**Submission from the Center for Reproductive Rights following the call for comments on the Draft general comment No. 26 on children’s rights and the environment with a special focus on climate change**

**21 February 2023**

**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. and a staff of approximately 200 diverse professionals in 14 countries—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 30 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 (SRH) services free from coercion, discrimination and violence; the right to bodily autonomy and to informed consent to treatment; and preventing and addressing sexual violence. During this time, the Center has conducted advocacy to support norm development at the U.N., including with the treaty monitoring bodies in the development of General Recommendations and Comments.**

The Center thanks the Committee on the Rights of the Child (CRC Committee) for the opportunity to comment on the draft of its General comment No. 26 (202x) on children’s rights and the environment with a special focus on climate change. Our considerations will be focused on the link between climate change and environmental degradation to sexual and reproductive health and rights (SRHR) and its detrimental impacts to women and girls, especially those in marginalized populations.

1. **Introduction: legal and policy framework addressing climate change and gender equality**

The negative impacts of climate change and environmental degradation on gender equality and the right to health has already been recognized in the international human rights framework.[[1]](#footnote-1) Both the CEDAW and Human Rights Committees have recommended States develop policies that protect marginalized persons from adverse effects of climate change, especially women and girls who are disproportionately affected by the effects of climate change due to gender discrimination.[[2]](#footnote-2)

1. **Treaty bodies**

CEDAW’s General Recommendation no. 37 recognizes the disproportionate impact women and girls face from the climate crisis due to gender discrimination and inequalities and urges States to ensure that women and girls’ human rights are fulfilled in all climate change response and mitigation efforts.[[3]](#footnote-3) It also urges States to prioritize SRH services and information, including safe abortion services, contraception, and maternal health care in all disaster-preparedness and response programs.[[4]](#footnote-4) The CEDAW Committee notes that States should remove all barriers to access SRH services before, during, and after disasters.[[5]](#footnote-5) The CEDAW Committee asks States to include disaster preparedness and response concepts in health worker trainings, and implement mandatory trainings on women’s health, including the rights of women with disabilities and those belonging to marginalized groups.[[6]](#footnote-6)

The CEDAW Committee further recognizes that the failure to provide women and girls with quality maternal health services violates the rights to equality and non-discrimination, because these are services that only women and girls need to meet their particular reproductive health and rights.[[7]](#footnote-7) Denial of access to various forms of reproductive health care, such as maternal, emergency obstetric care, and the criminalization of abortion is a profound failure to meet the obligation to guarantee equality in the area of sexual and reproductive health.[[8]](#footnote-8) Impeding access to a full range of contraceptive information and services, as well as the failure to remove barriers to access, including stereotypes portraying women’s “natural role” as mothers to justify such denial, constitutes a form of discrimination against women and girls and put their well-being at risk.[[9]](#footnote-9)

CESCR and CEDAW Committees remarks that international human rights standards concerning sexual and reproductive health continue to apply during situations of crisis[[10]](#footnote-10). They are complementary to those in international humanitarian, refugee and criminal law. CEDAW recalls that non-State actors are also obliged to respect international human rights.[[11]](#footnote-11) Similarly, CESCR has highlighted that measures adopted by States such as the diversion of financial and human resources away from sexual and reproductive health care and the imposition of restrictions on services, amount in practice to a retrogression incompatible with States’ human rights obligations.[[12]](#footnote-12)

Additionally, under Article 12 of the CESCR Convention, State obligations on SRHR include the protection of various freedoms and provision of entitlements without which women and girls and other persons could not fully enjoy the right to sexual and reproductive health.[[13]](#footnote-13) Among these freedoms and entitlements is the obligation of States to make sexual and reproductive health care affordable, either “*at no cost or based on the principle of equality to ensure that individuals and families are not disproportionately burdened with health expenses*.”[[14]](#footnote-14) States’ obligation to ensure accessible sexual and reproductive health care requires, among other things, that services be non-discriminatory, universal, and economically accessible.[[15]](#footnote-15) Not only does the cost of health services often influence decisions in seeking sexual and reproductive health care, it also “*correlates to a large extent with economic inequality*.”[[16]](#footnote-16)

The CESCR Committee in its General Comment 22 on the right to sexual and reproductive health has stated that “*States should be guided by contemporary human rights instruments and jurisprudence[[17]](#footnote-17),as well as the most current international guidelines and protocols established by United Nations agencies, in particular WHO […]*”.[[18]](#footnote-18) The WHO recommends that abortion be available on the request of the woman, girl or other pregnant person.[[19]](#footnote-19) It further recommends against gestational age limits,[[20]](#footnote-20)mandatory waiting periods for abortion[[21]](#footnote-21) and third party authorization.[[22]](#footnote-22)” Furthermore, the WHO has specifically reiterated that in times of natural disasters States must remove legal and administrative barriers to abortion services.[[23]](#footnote-23) Even in these circumstances States should eliminate legal and administrative barriers to SRH services.[[24]](#footnote-24)

Additionally, the CRC Committee has called on States to take measures to ensure that adolescents are able to exercise their sexual and reproductive rights in line with their evolving capacities. [[25]](#footnote-25) States are required under the CRC to take special measures of protection for children. Treaty monitoring bodies have found, for instance, that the denial of sexual and reproductive health services to adolescents can violate their right to special measures of protection, such as in the cases of *KL v. Peru* and *LC v. Peru*, in which adolescents were denied legal abortion services.[[26]](#footnote-26) The CRC has also urged States to review their legislation in order to guarantee “*the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions*.”[[27]](#footnote-27) Children have a right to freely express their views in all matters affecting them and, in accordance with their age and maturity, their views must be given due weight.[[28]](#footnote-28) CRC has explicitly recognized that “*pregnant adolescents’ views should always be heard and respected in the context of abortion.*”[[29]](#footnote-29)

Furthermore, the CRC has urged States to adopt a comprehensive gender and sexuality-sensitive sexual and reproductive health policies for adolescents, stressing that unequal access by adolescents to such information amounts to discrimination.[[30]](#footnote-30) “All adolescents should have access to free, confidential, adolescent-responsive and non-discriminatory sexual and reproductive health services, information and education, available both online and in person, including on family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, pre-conception care, maternal health services and menstrual hygiene”.[[31]](#footnote-31)

1. **Special Procedures**

The Special Rapporteur on human rights and the environment has recognized the gendered impacts of environmental degradation, urging states to *“[i]ntegrate gender equality into all actions to conserve, protect, restore, use, and equitably share the benefits of nature*.”[[32]](#footnote-32) The Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes has referred to reproductive health consequences of plastics, including impacts on fertility, miscarriages, and fetal impairments.[[33]](#footnote-33)

The Working Group on discrimination against women has recalled that the distinct sexual and reproductive health needs of women and girls must be addressed to ensure substantive equality.[[34]](#footnote-34) The Working Group has further exposed that responses to crisis too often lack a gender perspective and many vital sexual and reproductive health services are not recognized, deprioritized or not provided at all.[[35]](#footnote-35) It has further explained that discrimination against women underpins the lack of prioritization of those services, “reflecting societal hierarchies about who matters and who does not”.[[36]](#footnote-36)

1. **Regional Standards**
2. *The Inter-American Model*

Drawing from the international human rights framework, the Inter-American System has also developed standards on climate and environmental issues, recognizing the importance a gender and intersectional approach regarding towards the protection of specific groups ‘in vulnerable situations’ such as children. In its Advisory Opinion 23/17, citing reports from the Human Rights Council, the Inter-American Court of Human Rights found that States are legally obligated to confront these vulnerabilities based on the principle of equality and non-discrimination.’[[37]](#footnote-37) Likewise, the Inter-American Commission has said that “States must immediately adopt measures that take into account the perspectives of gender equality and intersectionality, in addition to differentiated approaches, which make visible the aggravated risks to human rights against individuals, groups, and communities in a situation of vulnerability and historical exclusion […].”[[38]](#footnote-38)

1. *The African system*

The African Charter on Human and Peoples’ Rights includes the right to “*a general satisfactory environment favorable to their development*.”[[39]](#footnote-39) Further, the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) provides that women “shall have the right to live in a healthy and sustainable environment.”[[40]](#footnote-40) It is also worth mentioning that the African Committee of Experts on the Rights of the Child recently established a working group on climate change and children, focusing on children on the move, and the impacts climate change has on education.[[41]](#footnote-41)

1. *National legal frameworks*

Some countries have explicitly acknowledged and started to address the impact of climate change on gender equality. For example, Guatemala, Mexico, Morocco, and the Philippines provide examples of climate change legislation addressing gender equality.[[42]](#footnote-42)

1. **Climate change legal policy framework**

The immense global legal framework around climate change, including the United Nations Framework Convention on Climate Change (UNFCC), the Kyoto Protocol, and the Paris Agreement, among many others has recognized the gendered impacts of climate change. Specifically, in 2014, the UNFCC adopted the Lima Programme of Gender and Climate Change, which recognizes the gendered impacts of climate change and urges states to include gender considerations in efforts to address climate change.[[43]](#footnote-43) Most recently, in early June 2022, countries convened at Stockholm 50+, a conference that addressed progress on the SDGs, and discussed the impact of climate change on women and girls.[[44]](#footnote-44) The UN Sustainable Development Goals (SDGs) include objectives to address gender equality (SDG 5) climate change (SDG 14) and improve maternal mortality (SDG 3) which includes neonatal and child mortality as key targets.[[45]](#footnote-45)

1. **Threats to sexual and reproductive health and rights (SRHR)**

Climate change resulting from global warming increases the incidence of extreme weather events, including extreme heat, droughts, and natural disasters such as powerful storms. These weather events create and exacerbate barriers to accessing SRH services. For example, natural disasters limit transportation, making it more difficult for SRH providers and supplies to reach communities, especially rural, marginalized, and indigenous populations. In addition, humanitarian responses often underfund and underprioritize re-building access to SRH services, restricting availability and increasing the risk of adverse SRH outcomes.[[46]](#footnote-46)

In addition, extreme weather events reduce access to safe and clean water, which in turn poses risks to SRH, especially maternal health. For example, as rising sea levels infiltrate drinking water in coastal areas, the increased salinity of water can lead to adverse pregnancy outcomes, including pre-term births, high risk labors, and maternal death.[[47]](#footnote-47) Further, extreme heat from rising temperatures exacerbates barriers to accessing SRH services and threatens maternal health. Exposure to extreme heat impedes access to SRH services by making it difficult, or even dangerous, to travel long distances to reach health clinics, or for health professionals to reach rural communities.

1. *Water pollution*

Water pollution, from industry, agriculture and inadequate wastewater treatment, damages the reproductive health of women and girls. Lack of access to clean water raises the risk of pregnancy complications and death during childbirth.[[48]](#footnote-48) Rising sea levels, storm surges and fresh water depletion are increasing drinking water salinity what has been linked to adverse health impacts for pregnant persons, including hypertension and preeclampsia.[[49]](#footnote-49) Likewise, deficiencies exacerbated by climate change adversely affect pregnancy, nursing and newborn health, leading to low-weight births, miscarriages and perinatal mortality.[[50]](#footnote-50) Additionally, women and girls require clean and sufficient water to achieve healthy menstrual management and hygiene, which is central to their ability to attend school, work and live productive and dignified lives.[[51]](#footnote-51)

1. *Extreme heat events*

The climate crisis exacerbates extreme heat exposure, disproportionately affecting the health of older women and pregnant persons.[[52]](#footnote-52) Exposure to extreme heat causes increased risk of pregnancy-related hospitalizations and serious complications, including premature births, stillbirths and low birth weight.[[53]](#footnote-53) Evidence-based research has demonstrated that pregnant women and girls are at risk of adverse health outcomes due to their compromised ability to thermoregulate.[[54]](#footnote-54) Exposure to high temperatures during pregnancy has been linked with long-term behavioral and developmental deficiencies[[55]](#footnote-55) and complications that could lead to illness, injury or deathamong pregnant women.[[56]](#footnote-56)

It is worth noting the intersections of gender and race to highlight that for instance, in the United States, extreme heat exposure is worse for Black women, because Black communities experience hotter temperatures than white communities (e.g. due to less green space), lower socioeconomic status and less access to locations for cooling.[[57]](#footnote-57)

1. *Use of toxic chemicals*

Due to economic, social, cultural and physiological factors, women and girls are disproportionately vulnerable to the adverse health effects of toxic substances.[[58]](#footnote-58) For example, women in the Arctic contains levels of persistent organic pollutants up to nine times higher than that of women in southern Canada.[[59]](#footnote-59)

Environmental degradation, including air and water pollution, the use of toxic chemicals in pesticides and other widespread agents, and carcinogens in household products, toiletries, and food all have negative consequences on SRH. Specifically, exposure to toxic chemicals can lead to miscarriages, pre-term birth, reproductive cancers, and infertility. For example, the use of the chemical glyphosate and dibromochloropropane (DBCP) in pesticides have been associated with miscarriages and infertility. Further, exposure to even small quantities of lead, a widely used metal, can cause miscarriages, stillbirths, and infertility in both men and women. In addition, pollution in both the water and air has demonstrated negative health consequences, including preterm birth, infertility, miscarriages, and ovarian and cervical disruptions.[[60]](#footnote-60)

Adverse reproductive health impacts of exposure to toxic substances include early puberty in adolescent girls (linked to breast cancer and other diseases), infertility, fibroids, poor maternal health, miscarriages, stillbirths, premature birth, low birth weight and birth defects. Urban women working as informal waste pickers and in the informal processing of electronic waste (including batteries) are exposed to dangerous chemicals associated with endocrine disruption and reproductive health problems.[[61]](#footnote-61)

Pesticide exposure can cause infant mortality, birth defects, infant and childhood cancers, arrested physical, mental and reproductive development, including malformation of sexual organs in infants, premature and late menses, sterility and early menopause.[[62]](#footnote-62) Because literacy rates in some States are substantially lower for women and girls, and agricultural training less accessible, important chemical safety information may be inaccessible, increasing the risks of unintended exposures to pesticides.[[63]](#footnote-63)

1. **Intersectional approach**

Intersecting forms of discrimination that compound violations of the sexual and reproductive health of women and girls rights fall within the scope of States’ core obligation to eliminate discrimination.[[64]](#footnote-64) Gender-based discrimination is exacerbated for women and girls who are potentially vulnerable or marginalized because they are Indigenous, Afrodescendent, peasants, older, LGBT+, migrants, displaced, refugees, unmarried, informally married, widowed or living in armed conflict, or because they have disabilities.[[65]](#footnote-65) Therefore, gender-transformative climate and environmental actions should prioritize those groups of women and girls with heightened risk of vulnerability, including those from Indigenous, racial, ethnic and sexual minority groups, women and girls with disabilities, adolescents, older women, unmarried women, women heads of household, widows, women and girls living in poverty in both rural and urban settings, women sex workers and internally displaced, stateless, refugee, asylum-seeking and migrant women. [[66]](#footnote-66)

1. *Displaced, refugee and migrant children*

The UNHCR has recognized that refugees, internally displaced people (IDPs), and the stateless are on the frontlines of the climate emergency. Many are living in climate ‘hotspots’, where they typically lack the resources to adapt to an increasingly hostile environment’.[[67]](#footnote-67) Children fleeing their home countries ‘as a result of […] negative impacts of climate change and disasters, seeking international protection with their families or unaccompanied, are especially at risk.[[68]](#footnote-68) There is also a clear link with violent and widespread conflicts that deepen the crises and humanitarian needs for displaced and refugees’ population, and States should also integrate their human rights enhanced obligations for the protection and children with an intersectional perspective. Within this, girls and young women are also at the center of sexual and gender-based violence, particularly in humanitarian settings. This implicates a range of SHR consequences that disproportionately affect girls and are also shaped by other factors, such as disability, legal status, race and religion.[[69]](#footnote-69)

1. *Indigenous women and girls*

Indigenous women and girls have limited access to adequate health-care services, including sexual and reproductive health services and information, and face racial and gender-based discrimination in health systems.[[70]](#footnote-70) They are also heavily affected by existential threats connected to climate change, environmental degradation, the loss of biodiversity and barriers in gaining access to food and water security. [[71]](#footnote-71) In its General recommendation No. 39 (2022) on the rights of Indigenous women and girls, the CEDAW Committee recognizes the concept of “environmental violence” as a form of gender-based violence that includes environmental harm, degradation, and pollution.[[72]](#footnote-72)

1. **Specific suggestions for the draft**

The Center for Reproductive Rights encourages the Committee on the Rights of the Child to have into consideration the analyses above presented in the draft of the general comment No. 26 on children’s rights and the environment with a special focus on climate change. Based on this assessment, The Center wants to share the specific edits to the draft:

**Paragraph 8:** add **migrant and refugee children** to specific groups adversely affected by environmental degradation.

**Paragraph 11(b):** include **intersectional perspective** in addition to a holistic understanding of children’s rights as they apply to environmental protection.

**Paragraph 13**: incorporate disaggregated data with a gender perspective. For example, women and girls make up more than 40 per cent of the agriculture labour force and are responsible for 60-80 per cent of food production and, more generally, experience disproportionate effects of climate change globally.[[73]](#footnote-73)

**Paragraph 18:** States should implement laws and policies that ensure children’s survival and physical, mental, spiritual, moral, psychological and social development. The development of children is intertwined with the environment in which they live. Developmental benefits of a clean, healthy and sustainable environment for children include opportunities to play outdoors and to experience, interact with and play in natural environments and the animal world, **and access to nature** **free of violence and discrimination** (suggested addition in bold).

**Paragraph 20:** States should recognize each period of childhood, its unfolding importance for subsequent stages and children’s varying needs at different stages of their maturation and development. **These stages are shaped by different factors like sex, gender identity and sexual orientation, race, religion, origin and nationality age and disability among others.** Because of this life-course perspective and the need of measures to create an optimal “environment” for the right to development, States should consider, in their environmental decisions **and with an intersectional approach**, all factors required for children of different ages to survive, grow and develop to the fullest potential in order to design and implement evidence-informed interventions that address a wide range of determinants during the life-course (suggested addition in bold).

**Paragraph 20 bis: (**suggestion to include an additional paragraph after paragraph 20 focused on adolescent’s capacity and consent): **States should create a legal framework that recognizes adolescents as rights holders and enables them to access essential sexual and reproductive health services, and protects them against violence and coercion. An enabling legal framework, must: i) ensure that adolescents are able to exercise their sexual and reproductive rights in line with their evolving capacities; ii) consider special measures of protection for children -legislative, administrative, social and educational measures- to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation; iii) healthcare professionals and other State actors must observe the best interests of the child and ensure his or her rights to protection, well-being and development. This include the State’s obligation to review their legislation in order to guarantee that pregnant adolescents’ views are always heard and respected in abortion-related decisions; iv) the protection for the right to life, survival and development must include children’s physical, mental, spiritual, moral, psychological and social development; v) adolescents’ right to freely express their views and have them taken into account is fundamental to the realization of their right to health; vi) there should be no barriers to commodities, information and counselling on sexual and reproductive health and rights, such as requirements for third-party consent or authorization. Particular efforts need to be made to overcome barriers of stigma and fear experienced by, for example, adolescent girls, girls with disabilities and lesbian, gay, bisexual, transgender and intersex adolescents, in gaining access to such services.**

**Paragraph 30** (proposing new drafting): **Availability of quality and gender sensitive data is crucial for adequate protection against environmental health risks and harms. States should adopt a comprehensive process for identifying and addressing existing barriers to all health services, including sexual and reproductive health services, which are exacerbated by climate change and environmental harms. Reliable data should be collected through routine health information systems must be disaggregated by sex, gender, age and other grounds and must include indicators of accessibility, availability and quality of sexual and reproductive health services. This information is key for public policy provisions and must go through regular reviews. This data collection should also serve to academic and scientific research on specific impacts of climate change on the right to health including SRH.** *(* suggested addition in bold).

**Paragraph 31 bis (**suggestion to include an additional paragraph after paragraph 30 focused on the specific impacts of climate change and environment degradation of women and girls’ health**): women and girls are disproportionately vulnerable to the adverse health effects environmental degradation and climate change with negative consequences on their sexual reproductive health and rights. States should address these disproportional impacts from an intersectional perspective through i) inclusion of gender-responsive and substantive equality perspective in the responses to the harms of climate change and environmental degradation ii) full, equal, meaningful, effective and inclusive participation of women and girls in the institutional mechanisms needed to support the design and implementation of such measures iii) these responses must ensure the prioritization and provision of sexual and reproductive health and rights including access to safe abortion without legal, administrative barriers in line with WHO Abortion Care Guideline iv) fight against gender stereotypes that reflect a social hierarchy that are discriminatory and harms against women and girls v) ensure accountability for violations related to SHR including the provision of guarantees of non-repetition.**

**Paragraph 34**: Educational measures should acknowledge the close interrelationship between respect for the natural environment and other ethical values enshrined in article 29 (1) of the Convention, including respect for human rights and the preparation for responsible life in a free society, and promote the positive roles of girls and children **of different groups and backgrounds**, including with disabilities in environmental protection and respect for the values and traditional lifestyles of **Indigenous and afrodescendent** children, as well as displaced, **refugee and migrant children. These educational measures should cover i) comprehensive sexuality education and ii) safe management of toxic and impacts of climate change and environment degradation on the right to health including SHRHR** *(*suggested addition in bold).

**Paragraph 36:** States are obliged to build physically safe, healthy and resilient infrastructure for effective learning.This includes ensuring the availability of walking and biking routes and public transport to school; that schools are located at safe distances from sources of pollution and other environmental hazards, including contaminated sites; and the construction of buildings and classrooms with adequate heating and cooling, access to sufficient, safe, and acceptable drinking water and **suitable** sanitation facilities, especially for girls. Environmentally-friendly school facilities, such as lighting and heating sourced from rooftop photovoltaic systems, can benefit children and ensure compliance by States with their environmental obligations. **States has must take all the necessary steps to eliminate any kind of discrimination in the access and enjoyment of a safe, healthy infrastructure for effective learning by marginalized populations with especial focus on the specific challenges faced by girls from these communities** *(* suggested addition in bold).

**Paragraph 51**: States should collect disaggregated data in order to identify the differential impacts of environment-related harm on children, paying special attention to groups of children most at risk, and implement special measures as required, **using a human rights-based approach, gender and intersectional perspective.** For example, **during climate-related disasters**, States should review emergency protocols **and disaster response policy making with third parties**, include **comprehensive** assistance and other support for children **of specific groups, including persons with disabilities, those seeking international protection with their families or who are unaccompanied, and specific needs such as access to information, sexual and reproductive health services according to age and for conflict related situations, a victim centered approach for those who have suffered different forms of violence, including sexual and gender-based violence. (**suggested addition in bold).

**Paragraph 69.** Appropriate reparations **include transformative, intersectional, comprehensive, gender responsive** restitution, adequate compensation, satisfaction, and rehabilitation, both of the environment and of children affected**, including access to medical and psychological assistance and sexual and reproductive health and rights.** Remedial mechanisms should take into account the specific vulnerabilities of children to the effects of climate change, and that the harm can be irreversible and lifelong. Reparation should be swift to limit ongoing and future violations. The application of novel forms of remedy is encouraged, such as orders to establish intergenerational committees to determine and oversee the expeditious implementation of measures to mitigate and adapt to the impacts of climate change, in which children are active participants (suggested addition in bold).

**Paragraph** 83. States should effectively protect children, taking into consideration their specific needs and particular susceptibility in the environmental context. Environmental standards, policies or measures that may affect children’s rights should be subjected to a child rights impact assessment, **with a gender and intersectional approach** (suggested addition in bold).

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1. *See, e.g.*, CESCR, *General Comment No. 14*, para. 15; Human Rights Committee, Concluding observations on the initial report of Cabo Verde, ¶ 18, U.N. Doc. CCPR/C/CPV/CO/1/Add.1 (Dec. 3, 2019); CEDAW Committee, Concluding observations on the ninth periodic report of Cabo Verde, para. 37, U.N. Doc. CEDAW/C/CPV/CO/9 (July 30, 2019); Concluding observations of the combined fourth to seventh periodic reports of Antigua and Barbuda, para. 51, U.N. Doc. CEDAW/C/ATG/CO4-7 (Mar. 14, 2019); Concluding observations of the fourth periodic report of Botswana, ¶ 46, U.N. Doc. CEDAW/C/BWA/CO/4 (Mar. 8, 2019) and HRC Report of the Special Rapporteur on the issue of human rights obligations relating to the enjoyment of a safe, clean, healthy and sustainable environment, *Women, girls and the right to a clean, healthy and sustainable environment, 5 January 2023 UN Doc* [A/HRC/52/33](https://undocs.org/Home/Mobile?FinalSymbol=A%2FHRC%2F52%2F33&Language=E&DeviceType=Desktop&LangRequested=False) [↑](#footnote-ref-1)
2. *See* Human Rights Committee, *Concluding observations on the initial report of Cabo Verde*, ¶ 18, U.N. Doc. CCPR/C/CPV/CO/1/Add.1 (Dec. 3, 2019); CEDAW Committee, *Concluding observations on the ninth periodic report of Cabo Verde*, para. 37, U.N. Doc. CEDAW/C/CPV/CO/9 (July 30, 2019); *Concluding observations of the combined fourth to seventh periodic reports of Antigua and Barbuda*, para. 51, U.N. Doc. CEDAW/C/ATG/CO4-7 (Mar. 14, 2019); *Concluding observations of the fourth periodic report of Botswana*, ¶ 46, U.N. Doc. CEDAW/C/BWA/CO/4 (Mar. 8, 2019). [↑](#footnote-ref-2)
3. CEDAW Committee, *General Recommendation no. 37 on Gender-related dimensions of disaster risk reduction in the context of climate change*, para. 17, U.N. Doc. CEDAW/C/GC/37 (Feb. 7, 2018). [↑](#footnote-ref-3)
4. *Id.* [↑](#footnote-ref-4)
5. *See* CEDAW Committee, *General Recommendation no. 37 on Gender-related dimensions of disaster risk reduction in the context of climate change*, para. 17, U.N. Doc. CEDAW/C/GC/37 (Feb. 7, 2018). [↑](#footnote-ref-5)
6. *Id.* [↑](#footnote-ref-6)
7. *Alyne da Silva Pimentel Teixeira v. Brazil*, CEDAW, UN Doc CEDAW/C/49/D/17/2008 (2011) (finding Brazil’s failure to ensure timely and appropriate maternal health services amounted to discrimination on, inter alia, the basis of sex); Committee on the Elimination of Discrimination against Women, general recommendation No. 24 (1999), para. 11. [↑](#footnote-ref-7)
8. Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016); A/HRC/21/22; Committee on the Elimination of Discrimination against Women, Da Silva Pimentel v. Brazil (CEDAW/C/49/D/17/2008); CEDAW/C/OP.8/PHL/1; and A/HRC/32/44. See also Committee on the Elimination of Discrimination against Women, general recommendation No. 24 (1999) and general recommendations No. 33 (2015) [↑](#footnote-ref-8)
9. CEDAW/C/OP.8/PHL/1, paras. 33, 36 and 43; and Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016), para. 28. [↑](#footnote-ref-9)
10. See Committee on Economic, Social and Cultural Rights, general comment No. 14 (2000) and general comment No. 22 (2016); and Committee on the Elimination of Discrimination against Women, general recommendation No. 28 (2010), general recommendation No. 30 (2013) and general recommendation No. 37 (2018). [↑](#footnote-ref-10)
11. Committee on the Elimination of Discrimination against Women, general recommendation No. 30 (2013), para. 19 [↑](#footnote-ref-11)
12. See Committee on Economic, Social and Cultural Rights, general comment No. 14 (2000) and general comment No. 22 (2016). [↑](#footnote-ref-12)
13. *Alyne da Silva Pimentel Teixeira v. Brazil*, para. 5. [↑](#footnote-ref-13)
14. *Id.*, para. 17. General Comment No. 22 also provides that where individuals cannot afford sexual and reproductive costs, “[p]eople without sufficient means should be provided with the support necessary to cover the costs of health insurance and access to health facilities providing sexual and reproductive health information, goods and services.” [↑](#footnote-ref-14)
15. *Id.*, paras. 45; 49(c); 53. [↑](#footnote-ref-15)
16. United Nations Population Fund, [*Worlds Apart: Reproductive health and rights in an age of inequality*](https://esaro.unfpa.org/en/publications/worlds-apart-reproductive-health-and-rights-age-inequality.) (2017), p. 12. [↑](#footnote-ref-16)
17. See, for example, www.icpdbeyond2014.org; Committee on the Elimination of Discrimination against Women communications No. 17/2008, and No. 22/2009, L.C. v. Peru, views adopted on 17 October 2011; and general comments and recommendations of Committee on the Rights of the Child and Committee on the Elimination of Discrimination against Women in Id. [↑](#footnote-ref-17)
18. CESCR, General comment No. 22 (2016) on the right to sexual and

    reproductive health (2016), para 49 [↑](#footnote-ref-18)
19. World Health Organization, *Abortion care guideline* (2022) at Section 2.2.2 (pp. 26–27) [↑](#footnote-ref-19)
20. Id. at Section 2.2.3 (pp. 28–29) [↑](#footnote-ref-20)
21. Id. at Section 3.3.1 (pp. 41–42) [↑](#footnote-ref-21)
22. Id. at Section 3.3.2 (pp. 42–44) [↑](#footnote-ref-22)
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