**31 January 2021**

**Submission from the Center for Reproductive Rights following the call for submission of the Committee on the Elimination of Discrimination Against Women (CEDAW Committee) on the Draft General Recommendation on the rights of indigenous women and girls**

**The Center for Reproductive Rights (the Center)—an international non-profit legal advocacy organization headquartered in New York City, with regional offices in Nairobi, Bogotá, Geneva, and Washington, D.C.—uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to respect, protect, and fulfill. Since its inception 27 years ago, the Center has advocated for the realization of women and girls’ human rights on a broad range of issues, including on the right to access sexual and reproductive health services free from coercion, discrimination and violence; on the right to bodily autonomy; preventing and addressing sexual violence; and the eradication of harmful traditional practices.**

The Center for Reproductive Rights (the Center) is pleased to provide this submission on the Draft General Recommendation on the rights of indigenous women and girls.

The submission will comment on specific paragraphs of the draft General Recommendation:

**Para. 2**:

* Line 7: Add “due among others to social and cultural norms, including in the context of health[[1]](#endnote-1), as well as because of the linkages between historical and structural discrimination and colonialism” after “…patterns of discrimination faced by indigenous women in the exercise of their human rights”. Just after this sentence, add: “Their intersectional identity and characteristics, including their culture, sex, gender, ethnicity, socio-economic situation, and languages, among others, places them at the center of systemic and intersectional discrimination”.[[2]](#endnote-2)
* Line 10: in the list of factors, add “other marginalized statuses”.
* Line 11: Add “as well as the challenges faced by indigenous women and girls living in humanitarian settings”, after “among others”.

**Para. 3**:

* Line 3: Add “intersectional” before “discrimination.
* Line 5: after “Indigenous women and girls also have an inextricable link and relation to their peoples, lands, territories, natural resources, culture, and worldview.” Add “Moreover, violence against indigenous women and girls is closely linked to the continuing colonial dispossession of their peoples’ lands and most commonly involves discriminatory and coercive practices, including acts of sexual abuse and rape.[[3]](#endnote-3)”

**Para. 4**:

* Line 8: Add “and discriminatory” before “treatment”.
* Line 10: add “and marginalized statuses”, after “displacement”. AND “how they intersect to form unique forms of discrimination, sustain and strengthen each other to form unique forms of discrimination” after “displacement”.
* Line 11: add “It also entails taking into consideration the linkages between historical and structural discrimination and colonialism” after the sentence starting by “An *indigenous women and girls’* perspective”.
* Line 15: Add “including development of laws and policies” after “state response”.

**Para. 6**:

* Line 2: add “ and structural” after “historical discrimination”.
* Line 3: Delete the “s” before “clean”.
* Line 4: Add “laws and” before “policies” AND add just after “and related obligation to decolonize laws, including in relation to healthcare”.

**Para. 7**:

* Line 2: Add “inter alia” after “workers involved”.
* Line 5: add “women land defenders” before “women environmental human rights defenders”.

**Para. 8**:

* Line 4: Add “marginalized statuses” after “disability”.

**Para. 9**:

* Line 4: add “including sexual and reproductive health services” after “health services”.

**Para 10**:

* Line 5: Add “to ensure accountability for the violations indigenous women and girls are subjected to” after “goal”.

**Para. 12**:

* Line 12: Add “including sexual and reproductive health services” after health”.

**Para. 13**:

* Line 7: Add “and the use of harmful chemical substances[[4]](#endnote-4)” after “ecological degradation”.

**Add after para. 19**:

* Treaty Monitoring Bodies have highlighted the impact of intersectional discrimination on the rights on Indigenous women and girls. For instance, In its General Comment No. 22 on the right to sexual and reproductive health, the ESCR Committee identified “*groups as, but not limited to, poor women, persons with disabilities, migrants, indigenous or other ethnic minorities, adolescent, lesbian, gay bisexual, transgender and intersex persons, and people living with HIV/AIDS [as] more likely to experience multiple discrimination*.[[5]](#endnote-5) In the same line, in its General Recommendation No. 28 on the Core Obligations of States the CEDAW Committee stated that “States parties should recognize that rural women are not a homogenous group and often face intersecting discrimination” and that “[m]any indigenous and afro-descendent women live in rural settings and experience discrimination based on their ethnicity, language and traditional way of life”.[[6]](#endnote-6) The Committee recommended that “States parties should eliminate all forms of discrimination against disadvantaged and marginalized groups or rural women”, including indigenous women and ensure that they “are protected from intersecting forms of discrimination and have access to [...] health care”.[[7]](#endnote-7)

**Para. 20**:

* Line 5: Add “and marginalized statuses” after educational level”.
* Line 6: Add “including sexual violence” after “gender-based violence”.
* Line 8: Add “including bodily autonomy”, after “autonomy”.

**Add after para. 20**:

* The Committees have specifically recognized that intersectional discrimination can hinder women’s access to reproductive health services[[8]](#endnote-8) and have recommended to States to place a particular focus on the maternal health needs of marginalized groups of women, including adolescents, poor women, minority women, rural women and women with disabilities.[[9]](#endnote-9)

**Para. 21**:

* Line 1: Add “including sexual violence” after “gender-based violence against indigenous women and girls”.

**Para. 22**:

* Line 1: replace the rest of the sentence after “perpetuated”, by “structural gender-based discrimination, systemic racism and the legacy of colonization”.
* Line 2: add “historical and structural discrimination” after “forms of racism” and add “In addition, violence against indigenous women and girls is closely linked to the continuing colonial dispossession of their peoples’ lands and most commonly involves discriminatory and coercive practices, including acts of sexual abuse and rape.[[10]](#endnote-10) This situation undoubtedly impacts indigenous women human rights defenders and women land defenders in a disproportionate manner, and has impact on their health, including their sexual and reproductive health and rights.” After “legacy of colonization”.

**Para. 24**:

* Line 1: Add “full, equal, meaningful and” before “effective participation”.
* Line 3: add “and discriminatory practices related to their sexual and reproductive health and rights”, before “constitute barriers…”

**Para. 28 (recommendations)**:

* Para. (a)
	+ Line 2: Add “with the full, equal, meaningful and effective participation of” before “indigenous women and girls”.
	+ Line 6: Add “and marginalized” after “migrant”.
* Para. (d)
	+ Line 2: Add “including on their sexual and reproductive health and rights” after “negative impact”.
* Para. (g)
	+ Line 2: Add “including their sexual and reproductive health and rights” after “rights”.
* Para (h)
* Line 3: Add “sexual and reproductive health” after “health”.
* Para. (j)
	+ Line 1: Add “including by the use of sexual violence” after “forced assimilation policies”.

**Para. 29**:

* Line 5: add “including sexual and reproductive health services” after “health” AND “including comprehensive education on sexual and reproductive health[[11]](#endnote-11) in and out of schools[[12]](#endnote-12)”, after “education services”.

**Para. 32**:

* Line 3: Add “including sexual violence” after “violence”.

**Para. 34**:

* Line 4: Add “In addition, indigenous women face several obstacles in accessing justice and therefore face high levels of impunity, which perpetuates and normalizes the occurrence of sexual violence.[[13]](#endnote-13) The situation described above is further exacerbated by the limited and inadequate access of indigenous women and girls to sexual and reproductive health information, education and services, including in cases of rape.[[14]](#endnote-14)” after “impunity” AND “In States which formally recognize traditional justice systems, capacity-building and training programmes on the international human rights standards should be provided to providers of justice to ensure the integration of these standards into the different justice systems and the harmonization of the norms.”[[15]](#endnote-15)

**Para. 35**:

* Line 10: Add “including access to emergency contraception, abortion services, access to contraceptives and access to maternal healthcare, with particular care for indigenous women survivors of rape” after “sexual violence”.

**Para. 37**:

* Line 4: Add “including in cases where women experienced a miscarriage or undertook an abortion” after “fair treatment and trial” AND just after, add the following sentence: “In addition, the CRC notes in its General Comment No. 20 that States should not criminalize factually consensual sexual activity among adolescent of similar ages.[[16]](#endnote-16)” In addition to the decriminalization, States should develop clear laws and policies enabling adolescents to access sexual and reproductive health services without parental of guardian consent, to make sure they can have access to the full range of services[[17]](#endnote-17)”.
* Line 9: Add “Women and girls’ sexual and reproductive rights should be respected, protected and fulfilled while in detention and they should be provided with all the maternal and reproductive health care and services needed while in prison. This includes access to contraception, abortion services and sanitation pads and other hygienic products, among others.[[18]](#endnote-18)” after “indigenous girls”.

**Para 39 (Recommendations)**:

* Para. (a)
	+ Line 1: Replace “ordinary” by “mainstream”, since indigenous is unordinary, maybe the better way to describe this is mainstream. We would be grateful if this change could be made throughout the draft General Recommendation.
* Para. (f)
	+ Line 3: Add “including sexual violence” after “gender-based violence against women”.
* Para. (h)
	+ Line 1: Add “transformative” before “measures”.

**Para 41**:

* Line 6: Add “The systemic use of sexual violence against women as a form of power and gender-based discrimination and violence, in some countries, disproportionally impacts indigenous, poor, and rural women.[[19]](#endnote-19) In addition sexual violence can be used as a form of direct retaliation for the work of indigenous women who are also land and human rights defenders, in complete disregard of the right to sexual autonomy, privacy and integrity.[[20]](#endnote-20)” after “and region”.

**Para. 44**:

* Line 2: Add “timely, effective and transformative” before “measures”[[21]](#endnote-21).
* Line 4: Replace “ordinary” by “mainstream”.
* Line 8: Add “systemic” before “racism”.
* Line 11: Add “sexual and reproductive health” after “health”.

**Para. 45**:

* Line 14: Add “In addition, the Special Rapporteur on violence against women, its causes and consequences found an alarming prevalence of cases of assault, attempted homicide and sexual violence against indigenous women defenders.[[22]](#endnote-22) ” after “advocacy.

**After para. 45** add:

* In 2015, WHO condemned “outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures (including sterilization), lack of confidentiality, failure to get fully informed consent, refusal to give pain medication, gross violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening, avoidable complications, and detention of women and their newborns in facilities after childbirth due to an inability to pay”.[[23]](#endnote-23) The organization also recognized that “such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity and freedom from discrimination.”
* Treaty Bodies recognized that States must guarantee women the right to be free from violence when seeking maternal health services.[[24]](#endnote-24) The Special Rapporteur on violence against women, its causes and consequences recognized that “[m]istreatment and violence against women not only violates the rights of women to live a life free from violence but can also threaten their rights to life, health, bodily integrity, privacy, autonomy and freedom from discrimination” and added that “[i]nformed consent for medical treatment related to reproductive health services and childbirth is a fundamental human right”.[[25]](#endnote-25)
* “In 2015, several UN and regional human rights experts called on the States to “address acts of obstetric and institutional violence suffered by women in health care facilities” and “to take all practical and legislative measures to prevent, prohibit, and punish such acts and guarantee redress”.[[26]](#endnote-26) At the regional level, the Committee of Experts of the Follow-up Mechanism of the Belém do Pará Convention recognizes obstetric violence as a human rights violation.[[27]](#endnote-27) The Inter-American Commission on Human Rights (IACHR) has documented “[e]xamples of obstetric violence [faced by…] indigenous women includ[ing of women] being forced to give birth in a supine position rather than a vertical position; coerced sterilizations procedures,[[28]](#endnote-28) [and forced abortions in the context of armed conflict[[29]](#endnote-29)…], among others”.[[30]](#endnote-30)”
* In addition, in its General Comment No. 14, the ESCR Committee establishes four interrelated and essential elements of the right to health, finding that health facilities, goods and services must be available, accessible, acceptable and of good quality.[[31]](#endnote-31) The ESCR Committee in its General Comment No. 22 on the right to sexual and reproductive health, reinforces these elements.[[32]](#endnote-32) The element of acceptability means that “[a]ll sexual and reproductive health facilities, goods and services must be […] culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities”,[[33]](#endnote-33) which also applies for indigenous women and girls.

**After para. 46** add:

* Women victim of sexual violence should receive all the information and healthcare appropriate, including relating to their sexual and reproductive health and rights”.

**Para. 47 (recommendations)**:

* At the end of para. (d)
	+ Add “Emergency contraception and abortion with no restriction as to reason should also be provided to women victims of sexual violence”.

**Para. 56:**

* Add the following recommendation in this section: “States should also provide comprehensive sexuality education for all on sexual and reproductive health[[34]](#endnote-34) in and out of schools,[[35]](#endnote-35) irrespective of age and without the consent of a parent or guardian.[[36]](#endnote-36) In addition, they have the obligation to ensure that information provided is scientifically accurate and objective, in accordance with children’s evolving capacity, and free of prejudice and discrimination”.[[37]](#endnote-37)”

**Para. 59:**

* Line 7: Delete “and legal” with the purpose to keep consistent with the recommendation. In this regard, it should be read “safe abortion”, so as not to imply obligations related only to abortios that are currently lawful.
* Line 8: Replace “obstetrics violence” by “violence in sexual and reproductive health settings”.
* Line 11: Add “and on the right to sexual and reproductive health” after “children”.

**After para. 59**:

* Add “In this regard, women should also be guaranteed accountability and access to justice for violations related to their right to health”[[38]](#endnote-38).

**Add after para. 59:**

* In General Comment No. 36 on the right to life, the Human Rights Committee has reaffirmed that States have a duty to ensure that women and girls do not have to undertake unsafe abortions as part of preventing foreseeable threats to the right to life and that States parties may not regulate pregnancy or abortion in all other cases in a manner that runs contrary to their duty to ensure that women and girls do not have to undertake unsafe abortions.[[39]](#endnote-39) The provision of post-abortion care is a long standing human rights obligation and denying of abortion and post-abortion care can pose a risk to physical, mental, and emotional health and safety, risks that are heightened during a pandemic[[40]](#endnote-40).

**After para. 60:**

* Add: “In addition, obstetric violence faced by indigenous women, including birth positions that are not in respect with their ancestral traditions can have a strong impact on the health of the indigenous woman and new born[[41]](#endnote-41)”.

**Para. 62 (recommendations)**:

* After para (a):
	+ Add “Ensure access to justice for health violations”.
* After para (a):
	+ Add the following subparas.:
		- “States should refrain from directly or indirectly interfering with the exercise by individuals of the right to sexual and reproductive health and should also ensure access to justice and legal services to victims of violations related to access to sexual and reproductive health information and services[[42]](#endnote-42);
		- States should decriminalize abortion and reform abortion laws to ensure access to safe abortion without restriction as to reason[[43]](#endnote-43);
		- States should also include in their legislative framework a presumption of legal capacity for adolescents, and ensure full access to sexual and reproductive health services, without the consent of a parent or guardian.”
		- States should ensure access to all drugs on WHO’s Essential Medicines list, including emergency contraception and drugs related to medical abortion[[44]](#endnote-44).
* Para (b)
	+ Line 4: Add “including post-abortion services” before “modern forms of contraception”.
* Para (d)
	+ Add a reference to “the need to decolonize health system, as well as reform laws and policies.
* Para (f)
	+ Line 2: Add “including forced sterilization, and including in maternal health care settings and including during childbirth” after “health services”.
* Para. (g)
	+ Line 2: Add “including sexual and reproductive health” after “health”.

**Add a recommendation**:

* Recognize women’s right to maternal healthcare, by addressing the root causes of maternal mortality and morbidity, including gender and other forms of inequality, and strive towards the fulfilment of all human rights, including the rights to health and education of indigenous women and girls.

**Para. 79**:

* Line 13: Add “In addition, COVID-19 has exacerbated the existing inequities and has also restricted women to access sexual and reproductive rights, having a strong impact on women and girls’ sexual and reproductive health and rights, in particular marginalized populations, including *inter* alia, racial, indigenous minorities and other ethnic communities, as well as migrant and rural women and women deprived of their liberty.[[45]](#endnote-45)” before “States should collect…”.

**Para. 80 (recommendations)**:

* Para. (a)
	+ Line 2: Add “including on their sexual and reproductive health and rights” after women and girls”.

**Add a recommendation**:

* + Ensure the implementation of measures, such as telemedicine and self-managed care, in accordance with WHO recommendations on SRH care and on abortion, and other alternative routes for the provision of services that can enable access to sexual and reproductive health and rights in remote, rural areas or areas with difficult access to technology[[46]](#endnote-46).
1. CRC Committee, General Comment No. 15, para. 9. [↑](#endnote-ref-1)
2. Inter-American Commission on Human Rights. *Indigenous Women*. OEA/Ser.L/V/II. Doc. 44/17. 2017. para 39, available at: <http://www.oas.org/en/iachr/reports/pdfs/IndigenousWomen.pdf>; See also: Inter-American Commission on Human Rights *Indigenous Women – Brochure* (2017), p. 1 <https://www.oas.org/es/cidh/indigenas/docs/pdf/Brochure-MujeresIndigenas.pdf> [↑](#endnote-ref-2)
3. Working Group on discrimination against women and girls*. Women’s and girls’ sexual and reproductive health rights in crisis.* A/HRC/47/38, para. 64; See also: Inter-agency support group on indigenous peoples’ issues. *Thematic paper towards the preparation of the 2014 World Conference on Indigenous Peoples. Elimination and responses to violence, exploitation and abuse of indigenous girls, adolescents and young women*. 2014. p. 1. Additionally, in Peru, for example, sexual violence against women was widespread and used as a weapon of war during the Peruvian armed conflict, where 75% of the victims of the conflict were indigenous peoples. Inter-American Commission on Human Rights. *Indigenous Women*. OEA/Ser.L/V/II. Doc. 44/17. 2017. para 97, available at: <http://www.oas.org/en/iachr/reports/pdfs/IndigenousWomen.pdf> [↑](#endnote-ref-3)
4. Center for Reproductive Rights, Report on Health and Glyphosate in the Context of the Armed Conflict, 2021, available at:<https://reproductiverights.org/wp-content/uploads/2021/09/Reproductive-Health-Glyphosate-Colombia-Conflict.pdf> [↑](#endnote-ref-4)
5. CESCR Committee, Gen. Comment No. 22, para. 30. [↑](#endnote-ref-5)
6. CEDAW Committee, General Recommendation No. 34, para. 14. [↑](#endnote-ref-6)
7. *Ibid*, para. 15. [↑](#endnote-ref-7)
8. See: CEDAW Committee, Concluding Observations: Ghana, paras. 36-37, U.N. Doc. CEDAW/C/GHA/ CO/6-7 (2014); Costa Rica, paras. 30-31, U.N. Doc. CEDAW/C/CRI/CO/7 (2017), CEDAW Committee, Concluding Observations: Georgia, paras. 30-31, U.N. Doc. CEDAW/C/GEO/ CO/4-5 (2014), CEDAW Committee, Gen. Recommendation No. 34, paras. 38-39, Human Rights Committee, Concluding Observations: Peru, para. 14, U.N. Doc CCPR/C/PER/CO/5 (2013), ESCR Committee, Concluding Observations: Azerbaijan, para. 16, U.N. Doc. E/C.12/AZE/ CO/3 (2013); CEDAW Committee, Concluding Observations: Lithuania, paras. 36-37, U.N. Doc. CEDAW/C/LTU/CO/5 (2014). [↑](#endnote-ref-8)
9. See, e.g., CEDAW Committee, Concluding Observations: Thailand, paras. 42-43, U.N. Doc. CEDAW/C/THA/CO/6-7 (2017); Lesotho, paras. 32-33, U.N. Doc. CEDAW/C/LSO/CO/1-4 (2011). [↑](#endnote-ref-9)
10. Working Group on discrimination against women and girls*. Women’s and girls’ sexual and reproductive health rights in crisis.* A/HRC/47/38, para. 64; See also: Inter-agency support group on indigenous peoples’ issues. *Thematic paper towards the preparation of the 2014 World Conference on Indigenous Peoples. Elimination and responses to violence, exploitation and abuse of indigenous girls, adolescents and young women*. 2014. p. 1. Additionally, in Peru, for example, sexual violence against women was widespread and used as a weapon of war during the Peruvian armed conflict, where 75% of the victims of the conflict were indigenous peoples. Inter-American Commission on Human Rights. *Indigenous Women*. OEA/Ser.L/V/II. Doc. 44/17. 2017. para 97, available at: <http://www.oas.org/en/iachr/reports/pdfs/IndigenousWomen.pdf> [↑](#endnote-ref-10)
11. ESCR Committee, Gen. Comment No. 22, para. 47. [↑](#endnote-ref-11)
12. CRC Committee, Gen. Comment No. 20, paras. 59 – 61.; CESCR Committee, Gen. Comment No. 22, paras. 28, 44, 47, 48, 49(f), 63. [↑](#endnote-ref-12)
13. Inter-American Commission on Human Rights. *Access to justice for Women Victims of Sexual Violence in Mesoamerica*. OEA/Ser.L/V/II. Doc. 63. 2011. para. 24, 53, 85, 97, available at: <https://www.oas.org/en/iachr/women/docs/pdf/women%20mesoamerica%20eng.pdf>. [↑](#endnote-ref-13)
14. Inter-American Commission on Human Rights. *Indigenous Women*. OEA/Ser.L/V/II. Doc. 44/17. 2017. paras 25, 27, available at: <http://www.oas.org/en/iachr/reports/pdfs/IndigenousWomen.pdf>. [↑](#endnote-ref-14)
15. CEDAW Committee, General Recommendation No. 33, para 64 a) and CEDAW Committee, No. 35, para. 26 a). [↑](#endnote-ref-15)
16. CRC Committee, General Comment No. 20, para. 40. [↑](#endnote-ref-16)
17. Ibid., paras. 59-60. [↑](#endnote-ref-17)
18. See: ESCR Committee, Gen. Comment No. 22, paras, 16, 31 and 60 and CEDAW Committee, General Recommendation No. 33, para. 51 n). [↑](#endnote-ref-18)
19. See: Special Rapporteur on the rights of indigenous peoples, Thematic analysis of violations against indigenous women and girls, 6 August 2015, UN. Doc. A/HRC/30/41. [↑](#endnote-ref-19)
20. *Ibid*. [↑](#endnote-ref-20)
21. CEDAW Committee, General Recommendation No. 30, para. 70. [↑](#endnote-ref-21)
22. Special Rapporteur on the rights of indigenous peoples on her visit to Honduras. UN Doc. A/HRC/33/42/Add.2. July 21, 2016, par. 19 and 20. [↑](#endnote-ref-22)
23. World Health Organization (WHO) statement, “The prevention and elimination of disrespect and abuse during facility-based childbirth”, WHO/RHR/14.23 (2015). See also: Special Rapporteur on violence against women, its causes and consequences, *A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence*, 11 July 2019, UN. Doc. A/74/137. [↑](#endnote-ref-23)
24. See: CAT Committee, Concluding Observations: Kenya, para. 27, U.N. Doc. CAT/C/KEN/CO/2 (2013), CAT Committee, Concluding Observations: United States of America, para. 21, U.N. Doc. CAT/C/ USA/CO/3-5 (2014) and CEDAW Committee, Concluding Observations: Portugal, paras. 36, 37, UN Doc. CEDAW/C/PRT/ CO/8-9. [↑](#endnote-ref-24)
25. Special Rapporteur on violence against women, its causes and consequences, *A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence*, 11 July 2019, UN. Doc. A/74/137. [↑](#endnote-ref-25)
26. Joint statement by United Nations experts in the field of human rights on the 2030 Agenda for Sustainable Development (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on the situation of human rights defenders; Special Rapporteur on violence against women, its causes and consequences, and Chair of the Working Group on discrimination against women in law and in practice), experts of the African Commission on Human and Peoples’ Rights (Special Rapporteur on Human Rights Defenders and Focal Point on Reprisals in Africa and Special Rapporteur on Rights of Women in Africa) and expert of the Inter-American Commission on Human Rights (Rapporteur on the Rights of Women), available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16490&LangID=E>. [↑](#endnote-ref-26)
27. Follow-up Mechanism to the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (MESECVI), Declaration on Violence against Women, Girls and Adolescents and their Sexual and Reproductive Rights, 19 September 2014, OEA/Ser.L/II.7.10, MESECVI/CEVI/DEC.4/14, available at: <http://www.oas.org/es/mesecvi/docs/cevi11-declaration-en.pdf> [↑](#endnote-ref-27)
28. See for example, IACHR, Report No. 71.03. Petition 12.191. Friendly Settlement. María Mamérita Mestanza (Peru), October 22, 2003. [↑](#endnote-ref-28)
29. Inter-American Commission on Human Rights. *Indigenous Women*. OEA/Ser.L/V/II. Doc. 44/17. 2017. Paras 20 (referring that in “its judgment in the case of *Massacre of Río Negro*, the Inter-American Court also took into consideration the specific effects that the practices of rape, the killings of pregnant women, and the induction of abortions had on indigenous women in the context of the massacres perpetrated during the internal armed conflict in Guatemala”, available at: <http://www.oas.org/en/iachr/reports/pdfs/IndigenousWomen.pdf> [↑](#endnote-ref-29)
30. Inter-American Commission on Human Rights. *Indigenous Women*. OEA/Ser.L/V/II. Doc. 44/17. 2017. Paras 80, 119, 120, Available at: <http://www.oas.org/en/iachr/reports/pdfs/IndigenousWomen.pdf>. For example, there have been reports of shackling of indigenous women deprived of liberty during labor, and indigenous women in Mexico being denied medical attention when they arrive at hospitals while pregnant, incidents of medical malpractice, and violations of their right to access to information, among others. [↑](#endnote-ref-30)
31. ECSR Committee, General Comment No. 14, para. 12. [↑](#endnote-ref-31)
32. ECSR Committee, General Comment No. 22, para. 62. [↑](#endnote-ref-32)
33. See: ECSR Committee, General Comment No. 22, para. 5 and UNFPA, The Danish Institute for Human Rights, OHCHR, *Reproductive Rights are Human Rights: A Handbook for National Human Rights Institutions*, 2014, p. 84, available at: [www.ohchr.org/documents/publications/nhrihandbook.pdf](http://www.ohchr.org/documents/publications/nhrihandbook.pdf) [↑](#endnote-ref-33)
34. ESCR Committee, Gen. Comment No. 22, para. 47. [↑](#endnote-ref-34)
35. CRC Committee, Gen. Comment No. 20, paras. 59 – 61.; ESCR Committee, Gen. Comment No. 22 paras. 28, 44, 47, 48, 49(f), 63. [↑](#endnote-ref-35)
36. CRC Committee, Gen. Comment No. 20, para. 60.; CESCR Committee, Gen. Comment No. 22, para. 44. [↑](#endnote-ref-36)
37. ESCR Committee, Gen. Comment No. 22, paras. 18-21, 40-41, 43-44; CEDAW Committee, Concluding Observations: Italy, para. 35, U.N. Doc. CEDAW/C/ITA/CO/7 (2017).; CEDAW Committee, Concluding Observations: Nigeria, para. 34(e), U.N. Doc. CEDAW/C/NGA/CO/7-8 (2017).; CEDAW Committee, Concluding Observations: Ireland, para. 39(c), U.N. Doc. CEDAW/C/IRL/CO/6-7 (2017).; CRC Committee, Concluding Observations: Antigua and Barbuda, para. 45(a), U.N. Doc. CRC/C/ATG/ CO/2-4 (2017). [↑](#endnote-ref-37)
38. CEDAW Committee, General Recommendation No. 33, para. 24. [↑](#endnote-ref-38)
39. Human Rights Committee, Gen. Comment No. 36, para. 8. [↑](#endnote-ref-39)
40. CEDAW, Guidance Note on CEDAW and COVID-19, 22 April 2020, para. 2. [↑](#endnote-ref-40)
41. See for example the case Eulogia and her son Sergio’s case which is currently before the Inter-American Commission on Human Rights’ merits stage. The Admissibility Report was issued on April 4, 2014. See, Admissibility Report, No. 35/14, Petition No. 1334-09, April 4, 2014. OEA/Ser.L/V/II.150. Available at: <http://www.oas.org/es/cidh/decisiones/2014/PEAD1334-09ES.pdf> [↑](#endnote-ref-41)
42. See: CEDAW, General Recommendation No. 33, ESCR General Comment No. 22, Human Rights Committee, General Comment No. 36 and CRC General Comment No. 20. [↑](#endnote-ref-42)
43. Human Rights Committee, General Comment No. 36, para. 8, CEDAW Committee, General Recommendation No. 30. [↑](#endnote-ref-43)
44. ESCR Committee, General Comment No. 22, paras. 12 and 49 g). [↑](#endnote-ref-44)
45. Working Group of Experts on People of African Descent, *Statement on COVID-19: Racial equity and racial equality must guide State action*, 6 April 2020, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25768>; Special Rapporteur on extreme poverty and human rights, *US COVID-19 strategy failing the poor, says UN expert*, April 16, 2020, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25798&LangID=E>; Treaty Monitoring Bodies Chairs’ statement, *UN Human Rights Treaty Bodies call for human rights approach in fighting COVID-19*,<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25742&LangID=E>; OHCHR Factsheet, *COVID-19 and Women’s Human Rights*, 15 April 2020, [www.ohchr.org/Documents/Issues/Women/COVID-19\_and\_Womens\_Human\_Rights.pdf](http://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf); Compilation of Special Procedures’ statements, <https://www.ohchr.org/EN/HRBodies/SP/Pages/COVID-19-and-Special-Procedures.aspx>. [↑](#endnote-ref-45)
46. ESCR Committee, General Comment No. 25, para. 33. See also: World Health Organization/United Nations University International Institute for Global Health meeting on Economic and financing considerations of self-care interventions for sexual and reproductive health and rights, United Nations University Centre for Policy Research 2–3 April 2019, New York, United States of America, Summary report, available at: <https://apps.who.int/iris/bitstream/handle/10665/331195/WHO-SRH-20.2-eng.pdf?ua=1> and WHO recommendations on self-care interventions Self-management of medical abortion, available at: <https://apps.who.int/iris/bitstream/handle/10665/332334/WHO-SRH-20.11-eng.pdf?ua=1> [↑](#endnote-ref-46)