/101/D/1608/2007)</p> <p>CRC, General Comment No. 4: Adolescent health and development (2003) (UN Doc. CRC/GC/2003/4)</p> <p>CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p> <p>Special Rapporteur on extrajudicial, summary or arbitrary executions, Report to the General Assembly (2018) (UN Doc. A/73/314*)</p> <p>Special Rapporteur on extrajudicial, summary or arbitrary executions, Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-</p>	<p>States should ensure women do not have to undertake life-threatening clandestine abortions (HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10))</p> <p>States may not regulate abortion or pregnancy in a manner that is contrary to the duty to ensure women and girls do not have to undertake unsafe abortions (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Preventing unsafe abortions requires states to liberalize restrictive abortion laws and address barriers such as criminalization of women undertaking abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)).</p> <p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>State should decriminalize abortion (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should repeal laws and regulations that impede rural women's access to SRH including those criminalizing abortion, requiring a</p>
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	<p>sensitive approach to arbitrary killings (2017) (UN Doc. A/HRC/35/23)</p> <p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172)</p>	<p>mandatory waiting period, or requiring third-party consent for abortion (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p> <p>States should repeal and refrain from enacting laws and policies that create barriers to access to SRH including biased counselling requirements and mandatory waiting periods for access to abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>States must reform laws that limit SRH including laws criminalizing abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>Laws regulating abortion should be evidence-based and proportionate (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Criminal laws penalising and restricting abortion are paradigm examples of impermissible restrictions on women's rights to health, and perpetuate unsafe conditions (Special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should remove impediments to the provision of safe abortion care and take all reasonable measures to enable health-care providers can undertake their work without undue interference, intimidation, or restrictions (Special Rapporteur on extrajudicial, summary or arbitrary</p>
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		<p>executions, Report to the General Assembly (2018) (UN Doc. A/73/314*))</p> <p>States must provide safe, legal and effective access to abortion where the life and health of the pregnant woman is at risk (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause substantial pain or suffering, most notably where the pregnancy is the result of rape or the pregnancy is not viable (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Abortion and abortion-related health care should be available in cases of fatal fetal anomaly (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>States should allow women to terminate pregnancy on request during the first trimester or later in specific cases (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))</p> <p>States should remove undue restrictions on access to safe and legal abortions that may threaten women and girls' right to life and to health (Special Rapporteur on extrajudicial, summary or arbitrary executions, Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-sensitive approach to arbitrary killings (2017) (UN Doc. A/HRC/35/23))</p>
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3.2 Abortion-related deaths that can be associated with regulatory approaches to abortion <i>prima facie</i> violate the right to life	HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10)	States should ensure women do not have to undertake life-threatening clandestine abortions (HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10))

	Special Rapporteur on extrajudicial, summary or arbitrary executions, Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-sensitive approach to arbitrary killings (2017) (UN Doc. A/HRC/35/23)	The death of a woman medically linked to deliberate denial of life-saving medical care because of a legal ban on abortion is a violation of the right to life and a gender-based arbitrary killing (Special Rapporteur on extrajudicial, summary or arbitrary executions, Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-sensitive approach to arbitrary killings (2017) (UN Doc. A/HRC/35/23))
<i>3.3 States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause substantial pain or suffering</i>	HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)	<p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States must provide safe, legal and effective access to abortion where carrying a pregnancy to term would cause substantial pain or suffering, most notably where the pregnancy is the result of rape or the pregnancy is not viable (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p>
4. The right to privacy	Article 17, ICCPR Article 12, UDHR Article 16, CRC Article 22, CRPD Article 14, ICMW	
<i>4.1 SRH services including abortion must be provided in a way that respects women and girls' privacy and guarantee confidentiality</i>	HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)	Adolescent SRH including safe abortion care must be confidential and non-judgmental (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2016) (UN Doc. A/HRC/32/32))

	<p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2016) (UN Doc. A/HRC/32/32)</p>	<p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p>
<p><i>4.2 Post-abortion care must be confidential (including not requiring or mandating disclosure to law enforcement)</i></p>	<p>HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10)</p> <p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2013) (UN Doc. A/HRC/22/53)</p>	<p>Post-abortion care must be unconditional and not dependent on a woman's willingness to cooperate with any subsequent criminal investigation (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Post-abortion care may not be used in evidence in proceedings against a woman or abortion care providers (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>Laws must not require health-care providers to report women seeking abortion related care to law enforcement (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim Report to the General Assembly (2011) (UN Doc. A/66/254))</p> <p>States should ensure the availability of and access to confidential post-abortion care in all circumstances (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States must ensure women have access to emergency medical care, including post-abortion care, without fear of criminal penalties or reprisals (Special Rapporteur on torture and other cruel, inhuman or</p>

		<p>degrading treatment or punishment, Report to the Human Rights Council (2013) (UN Doc. A/HRC/22/53))</p> <p>Requiring doctors and health-care providers to report cases where women have undertaken abortion fails to respect women's privacy (HRC, General Comment No. 28: Article 3 (The Equality of Rights between Men and Women) (2000) (UN Doc. CCPR/C/21/Rev.1/Add.10))</p> <p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p>
4.3 Denial of therapeutic abortion may interfere arbitrarily with the right to privacy	HRC, <i>KL v Peru</i> (2005) (UN Doc. CCPR/C/85/D/1153/2003)	Denial of therapeutic abortion may interfere arbitrarily with the right to privacy (HRC, <i>KL v Peru</i> (2005) (UN Doc. CCPR/C/85/D/1153/2003))
4.4 Third-party authorization requirements may violate the right to privacy	<p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>HRC, <i>LMR v Argentina</i> (2011) (UN Doc. CCPR/C/101/D/1608/2007)</p> <p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p>	<p>Requiring judicial authorization violates the right to privacy because it resolves by judicial intervention what should be resolved between patient and physician and the requirement to appear before the courts led to resort to illegal abortion (HRC, <i>LMR v Argentina</i> (2011) (UN Doc. CCPR/C/101/D/1608/2007))</p> <p>States should repeal and refrain from introducing measures that create barriers to SRH goods and services, including third-party authorizations and judicial authorization for abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)); HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States should repeal laws and regulations that impede rural women's access to SRH including those criminalizing abortion, requiring a</p>

	CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34)	mandatory waiting period, or requiring third-party consent for abortion (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))
5. The right to be free from torture, cruel, inhuman and degrading treatment and punishment	CAT Article 7, ICCPR Article 5, UDHR Article 15, CRPD Article 37, CRC Article 10 ICMW	
<i>5.1 States must prevent and may not undertake forced/coerced abortion</i>	+ sources on forced/coerced abortion in 1.5, 2.3, 6.3, 9.1	<p>Forced/coerced abortion may be considered as cruel, inhuman or degrading treatment or punishment (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3))</p> <p>Forced abortion is a form of GBV that may amount to torture or cruel, inhuman or degrading treatment (CEDAW, General Recommendation No. 35: Gender-based violence against women, updating General Recommendation No. 19 (2017) (UN Doc. CEDAW/C/GC/35))</p> <p>Conducting abortion on women with disabilities against their will can constitute torture or ill-treatment, even if follows a lawful process of decision making by a “legal guardian” (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2008) (UN Doc. A/HRC/7/3))</p> <p>Non-consensual abortion aimed at correcting or alleviating disability constitutes torture and ill-treatment (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2009) (UN Doc. A/64/272))</p>

		<p>Forced/coerced abortion may be considered as cruel, inhuman or degrading treatment or punishment including when conducted on women with disabilities (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities (2016) (UN Doc. CRPD/C/GC/3))</p> <p>Forced abortion by state authorities in accordance with coercive family planning laws or policies may constitute torture or ill-treatment (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the General Assembly (2008) (UN Doc. A/HRC/7/3); Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the General Assembly (2013) (UN Doc. A/HRC/22/53))</p>
<p><i>5.2 Measures that prevent women from accessing abortion, including criminalizing abortion, may amount to torture, cruel, inhuman or degrading treatment</i></p>	<p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014)</p> <p>HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013)</p> <p>CEDAW, General Recommendation No. 35: Gender-based violence against women, updating General Recommendation No. 19 (2017) (UN Doc. CEDAW/C/GC/35)</p>	<p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>Criminalization of abortion is a violation of IHRL (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2016) (UN Doc. A/HRC/31/57))</p> <p>Criminalization of abortion is a form of gender-based violence that may amount to cruel, inhuman and degrading treatment; states must repeal all provisions that are discriminatory against women including those criminalizing abortion (CEDAW, General Recommendation No. 35: Gender-based violence against women, updating General Recommendation No. 19 (2017) (UN Doc. CEDAW/C/GC/35))</p> <p>Transnational abortion travel can impose harms that constitute torture, cruel or inhuman treatment or punishment (HRC, <i>Whelan v Ireland</i>)</p>

	<p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2016) (UN Doc. A/HRC/31/57)</p>	<p>(2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>Criminalization of abortion is a form of gender-based violence that may amount to cruel, inhuman and degrading treatment; states must repeal all provisions that are discriminatory against women including those criminalizing abortion (CEDAW, General Recommendation No. 35: Gender-based violence against women, updating General Recommendation No. 19 (2017) (UN Doc. CEDAW/C/GC/35))</p> <p>Denial of abortion, health care and bereavement support in a situation of fatal diagnosis for the fetus caused suffering of sufficient intensity to violate the right to be free from torture, cruel, inhuman and degrading treatment (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>Abortion and abortion-related health care should be available in cases of fatal fetal anomaly (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, United Nations (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>Measures introduced to regulate abortion may not violate women's and girls' right to life, jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them, or arbitrarily interfere with their privacy (HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p>
<p>5.3 Failure to guarantee abortion where lawful can violate the right to be free from torture, cruel, inhuman or degrading treatment</p>	<p>HRC, <i>LMR v Argentina</i> (2011) (UN Doc. CCPR/C/101/D/1608/2007)</p>	<p>Failure to guarantee right to termination where lawful can violate the right to be free from torture, cruel, inhuman or degrading treatment (HRC, <i>LMR v Argentina</i> (2011) (UN Doc. CCPR/C/101/D/1608/2007))</p>

6. Right to decide freely and responsibly on the number, spacing and timing of children and to have the information and means to do so	Article 16(1), CEDAW	
6.1 <i>Decisions about whether or not to have children are for a woman herself to make</i>	<p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights on the right to life (2018) (UN Doc. CCPR/C/GC/36)</p> <p>CEDAW, General Recommendation No. 21: Equality in Marriage and Family Relations (1994)</p> <p>CEDAW, General Comment No. 24: Article 12 of the Convention (Women and Health) (1999) (UN Doc. A/54/38/Rev.1, chap. I)</p> <p>CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34)</p>	<p>Decisions whether to have children or not, while preferably made in consultation with a spouse or partner, must not be limited by spouse, parent, partner, or Government (CEDAW, General Recommendation No. 21: Equality in Marriage and Family Relations (1994)) or health authorities (CEDAW, General Comment No. 24: Article 12 of the Convention (Women and Health) (1999) (UN Doc. A/54/38/Rev.1, chap. I))</p> <p>States should repeal and refrain from introducing measures that create barriers to SRH goods and services, including third-party authorizations and judicial authorization for abortion (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)); HRC, General Comment No. 36: Article 6 of the International Covenant on Civil and Political Rights, on the right to life (2018) (UN Doc. CCPR/C/GC/36))</p> <p>States should repeal laws and regulations that impede rural women's access to SRH, including those criminalizing abortion, requiring a mandatory waiting period, or requiring third-party consent for abortion (CEDAW, General Recommendation No. 34: The rights of rural women (2016) (UN Doc. CEDAW/C/GC/34))</p> <p>Women, adolescents, girls and all persons capable of becoming pregnant have a right to make informed, free and responsible decisions concerning their reproduction, their body and sexual and reproductive health, free of discrimination, coercion and violence. This right, which is anchored on the rights to bodily autonomy and self-determination, guarantees all persons capable of becoming pregnant meaningful</p>

	Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172)	control over whether or not to reproduce (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Sexual and reproductive health rights: challenges and opportunities during the COVID-19 pandemic (2021) (UN Doc. A/76/172), para. 40)
<i>6.2 Women with disabilities have the right to decide on the number and spacing of children</i>	CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3)  + sources on right to equality and non-discrimination at 2 above; sources on the right of persons with disabilities to retain fertility on an equal basis with others at 9 below	Women with disabilities have the right to control over and free decisions in respect of matters of sexuality including SRH, free from coercion, discrimination and violence (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities (2016) (UN Doc. CRPD/C/GC/3))
<i>6.3 States must take steps to prevent forced abortion in conflict settings</i>	CEDAW, General Recommendation No. 30: Women in conflict prevention, conflict, and post-conflict situations (2013) (UN Doc. CEDAW/C/GC/30)  + sources on forced abortion at 2, 5, 9	Forced abortion in conflict settings violates the right to decide on the number and spacing of children (CEDAW, General Recommendation No. 30: Women in conflict prevention, conflict, and post-conflict situations (2013) (UN Doc. CEDAW/C/GC/30))
7. The right to information and education including on sexual and reproductive health	Article 19, ICCPR Article 19, UDHR Article 10, 14, 16 CEDAW Article 21, CRPD	

	Article 13, 17, CRC	
7.1 The right to information includes a right, safely, to access SRH information including information on abortion	<p>HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014)</p> <p>HRC, <i>Mellet v Ireland</i>, UN (2016) (UN Doc. CCPR/C/116/D/2324/2013)</p> <p>CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22)</p> <p>CRPD, General Comment No. 3: Article 6: Women and girls with disabilities (2016) (UN Doc. CRPD/C/GC/3)</p> <p>Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44)</p> <p>+ expressly Article 16 CEDAW + sources on the right to determine and number and spacing of children at 6 above</p>	<p>States should ensure availability of accurate abortion information and ensure it can be distributed by health-care providers without fear of criminal sanction (HRC, <i>Whelan v Ireland</i> (2017) (UN Doc. CCPR/C/11/D/2425/2014); HRC, <i>Mellet v Ireland</i>, UN (2016) (UN Doc. CCPR/C/116/D/2324/2013))</p> <p>Health information should be provided in a manner consistent with individual needs, taking age, gender, language ability, education, disability sexual orientation, gender identity, and intersex status into account (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22); <i>implicit with specific ref to SRH in CRPD</i>, General Comment No. 3: Article 6: Women and girls with disabilities (2016) (UN Doc. CRPD/C/GC/3))</p> <p>Women with disabilities have the right to control over and free decisions in respect of matters of sexuality including SRH, free from coercion, discrimination and violence (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities (2016) (UN Doc. CRPD/C/GC/3))</p> <p>All individuals and groups have a right to evidence-based information on SRH including safe abortion and post-abortion care (CESCR, General Comment No. 22: The right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) (2016) (UN Doc. E/C/12/GC/22))</p> <p>Information including SRH information including information on safe abortion and post-abortion care should be provided in accessible formats (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities (2016) (UN Doc. CRPD/C/GC/3))</p>

		States have an obligation to allow health information, including abortion information, to flow freely without state interference on moral or other grounds (Report of the United Nations Working Group on the issue of discrimination against women in law and in practice (2016) (UN Doc. A/HRC/32/44))
8. The right to benefit from scientific progress and its realization	Article 15, ICESCR	
<i>8.1 States must ensure adequate access to essential medicines in an affordable manner</i>	CESCR, General Comment No. 25: 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) (2020) (UN Doc. E/C.12/GC/25)	...States parties have a duty to prevent unreasonably high costs for access to essential medicines... (CESCR, General Comment No. 25: 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) (2020) (UN Doc. E/C.12/GC/25), para 62)
<i>8.2 States must ensure access to up-to-date scientific technologies necessary for women, in particular contraception and medication for abortion</i>	CESCR, General Comment No. 25: 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) (2020) (UN Doc. E/C.12/GC/25)	States parties must ensure access to up-to-date scientific technologies necessary for women in relation to this right. In particular, States parties should ensure access to modern and safe forms of contraception, including emergency contraception, medication for abortion, assisted reproductive technologies, and other sexual and reproductive goods and services, on the basis of non-discrimination and equality (CESCR, General Comment No. 25: 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) (2020) (UN Doc. E/C.12/GC/25), para. 33)
<i>8.3 States must ensure access to medication for abortion on the basis of non-discrimination and equality</i>	CESCR, General Comment No. 25: 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) (2020) (UN Doc. E/C.12/GC/25)	States parties must ensure access to up-to-date scientific technologies necessary for women in relation to this right. In particular, States parties should ensure access to modern and safe forms of contraception, including emergency contraception, medication for abortion, assisted reproductive technologies, and other sexual and reproductive goods and services, on the basis of non-discrimination and equality (CESCR, General Comment No. 25: 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) (2020) (UN Doc. E/C.12/GC/25), para. 33)
9. The right of persons with disabilities to retain fertility on an equal basis with others	Article 3(3), CRPD	
<i>9.1 States must prevent forced/coerced abortion on women with disabilities</i>	<p>CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3)</p> <p>CRPD, General Comment No. 6: Equality and non-discrimination, (2018) (UN Doc. CRPD/C/GC/6)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2008) (UN Doc. A/HRC/7/3)</p> <p>Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2009) (UN Doc. A/64/272)</p> <p>+ sources on the right to equality and non-discrimination in 2 above; sources on forced/coerced abortion in 1.5, 2.3, 5.1, 6.3</p>	<p>Non-consensual abortion for persons with disabilities is a violation of the right of persons with disabilities to retain their fertility on an equal basis with others (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2008) (UN Doc. A/HRC/7/3))</p> <p>Forced abortion is a form of discrimination against persons with disability (CRPD, General Comment No. 6: Equality and non-discrimination (2018) (UN Doc. CRPD/C/GC/6))</p> <p>Conducting abortion on women with disabilities against their will can constitute torture or ill-treatment, even if follows a lawful process of decision making by a “legal guardian” (Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Report to the Human Rights Council (2008) (UN Doc. A/HRC/7/3))</p> <p>Non-consensual abortion aimed at correcting or alleviating disability constitutes torture and ill-treatment (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Report to the General Assembly (2009) (UN Doc. A/64/272))</p> <p>Forced/coerced abortion may be considered as cruel, inhuman or degrading treatment or punishment including when conducted on women with disabilities (CRPD, General Comment No. 3: Article 6: Women and girls with disabilities, (2016) (UN Doc. CRPD/C/GC/3))</p>

<p><i>9.2 States must respect the sexual and reproductive health and rights of women and girls with disabilities, including ensuring SRH services are provided in accessible form</i></p>	<p>CRPD, General Comment No. 6: Equality and non-discrimination, (2018) (UN Doc. CRPD/C/GC/6)</p> <p>+ sources on the right to health in 1 above, and the right to equality and non-discrimination in 2 above</p>	<p>States must prohibit and prevent discriminatory denial of SRH to persons with disabilities (CRPD, General Comment No. 6: Equality and non-discrimination (2018) (UN Doc. CRPD/C/GC/6))</p>
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