CENTER FOR REPRODUCTIVE RIGHTS

Response to Call for Submissions in Connection with the Convention on the Elimination of Discrimination Against Women General Discussion on Access to Justice

The Center for Reproductive Rights (the Center) appreciates the opportunity to provide this submission to the Committee on the Elimination of Discrimination against Women (the CEDAW Committee) in connection with the forthcoming General Discussion on Access to Justice. Utilizing the framework set forth in the CEDAW Committee's concept note on access to justice, the Center would like to draw the CEDAW Committee's attention to the lack of access to justice women[1] face when they are denied their rights to quality, comprehensive reproductive healthcare. When States enact restrictive provisions on access to reproductive health services, they institutionalize discriminatory stereotypes based on the belief that women are not competent decision-makers and that their primary role is parenting, and by denying services that only women need.[2] The institutionalization of these discriminatory stereotypes fuels prejudices against women's capacity and stigmatize women who do not comply with the stereotypes, which in turn hinders the exercise of their human rights, including their right to access to justice. As "legal rights are only meaningful if they can be asserted,"[3] it is critical that the access to justice framework incorporates States' obligations to eliminate stereotypes in law and in practice, and take measures to prevent harm, such as by establishing mechanisms to guarantee women the right to comprehensive reproductive healthcare and appropriate institutions and avenues to effectively provide redress for sexual and reproductive rights violations.

When States' laws or regulations restrict access to basic reproductive health services, such as abortion or emergency contraception, they effectively authorize human rights violations by actively denying women access to these services. Such restrictions have harmful effects on women's health. These laws also often criminalize the use of reproductive health services and punish women and reproductive health service providers. In addition to restrictions on certain reproductive health services being human rights violations in themselves, the restrictive laws and criminal sanctions heavily stigmatize women needing these services, which deters them from challenging such laws, creates fear of prosecution among women accessing lawful reproductive health services and creates a chilling effect among providers, deterring them from providing these services. Human rights bodies have made clear that under States' obligation to respect human rights, States have an affirmative duty to "[t]ake appropriate legislative and administrative and other appropriate measures to prevent violations."[4] To do so, it is critical that States reform their laws to enable women to access comprehensive reproductive health services and remove criminal sanctions surrounding reproductive health services. Furthermore, States must ensure that when women's human rights are violated, including their reproductive rights, they have access to a timely, adequate and appropriate remedies.

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A. Restrictions on Certain Reproductive Health Services Pose Significant Barriers to Women's Access to Justice

Restrictions on abortion can have grave consequences for pregnant women, who may suffer significant human rights violations by not being able to access safe, legal abortion services, including higher rates of maternal mortality or morbidity due to unsafe abortion.[5] At least four countries in the world explicitly ban abortion in all circumstances, including when continuing the pregnancy endangers the woman's life,[6] while 119 other countries employ restrictive abortion laws, only permitting abortion under certain circumstances, such as when a woman's life or health is in danger. Even in cases where abortion may be lawful, barriers to accessing safe abortion services may force women to undergo clandestine abortions. Studies indicate that restricting abortion does not reduce its incidence; instead it causes women to seek out clandestine and unsafe abortions, which are associated with increased maternal mortality rates.[7] An estimated 22 million women undergo unsafe abortions each year and 47,000 women die from unsafe abortions annually,[8] accounting for up to 13 percent of maternal deaths worldwide.[9] United Nations treaty monitoring bodies have framed maternal deaths due to unsafe abortion as a violation of women's rights and recognized the negative consequences of criminalizing abortion on women's lives and health.[10] For instance, the Committee against Torture has affirmed that denial of abortion can amount to torture or cruel, inhumane and degrading treatment (CIDT) because of the physical or mental suffering involved, particularly for women who are victims of sexual violence,[11] while the CEDAW Committee has found that denial of access to abortion can amount to a violation of numerous rights, including the rights to health, life, and freedom from discrimination.[12] As a result, treaty monitoring bodies have called on States to review and repeal restrictive laws that criminalize abortion,[13] at a minimum when pregnancy poses a risk to the woman's life or health or is the result of rape or incest.[14]

Women experience similar harms in countries that restrict access to certain contraceptive information and services, violating their rights to be free from torture or CIDT; to equality and non-discrimination; to privacy; to determine the number, timing, and spacing of children; to life and health; to education and information; and to benefit from scientific progress.[15] The Special Rapporteur on Violence against Women has characterized restrictions on access to contraception as a "form of violence" because they subject "women to excessive pregnancies and childbearing against their will, resulting in increased and preventable risks of maternal mortality and morbidity."[16] The CEDAW Committee has expressed concern about the lack of availability of the "safest and most technologically advanced contraceptive methods, including emergency contraception" and recommended taking measures to make the most advanced forms of contraception more widely available.[17] The Committee on the Rights of the Child (CRC Committee) has stated that access to emergency contraception is an important part of preventing unsafe abortions and suicides and recommended making all forms of emergency contraception available to adolescents.[18] The Committee against Torture has expressed concern about lack of access to emergency contraception for victims of sexual violence, indicating that it could amount to torture or CIDT.[19]

In countries with restrictive laws on abortion or emergency contraception, women face discrimination not only in trying to exercise their reproductive rights, as the laws surrounding reproductive healthcare specifically prohibit or restrict a service only women need, but also in seeking access to justice for violations committed against them. These restrictive laws create and reinforce the stigma surrounding abortion and other reproductive health services, deterring

women from attempting to access these services through measures such as challenging the restrictive law. Furthermore, it is unlikely that such a challenge to the law would be adjudicated quickly enough to protect the individual woman's right to health. For example, in challenging a restrictive law on emergency contraception, it is unlikely that court systems could act quickly enough, within the 72 hour window after intercourse when emergency contraception is effective. Furthermore, as the European Court of Human Rights elucidated in *Tysiac v. Poland,*−wherein a visually impaired woman was denied an abortion on health grounds, even though medical diagnoses confirmed that continuing her pregnancy could severely impact her vision, thereby constituting a risk to her health−the compensatory and retroactive nature of post facto civil remedies do not fulfill States' affirmative duty to prevent harm.[20] Since only women require these services, they are disproportionately affected by such laws, infringing on their right to be free from discrimination.[21] Unless they challenge the law itself and are successful in having it invalidated, they are unable to seek remuneration or retribution in the civil or criminal justice systems for the reproductive rights violations committed against them, as the countries' laws expressly permit those violations.

II. Penalizing Women, Reproductive Health Service Providers and Others Assisting Women in Accessing Comprehensive Reproductive Healthcare Hinders Access to Justice

In many countries, the legal framework surrounding abortion is governed by the penal code, providing criminal sanctions, including imprisonment, for violations of the laws regulating abortion, without regard for women's human rights. This occurs both in countries with permissive and restrictive abortion laws. These criminal penalties may apply to the woman seeking services, the service provider or more broadly to anyone assisting a woman in accessing abortion services or providing her with information on abortion.[22] The criminal penalties attached to abortion laws and the resulting fear of prosecution causes violations of women's rights to life and health by inhibiting healthcare providers from administering legal reproductive health services out of fear of violating criminal laws.[23] The chilling effect of such penalties, which not only deter women from exercising their reproductive rights but may also transform limited exceptions to abortion bans into complete bans on abortion, limit the ways in which women can access justice for being denied necessary reproductive health services.

The CEDAW Committee has made clear that "it is discriminatory for a State party to refuse to legally provide for the performance of certain reproductive health services for women,"[24] and has noted that laws criminalizing medical procedures only needed by women and imposing penalties on women who undergo them are significant barriers to accessing appropriate health care.[25] The CEDAW Committee has repeatedly recommended that "legislation criminalizing abortion should be amended to withdraw punitive measures imposed on women who undergo abortion."[26] It is critical that States repeal punitive measures and criminal sanctions in their abortion laws and regulations in order to enhance accessibility of comprehensive reproductive healthcare and reduce the discrimination and stigma women face in accessing these services.

The legal framework surrounding abortion should ensure that abortion providers are not forced to operate in constant fear of prosecution or in an environment of harassment and intimidation. In *L.C. v. Peru*, the CEDAW Committee noted that the legal framework must guarantee necessary legal security for abortion providers.[27] The European Court of Human Rights has elaborated upon the chilling effect that restrictive abortion laws have on doctors, noting that "[t]he

provisions regulating the availability of lawful abortion should be formulated in such a way as to alleviate this [chilling] effect."[28]

III. To Prevent Human Rights Violations and Ensure Women Access to Justice, States Must Implement Measures to Ensure Access to Comprehensive Reproductive Health Services in a Timely, Informed Manner

A. Denials of Access to Lawful Reproductive Health Services

In accordance with international human rights standards reproductive health services must be available, accessible, acceptable and of quality.[29] To this end, States have an affirmative duty to ensure access to lawful reproductive health services and to prevent legal, social and regulatory barriers from infringing on women's ability to access reproductive health care. States must exercise due diligence to prevent harm by third parties or entities[30] including by monitoring and regulating the provision of reproductive healthcare in both public and private facilities, and are responsible for human rights violations resulting from their failure to oversee the provision of healthcare.[31] Monitoring the quality of care should incorporate the effective implementation of abortion laws and ensuring access to proper reproductive health information.

Numerous cases adjudicated by regional and international human rights tribunals have ruled that denials of access to legal reproductive health services, such as abortion, can constitute violations of the rights to be free from cruel, inhumane and degrading treatment;[32] respect for private and family life;[33] and equality and nondiscrimination.[34] As each of these cases demonstrates, following the denial of access to such services, the victimized women were unable to seek an effective form of immediate relief that would prevent further harm by enabling her to access the appropriate reproductive health service in a timely manner.

International human rights bodies have made clear that where abortion is legal, States must establish a legal framework that enables women to effectively exercise this right[35] and does not limit their real possibilities for obtaining abortion services.[36] In *L.C. v. Peru*, the CEDAW Committee framed such denials to reproductive health services as a form of discrimination against women, advising the State party to "establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination."[37] Furthermore, States should "establish clear rules for the actions of [their] agents, in order to avoid inappropriate margins of administrative discretion that could lead to arbitrary and discriminatory practices."[38] Such acts of discrimination occur when women are denied access to lawful reproductive health services.

Over 125 countries and territories worldwide have restrictive laws, banning abortion altogether or having limited exceptions to abortion, such as when a pregnancy poses a risk to the woman's life or health, or in cases of rape.[39] In many instances, limited exceptions permitting abortion on certain grounds are not implemented, resulting in women being denied abortion services to which they are legally entitled.[40] In some countries, this is due to lack of clarity as to what qualifies as a legal abortion, such as when laws providing fetal protections conflict with laws permitting abortion, or where the procedure for obtaining permission for a legal abortion is unclear or cumbersome. In addition, as noted above, laws that punish the provision of services can create a chilling effect which denies women services they are lawfully entitled to receive.[41]

Numerous other barriers can deny women access to lawful services, such as lack of training for healthcare providers on when abortion is legal; the lack of available, willing and competent abortion providers due to the stigma surrounding the procedure; the unregulated use of conscientious objection; and States' failure to ensure adequate number and distribution of abortion providers nationwide.[42] In these cases, the limited exceptions to restrictive abortion laws are not implemented and in some cases effectively become complete bans on abortion, they exhibit many of the same discriminatory impacts on access to justice for these violations. Denials of access can also occur in States permitting abortion without restriction as to reason as a result of barriers to abortion, such as requirements for spousal or parental authorization and the imposition of mandatory waiting periods or biased counseling.[43]

Ample jurisprudence from human rights bodies demonstrates that denial of abortion services and compelling women to undertake excessively cumbersome measures in their pursuit for legal abortion services constitute human rights violations, including their right to an effective remedy. In the case of *L.C. v. Peru*, the CEDAW Committee found that the petitioner's right to an effective remedy was violated when she was denied legal abortion services for a pregnancy threatening her health.[44] In attempting to access legal abortion services, L.C. sought permission from a hospital's medical board, which waited 42 days before denying her request.[45] L.C. filed an appeal with the hospital's medical board, and twenty days later, after L.C. had already suffered a miscarriage, the board responded informing her that the initial decision was not subject to appeal.[46] In the case of *L.M.R. v. Argentina*, the Human Rights Committee found that the petitioner's right to an effective remedy was violated when she was forced to appear before three separate courts over the course of several weeks in seeking access to a legal abortion.[47] In *K.L. v. Peru*, wherein health professionals refused to administer lawful abortion services to an adolescent whose pregnancy posed a risk to her life, the Human Rights Committee found a violation of the right to private life based on the denial of services to which the petitioner was legally entitled under the law.[48]

It is critical that States implement effective, immediately accessible, rapidly-responding processes by which individuals can assert their rights to treatment and receive an authoritative response from an independent body when they are denied access to reproductive health services.[49] In accordance with international human rights standards, the mechanism must be compelled to take up the case in a timely fashion and issue a rapid decision, due to the time-sensitive nature of reproductive healthcare.[50] Human rights standards also dictate that the mechanism must protect women's physical and mental health,[51] take into account women's opinions[52] and provide a well-founded, written decision.[53] The mechanism must guarantee meaningful participation and should consist of independent decision-makers who do not face the threat of backlash or criminal charges for authorizing reproductive healthcare services.

Finally, as the CEDAW Committee has made clear, there must be a right to appeal the decision.[54] As the European Court of Human Rights stated in the case of *Tysiac v. Poland*, described above, "the concepts of lawfulness and the rule of law in a democratic society command that measures affecting fundamental human rights be, in certain cases, subject to some form of procedure before an independent body competent to review the reasons for the measures and the relevant evidence..."[55] The European Court of Human Rights has further noted that

procedures which only review decisions about whether or not a woman was permitted to obtain an abortion *post factum* do not fulfill human rights standards and can amount to a failure of the State to comply with its positive obligations in ensuring the right to respect for private and family life.[56] The appeals process for denials of access to healthcare is critical for ensuring that women are not arbitrarily and capriciously denied reproductive health services. This appeals process should be timely, in order to limit or prevent damage to women's health,[57] provide women with the opportunity to be heard in person and have her views considered, and should provide a written decision.[58] An immediate appeal mechanism is a key component of women's access to justice, as traditional legal frameworks are poorly equipped to provide immediate adjudication of issues, which is critical due to the timely nature of reproductive healthcare and to enable women to receive the treatment that they need. There should also be a mechanism in place to ensure that health facilities comply with authorizations for treatment.

B. Ensuring Timely Access to Accurate and Necessary Reproductive Health Information

In order for women to be able to exercise their reproductive autonomy and make informed decisions about their lives, they must have access to accurate information about reproductive health services and their reproductive health. In accordance with international human rights standards, States must "refrain from...censoring, withholding or intentionally misrepresenting health-related information"[59] and ensure access to accurate, full and timely information about their reproductive health,[60] and reproductive health services generally. The right to access information includes the right to full information about one's own health and the health of her pregnancy, as this information may be critical for making informed decisions about the future course of one's life and about one's healthcare options, including abortion.[61] Denial of such information can cause mental suffering and can amount to torture or CIDT.[62]

The case of *R.R. v. Poland*, decided by the European Court of Human Rights in 2011, demonstrates the importance of access to timely and accurate information to the exercise of reproductive rights and its implications for access to justice. In *R.R. v. Poland*, an ultrasound performed on the petitioner during her pregnancy detected a cyst on the fetus' neck; genetic tests were required to determine if the cyst was indicative of severe fetal malformation. Yet R.R. was repeatedly denied these tests, often with the purpose of delaying her access to this information beyond the time period in which she would have been able to access legal abortion services. In finding that the denial of access to information amounted to inhumane and degrading treatment,[63] the European Court of Human Rights affirmed that access to retrospective judicial mechanisms were inadequate to protect the rights of pregnant women, as they do not effectively guarantee women access to the services to which they are entitled.[64] The European Court of Human Rights noted that the State has a positive obligation to set in place "an adequate legal and procedural framework to guarantee that relevant, full and reliable information on the foetus' health is available to pregnant women."[65] States should "[i]ntroduce regulations that require physicians to provide timely prenatal examinations and termination of pregnancies as permitted by law, and which provide a thorough, fair, transparent and effective investigation process in circumstances where physicians fail to provide adequate and timely medical care."[66]

C. Informed Consent

Access to and the provision of information is also critical to ensuring that patients give their informed consent for medical procedures and treatments. Numerous instances have been documented across the globe wherein women were routinely or systematically denied their right to informed consent prior to being sterilized.[67] Informed consent requires more than just the patient's permission for the procedure: for consent to sterilization to be considered informed, it must be provided freely and voluntarily, without threats or inducements; after the patient has been informed of the risks and benefits of the procedure; and after being counseled on alternative, reversible forms of contraception.[68] Forced and coerced sterilization often target vulnerable groups, particularly women from marginalized sections of society, based on discriminatory beliefs about who should have children or under discriminatory State policies. Racial and ethnic minorities, indigenous women, women with intellectual or mental disabilities, transgender persons and women living with HIV are particularly vulnerable to forced or coerced sterilization.[69]

Treaty monitoring bodies have indicated that forced and coerced sterilization are significant human rights violations, including a form of torture or CIDT,[70] and the CEDAW Committee has urged States to adopt laws that prohibit forced sterilization and forced abortion as a means of ensuring the right to health.[71] The UN Special Rapporteurs on Torture and on the Right to the Highest Attainable Standard of Health have noted that the forced sterilization of women with disabilities, even if approved by their legal guardians, may constitute torture or ill treatment.[72] Furthermore, as timeliness is a critical component to such information, post facto judicial mechanisms to address denials of access to information and deprivations of the right to informed consent are inadequate; such judicial mechanisms cannot restore women's reproductive capacity or their autonomy in making decisions about their bodies, fertility or pregnancies.

Measures to prevent harm are particularly critical in the context of forced and coerced sterilization, as women frequently do not know that they are being sterilized and learn post factum or are provided with false information about the procedure. As forced and coerced sterilization frequently targets marginalized women, they may face double discrimination and have to overcome legal, geographical and attitudinal barriers in seeking access to justice. For women with disabilities, a number of countries permit authorization for sterilization without their input or consent.[73] Similarly, a number of countries require that transgender persons undergo sterilization in order to complete a change in their gender, thereby coercing these individuals to be sterilized in order to be legally recognized as their gender.[74] These laws deny them access to justice as the sterilization is legally permissible, leaving them with little recourse in the judiciary.

As a component of ensuring access to justice, States should implement mechanisms to guarantee women' access to information and right to informed consent in order to prevent human rights violations; this should include a statutory, regulatory framework and relevant safeguards.[75] The CEDAW Committee has made clear that States should "monitor public and private health centres, including hospitals and clinics, that perform sterilization procedures so as to ensure that fully informed consent is being given by the patient before any sterilization procedure is carried out, with appropriate sanctions in place in the event of a breach."[76] States' laws should include clear definitions of what constitutes informed consent and States should revise legislation

permitting guardians' consent for sterilization to trump patients' decisions and compelling sterilization for legal recognition of one's gender.[77]

D. Guaranteeing Adolescents Access to Reproductive Health Services

Adolescents face restrictions to accessing justice for reproductive rights violations committed against them as a result of laws requiring parental consent for access to reproductive health services. Despite the Convention on the Rights of the Child's recognition of the "evolving capacities" of adolescents to make decisions in matters affecting their lives,[78] many States require parental consent in order for adolescents to access reproductive health information and services. Such requirements can deter adolescents from seeking necessary care because they believe their parents could learn that they are—or are considering becoming—sexually active.[79] As adolescents are unlikely to independently challenge laws depriving them of their decision-making capacity, due to stigma and lack of access to information and to legal representation, these parental consent laws limit access to justice.

In addition to parental authorization, other third-party authorizations for reproductive health services, such as spousal authorizations, prevent women from making autonomous decisions about their bodies, thereby perpetuating stereotypes about women which, in addition to preventing them from exercising their right to health, also may also prevent them from challenging such laws. The CRC Committee has strongly advocated that adolescent reproductive health services be available without parental consent[80] and the CEDAW Committee has made clear that States should not require third party authorizations for women to access to reproductive health services, such as that of husbands, parents, and health authorities[81] and has asked States parties to eliminate parental consent for contraception.[82] To prevent violations of adolescents' human rights, including their rights to health and an effective remedy, it is critical that States enshrine adolescents' rights to make decision about their reproductive health in their domestic laws and remove third-party authorization requirements for reproductive health services.

IV. States' Obligations to Investigate, Sanction and Remediate Reproductive Rights Violations

The CEDAW Committee has incorporated the right to a remedy under article 2(c), which obligates States to "establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination."[83] As the CEDAW Committee has indicated, States are obligated to take measures to "ensure that women are able to make complaints about violations of their rights under the Convention and have access to effective remedies"[84] and should "remove any regulatory, social, or economic obstacles that prevent or hinder the possibility of access to justice."[85]

Taking into account the gendered nature of reproductive rights violations and States' affirmative, non-derogable obligations to effectuate the right to non-discrimination, States must take measures to ensure the right to an effective remedy following reproductive rights violations. In finding a violation of the right to an effective remedy in *K.L. v. Peru*, described above, the Human Rights Committee noted that the State party must provide the petitioner with an effective remedy, including compensation and take measures to ensure similar violations do not occur in the future.[86] In the context of reproductive rights, access to effective remedies are often

hindered by the lack of appropriate, adequate mechanisms through which women can assert their rights and seek redress.

The CEDAW Committee has indicated that States' failure to "put in place a system which ensures effective judicial action" in the context of access to healthcare services, information and education constitutes a violation of the right to health.[87] States must ensure that women are protected against discrimination by public authorities and the judiciary, including by the competent courts and other public institutions.[88] Accessing justice through the judiciary has particular limitations in the context of reproductive rights. As discussed above, the criminalization of the exercise of reproductive rights in a number of countries and contexts effectively authorizes human rights violations against women, stigmatizes these services, and prevents adjudication of and redress for such violations.

Furthermore, utilizing the judiciary to adjudicate human rights violations, particularly economic, social and cultural rights, may have practical shortcomings as it may exclude women who are unable to afford legal counsel and may employ impractically high evidentiary standards.[89] The CEDAW Committee has urged States to conduct awareness-raising campaigns targeting women, the judiciary and legal professionals and to ensure access to remedies for human rights violations.[90] The CEDAW Committee has also urged States to provide legal aid services[91] and enhance civil remedies so that women can enforce their rights through litigation.[92]

In addition to ensuring access to justice through the courts, States should recognize the inherent obstacles in utilizing traditional avenues of redress, and also guarantee access to effective remedies by establishing, for example, human rights commission, national human rights institutions and human rights ombudspersons. In the context of forced sterilization, it has been recommended that in addition to guaranteeing access to remedies in the judiciary, States could also establish an independent commission charged with examining cases and providing effective, rapid non-judicial redress to individual applicants.[93] Remedies and measures of non-repetition may also be enhanced through a national human rights institution or ombudsperson, which can enhance accountability by "investigating violations of women's sexual and reproductive health rights; monitoring implementation of legislation, performance of selected institutions, court judgments and recommendations made by international human rights bodies; and organizing public hearings and education campaigns about maternal mortality and morbidity and human rights."[94]

In addition to ensuring mechanisms are in place that provide women with an avenue to report and seek redress for human rights violations, States must also ensure that violations of women's rights are appropriately and adequately investigated, sanctioned and remediated. States "may be held responsible for private acts if they fail to act with due diligence to prevent, investigate and punish violations of rights."[95] In elaborating on the right to redress in the context of forced and coerced sterilization, treaty monitoring bodies have noted that States should fairly and effectively investigate reports of forced and coerced sterilization, prosecute perpetrators,[96] and provide effective remedies and compensation to victims.[97]

V. Recommendations

The Center for Reproductive Rights welcomes the Committee's decision to draft a General Recommendation on access to justice. The Center hopes that the Committee will consider the following recommendations during its General Discussion and in the process of drafting the general recommendation:

- Recognize that restrictive laws on abortion and access to contraception constitute barriers to accessing justice for reproductive rights violations for women, as they prevent timely enforcement of reproductive rights or redress following abuses.
- Urge States to eradicate criminal sanctions on reproductive health services in order to guarantee women their right to comprehensive reproductive health care, enable women to seek access to justice when their human rights are violated and prevent stigmatization of these services.
- Recommend that States effectively monitor implementation of laws surrounding reproductive health services to ensure that women are not unlawfully denied access to such services.
- Urge States to take targeted measures to prevent harm in the context of reproductive healthcare, including:
    - Implementing effective, immediately accessible, rapidly-responding processes by which individuals can assert their rights to treatment and receive an authoritative response from an independent body when they are denied access to reproductive health services. The mechanism must guarantee meaningful participation and should consist of independent decision-makers.
    - Guaranteeing women the right to appeal denials of access to care through an independent body and ensuring that authorizations from this body are enforced. Urge States to provide clear guidelines for implementing legal abortion services, adopt broad interpretations of exceptions to restrictive abortion laws and ensure that health service providers do not obstruct women's access to reproductive health services.
- Urge States to reform their laws surrounding informed consent to protect autonomous decision-making, especially by marginalized populations, including persons with disabilities and adolescents, and ensure that laws do not inherently coerce or compel individuals to undergo sterilization.
- Urge States to guarantee women access to justice for reproductive rights violations by enshrining reproductive rights into their laws, guaranteeing women adequate resources to access civil remedies and reinforce judicial remedies with national human rights institutions.

[1] Unless otherwise noted, the term "women" in this document refers to both female adults and adolescents.

[2] *See* Simone Cusack & Rebecca Cook, *Stereotyping Women in the Healthcare Sector: Lessons from CEDAW* 16 WASH. & LEE J.C.R. & SOC. JUST. 47, 56-57, 66 (2009).
[3] COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN (CEDAW COMMITTEE), ACCESS TO JUSTICE – CONCEPT NOTE FOR HALF DAY GENERAL DISCUSSION, ENDORSED BY THE COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN AT ITS 53RD SESSION 2 (2012).
[4] Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, G.A. Res. 60/147, para. 3(a), U.N. Doc. A/RES/60/147 (Mar. 21, 2006).
[5] Studies demonstrate that restrictive abortion laws do not reduce the incidence of abortion; instead, they increase the rates of unsafe abortion and contribute to elevated levels of maternal mortality. *See* WORLD HEALTH ORGANIZATION (WHO), SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS 23 (2nd ed. 2012) [hereinafter WHO, SAFE ABORTION (2012)].
[6] *See The World's Abortion Laws 2011*, CENTER FOR REPRODUCTIVE RIGHTS (2011), http://worldabortionlaws.com/index.html. There are 31 countries whose laws do not contain explicit exceptions for abortion in instances where the pregnancy poses a risk to the woman's life, but it is unclear in how many a woman could use necessity in cases of life endangerment as a defense for having an abortion. Four countries have explicitly removed exceptions for when the pregnancy poses a risk to the woman's life, indicating that a necessity defense in such instances would likely not succeed.
[7] *See* WHO, SAFE ABORTION (2012), *supra* note 5, at 23.
[8] *Id.*
[9] GUTTMACHER INSTITUTE, FACTS ON INDUCED ABORTION WORLDWIDE – IN BRIEF: FACT SHEET 2 (2012).
[10] *See, e.g.*, CEDAW Committee *Concluding Observations: Belize*, para. 56, U.N. Doc. A/54/38/Rev. 1 (1999); *Colombia*, para. 393, U.N. Doc. A/54/38/Rev. 1 (1999); *Dominican Republic*, para. 337, U.N. Doc. A/53/38/Rev. 1 (1998); Human Rights Committee, *Concluding Observations: Mali*, para. 81(14), U.N. Doc. A/58/40 (2003); *El Salvador*, para. 10, U.N. Doc. CCPR/C/SLV/CO/6 (2010); *Peru*, para. 20, U.N. Doc. CCPR/CO/70/PE (2000).
[11] CAT Committee, *Concluding Observations: Paraguay*, para. 22, U.N. Doc. CAT/C/PRY/CO/4-6 (2011).
[12] L. C. v. Peru, CEDAW Committee, Commc'n No. 22/2009, para. 8.15, U.N. Doc. CEDAW/C/50/D/22/2009 (2011); *See, e.g.*, CEDAW Committee, *Concluding Observations: Belize*, paras. 27-28, U.N. Doc, CEDAW/C/BLZ/CO/4 (2007); *Chile*, paras. 19-20, U.N. Doc. CEDAW/C/CHI/CO/4 (2006); *Colombia*, para. 393, U.N. Doc. A/54/38 (1999); *Dominican Republic*, para. 337, U.N. Doc. A/53/38 (1998).
[13] *See, e.g.*, CEDAW Committee, *Concluding Observations: Philippines*, para. 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006) ("The Committee recommends that the State party consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who have abortions and provide them with access to quality services for the management of complications arising from unsafe abortions and to reduce women's maternal mortality rates in accordance with the Committee's general recommendation 24 on women and health and the Beijing Declaration and Platform for Action."); Human Rights Committee, *Concluding Observations: Morocco*, para. 29, U.N. Doc. CCPR/CO/82/MAR (2004) ("The State party should ensure that women are not forced to carry a pregnancy to full term where that would be incompatible with its obligations under the Covenant (arts. 6 and 7) and should relax the legislation relating to abortion."); CEDAW Committee, *Concluding Observations: Nigeria*, paras. 33-34, U.N. Doc CEDAW/C/NGA/CO/6 (2008) (The Committee "also calls upon the State party to assess the impact of its abortion law on the maternal mortality rate and to give consideration to its reform or modification."); CRC Committee, *Concluding Observations: Nicaragua*, para. 59(b), U.N. Doc. CRC/C/NIC/CO/4 (2010) ("Repeal the articles of the Penal Code that criminalize abortion and ensure that girls are not subject to criminal sanctions for seeking or obtaining an abortion under any circumstances"); Human Rights Committee, *Concluding Observations: Sri Lanka*, para. 12, CCPR/CO/79/LKA (2003) ("The State party should ensure that women are not compelled to continue with pregnancies, where this would be incompatible with obligations arising under the Covenant (art. 7 and General Comment 28), and repeal the provisions criminalizing abortion.")
[14] *See, e.g.*, ESCR Committee, *Concluding Observations: Nicaragua*, para. 26, U.N. Doc. E/C.12/NIC/CO/4 (2008) ("The Committee urges the State party to review its legislation on abortion and to study the possibility of providing for exceptions to the general prohibition on abortion in cases of therapeutic abortion or pregnancies resulting from rape or incest."); CAT Committee, *Concluding Observations; Nicaragua*, para. 16, U.N. Doc. CAT/C/NIC/CO/1 (2009) ("The Committee urges the State party to review its legislation on abortion, as recommended by the Human Rights Council, the Committee on the Elimination of Discrimination against Women and the Committee on Economic, Social and Cultural Rights in their latest concluding observations, and to consider the possibility of

providing for exceptions to the general prohibition of abortion for cases of therapeutic abortion and pregnancy resulting from rape or incest."); CEDAW Committee, *Concluding Observations: Mauritius*, para. 33(a), CEDAW/C/MUS/CO/6-7 (2011) ("In line with its previous concluding observations (CEDAW/C/MAR/CO/5, para. 31) and its general recommendation No. 24 (1999) on women and health, the Committee calls upon the State party to … Expedite the enactment of the Criminal Code Bill … in order to remove punitive measures imposed on women who undergo abortion and decriminalize abortion under certain conditions specifically when pregnancy is harmful to the mother's life and health, and also in cases of rape and incest …"); Human Rights Committee, *Concluding Observations: Dominican Republic*, para. 15, U.N. Doc. CCPR/C/DOM/CO/5 (2012) ("The Committee recommends that the State party should review its legislation on abortion and make provision for exceptions to the general prohibition of abortion for therapeutic reasons and in cases of pregnancy resulting from rape or incest.")

[15] CENTER FOR REPRODUCTIVE RIGHTS, BRIEFING PAPER: THE RIGHT TO CONTRACEPTIVE INFORMATION AND SERVICES FOR WOMEN AND ADOLESCENTS 12-14 (2010).

[16] Special Rapporteur on violence against women, its causes and consequences, *Integration of the Human Rights of Women and the Gender Perspective*, paras. 57-58, U.N. Doc. E/CN.4/1999/68/Add.4 (1999).

[17] CEDAW Committee, *Concluding Observations: Costa Rica*, paras. 32-33, U.N. Doc. CEDAW/C/CRI/CO/5-6 (2011).

[18] CRC Committee, *Concluding Observations: Ecuador*, paras. 60-61, U.N. Doc. CRC/C/ECU/CO/4 (2010).

[19] CAT Committee, *Concluding Observations: Peru*, para. 15, U.N. Doc. CAT/C/PER/CO/6 (2012).

[20] Tysiąc v. Poland, No. 5410/03 Eur. Ct. H.R., paras. 127-128 (2007).

[21] CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, para. 11, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*].

[22] *See, e.g.*, Penal Code (1997), Legislative Decree 1030 of April 26, 1997, Chapter II, Article136 (El Salvador) ("Quien induzca a una mujer o le facilite los medios económicos o de otro tipo para que se practique un aborto, será sancionado con prisión de dos a cinco años." ["Whoever induces a woman or provides economic or other forms of support so that she obtains an abortion shall be punished with five years in prison."])

[23] *See,e.g.*, CAT Committee, *Concluding Observations: Ireland*, para. 26, U.N. Doc CAT/C/IRL/CO/1 (2011).

[24] CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 21, para. 11.

[25] *Id.* para. 14.

[26] Id. paras. 14, 31(c). *See also* CEDAW Committee, *Concluding Observations: Burkina Faso*, para. 40(b), U.N. Doc CEDAW/C/BFA/CO/6 (2010); *Mauritius*, para. 33(a), U.N. Doc. CEDAW/C/MUS/CO/6-7 (2011); *Liechtenstein*, para. 39(a), U.N. Doc. CEDAW/C/LIE/CO/4 (2011); *Republic of Korea*, para. 35, U.N. Doc. CEDAW/C/KOR/CO/7 (2011).

[27] L.C. v. Peru, CEDAW Committee, Commc'n No. 22/2009, para. 8.17, U.N. Doc. CEDAW/C/50/D/22/2009 (2011) (""since the State party has legalized therapeutic abortion, it must establish an appropriate legal framework that allows women to exercise their right to it under conditions that guarantee the necessary legal security, both for those who have recourse to abortion and for the health professionals that must perform it.")

[28] Tysiąc v. Poland, No. 5410/03 Eur. Ct. H.R., para. 116 (2007).

[29] Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, (22nd Sess., 2000), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, para. 12, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter ESCR Committee, *Gen. Comment No. 14*].

[30]Human Rights Committee, *General Comment No. 31: The Nature of the General Legal Obligation Imposed on States Parties to the Covenant* (18th Sess., 2004), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 244, para. 8, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008).

[31] *See* Alyne da Silva Pimentel Teixeira v. Brazil, CEDAW Committee, Commc'n No. 17/2008, para. 7.5, U.N. Doc. CEDAW/C/49/D/17/2008 ("the State is directly responsible for the actions of private institutions when it outsources its medical services, and that furthermore, the State always maintains the duty to regulate and monitor private health-care institutions. In line with article 2 (e) of the Convention, the State party has a due diligence obligation to take measures to ensure that the activities of private actors in regard to health policies and practices are appropriate"); Office of the United Nations High Commissioner for Human Rights, *Technical guidance on the application of human rights-based approach to implementation of policies and programmes to reduce preventable*

maternal morbidity and mortality, para. 22, U.N. Doc. A/HRC/21/22 (July 2, 2012) [hereinafter Technical Guidance on Human Rights-Based Approach to Maternal Morbidity and Mortality] ("States "may be held responsible for private acts if they fail to act with due diligence to prevent, investigate and punish violations of rights.")

[32] K.L. v. Peru, Human Rights Committee, Commc'n No. 1153/2003, U.N. Doc. CCPR/C/85/D/1153/2003 (2005); R.R. v. Poland, No. 27617/04 Eur. Ct. H. R. (2011).

[33] Tysiąc v. Poland, No. 5410/03 Eur. Ct. H.R. (2007); *R.R.*, No. 27617/04.

[34] L.C. v. Peru, CEDAW Committee, Commc'n No. 22/2009, U.N. Doc. CEDAW/C/50/D/22/2009 (2011); K.L. v. Peru, No. 1153/2003.

[35] *L.C.*, No. 22/2009, para. 8.17 ("since the State party has legalized therapeutic abortion, it must establish an appropriate legal framework that allows women to exercise their right to it under conditions that guarantee the necessary legal security, both for those who have recourse to abortion and for the health professionals that must perform it"); *P. and S.*, No. 57375/08, para. 99 (The State is "under a positive obligation to create a procedural framework enabling a pregnant woman to effectively exercise her right of access to lawful abortion").

[36] *Tysiac*, No. 5410/03, para. 116.

[37] *L.C.*, No. 22/2009, para. 8.16.

[38] INTER-AMERICAN COMMISSION ON HUMAN RIGHTS, ORGANIZATION OF AMERICAN STATES, ACCESS TO JUSTICE FOR VICTIMS OF SEXUAL VIOLENCE: EDUCATION AND HEALTH - OEA/SER.L/V/II. 8, para. 28 (2011).

[39] For more information *see* http://worldabortionlaws.com/.

[40] *See Tysiac*, No. 5410/03; P. and S. v. Poland, No. 57375/08 Eur. Ct. H.R. (2012); *L.C.*, No. 22/2009; K.L. v. Peru, Human Rights Committee, Commc'n No. 1153/2003, U.N. Doc. CCPR/C/85/D/1153/2003 (2005); L.M.R. v. Argentina, Human Rights Committee, Commc'n No. 1608/2007, U.N. Doc. CCPR/C/101/D/1608/2007 (2011).

[41] *See Tysiac*, No. 5410/03, para. 116; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, *Interim Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, para. 32, U.N. Doc. A/66/254 (2011).

[42] *See* WHO, SAFE ABORTION (2012), *supra* note 5, at 94-97. *See also, e.g., P. and S.*, No. 57375/08.

[43] WHO, SAFE ABORTION (2012), *supra* note 5, at 95-97.

[44] *L.C.*, No. 22/2009, para. 8.17.

[45] *Id.* para. 2.6.

[46] *Id.* paras. 2.8-2.9.

[47] L.M.R. v. Argentina, Human Rights Committee, Commc'n No. 1608/2007, para. 9.4, U.N. Doc. CCPR/C/101/D/1608/2007 (2011).

[48] K.L. v. Peru, Human Rights Committee, Commc'n No. 1153/2003, para. 6.4, U.N. Doc. CCPR/C/85/D/1153/2003 (2005).

[49] *See* P. and S. v. Poland, No. 57375/08 Eur. Ct. H.R., para. 99 (2012); *L.C.*, No. 22/2009, para. 8.17.

[50] *L.C.*, No. 22/2009, para. 8.17 ("It is essential for this legal framework to include a mechanism for rapid decision-making, with a view to limiting to the extent possible risks to the health of the pregnant mother, that her opinion be taken into account, that the decision be well-founded and that there is a right to appeal.").

[51] *L.C.*, No. 22/2009, para. 9(b)(i).

[52] *Id.* para. 8.17.

[53] *Id.* para. 8.17; *See also* Tysiąc v. Poland, No. 5410/03 Eur. Ct. H.R., para. 117 (2007) ("In such circumstances such as those in issue in the instant case such a procedure should guarantee a pregnant woman at least a possibility to be heard in person and to have her views considered. The competent body should also issue written grounds for its decision.").

[54] *L.C.*, No. 22/2009, para. 8.17.

[55] *Tysiac*, No. 5410/03, para. 117.

[56] *Id.* para. 118 ("...the very nature of the issues involved in decisions to terminate a pregnancy is such that the time factor is of critical importance. The procedures in place should therefore ensure that such decisions are timely so as to limit or prevent damage to a woman's health which might be occasioned by a late abortion. Procedures in which decisions concerning the availability of lawful abortion are reviewed *post factum* cannot fulfill such a function. In the Court's view, the absence of such preventive procedures in the domestic law can be said to amount to the failure of the State to comply with its positive obligations under Article 8 of the Convention.").

[57] *Id.*

[58] *Id.* para. 117.

[59] ESCR Committee, *Gen. Comment No. 14*, *supra* note 29, para. 34.
[60] R.R. v. Poland, No. 27617/04 Eur. Ct. H. R. paras. 200, 203 (2011).
[61] *Id*. para. 197; WHO, SAFE ABORTION (2012), *supra* note 5, at 93.
[62] *See RR*, paras. 153-162.
[63] *Id*. para. 162.
[64] *Id*. para. 209.
[65] *Id*. para. 200.
[66] Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, *Rep. of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover – Addendum – Mission to Poland*, para. 85(m), U.N. Doc. A/HRC/14/20/Add.3 (May 20, 2010).
[67] *See* M.M. v. Peru, Inter. Am. Comm. H. R., Report No. 71/03, Petition 12.191, Friendly Settlement (2003); CENTER FOR REPRODUCTIVE RIGHTS AND VIVO POSITIVO, DIGNITY DENIED, VIOLATIONS OF THE RIGHTS OF HIV POSITIVE WOMEN IN CHILEAN HEALTH FACILITIES (2010); A.S. v. Hungary, CEDAW Committee, Commc'n No.4/2004, U.N. Doc. CEDAW/C/36/D/4/2004 (2006).
[68] International Federal of Gynecology and Obstetrics (FIGO), *Ethical Considerations in Sterilization*, *in* Ethical Issues in Obstetrics & Gynecology 98, 98-99 (Oct. 2009).
[69] *See* A.S. v. Hungary, CEDAW Committee, Commc'n No.4/2004, U.N. Doc. CEDAW/C/36/D/4/2004 (2006); CENTER FOR REPRODUCTIVE RIGHTS, BODY AND SOUL, FORCED STERILIZATION AND OTHER ASSAULTS ON ROMA REPRODUCTIVE FREEDOM IN SLOVAKIA; CENTER FOR REPRODUCTIVE RIGHTS & VIVO POSITIVO, DIGNITY DENIED, VIOLATIONS OF THE RIGHTS OF HIV POSITIVE WOMEN IN CHILEAN HEALTH FACILITIES (2010); M.M. v. Peru, Inter. Am. Comm. H. R., Report No. 71/03, Petition 12.191, Friendly Settlement (2003); HUMAN RIGHTS WATCH, STERILIZATION OF WOMEN AND GIRLS WITH DISABILITIES (2011).
[70] *See* CAT Committee, *Concluding Observations: Slovakia*, para.14, U.N. Doc. CAT/C/SVK/CO/2 (2009); *Peru*, para. 19, CAT/C/PER/CO/6 (2012).
[71] CEDAW Committee, *Concluding Observations: Kuwait*, para. 48-49, U.N. Doc. CEDAW/C/KWT/CO/3-4 (2011).
[72] Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Promotion and Protection of all Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development*, para. 38, U.N. Doc. A/HRC/7/3 (Mar. 10, 2008) (by Manfred Nowak); Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, *Economic, Social and Cultural Rights*, paras. 9, 12, U.N. Doc. E/CN.4/2005/51 (Feb. 11, 2005).
[73] *See, e.g.*, Committee on the Rights of Persons with Disabilities (CRPD), *Concluding Observations: Argentina*, paras. 31-32, U.N. Doc. CRPD/C/ARG/CO/1 (2012); *Peru*, paras. 34-35, U.N. Doc. CRPD/C/PER/CO/1(2012).
[74] *See, e.g.*, CEDAW Committee, *Concluding Observations: The Netherlands*, paras. 46-47, U.N. Doc. CEDAW/C/NLD/CO/5 (2010).
[75] *See* I.G. and others v. Slovakia, No. 15966/04, Eur. Ct. H.R., paras.143-145 (2012).
[76] CEDAW Committee, *Concluding observations: Slovakia*, para. 31, U.N. Doc. CEDAW/C/SVK/CO/4 (2008).
[77] CRPD Committee, *Concluding Observations: Argentina*, paras. 31-32, U.N. Doc. CRPD/C/ARG/CO/1 (2012); *Peru*, paras. 34-35, U.N. Doc. CRPD/C/PER/CO/1(2012); CEDAW Committee, *Concluding Observations: The Netherlands*, paras. 46-47, U.N. Doc. CEDAW/C/NLD/CO/5 (2010).
[78] Convention on the Rights of the Child, *adopted* Nov. 20, 1989, G.A. Res. 44/25, annex, U.N.GAOR, 44th Sess., Supp. No. 49, at 166, Art.14, U.N. Doc. A/44/49 (1989) (*entered into force* Sept. 2, 1990); *see also* Rebecca J. Cook & Bernard Dickens, *Recognizing Adolescents' Evolving Capacities to Exercise Choice in Reproductive Health Care*, 20 INT'L JOURNAL OF GYNECOLOGY & OBSTETRICS 13-21 (2000).
[79] *See* CENTER FOR REPRODUCTIVE LAW AND POLICY, STATE OF DENIAL: ADOLESCENT REPRODUCTIVE RIGHTS IN ZIMBABWE 58 (2002).
[80] *See, e.g.*, Committee on the Rights of the Child, *Concluding Observations: Barbados*, para. 25, U.N. Doc. CRC/C/15/Add.103 (1999); Committee on the Rights of the Child, *Concluding Observations: Benin*, para. 25, U.N. Doc. CRC/C/15/Add.106 (1999).
[81] CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 21, para. 14.

[82] *See*, e.g., CEDAW Committee, *Concluding Observations: Seychelles*, para. 47(b), U.N. Doc. CRC/C/15/ADD.189 (2002).
[83] Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, art. 2(c), G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46, U.N.T.S. 13 (*entered into force* Sept. 3, 1981).
[84] CEDAW Committee, *General Recommendation 28: Core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, para. 36, U.N. Doc. CEDAW/C/GC/28 (2010) [hereinafter CEDAW Committee, *Gen. Recommendation No. 28*].
[85] INTER-AMERICAN COMMISSION ON HUMAN RIGHTS, ACCESS TO JUSTICE AS A GUARANTEE OF ECONOMIC, SOCIAL, AND CULTURAL RIGHTS: A REVIEW OF THE STANDARDS ADOPTED BY THE INTER-AMERICAN SYSTEM OF HUMAN RIGHTS, OEA/SER.L/V/II.129 DOC. 4, para. 41 (2007).
[86] K.L. v. Peru, Human Rights Committee, Commc'n No. 1153/2003, paras. 6.6, 8, U.N. Doc. CCPR/C/85/D/1153/2003 (2005).
[87] CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 21, para. 13.
[88] CEDAW Committee, *Gen. Recommendation No. 28*, *supra* note 84, para. 17.
[89] *See* Commissioner for Human Rights, Follow-up Report on the Slovak Republic (2001 – 2005), *Assessment of the progress made in implementing the recommendations of the Council of Europe Commissioner for Human Rights*, para. 37 (2006) [hereinafter Follow-up Report on the Slovak Republic].
[90] CEDAW Committee, *Concluding Observations: Paraguay*, para. 11, U.N. Doc. CEDAW/C/PRY/CO/6 (2011); *Republic of Korea*, paras. 14, 28, U.N. Doc. CEDAW/C/KOR/CO/6 (2007).
[91] CEDAW Committee, *Concluding Observations: Democratic Republic of the Congo*, para. 12, U.N. Doc. CEDAW/C/COD/CO/5 (2006); *Burundi*, para. 16, U.N. Doc. CEDAW/C/BDI/CO/4 (2008).
[92] CEDAW Committee, *Concluding Observations: Guyana*, para. 163, U.N. Doc. A/56/38 (2001).
[93] Follow-up Report on the Slovak Republic, *supra* note 89, paras. 33-38.
[94] Technical Guidance on Human Rights-Based Approach to Maternal Morbidity and Mortality, *supra* note 31, para. 78.
[95] *Id.* para. 22.
[96] Human Rights Committee, *Concluding Observations: Slovakia*, para. 12, U.N. Doc. CCPR/CO/78/SVK (2003); CEDAW Committee, *Concluding Observations: China*, para. 32, U.N. Doc. CEDAW/C/CHN/CO/6 (2006).
[97] CEDAW Committee, *Concluding Observations: Czech Republic*, paras. 34–35, U.N. Doc. CEDAW/C/CZE/CO/5 (2010); Committee on the Elimination of Racial Discrimination, *Concluding Observations: Slovak Republic*, para. 19, U.N. Doc. CERD/C/CZE/CO/8-9 (2011).