

**World Forum on Abortion**

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*Dr Ivana Radačić, Chair of the United Nations Working Group on Discrimination  
against Women in Law and in Practice*

First of all, I would like to thank you for organising this important event and for inviting the members of the UN Working Group on Discrimination against Women in Law and in Practice (Working Group). I sincerely appreciate this opportunity to engage with the activists working on abortion rights all over the globe in these challenging times. Rising authoritarianism in political governance, economic crises and rocketing inequality, as well as politicisation of religions, have posed considerable challenges to securing substantive gender equality and full realisation of human rights. Nearly 40 years after the adoption of CEDAW, we still have a long way to go in realising women's rights. Securing the right to reproductive self-determination is a central step on this road.

The right to reproductive self-determination and reproductive health have been at the focus of the Working Group, for both its previous and current members (four out of five of us have been appointed in 2017). The Working Group has worked to advance reproductive rights through all tools available to it: it has consistently addressed the topic in its country visits reports, in its annual thematic reports (particularly 2016 report on health and safety), and in its communications with governments. Through the communication procedure the Working Group has addressed both violations of the rights of individual women and girls who have been denied abortion or sanctioned for abortion and even miscarriages, as well as abortion policies, drafts laws and laws (including those which represent a threat to women's rights and those that represent a progress). Moreover, in 2017, the Working Group issued a position paper on reproductive rights: *Women's Autonomy, Equality and Reproductive Health in International Human Rights: Between Recognition, Backlash and Regressive Trends*. The Working Group also intervened at the national level proceedings through the submission of *Amicus Curiae* briefs before the UK Supreme Court concerning the law on termination of pregnancy in Northern Ireland and the Supreme Court of Brazil regarding the denial of abortion services in the context of Zika epidemic. We have also issued press releases and statements together with other relevant independent experts, in particular the Special Rapporteur on the Highest

Attainable Standard of Physical and Mental Health, the Special Rapporteur on Violence against Women and (the former) Special Rapporteur on Torture. Moreover, we have cooperated with regional mechanisms such as the Inter-American Commission on Human Rights and the African Commission, in the framework of the 2030 Sustainable Development Goals agenda.

Through our work we have advocated for autonomous, effective and affordable reproductive rights services. Specifically, we have advocated for the right of women to terminate pregnancy on request in the first trimester (the only international human rights mechanisms to have done so) and later in specific circumstances of distress. We have also asked for discontinuation of the use of criminal law to punish woman for ending a pregnancy and for providing women with medical treatment for miscarriage and complications of unsafe termination of pregnancy. Moreover, we have argued that girls and adolescents should have access to safe and legal abortion due to specific risks that pregnancy poses for their health and impact it has on their education and life prospects. In addition, we have argued against discriminatory barriers to access to abortion, such as waiting periods and obligatory counselling, restriction on access to information, authorisation requirements, unduly restrictive interpretations of legal grounds for abortion, inadequate regulation of conscientious objection, or excluding coverage for abortion services under health insurance.

Like the CEDAW Committee, we hold that denial of access to reproductive services that only women need, such as termination of pregnancy, whether through criminalisation, reduction of availability, stigmatisation, deterrence or derogatory attitudes of health-care professionals, constitutes discrimination. Moreover, we consider that the criminalisation of termination of pregnancy is one of the most damaging ways of instrumentalising and politicising women's bodies and lives, subjecting them to risks to their lives or health and depriving them of autonomy in decision-making about their own bodies and reproductive functions. As demonstrated by WHO data, criminalising termination of pregnancy does not reduce the need for it. Rather, it is likely to increase the number of women seeking clandestine and unsafe solutions, particularly those who are economically disadvantaged, which is the problem we have underlined across our work.

In our 2018 annual report to the Human Rights Council *Reasserting Equality, Countering Rollbacks* we have re-affirmed the central place that the protection of reproductive rights has in the quest for gender equality and we have called for reproductive policies to be centred around women's needs rather than patriarchal agendas. A strong commitment to women's sexual and reproductive rights in international and national law, policies and programmes is crucial for achieving gender equality and ensuring women's and girl's right to autonomy,

health and well-being. This has been recognised in the 2030 Agenda for Sustainable Development, states committing to ensuring universal access to sexual and reproductive health-care services, and the integration of reproductive health into national strategies and programmes. However, as discussed in our last report, it is in the area of reproductive rights, together with the equality in the family, that we are facing the most significant challenges today, with the rise of different forms of fundamentalisms and extremisms.

While much progress has been achieved in securing the right to safe, legal abortion in the past decades, particularly since the Cairo Conference on Population and Development in 1994, regrettably, many states, are moving towards dangerous retrogressions in this regard. With a rise of religious political movements, there have been strong and vocal demands to retain or introduce prohibition of abortion in the context where already 40% of population lives in the jurisdictions with restrictive abortion laws. In a few countries, such as El Salvador and Nicaragua, there is a total ban, even where the pregnancy threatens the life of the pregnant woman. Attempts to (re)introduce restrictive abortion laws have also been taking place, for instance, in the Dominican Republic, the United States, Poland, the Philippines and Sierra Leone.

Not only have we been witnessing a rise of restrictive laws or proposals for restrictions, we have also been facing increasing difficulties in implementation of laws. For example, lack of appropriate frameworks on implementation of conscientious objection, in the context of increased use of this institute by wide categories of medical and pharmaceutical staff, has led to impeded access to abortion in many countries in the different regions. Similarly, many states have instituted waiting periods and/or obligatory counselling (e.g. Hungary and many United States states) or the third-party authorisations, which all constitute barriers to accessibility of abortion, as do high financial costs and exclusions from insurance.

Furthermore, the arguments for the protection of the so-called right of the unborn have been more and more vocal. Even though international human rights law applies to born human beings (as stated in UDHR, and re-affirmed in ICCPR), some constitutional/supreme courts and legislators have interpreted the right to life to apply to the foetus. Even where constitutional courts have denied any such rights and have framed the issue of the protection of the unborn as a constitutional value (e.g. in Slovakia, Hungary, Portugal, Croatia), conservative religious movements have been utilising different tools to challenge these judicial decisions.

On the other hand, we have also witnessed constitutional courts striking down restrictive provisions on abortion (e.g. Columbia), as well as liberalisations of laws through Congress

(Chile) and referendum (Ireland). While the attempt to liberalise abortion law in Argentina eventually failed, it showed how women are now more than ever ready to fight for their rights, confirmed also in MeToo and Ni una mas campaigns.

These are hence both challenging and exciting times to set up an advocacy agenda for abortion. The Working Group has consistently advocated for holistic, comprehensive approaches to women's equality. In light of this, effective advocacy agenda should not only focus on creating progressive abortion laws and effective regulation of medical (and pharmaceutical) ethics. It should investigate all barriers to access to safe and legal abortion, addressing the attitudes of medical professionals and the wider public. Furthermore, effective advocacy agenda should aim at addressing the context of structural and systemic discrimination against women, including the widespread nature of violence against women, in which women conceive and bear children, and enhancing women's equality in all spheres of lives and throughout the life cycle. Particular attention should be paid to intersectionality of discrimination and the specific vulnerability of women in disadvantageous position, such as poor women, minority, migrant and indigenous women, women with disabilities.

According to the World Health Organization, about 22 million unsafe abortions take place each year worldwide and an estimated 47,000 women die annually from complications resulting from the resort to unsafe practices for termination of pregnancy. We cannot tolerate the high incidence of women's and girls' preventable deaths ill health resulting from denial of access to safe legal abortion. It is time to change these statistics! Events such as this make me feel hopeful about our ability to do so and thank all of you for your efforts. Our Group will continue to support women's fundamental sexual and reproductive rights.

It will also support the work of reproductive rights advocates and activists, who are often facing particular risks in the context of rising fundamentalisms. Contributions of grassroot movements and activists have been crucial to our work as a special procedure of the Human Rights Council. We deeply regret the increasing attacks against women's human rights defenders and the closing spaces for civil society. The Working Group is firmly committed to continuing supporting the work of the women's rights defenders and denouncing attacks against them.

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