

CEDAW Committee "Concluding Observations" pressuring nations to legalize or increase access to abortion

COUNTRY	SESION	REPORT	DATE	CONCLUDING OBSERVATIONS
1	Syrian Arab Republic	58th Second Periodic Report	July 4, 2014	<p>39. The Committee expresses concern at the level of disruption in the provision of basic services, in particular to education and to health care, including sexual and reproductive healthcare, as well as a the level of destruction of educational and medical infrastructure during the conflict. It is concerned at consistent reports indicating that schools and teachers as well as health facilities and medical personnel have been deliberately targeted by all parties to the conflict. The Committee commends the State party's efforts to continue delivering these services despite the challenging situation. However, it is concerned about:</p> <p>(a) The increase in the already high rates of girls dropping out from school along with the exacerbation of pre-existing patriarchal attitudes and stereotypes and the increase of child and/or forced marriages;</p> <p>(b) Challenges faced by students, in particular young women in besieged areas or areas out of the control of the State party in accessing programmes aimed at the continuation of their education;</p> <p>(c) Difficulties in implementing the standard curriculum for all Syrians in schools established in displacement contexts as well as in schools in areas out of the Government's control;</p> <p>(d) The deterioration in the overall health status of women and girls along with the exacerbation of discriminatory attitudes which restrict women's autonomy to make choices and decisions in relation to sexual and reproductive health and its negative impact on pre-conflict positive trends, such as decreases in mortality rates;</p> <p>(e) Reports indicating that pregnant women residing in areas out of the Government's control have been denied access to medical care as well as restriction imposed by the State party on medical and surgical supplies and aid for deliveries in besieged areas, all of which have forced women to give birth in unsafe conditions;</p> <p>(f) The lack of access to health-care and psychological services for women and girls victims of rape, including emergency contraception and safe abortion services. In this context, the Committee is further concerned that abortion is legal only when the life of the mother is at risk; and</p> <p>(g) The financial and coordination constraints on the State party's ability to adequately assist and support the population in need.</p> <p>40. The Committee recommends that the State party:</p> <p>(a) Ensure the prompt repair and reconstruction of educational and medical infrastructure, halt the attacks on these facilities and stop targeting teachers and medical personnel; and ensure that perpetrators of such acts, including members of the Government forces and affiliated militias, are promptly investigated, prosecuted and punished;</p> <p>(b) Develop programmes for conflict-affected girls who have dropped out from school, with a view to ensuring that they can be reintegrated into schools or universities once the conflict has come to an end;</p> <p>(c) Coordinate efforts with relevant stakeholders to ensure that the Syrian standard curriculum is used in all schools where Syrian children, in particular girls are enrolled, including in neighbouring countries;</p> <p>(d) Reinforce the health sector to prevent a further reduction of the already limited health services, including sexual and reproductive health services and information available to women as well as a further deterioration of their health status, taking due consideration to the Committee's General Recommendation No. 24 (1999) on women and health;</p> <p>(e) Prioritize access to maternal health care services, including skilled delivery services for pregnant women irrespective of their area of residence;</p> <p>(f) Expand the grounds on which abortion is permitted to include, in particular, cases of rape, and prepare guidelines on post-abortion care to ensure that women who are pregnant as a result of rape have free access to safe abortion services; and</p> <p>(g) Coordinate all activities with stakeholders from the humanitarian and development communities to secure financial resources and to ensure a comprehensive approach that does not duplicate efforts in the fields of education and health which reaches out to all disadvantaged populations, including in besieged areas and in areas out of the Government's control.</p>
2	Swaziland	58th Combined Initial and Second Periodic Reports	July 10, 2014	<p>34. The Committee welcomes the introduction of pre-natal programmes aimed at preventing mother to child transmission of HIV/AIDS. However, the Committee remains concerned at the high prevalence of HIV/AIDS in the State party and of clandestine abortions, which have contributed to the increase in maternal mortality in recent years.</p> <p>35. The Committee calls upon the State party to:</p> <p>(a) Intensify the implementation of strategies to combat HIV/AIDS, particularly preventive strategies, and to continue the provision of free antiretroviral treatment to all women and men living with HIV/AIDS, including pregnant women so as to prevent mother-to-child transmission; and</p> <p>(b) Step up efforts to reduce the incidence of maternal mortality, including through the provision of safe abortion and post-abortion care service.</p>
3	Peru	58th Combined Seventh and Eight Periodic Reports	July 1, 2014	<p>35. The Committee welcomes the adoption of the technical guidelines for therapeutic abortion and the approval of the plan for the prevention of early pregnancies. However, it is concerned that the two conditions required for therapeutic abortion, namely, presence and signature of a witness and approval of a board, may constitute barriers for women's access to safe abortion. The Committee reiterates its concerns that:</p> <p>a. The recognition and protection of the reproductive health rights of women in the State party is inadequate;</p> <p>b. Abortion in cases of pregnancy resulting from rape or incest is criminalized and that the restrictive interpretation of therapeutic abortion may further lead women to seek unsafe and illegal abortions;</p> <p>c. Article 30 of the General Health Law and Section 326 of the Criminal Procedure Code violates privacy and reproductive health rights of women and results in the prosecution of women for accessing emergency obstetric care; and</p> <p>d. The free distribution of emergency contraceptives has been banned, including in cases of sexual abuse.</p> <p>36. Taking into account its statement on sexual and reproductive health and rights, adopted in February 2014, the Committee notes that unsafe abortion is a leading cause of maternal morbidity and mortality. As such, the Committee recommends that the State party:</p> <p>a. Extend the grounds for legalization of abortion to cases of rape, incest, and severe foetal impairment;</p> <p>b. Ensure the availability of abortion services and provide women with access to quality post-abortion care, especially in cases of complications resulting from unsafe abortions;</p> <p>c. Remove punitive measures for women who undergo abortion, including by undertaking the necessary measures to harmonize the General Health Law and the Criminal Procedure Code with the Constitutional right to privacy;</p> <p>d. Ensure that the exercise of conscientious objection by health professionals does not impede women's effective access to reproductive health care services, including abortion and post-abortion care;</p> <p>e. Ensure access to family planning services, in particular in rural areas, and adopt all the necessary measures to carry out the free distribution of emergency contraceptives within the public health system, particularly to women and girls victims of sexual abuse;</p> <p>f. Develop capacities on the right to health, including sexual and reproductive health, of medical staff with a view to ensuring an adequate provision of health services to women and girls; and</p> <p>g. Disseminate information on the technical guidelines on therapeutic abortion among all health staff and ensure a broad interpretation of the right to physical, mental and social health in the implementation of the guidelines.</p>
4	Mauritania	58th Combined Second and Third Periodic Reports	July 3, 2014	<p>38. The Committee takes note of the measures taken by the State party to reduce maternal and child mortality, in particular the allocation of obstetrical packages for women. It also welcomes the information provided concerning a special programme on sexual and reproductive health which covers a wide range of sexual and reproductive health services. However, the Committee notes with concern, the delay in approving the draft law on reproductive health. It also regrets the absence of updated information on health indicators and on the percentage of women benefitting from the various components of the programme and having effective access to sexual and reproductive health, especially for women in remote areas and women belonging to ethnic and linguistic minorities. Lastly, the Committee is concerned about the criminalization of abortion in the State party, particularly in the cases of incest, rape and severe foetal impairment.</p> <p>39. The Committee recommends that the State party:</p> <p>(a) Further strengthen its efforts to protect women's sexual and reproductive health, including by increasing access to safe and affordable contraceptives throughout the country and by removing barriers for women in rural areas in accessing family planning information and methods;</p> <p>(b) Enact and effectively implement the draft law on sexual and reproductive health;</p> <p>(c) Establish a system for the collection of reliable data periodically on the number of women benefitting from the measures under the policy framework on sexual and reproductive health; and</p> <p>(d) Consider amending its legislation to decriminalize abortion in cases of rape, incest, risk to the life or health of the mother and in case of severe foetal impairment, in line with the Committee's jurisprudence.</p>

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5	Lithuania	58th Fifth Periodic Reports	July 9, 2014	<p>36. The Committee is concerned about the 2013 draft Bill intending to restrict safe and legal abortions and the limited access to contraceptives. The Committee is also seriously concerned about the provisions that allow forced abortion and sterilization of women with intellectual disabilities without a court authorization. The Committee regrets that the draft Bill regulating reproductive health has not yet been adopted and that assisted reproductive treatment is not subsidized, despite the high infertility rate in the State party.</p> <p>37. The Committee recommends that the State party:</p> <p>(a) Refrain from adopting laws or amendments that would restrict women's right to legal and safe abortion, and instead adopt the pending laws on reproductive health and assisted reproduction;</p> <p>(b) Ensure accessibility and affordability of modern contraception by women and girls, especially women in rural areas; and</p> <p>(c) Investigate claims of undocumented forced abortions and sterilizations of women with intellectual disabilities in care institutions and put in place protocols to ensure compliance with the legal requirement of court authorization in the cases of abortions and sterilizations and ensure punishments for perpetrators who break the law.</p>
6	India	58th Combined Fourth and Fifth Periodic Reports	July 2, 2014	<p>30. While noting efforts undertaken by the state party to achieve greater coverage in maternal health services, the Committee is concerned about the persistently high rate of maternal mortality in some states and the high rate of deaths resulting from unsafe abortions, lack of access to safe abortions, to post-abortion care, and to quality services for the management of complications arising from unsafe abortions. The Committee is also concerned at the low budgetary allocation to health services, the disparities in maternal health care, including between the urban and rural areas; limited availability of, and accessibility to modern forms of contraceptives including emergency contraception to prevent unwanted pregnancy; lack of information and education on reproductive and sexual health, conditional maternity benefits that exclude some women, and the lack of a mechanism for universal and accurate reporting of maternal deaths.</p> <p>31. The Committee urges the State party to:</p> <p>(a) Undertake a review of the reproductive health policies to make them more inclusive, with a view to increasing quality maternal health services in the states where they are lacking, removing conditions from maternal benefits; ensuring adequate funding to reproductive health services including provision of reproductive health information and education and their effective coverage of urban and rural areas;</p> <p>(b) Provide women with access to quality and safe abortion services, including the management of complications arising from unsafe abortions and increase access to and use of effective and affordable methods of contraception, including by subsidizing them, in order to reduce the use of abortion as a method of family planning;</p> <p>(c) Adopt a policy for mandatory and accurate reporting of maternal deaths irrespective of whether the deaths occur in public or private health facilities, homes, or on the way to a health facility and establish a system for effectively monitoring the delivery of transparent health-care services.</p>
7	Georgia	58th Combined Fourth to Fifth Periodic Reports	July 8, 2014	<p>30. While noting the new state programme "Universal Healthcare" which provides health insurance to all citizens free of charge, the Committee remains concerned about:</p> <p>(a) The lack of access to family planning services and contraceptives by women who often resort to abortion as a method of contraception, especially in rural areas;</p> <p>(b) The high number of sex-selective abortions, as reflected by the sex ratio of new-born children;</p> <p>(c) The limited access to sexual and reproductive health services by adolescent girls and young women due to cultural stigma; and</p> <p>(d) The lack of gender sensitive, accessible and evidence-based drug treatment programmes for women.</p> <p>31. The Committee urges the State party to improve women's access to quality health care and health-related services, in line with General Recommendation No. 24 (1999), in particular by:</p> <p>(a) Providing access to family planning services and affordable contraceptive methods, which include all modern forms of contraception, especially to women in rural areas;</p> <p>(b) Taking measures to eliminate the practice of sex selective abortions resulting from prenatal sex recognition;</p> <p>(c) Ensuring access by adolescent girls and young women to sexual and reproductive health services by eliminating prejudices, training medical personnel and enhancing the number and equipment of obstetric health facilities;</p> <p>(d) Conducting a nationwide study to establish the number of women who use drugs, including while pregnant, to inform strategic planning; and</p> <p>(e) Providing gender sensitive and evidence based drug treatment services to reduce harmful effects for women who use drugs, including harm reduction programmes for women in detention.</p>
8	Central African Republic	58th Combined Initial to Fifth Periodic Reports	July 11, 2014	<p>39. The Committee is concerned about the lack of funding of the health sector during the pre-conflict period. It notes with concern that the destruction of health centres and the looting of medical equipment and medicines d</p> <p>40. The Committee recommends that the State party, with support from the international community:</p> <p>(a) Ensure women's access to health-care services by restoring the health system and ensuring adequate provision of health centres and hospitals as well as the security of all medical and health-care personnel;</p> <p>(b) During such restoration, prioritize the provision of sexual and reproductive health services in all parts of the State party, taking due account of General Recommendation No. 24 (1999) on women and health;</p> <p>(c) Ensure that women victims of rape, including those perpetrated during the conflict, have access to health-care and psychosocial services, including emergency contraception and safe abortion services; and</p> <p>(d) Coordinate all activities with stakeholders from the international humanitarian and development communities to secure financial resources for restoring and equipping health facilities and ensure a comprehensive approach integrating a gender perspective to their development and implementation.</p>

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9	Sierra Leone	57th Sixth Periodic Report	February 19, 2014	<p>32. The Committee welcomes the measures to facilitate and reduce regional disparities in women's access to health care, including through the adoption of the National Strategic Health Plan (2010-2015) and the Initiative for Free Health Care for pregnant women, lactating mothers and children below the age of 5 (2010). The Committee, however, notes with concern:</p> <p>(a) The very high maternal mortality ratio in the State party; (b) The low contraceptive use (12.1 per cent) and limited access to modern contraceptives and information on sexual and reproductive health and rights, including the right of women to autonomous decision-making about their health; (c) Regional and socioeconomic disparities in women's and girl's access to sexual and reproductive health services, including skilled birth attendance and adequate antenatal and postnatal care, affecting mainly rural women, women in Northern Province, poor women and women with low levels of education; (d) The fact that the law on abortion criminalizes the procedure without providing any exception, the high incidence of sexual violence and unwanted pregnancies resulting in unsafe abortions, which account for 13 per cent of maternal mortality, and delays in adopting the abortion bill, which decriminalizes the termination of pregnancy based on various socioeconomic grounds; (e) The high incidence of vesico-vaginal fistula, including among adolescents; (f) The lack of information on the mental health status of women in the State party.</p> <p>33. The Committee urges the State party to ensure the effective implementation of all measures aimed at facilitating women's affordable access to health care, including through the allocation of sufficient resources and the implementation of the Initiative for Free Health Care throughout the State party. The Committee recommends that the State party:</p> <p>(a) Strengthen its efforts to reduce maternal mortality, address its causes and increase the number of skilled health-care personnel, in particular in rural areas; (b) Provide effective access for women and girls to comprehensive information regarding sexual and reproductive health and rights, including on contraceptive use in order to reduce the rate of unwanted pregnancies, teenage pregnancies and unsafe abortions, and ensure that modern contraceptives are available and affordable for all women; (c) Enhance women's access to health-care facilities and skilled birth attendance, postnatal and maternal care, especially in rural areas and in Northern Province; (d) Accelerate the adoption of the abortion bill; (e) Examine the link, if any, between female genital mutilation and the prevalence of vesico-vaginal fistula, in line with its previous recommendation (CEDAW/C/SLE/CO/5, para. 23), and study the causes of vesico-vaginal fistula and set targets and benchmarks with a concrete time frame for its reduction. It also recommends the continuous provision of medical and psychological assistance to women and girls affected by vesico-vaginal fistula, including through the effective implementation of the National Strategy on Fistula (2013); (f) Collect disaggregated data on the situation of women's mental health, take effective measures to address the impact of the civil war on women's mental health and include information on the progress made in adopting the mental health bill in its next periodic report.</p>
10	Qatar	57th Initial Report	February 13, 2014	<p>39. The Committee notes the adoption by the State party of the National Health Strategy 2011-2016. The Committee is, however, concerned:</p> <p>(a) That the Criminal Code prohibits abortion even in cases of rape and punishes it with prison sentences, and that women who are raped and impregnated by their employers are punished in cases of self-induced abortions; (b) That pregnant women and women migrant workers are subjected to mandatory HIV/AIDS testing, and that women migrant workers are deported if they test positive; (c) That women migrant workers and Bidoun women experience serious difficulties in gaining access to health care, including sexual and reproductive health care and emergency obstetric services, and that they are often unaware of how to gain access to health care and services.</p> <p>40. The Committee recommends that the State party:</p> <p>(a) Decriminalize abortion in cases of rape, in line with general recommendation No. 24 on women and health; (b) Reform the policy of mandatory HIV/AIDS testing for pregnant women and migrant workers to prohibit any involuntary HIV/AIDS testing and deportation of women migrant workers who test positive; (c) Take appropriate measures to ensure that women migrant workers and Bidoun women enjoy access to free emergency medical care, including sexual and reproductive health care, and abortion services in cases of rape.</p>
11	Iraq	57th Combined Fourth to Sixth Periodic Reports	February 18, 2014	<p>42. The Committee welcomes the steady decrease in the level of maternal mortality (25 per 100,000 live births in 2012) in the State party since 2003 and notes its efforts to address the incidence of cancer, at the federal and regional levels, through, for example, screening to ensure early detection. The Committee is nevertheless concerned at:</p> <p>(a) The consistent increase in the number of cancer cases, in particular breast cancer, among young women owing to the continuing deterioration of environmental conditions in the State party; (b) Research results indicating that the presence of toxic levels of mercury has led to an increase in birth defects and miscarriages; (c) Low budgetary allocations to the health sector (6 per cent of total public spending in 2009) and its impact on women's access to high-quality health-care services, in particular in rural areas; (d) Women's lack of adequate access to family planning and the low use of contraceptives owing to patriarchal attitudes, in addition to the scarcity of information on abortion and post-abortion services.</p> <p>43. The Committee recommends that the State party:</p> <p>(a) Strengthen its efforts to address the high rates of cancer, in particular breast cancer, by, inter alia, developing a strategy setting specific targets in coordination with the regions and governorates to improve prevention, early detection, treatment and psychological support for women and girls with cancer and by allocating adequate human and financial resources for that purpose; (b) Adopt specific and well-coordinated measures to address the continuing deterioration of environmental conditions in order to reduce the incidence of birth defects in children and cancers and miscarriages in women; (c) Improve women's access to health-care facilities and medical assistance by trained personnel, including by women health-care professionals, especially in rural and remote areas; (d) Conduct awareness-raising campaigns to eliminate patriarchal attitudes and cultural beliefs that impede women's free access to family planning services and contraceptive methods; ensure that such services and methods are available, affordable and accessible to women; (e) Provide detailed information in its next periodic report on the grounds on which abortion is permitted and on the abortion and post-abortion services available to women.</p>

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12	Cameroon	57th	Fourth and Fifth Periodic Report	February 12, 2014	<p>32. The Committee welcomes the adoption of the 2014-2020 National Strategic Plan for Reproductive, Maternal, Newborn and Child Health, the launching of the Campaign on Accelerated Reduction of Maternal Mortality in Africa in 2010, the 2011-2015 National Plan of Sanitary Development, which includes a component on family planning, and the 2011-2015 National Strategic Plan to Combat HIV/AIDS and Sexually Transmitted Diseases, as well as the various measures taken by the State party to combat HIV/AIDS. The Committee remains concerned, however, about:</p> <p>(a) The persistent high rate of maternal mortality, partly due to the shortage in blood supplies and the lack of effective implementation of the 2003 law on blood transfusion;</p> <p>(b) The lack of access to basic health-care services, including essential obstetric care, in particular in rural areas;</p> <p>(c) The limited availability and accessibility of comprehensive education on sexual and reproductive health and rights, including on responsible sexual behaviour, and of family planning services, and the low rate of contraceptive use;</p> <p>(d) The conditions under which abortion is legally available, which do not include instances of incest;</p> <p>(e) The disproportionately high number of women living with HIV/AIDS and the delay in adopting the draft law on the protection of persons living with HIV/AIDS.</p> <p>33. In line with its general recommendation No. 24 on women and health, the Committee calls upon the State party:</p> <p>(a) To ensure the effective implementation of the 2014-2020 National Strategic Plan for Reproductive, Maternal, Newborn and Child Health and eliminate the causes of high maternal mortality, including by ensuring the effective implementation of the 2003 law on blood transfusion;</p> <p>(b) To increase access for women and girls, in particular rural women, to basic health-care services, including by increasing the funding allocated to health care, the number of health-care facilities and the number of trained health-care providers;</p> <p>(c) To widely promote education on sexual and reproductive health and rights, including by undertaking awareness-raising campaigns about available contraceptive methods;</p> <p>(d) To increase access to safe and affordable contraceptive services throughout the State party and ensure that women and girls do not face barriers in accessing information on family planning;</p> <p>(e) To consider broadening the conditions under which abortion can be legally available, including in instances of incest;</p> <p>(f) To intensify measures to reduce the disproportionately high rate of HIV/AIDS among women, ensure the effective implementation of the 2011-2015 National Strategic Plan to Combat HIV/AIDS and Sexually Transmitted Diseases and adopt without delay the draft law on the protection of persons living with HIV/AIDS.</p>
13	Bahrain	57th	Third Periodic Report	February 12, 2014	<p>41. The Committee commends the State party for reversing the practice that requires a husband's consent before a caesarean is performed on his wife. The Committee is concerned, however:</p> <p>(a) That female migrant workers have difficulty in gaining access to free emergency health services;</p> <p>(b) That abortion is criminalized even when a woman is a victim of rape or incest.</p> <p>42. The Committee recommends that the State party:</p> <p>(a) Take appropriate measures to ensure that female migrant workers have access to free emergency medical services;</p> <p>(b) Consider undertaking legal amendments to allow abortion in cases of rape and incest, with a view to protecting the best interests of the victim, and to remove punitive measures imposed on women who undergo an abortion in such cases, in the light of its general recommendation No. 24 on women and health.</p>
14	Seychelles	56th	Combined Initial to Fifth Periodic Reports	October 10, 2013	<p>34. While welcoming the quality and accessibility of maternal health services in the State party, the Committee is concerned about:</p> <p>(a) The high rate of teenage pregnancies and the requirement of parental consent for teenage girls to gain access to contraceptives and HIV testing;</p> <p>(b) The increase in the number of unsafe abortions and the provision, in the Penal Code, of heavy sanctions in case of illegal abortion (seven years' imprisonment according to article 148 of the Penal Code, although the delegation stated that those sanctions were not implemented in practice).</p> <p>35. In line with its general recommendation No. 24 on women and health, the Committee calls upon the State party:</p> <p>(a) To put an end, without delay, to the requirement of parental consent for teenage girls to gain access to contraceptives and HIV testing;</p> <p>(b) To finalize the adoption of the draft national policy on sexual and reproductive health and ensure that it provides for affordable access to contraceptives and for awareness-raising campaigns on women's sexual and reproductive health and rights, with special attention to the risks of teenage pregnancy, the importance of using contraceptives for family planning and the prevention of sexually transmitted diseases, including HIV/AIDS;</p> <p>(c) To repeal article 148 of the Penal Code providing for seven years' imprisonment for illegal abortion;</p> <p>(d) To provide pregnant women and girls with access to high-quality services for the management of complications arising from unsafe abortion and to reduce maternal mortality rates, in accordance with the Committee's general recommendation No. 24 on women and health.</p>

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15	Republic of Moldova	56th Fourth and Fifth Periodic Report	October 1, 2013	<p>31. The Committee is concerned about the high rate of abortion and the low use, availability, affordability and accessibility of modern forms of contraception, in particular in the Transnistrian region and rural areas, which indicate that abortion is used as a method of birth control. The Committee is particularly concerned about reports of practices of coercive sterilization, affecting in particular women with disabilities, women in rural areas and Roma women. The Committee notes with concern that the current Ministry of Health regulation on sterilization specifies mental disability as an indicator for sterilization. The Committee is also concerned about the lack of educational programmes on sexual and reproductive health and rights in schools and about the lack of sex-disaggregated data. The Committee is further concerned at the limited access of older women to affordable health care.</p> <p>32. The Committee urges the State party:</p> <p>(a) To ensure the availability, accessibility and affordability of modern methods of contraception for girls and women;</p> <p>(b) To expand the availability of medically safe modern methods of abortion, including in the Transnistrian region and rural areas;</p> <p>(c) To raise awareness of the importance of using contraceptives for family planning and consider including abortion and contraceptives in the basic insurance package;</p> <p>(d) To amend and develop the regulatory framework, in addition to the guidance provided to medical practitioners, to ensure that sterilization is carried out only in conformity with international law, in particular with the free and informed consent of the women concerned;</p> <p>(e) To introduce age-appropriate education on sexual and reproductive health and rights, including responsible sexual behaviour, in the school curricula;</p> <p>(f) To ensure that older women have access to affordable health care and train health workers on geriatric care;</p> <p>(g) To integrate a gender perspective into all health interventions and policies and collect and analyse sex-disaggregated data.</p>
16	Colombia	56th Seventh and Eight Periodic Reports	October 2, 2013	<p>29. The Committee expresses its concern at:</p> <p>(a) The very limited implementation of Constitutional Court ruling C-355 (2006), which guarantees access to legal abortion under the grounds of life or health risks for the mother, rape and serious malformations of the foetus; the public campaigning against its implementation by high authorities of the State party; and the prevalence of invasive and expensive abortion procedures;</p> <p>(b) The high number of unsafe abortions and the refusal by health professionals to provide post-abortion services to women;</p> <p>(c) The high prevalence of teenage pregnancy;</p> <p>(d) The high rate of childbearing women who use sterilization as a family planning method;</p> <p>(e) Cases of forced sterilization of women with disabilities and those living with HIV/AIDS.</p> <p>30. The Committee recommends that the State party:</p> <p>(a) Guarantee women's access to legal abortion by ensuring compliance with Constitutional Court ruling C- 355 (2006) , developing monitoring and accountability mechanisms, including sanctions, sensitizing the relevant authorities and professionals on health and sexual and reproductive rights; and expanding the availability of medically safe modern abortion methods;</p> <p>(b) Ensure the provision of post-abortion health-care services for women who have undergone an unsafe abortion;</p> <p>(c) Effectively implement the Policy on the Prevention of Teenage Pregnancies (2012) and ensure universal access to health services and information on sexual and reproductive health and rights and education, particularly of adolescent girls and boys;</p> <p>(d) Take measures to decrease the use of sterilization as a family planning method by conducting awareness-raising campaigns on the use of modern reversible contraceptive methods and ensuring their availability for girls and women of childbearing age;</p> <p>(e) Amend and develop the regulatory framework, as well as guidance provided to medical practitioners, to ensure that sterilization is carried out with the free and informed consent of women, including women with disabilities and those living with HIV/AIDS.</p>
17	Cambodia	56th Fourth and Fifth Periodic Reports	October 8, 2013	<p>36. While noting the efforts made by the State party to reduce maternal and infant mortality, the Committee is concerned about the unavailability of modern forms of contraception and the prevalence of unsafe abortions, which contribute to maternal mortality. The Committee remains concerned that, notwithstanding the progress made in reducing HIV transmission, there are new cases of HIV through mother-to-child transmission in addition to new cases affecting vulnerable populations, such as women engaged in prostitution. The Committee is also concerned about discrimination against pregnant mothers living with HIV/AIDS and the pressure on them from medical practitioners to undergo abortion. The Committee is further concerned at the limited access to sexual and reproductive health services, especially for women in rural areas.</p> <p>37. The Committee calls upon the State party:</p> <p>(a) To ensure that medically safe modern methods of abortion are available and accessible, in line with general recommendation No. 24 on women and health;</p> <p>(b) To provide free antiretroviral treatment for women and men living with HIV/AIDS, including women engaged in prostitution and pregnant women in order to prevent mother-to-child transmission ;</p> <p>(c) To combat all forms of discrimination against pregnant women living with HIV/AIDS;</p> <p>(d) To intensify the provision of sexual and reproductive health information and services to women , including modern methods of contraception, especially to women living in rural areas.</p>

COUNTRY	SESSI ON	REPORT	DATE	CONCLUDING OBSERVATIONS
18	Benin	56th Fourth Periodic Report	October 3, 2013	<p>32.The Committee is concerned about:</p> <p>(a)The feminization of HIV and gaps in the effective implementation of Act No. 2005-31 of 10 April 2006 on the prevention, treatment and control of HIV/AIDS, notably the absence of an implementing decree, as provided for in article 8, and the insufficient measures to reduce the incidence of HIV among women and to provide adequate assistance to women living with HIV;</p> <p>(b)The high maternal mortality and morbidity rates, the prevalence of malaria, the insufficient number of health-care personnel in the State party, in particular midwives in rural areas, the persistent misconceptions about the use of contraception and the lack of adequate information on sexual and reproductive health and on the right of women to autonomous decision-making about their health;</p> <p>(c)The inadequate implementation of the free caesarean section programme in the State party, owing notably to insufficient dissemination of information to women, corruption among health-care personnel and insufficient stocks of medical equipment;</p> <p>(d)The discrepancy between article 17 of Act No. 2003-04 of 24 January 2003 on sexual and reproductive health, which provides exceptions to the general prohibition of abortion in cases of rape, incest, threat to the life or health of the mother and foetal impairment, and article 3 of Act No. 2011-26 of 9 January 2012 on the prevention and prohibition of violence against women, which lists abortion as one of the forms of violence, notwithstanding the explanation given by the delegation that this provision pertained only to “forced abortion”.</p> <p>33. The Committee urges the State party:</p> <p>(a) To take all measures necessary to effectively implement Act No. 2005-31 of 10 April 2006 on the prevention, treatment and control of HIV/AIDS, by urgently adopting its implementing decree, increasing the provision of free antiretroviral treatment to all women and men living with HIV/AIDS, raising the awareness of mothers and fathers living with HIV/AIDS regarding the importance of preventing mother-to-child transmission and conducting educational programmes on sexual and reproductive health and rights directed at both women and men, including the essential responsibility of men in preventing the spread of the disease;</p> <p>(b) To strengthen the maternal and infant mortality reduction programme, eliminate the causes of such mortality and increase the number of skilled health-care personnel, in particular midwives in rural areas;</p> <p>(c) To provide effective access for women and girls to comprehensive information regarding sexual and reproductive health and rights, including the use of contraception, in order to reduce the rate of unwanted pregnancies, teenage pregnancies and unsafe abortions, and to ensure the availability, affordability and accessibility of modern contraceptive methods for women;</p> <p>(d) To ensure the effective and consistent implementation of the free caesarean section programme throughout the State party, by adequately disseminating information to women, especially in rural areas, enhancing coordination between health facilities and the State agency administering the programme and establishing a monitoring and accountability system to address the misconduct of health personnel;</p> <p>(e) To address the existing inconsistencies regarding the legislation on abortion to ensure that abortion cannot be interpreted as a form of violence against women, to develop simplified procedures to guarantee access to legal abortion in the cases provided for in article 17 of Act No. 2003-04 of 24 January 2003 on sexual and reproductive health and to disseminate such information to women.</p>
19	Andorra	56th Second and Third Periodic Report	October 4, 2013	<p>31.The Committee notes with concern:</p> <p>(a)The criminalization of abortion, including when there are threats to the life or health of the pregnant woman;</p> <p>(b)The interpretation of the right to life in the Constitution as a limitation on women’s sexual and reproductive health rights;</p> <p>(c)The lack of specific measures and programmes to ensure access to modern methods of contraception and information on their use, as well as on prevention of unwanted pregnancy and maternal mortality;</p> <p>(d)The requirement of effective legal residence in the State party for access to free health services, which precludes migrant women and girls from gaining access to such services;</p> <p>(e)The lack of information and gender-sensitive programmes on HIV/AIDS prevention and treatment programmes, in particular aimed at disadvantaged and marginalized groups of women, such as those in prostitution and migrant women.</p> <p>32. In line with its general recommendation No. 24 on women and health, the Committee calls upon the State party:</p> <p>(a) To decriminalize abortion and provide access to legal abortion in cases of threats to the life or health of the pregnant woman, rape, incest and severe foetal impairment;</p> <p>(b) To ensure affordable access for women and girls to modern methods of contraception and information on their use, as well as on prevention of unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS;</p> <p>(c) To ensure affordable access for all migrant women and girls to the health-care system and consider amending the legislation restricting access to health care on the basis of legal residence;</p> <p>(d) To devise and implement gender-sensitive programmes to prevent HIV/AIDS and include disadvantaged and marginalized groups of women, such as those in prostitution and migrant women, therein.</p>
20	UK and Northern Ireland	55th Seventh Periodic Report	July 17, 2014	<p>50.While acknowledging the consultation process on a revised set of guidelines on the limited circumstances for a lawful termination of pregnancy in Northern Ireland issued by the Northern Ireland Department for Health, Social Services and Public Safety in 2012, the Committee regrets that a public consultation on the possible abolition of laws criminalizing abortion, as called for by the Committee in its previous concluding observations (ibid., paras. 288 and 289), has not been undertaken. The Committee is concerned that abortion continues to be illegal in Northern Ireland in all cases except where continuance of the pregnancy threatens the life of the mother, thus making it necessary for women to seek abortions in other parts of the State party.</p> <p>51. Recalling its previous recommendation, the Committee reiterates that, in line with its general recommendation No. 24, on women and health, and the Beijing Declaration and Platform for Action, the State party should expedite the amendment of the anti-abortion law in Northern Ireland with a view to decriminalizing abortion. The State party should also ensure that legal abortion covers not only cases of threats to the life of a pregnant woman but also other circumstances, such as threats to her health and in cases of rape, incest and serious malformation of the fo</p>
21	Serbia	55th Second and Third Periodic Report	July 18, 2013	<p>32.While noting the legislative and policy measures taken by the State party, including the extension of compulsory health insurance to the Roma population, the Committee remains concerned about:</p> <p>(a)The limited implementation of such laws and policies, in addition to the restricted access for Roma women, women with disabilities and victims of rape to health-care services;</p> <p>(b)The difficulties faced by women with disabilities in enjoying their right to reproductive health services owing to prejudices and lack of trained personnel and accessible facilities;</p> <p>(c)The use of abortion as a method of birth control, the limited use of modern forms of contraception, the poor quality of counselling services for family planning and the risk that, faced with declining fertility rates, the State party may take measures to reduce the current accessibility of abortion;</p> <p>(d)The lack of access to second-generation anti-retroviral treatment for women living with HIV/AIDS and the insufficient information on the prevention of mother-to-child transmission of HIV/AIDS and possible treatment.</p> <p>33. The Committee urges the State party:</p> <p>(a) To improve women ’ s access to high-quality health care and health-related services, in line with general recommendation No. 24 (1999);</p> <p>(b) To ensure the effective implementation of laws and policies providing compulsory health insurance and free services to all women and girls;</p> <p>(c) To take the measures necessary to ensure the full and effective realization of the right of women with disabilities to sexual and reproductive health by eliminating prejudices, training medical personnel and increasing the number of health facilities equipped to address their needs;</p> <p>(d) To reduce the use of abortion as a method of contraception by improving information on and access to modern forms of contraception, which would be included in the positive list of drugs, and to ensure that abortion remains as accessible as it currently is, both legally and financially, and to consider including its costs in the health insurance system;</p> <p>(e) To take immediate measures to provide access for women and girls living with HIV/AIDS to second-generation anti-retroviral drugs and other necessary medication and services, in addition to information on methods to prevent mother-to-child transmission of HIV/AIDS.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
22	Dominican Republic	55th Sixth and Seventh Periodic Reports	July 12, 2013	<p>36. While the Committee notes with appreciation the efforts made by the State party in the health sector by adopting the 10-Year Health Plan 2006-2015, it is concerned about:</p> <p>(a) The high rate of maternal mortality;</p> <p>(b) The economic barriers faced by women in gaining access to contraceptives, which are not included in the list of medicines provided at low cost under the Essential Medicines Programme/Logistical Support Centre (PROMESE/CAL);</p> <p>(c) The extremely high level of use of voluntary sterilization as a method of contraception;</p> <p>(d) The fact that the draft amendment to the Criminal Code, while decriminalizing abortion in cases in which the mother's life is threatened, continues to criminalize abortion in other circumstances, such as rape, incest and serious malformation of the foetus;</p> <p>(e) The high number of women, including young women, living with HIV/AIDS in the State party;</p> <p>(f) Discrimination against women of Haitian origin in the health system and the duty of health-care providers to report their migration status to the immigration authorities;</p> <p>(g) Discrimination against lesbian women, as reported to the Committee, which may prevent them from gaining access to sexual and reproductive health services.</p> <p>37. The Committee recommends that the State party:</p> <p>(a) Adopt a plan to reduce maternal mortality, paying special attention to young women;</p> <p>(b) Provide free or affordable access to family planning services and contraceptives for all women in order to reduce the use of voluntary sterilization as a method of contraception;</p> <p>(c) Ensure that the draft amendment to the Criminal Code, which decriminalizes abortion in cases in which the mother's life is threatened, will be expeditiously adopted and extended to cover other circumstances, such as rape, incest and serious malformation of the foetus, in line with the Committee's general recommendation No. 24;</p> <p>(d) Implement measures to prevent HIV/AIDS among women, paying particular attention to public information campaigns at the national and local levels, including by promoting awareness-raising campaigns on the role of men with regard to sexual and reproductive health;</p> <p>(e) Ensure that migrant women and girls have effective access to health care, irrespective of their migration status;</p> <p>(f) Ensure access to sexual and reproductive health by all women, including lesbians, without discrimination and avoiding any form of stigmatization.</p>
23	Democratic Republic of the Congo	55th Sixth and Seventh Periodic Reports	July 11, 2013	<p>31. While welcoming the adoption of the action plan on reproductive health, gender and population (2008-2012) and Act No. 08/011 of 14 July 2008 on the protection of the rights of persons living with HIV/AIDS and affected persons, the Committee remains concerned about:</p> <p>(a) The high rate of maternal mortality and the ineffective implementation of the National Strategy on maternal and child mortality;</p> <p>(b) The high number of cases of vesico-vaginal fistula;</p> <p>(c) Women's limited access to basic health-care services, including essential obstetric care, in particular for women in rural areas;</p> <p>(d) The high rate of teenage pregnancy, the limited availability and access to comprehensive education on sexual and reproductive health and rights and family planning services and the low use of contraceptives;</p> <p>(e) The criminalization of abortion, accompanied by the application of severe penalties for abortion, despite the large number of unwanted pregnancies resulting from rape;</p> <p>(f) The high prevalence of HIV/AIDS among women and as a result of mother-to-child transmission of HIV and the limited availability of and access to HIV/AIDS-related services, including antiretroviral treatment, especially in rural areas.</p> <p>32. In line with its general recommendation No. 24 (1999), on women and health, the Committee calls on the State party:</p> <p>(a) To ensure the effective implementation of the National Strategy on maternal and child mortality;</p> <p>(b) To prevent vesico-vaginal fistula and provide medical support to women affected by it;</p> <p>(c) To increase access for women and girls, in particular in rural areas, to basic health-care services, including by increasing the funding allocated to health care, the number of health-care facilities and the number of trained health-care providers;</p> <p>(d) To address teenage pregnancies by integrating age-appropriate education on sexual and reproductive health and rights in curricula, widely promote education on sexual and reproductive health and rights, in particular by undertaking large-scale awareness-raising campaigns about available contraceptive methods, increase access to safe and affordable contraceptive services throughout the State party and ensure that women and girls do not face barriers in gaining access to information on family planning;</p> <p>(e) To remove punitive legislative provisions imposed on women who undergo abortion, in line with general recommendation No. 24 (1999), in particular when pregnancy is harmful to the mother's life and health and in instances of incest and rape, and more particularly in cases of rape perpetrated in the context of the conflict;</p> <p>(f) To reduce the high rate of HIV/AIDS among women, address mother-to-child transmission and improve the availability of and access to HIV/AIDS services, including antiretroviral treatment, especially in remote areas.</p>
24	Cuba	55th Seventh and Eighth Periodic Reports	July 9, 2013	<p>34. The Committee commends the State party for its developed health-care system, with universal and free coverage for the population. However, the Committee is concerned at the lack of high-quality methods of contraception and at the high rate of abortion, especially among girls as young as 12 years old. While noting the implementation of the National Sex Education and Sexual Health Programme (proNess), the Committee is concerned at the lack of information on access to health for disadvantaged groups of women, in particular women of African descent, elderly women, women with disabilities and rural women.</p> <p>35. The Committee calls upon the State party:</p> <p>(a) To increase access to , as well as the use of , effective and high- quality methods of contraception with a view to reducing the practice of abortion as a method of family planning;</p> <p>(b) To improve the quality of sexual and reproductive health services and guarantee access to them for disadvantaged groups of women, and provide training and awareness-raising on sexual and reproductive health rights to health-care personnel.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
25	Cape Verde	55th Seventh and Eighth Periodic Reports	July 16, 2013	<p>28. While noting that reproductive health services have in general been free of charge, the Committee is concerned that the fees introduced in 2009 may limit women's access to those services. It also notes the State party's cooperation with local non-governmental organizations in offering services in family planning, HIV/AIDS tests and ultrasounds, among others. It remains concerned, however, about the lack of information about State funding for and monitoring of the quality of such services, including observance of ethical standards. The Committee is also concerned at the lack of information about access to reproductive health services for women with disabilities and at reported cases of forced abortion and sterilization of women with disabilities. The Committee is further concerned at the lack of information regarding women with HIV/AIDS, especially measures to tackle discrimination or stigma suffered by them.</p> <p>29. The Committee recommends that the State party:</p> <p>(a) Ensure women's free access to reproductive health services, in line with the Committee's general recommendation No. 24 (1999), on women and health;</p> <p>(b) Adequately fund and monitor the provision of reproductive health services by civil society organizations, both in terms of quality of care and observance of ethical standards, and ensure dissemination of information on reproductive health rights and services;</p> <p>(c) Ensure that women with disabilities have access to reproductive health information and services, that abortions and sterilizations performed on women with disabilities are conducted with their free, prior and informed consent, that those responsible for performing such procedures without such consent are prosecuted, and punished if convicted, and that redress and financial compensation are provided to women victims of forced abortions or sterilizations;</p> <p>(d) Provide in its next report information on women with HIV/AIDS, including measures to counter discrimination and stigma against them.</p>
26	Afghanistan	55th Combined Initial and Second Periodic Reports	July 10, 2013	<p>36. The Committee notes with appreciation the health policy framework in place in the State party. However, it is concerned about the high maternal mortality ratios, the high number of women who suffer from fistula and the extreme trauma that a large number of women, especially in the conflict-affected remote areas, suffer, which threatens their mental health and well-being. It is also concerned about deep patriarchal attitudes and cultural beliefs that limit women's freedom of movement and prevent them from being treated by male doctors, and that women's access to contraceptives is subject to their husbands' authorization. It is further concerned at the low number of trained women health-care workers and the high number of women giving birth without access to obstetric care. It is concerned that abortion is permitted only when the life of the mother is endangered and that such restrictions lead to unsafe abortion, often threatening the mother's life. The Committee is further concerned at the insufficient allocation of human and financial resources to health facilities, in particular in rural areas.</p> <p>37. In the framework of the Tokyo Mutual Agreement Framework and in line with its general recommendation No. 24, the Committee urges the State party:</p> <p>(a) To set specific targets and adopt an action plan to ensure the sustainability and reinforcement of the health sector to prevent, at a minimum, a further reduction of the already limited health services available for women;</p> <p>(b) To take effective measures to reduce the maternal mortality rate and provide women with access to health-care facilities, obstetric care and medical assistance by trained personnel, including midwives, especially in rural and remote areas;</p> <p>(c) To conduct awareness-raising campaigns to eliminate patriarchal attitudes and cultural beliefs that impede women's free access to health services and contraceptive methods;</p> <p>(d) To take effective measures to increase the recruitment of female health-care workers and to continuously enhance their capacity;</p> <p>(e) To expand the grounds on which abortion is permitted, in particular, cases of rape and incest, and prepare guidelines on post-abortion care to ensure that women have free access to this type of service;</p> <p>(f) To adopt effective measures to address the mental health condition of women suffering from trauma and other psychological disorders;</p> <p>(g) To increase budgetary allocations to the health-care sector, making specific allocations for the treatment and reintegration of victims of fistula.</p> <p>36. The Committee notes with appreciation the health policy framework in place in the State party. However, it is concerned about the high maternal mortality ratios, the high number of women who suffer from fistula and the extreme trauma that a large number of women, especially in the conflict-affected remote areas, suffer, which threatens their mental health and well-being. It is also concerned about deep patriarchal attitudes and cultural beliefs that limit women's freedom of movement and prevent them from being treated by male doctors, and that women's access to contraceptives is subject to their husbands' authorization. It is further concerned at the low number of trained women health-care workers and the high number of women giving birth without access to obstetric care. It is concerned that abortion is permitted only when the life of the mother is endangered and that such restrictions lead to unsafe abortion, often threatening the mother's life. The Committee is further concerned at the insufficient allocation of human and financial resources to health facilities, in particular in rural areas.</p> <p>37. In the framework of the Tokyo Mutual Agreement Framework and in line with its general recommendation No. 24, the Committee urges the State party:</p>
27	Yugoslav Republic of Macedonia	54th Fourth and Fifth Periodic Report	February 21, 2013	<p>33. While noting the adoption of the National Strategy on Sexual and Reproductive Health 2010–2020 and the low maternal mortality rate, the Committee remains concerned about the high rate of abortion and the low use, availability and accessibility of modern forms of contraception, which indicates that abortion continues to be used as a method of birth control. The Committee is also concerned about the financial, cultural and physical barriers to gynaecological services faced by Roma and rural women. The Committee is further concerned about the lack of education programmes on sexual and reproductive health and rights in schools, the lack of gender perspective in national HIV and other health policies, and the lack of sex-disaggregated data. Furthermore, the Committee regrets the lack of information on health and rehabilitation services available to women and girl drug users.</p> <p>34. The Committee urges the State party to:</p> <p>(a) Take all measures necessary to improve women's access to quality health care and health-related services, within the framework of the Committee's general recommendation No. 24 (1999) on women and health;</p> <p>(b) Raise awareness, through public education campaigns, education on sexual and reproductive health in schools and enhanced counselling services, about the importance of using contraceptives for family planning and increase efforts to provide adequate family planning services and affordable contraceptives; and</p> <p>(c) Integrate a gender perspective in all health interventions and policies and collect and analyse sex-disaggregated data.</p>
28	Pakistan	54th Fourth Periodic Report	February 12, 2013	<p>31. The Committee is concerned about the high maternal mortality rate in the State party, women's lack of adequate access to family planning services, including contraceptives, restrictive abortion laws and the large number of women resorting to unsafe abortions, as well as the lack of adequate post-abortion care services. It is further concerned at the wide privatization of the health system and the inadequate budget allocated to the health sector, in particular with regard to sexual and reproductive health-care services, especially in rural remote areas.</p> <p>32. In line with its general recommendation No. 24 (1999) on women and health, the Committee calls upon the State party:</p> <p>(a) To expedite the adoption of the pending Reproductive Health Care Bill;</p> <p>(b) To improve women's access to health-care facilities and medical assistance by trained personnel, especially in rural and remote areas, and ensure adequate allocation of human and financial resources to the health sector in all provinces;</p> <p>(c) To strengthen its efforts to reduce the high rate of maternal mortality, and ensure access to affordable contraceptive methods throughout the country;</p> <p>(d) To review its abortion legislation with a view to expanding the grounds under which abortion is permitted, for example, cases of rape and incest, and prepare guidelines on post-abortion care to ensure that women have access to this type of service;</p> <p>(e) To ensure that the privatization of the health sector and the devolution to the provinces of the main health competence do not reduce further the already limited health services accessible to women.</p>

	COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
29	Hungary	54th	Seventh and Eight Periodic Reports	February 14, 2013	<p>30. The Committee notes the State party's statement that the new article in the Fundamental Law protecting life from the moment of conception will not be used to restrict the present legislation and the access of women to abortion. The Committee is concerned about campaigns, including a recent poster campaign, supported by the State party that stigmatize abortion and seek to negatively influence the public view on abortion and contraception; the limited access to emergency contraceptives; the subjection of women who want surgical abortion to biased mandatory counselling and a three-day medically unnecessary waiting period; and at the increasing resort to conscientious objection by health professionals in the absence of an adequate regulatory framework. The Committee is also concerned at the limited access to modern, efficient methods of contraception, and the lack of choice for women on whether to give birth at home or in the hospital, due to various obstacles, including the non-recognition of midwives as independent professionals.</p> <p>31. The Committee urges the State party to:</p> <p>(a) Cease all negative interference with women's sexual and reproductive rights, including by ending campaigns that stigmatize abortion and seek to negatively influence the public view on abortion and contraception;</p> <p>(b) Provide adequate access to family planning services and affordable contraceptives, including emergency contraception, to all women including women with disabilities, Roma women, women living with HIV/AIDS and migrant and refugee women, i.e., by covering the costs of range of modern contraceptives under the public health insurance and eliminating the prescription requirement for emergency contraception;</p> <p>(c) Ensure access to safe abortion without subjecting women to mandatory counselling and a medically unnecessary waiting period as recommended by the World Health Organization;</p> <p>(d) Establish an adequate regulatory framework and a mechanism for monitoring of the practice of conscientious objection by health professionals and ensure that conscientious objection is accompanied by information to women about existing alternatives and that it remains a personal decision rather than an institutionalized practice; and</p> <p>(e) Ensure women's choice to give birth at home or in the hospital by recognizing trained midwives as independent professionals and by elaborating a legal framework and guidelines on security of home deliveries, and providing training of obstetricians.</p>
30	Greece	54th	Seventh Periodic Report	February 19, 2013	<p>30. The Committee notes the adoption of the National Action Plan for Sexual and Reproductive Rights 2008-2012. It is, however, concerned that the State party has a very high rate of abortions and a very low use of high quality, efficient methods of contraception, which means that women resort to abortions as a method of family planning. The Committee is also concerned at the extremely high rate of caesarean sections performed in public (40 per cent) and private (up to 65 per cent) hospitals without medical justification, the Greek rates being the highest in the world, way above the 15 per cent rate considered by the World Health Organization (WHO) as covering medical needs. The Committee further notes the National Action Plan 2008-2012 on HIV/AIDS and Sexually Transmitted Diseases, but is concerned that since 2010 the rise in the number of HIV/AIDS cases is over 57 per cent, and that there has been a stark increase in the number of people dying of HIV/AIDS from 2007-2009, figures unknown for subsequent years. The Committee is also concerned that education on sexual and reproductive health and rights is insufficient. Further, it is concerned that budget cuts in the health sector will mainly affect women's and girls' health.</p> <p>31. The Committee urges the State party to:</p> <p>(a) Improve and increase access, as well as use of effective and affordable methods of contraception, including by subsidizing them, in order to starkly reduce the practice of abortion as a method of family planning;</p> <p>(b) Reduce the rate of caesarean sections performed without medical necessity by training or retraining medical personnel on natural birth and introduce strict control of medical indications for caesarean sections in order to reach the WHO recognized rates;</p> <p>(c) Improve the quality and accessibility of sexual and reproductive health services and guarantee their access to disadvantaged groups of women;</p> <p>(d) Promote education on sexual and reproductive health and rights, especially targeting adolescent girls and boys, in order to foster responsible sexual behaviour, prevention of early pregnancies and of sexually transmitted infections, including HIV/AIDS;</p> <p>(e) Increase the percentage of the health budget allocated to sexual and reproductive health services.</p>
31	Cyprus	54th	Sixth and Seventh Periodic Reports	February 15, 2013	<p>29. While noting that, according to a decision of the Council of Ministers, the National Health Insurance System will be implemented by 2016, the Committee is concerned that the absence of a national health system and subsequent lack of universal care negatively impact on access to health services for low-income groups of women, in particular for migrant women and older women. The Committee is also concerned about the reported difficulties in obtaining affordable contraceptives for disadvantaged groups of women and about the unavailability of some methods of modern contraception in the State party. Further, the Committee regrets the lack of data on unsafe abortions in the State party.</p> <p>30. The Committee calls on the State party to:</p> <p>(a) Ensure universal access to health care and services for all women, with particular attention to migrant and elderly women, as well as the swift implementation of the National Health Insurance System;</p> <p>(b) Provide a comprehensive range of affordable contraceptives and family planning methods, including emergency contraception, and ensure that all women and girls, including migrant women and girls, do not face economic, linguistic or cultural barriers in accessing family-planning information and services; and</p> <p>(c) Conduct research on unsafe abortions in the State party and their impact on women's health and maternal mortality, and include such information in its next periodic report.</p>
32	Austria	54th	Seventh and Eight Periodic Reports	February 13, 2013	<p>38. The Committee is concerned that abortions, albeit legal, are not reimbursed under the medical insurance scheme and that data fail to show the impact of this policy on economically disadvantaged women and girls. It is also concerned at the lack of information on the impact of the financial crisis and austerity measures on the provision of health care for women, and the risk that privatization may downgrade the quality of health services accessible to women.</p> <p>39. The Committee recommends that the State party provide financial support to economically disadvantaged women and girls needing an abortion who cannot afford it. It should also conduct a study on the impact of the economic crisis, and austerity measures, and potential privatizations, on women's health and take counter-measures, if required.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
33	Angola	54th Sixth Periodic Report	February 20, 2013	<p>31. While welcoming the adoption of the 2009 Executive plan for primary health care, the 2007-2013 Investment Plan for the Accelerated Reduction of Maternal and Child Mortality and the 2012-2014 National Strategy on HIV/AIDS, the Committee is concerned about:</p> <p>(a) The limited access to basic health-care services, in particular for rural women; the existence of sociocultural factors that prevent women from accessing these services; the lack of adequate health infrastructure and the insufficient human and financial resources allocated to the health sector;</p> <p>(b) The high maternal mortality rate, due, inter alia, to the lack of extended obstetrical care and the low number of births attended by skilled personnel;</p> <p>(c) The very high fertility and teenage pregnancy rates and the high number of cases of vesico-vaginal fistula; the low use of contraceptives and the lack of information provided to women on sexual and reproductive health and rights, including family planning;</p> <p>(d) The criminalization of abortion (art. 144 of the Penal Code) except if pregnancy is harmful to the mother's life, although the delegation indicated that, in practice, abortion is allowed in cases of rape and risks for the development of the child;</p> <p>(e) The disproportionately high number of women living with HIV/AIDS and the lack of effective implementation of the 2012-2014 National Strategy on HIV/AIDS throughout the State party.</p> <p>32. In line with its general recommendation No. 24 (1999) on women and health, the Committee calls on the State party to:</p> <p>(a) Increase access for women and girls , in particular rural women, to basic health - care services and address the obstacles to women's access to health care, including sociocultural norms ;</p> <p>(b) Increase the funding allocated to health care, and the number of health - care facilities and of trained health - care providers and medical personnel;</p> <p>(c) Strengthen the maternal and infant mortality reduction programme, and eliminate the causes of such mortality, which include limited access to obstetrical care and the low number of births attended by skilled personnel;</p> <p>(d) P revent vesico-vaginal fistula through nutritional programmes and adequate obstetric services for pregnant women , and provide medical support to women affected by it ;</p> <p>(e) Widely promote education on sexual and reproductive health and rights, in particular by undertaking large-scale awareness-raising campaigns about available contraceptive methods; increase access to safe and affordable</p>
34	Chile	53rd Combined fifth and sixth periodic reports	October 2, 2012	<p>34. The Committee commends the State party for the implementation of the National Plan for Education on Sexuality and Emotional Health, which included extensive training on sexual and reproductive health, the Youth Health Check Strategy and the establishment of teen-friendly areas in 59 municipalities. However, the Committee deeply regrets that all the recent parliamentary initiatives aimed at decriminalizing abortion have failed in the State party, including those where the health or life of the mother are at risk, in cases of serious foetus malformation or rape. While welcoming the statement made by the delegation that the right to life of the mother prevails where her health or life is at risk, the Committee reiterates the concern expressed in its previous concluding observations (CEDAW/C/CH/CO/4, para. 19) that abortion remains a criminal offence in all circumstances. The Committee is further concerned about reported cases of involuntary sterilization of women with HIV/AIDS in the State party, as well as about cases of HIV/AIDS mandatory testing for pregnant women, although Circular No. A/15/47 (December 2011) explicitly allows women to refuse such a test. In addition, while noting with satisfaction the enactment of legislation on sexual and reproductive rights in 2010 (Act No. 20.418), in the light of the high number of early pregnancies and resulting unsafe abortions, the Committee is concerned about serious gaps in the implementation of Act No. 20.418 and women's difficulties in access to and availability of contraceptives methods and family planning services.</p> <p>35. The Committee urges the State party to:</p> <p>(a) Take all necessary measures to provide adequate access to family planning services and contraceptives, including emergency contraception, to prevent early pregnancies and ensure the effective implementation of the new legislation by municipalities;</p> <p>(b) Ensure that fully informed consent is systematically sought by medical personnel before sterilizations are performed, that practitioners performing sterilizations without such consent are sanctioned and that redress and financial compensation are available for women victims of non-consensual sterilization;</p> <p>(c) Ensure that medical personnel duly comply with and enforce Circular No. A/15/47 and that pregnant women are informed of the possibility of refusing HIV/AIDS testing;</p> <p>(d) Review its existing legislation on <u>abortion</u> with a view to decriminalizing it in cases of rape, incest or threats to the health or life of the mother;</p> <p>(e) Undertake a thorough study which includes statistical data on illegal and unsafe abortions and on their impact on the health and lives of women, in particular those resulting in maternal mortality, and consider using it as the basis for legislative and policy action.</p>
35	Bahamas	52nd Combined initial to fourth periodic report and the fifth periodic reports	July 20th, 2012	<p>35. The Committee is concerned about: (...); (b) The high rate of teenage pregnancies among adolescents; the low rate of contraceptive use; (c) The inadequate provision of education on sexual and reproductive health and rights; (...); (f) The absence of legal provisions allowing abortion in cases of rape or incest, which lead women to seek unsafe and illegal abortions...</p> <p>36. In line with its general recommendation No. 24 (1999) on women and health, the Committee calls on the State party to: (...); (b) Widely promote education on sexual and reproductive health and rights, including by: (i) Undertaking large-scale awareness-raising campaigns for the population in general with special attention to early pregnancy and the importance of using contraceptives for family planning and the prevention of sexually transmitted diseases, including HIV/AIDS; (ii) Integrating effective and age-appropriate education on sexual and reproductive health and rights into the Health and Family Life Education curricula for all school levels; (c) Ensure that all women and girls have free and adequate access to contraceptives and sexual and reproductive health services, including in Family Islands; (...); (f) Broaden the conditions under which abortion can be legally available including in instances of rape and incest.</p>
36	Bulgaria	52nd Combined fourth, fifth, sixth and seventh periodic reports	July 27th, 2012	<p>35. While welcoming the decrease in maternal mortality and the State party's efforts to provide education on sexual and reproductive health in schools and access to contraceptives, the Committee remains concerned about the increased number of early pregnancies and the high rate of abortion, in particular among teenagers and women aged under 20 years, which indicates that abortion continues to be used as a method of birth control. The Committee is further concerned about the lack of information on the inclusion of Roma women in the reformed compulsory health-care system.</p> <p>36. The Committee calls upon the State party to step up its efforts to systematically promote education on sexual and reproductive health rights and to target adolescent girls and boys, including in vocational training schools, paying special attention to the prevention of early pregnancy, and to provide adequate family planning services and affordable contraceptives... The Committee requests the State party to provide information on access to health care for Roma women in its subsequent periodic report.</p>
37	Guyana	52nd Combined seventh and eighth periodic report	July 27th, 2012	<p>32. The Committee is also concerned that the rates of maternal mortality and morbidity remain high (MMR 98/100,000 live births) and that women and girls have inadequate access to reproductive health-care services, information, education and contraceptive methods, especially in hinterland and rural areas.</p> <p>33. The Committee urges the State party: (...); (b) To take concrete measures such as education and awareness-raising campaigns on the importance of family planning contraceptive methods and safe pregnancy to men and women of reproductive age including those from rural and remote areas, and from the hinterland; (c) To strengthen and expand its efforts to increase access to affordable contraceptive methods throughout the country and to ensure that women in the hinterland, rural and remote areas do not face barriers in access to family planning information and services; (d) To include sexual and reproductive health education in all school curricula, targeting adolescent girls and boys and paying special attention to prevention of teenage pregnancy and contraction of sexually transmitted infections, including HIV/AIDS...</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
38	Indonesia	52nd Combined sixth and seventh periodic report	July 27th, 2012	<p>41. The Committee is concerned about: (...) c) The insufficient provision of comprehensive education on sexual and reproductive health and rights, which is limited, in practice, to married couples and does not reach women domestic workers; d) The requirement for the husband's consent for women to access some methods of contraception; e) The lack of data on unsafe abortions in the country; f) The very limited period to undergo abortion (six weeks) and the absence of exception to the criminalization of abortion when pregnancy is harmful to the mother's health and in case of incest, which leads women to seek unsafe and illegal abortions; and the need for the consent of the husband to undergo a legal abortion...</p> <p>42. In line with its general recommendation No. 24 (1999) on women and health, the Committee calls on the State party to: (...) (c) Widely undertake education on sexual and reproductive health and rights, including to unmarried women and women domestic workers, by undertaking large-scale awareness-raising campaigns for the population in general with special attention to early pregnancy and the importance of using contraceptives for family planning and the prevention of sexually transmitted diseases, including HIV/AIDS; and ensure that, in practice, women can access contraception without requesting the consent of their husband; (d) Collect data on the prevalence of unsafe abortion disaggregated by age and areas of origin (rural or urban); (e) Extend the time limit to undergo abortion and decriminalize abortion in cases of incest and where the health of the pregnant woman or girl is in danger, authorize women to undertake abortion without the consent of their husband, and provide safe abortion and post-abortion services...</p>
39	Jamaica	52nd Combined sixth and seventh periodic report	July 27th, 2012	<p>26. The Committee recommends that the State party: (a) Develop a comprehensive policy and plan of action for the reintegration of pregnant girls and young mothers into schools, including access to support services such as counselling in parenting skills and appropriate sexual and reproductive health services...</p> <p>29. <i>The Committee welcomes the recent policy initiatives to strengthen women's access to health care in the State party, including the National Development Plan: Vision 2030 Jamaica (2009), the Strategic Framework for Safe Motherhood in the Family (2007-2011) and the Strategic Framework for the Family Planning Programme (2006-2010).</i> (...) The Committee is also concerned about the slow progress in reducing maternal mortality and about the inadequate access to sexual and reproductive health care services, including family planning, which reportedly results in high incidence of teenage and unwanted pregnancies. The Committee is further concerned that abortion is illegal in cases of pregnancies resulting from rape, incest and threats to mothers' health and life, that abortion is criminalized with severe penalties and that there is lack of data on the incidence of unsafe abortion and its linkages to high infant and maternal mortality rates.</p> <p>30. In line with article 12 of the Convention and general recommendation No. 24 (1999) on women and health, the Committee calls on the State party to: (...) (b) Improve access to and the quality of sexual and reproductive health services for women and girls, including by ensuring free and adequate access to contraceptives; (c) Promote education on sexual and reproductive health and rights, in particular by undertaking large-scale awareness-raising campaigns, especially for the prevention of teenage and unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS, and by integrating age-appropriate education on sexual and reproductive health and rights at all school levels; (d) Remove punitive provisions imposed on women who undergo abortion, in line with the Committee's General Recommendation No. 24 (1999) on women and health, as well as legalize abortion in cases of rape, incest and threats to mothers' life and health.</p> <p>35. While welcoming the State party's ratification of the Convention on the Rights of Persons with Disabilities in 2007 and its signing of the Optional Protocol thereto, the Committee is concerned about the situation of women and girls with disabilities, including their access to education, employment and health services, including sexual and reproductive health services, and their protection from violence and abuse.</p> <p>36. The Committee recommends that the State party: (a) Systematically collect data on women and girls with disabilities and use data to develop appropriate policies and programmes to promote equal opportunities for such women and girls in education, skills training, employment and access to services, including mental, sexual and reproductive health services...</p>
40	Mexico	52nd Combined seventh and eighth periodic report	July 27th, 2012	<p>13. The Committee notes with concern that this situation results in discriminatory provisions against women or to different definitions and sanctions related to, inter alia, rape, abortion, forced disappearances, trafficking, injuries and homicide for reasons of so-called honour, as well as on adultery across the 32 states of the State party.</p> <p>14. The Committee urges the federal authorities of the State party to: (...) b) Take the necessary actions to eliminate the inconsistencies in the legal frameworks amongst the federal, state and municipal levels, including by integrating in relevant state and municipal legislation the principle of non-discrimination and equality between men and women and by repealing discriminatory provisions against women, in line with article 2(g) of the Convention and by providing consistent definitions and sanctions, related to, inter alia, rape, abortion, forced disappearances, trafficking, injuries and homicide for reasons of so-called honour, as well as on adultery...</p> <p>26. (T)he Committee is concerned that pregnant teenage girls are stigmatized and forced to drop out from school. It regrets that the contents of the curricula on sexual and reproductive health and rights have been reduced.</p> <p>27. The Committee recommends that the State party: a) ... ensure that the contents of the curricula on sexual and reproductive health and rights are updated and based on scientific evidence, in conformity with international standards, and introduce a comprehensive, age-appropriate programme on sexual and reproductive health and rights for both girls and boys as a regular part of the curriculum at the basic and secondary levels of the education system...</p> <p>30. The Committee... is concerned at reports indicating that adolescents have limited access to quality sexual and reproductive health and education information and that the levels of teenage pregnancies have been increasing in the country.</p> <p>31. The Committee recommends that the State party: a) Ensure universal access to health care services and to information and education on sexual and reproductive health and rights, particularly to adolescent girls with the aim to prevent unwanted and teenage pregnancies...</p> <p>32. The Committee notes that abortion is decriminalized in Mexico City and that in the rest of the country, abortion is legal in cases of rape. It also notes inconsistencies with respect to other legal grounds for abortion in the legal frameworks of the 32 states. It is concerned that women's enjoyment of their sexual and reproductive health and rights, including access to legal abortion have been jeopardized as a result of the amendments in local constitutions which protect life from the moment of conception, even though these amendments have not modified the already established legal grounds for abortion. It is further concerned at cases of women who have been denied access to legal abortion even when they fulfil the restrictive legal criteria; that they have been reported to the judicial authorities by medical care providers and social workers and consequently, deprived of their liberty and sentenced to long prison terms on grounds of infanticide or murder.</p> <p>33. The Committee urges the State party to: a) Harmonize the federal and state legislations related to abortion to eliminate the obstacles faced by women seeking legal abortion and also to extend access to legal abortion, in light of the Constitutional Human Rights Reform and the Committee's General Recommendation No. 24 (1999); b) Inform medical care providers and social workers that the local constitutional amendments have not repealed the grounds for legal abortion and also inform them of their responsibilities; and c) Ensure that in all states, women whose case fall under any of the legal grounds for abortion have access to safe health care services, and ensure the proper implementation of the Mexican Official Standard NOM-046-SSA2-2005, particularly access of women victims of rape to emergency contraception, abortion and treatment of sexually transmitted diseases and HIV/AIDS.</p> <p>34. The Committee... notes as well the creation of Indigenous Women's Centres (CAMI) whose objectives are the prevention and treatment of violence and the promotion of sexual and reproductive health and rights for indigenous women.</p>
41	New Zealand	52nd Seventh periodic report	July 18th, 2012	<p>33. The Committee notes with concern... the convoluted abortion laws which require women to get certificates from two certified consultants before an abortion can be performed, thus making women dependent on the benevolent interpretation of a rule which nullifies their autonomy. The Committee is also concerned that abortion remains criminalized in the State party, which leads women to seek illegal abortions, which are often unsafe... the Committee is concerned about... the lack of access to effective age-appropriate education on sexual and reproductive health and rights.</p> <p>34. The Committee urges the State party: (a) To review the abortion law and practice with a view to simplifying it and to ensure women's autonomy to choose; (b) To prevent women from having to resort to unsafe abortions and remove punitive provisions imposed on women who undergo an abortion; (...); (f) To promote widely education on sexual and reproductive health rights, particularly with regard to the prevention of teenage and unwanted pregnancies, and to strengthen measures to support pregnant girls...</p>
42	Samoa	52nd Combined fourth and fifth periodic report	July 27th, 2012	<p>32. The Committee is... concerned about the high rate of teenage pregnancies and the fact that existing sex education programmes are insufficient and may not pay suitable attention to all aspects of prevention, including prevention of sexually transmitted infections, given the high rate of sexually transmitted infections in the State party (according to a 2008 survey, 32.8 per cent of the population have at least one sexually transmitted infection). The Committee is also concerned that abortion is a criminal offence incurring a penalty of seven years' imprisonment and that this prohibition leads women to seek unsafe, illegal abortions, with consequent risks to their life and health. The Committee is also concerned that 46 per cent of women have limited access to high-quality reproductive and sexual health services, especially in rural areas, and are unable to gain access to some birth control methods without the consent of a parent or partner.</p> <p>33. The Committee urges the State party: (...) (b) To review the current laws on abortion with a view to removing punitive provisions imposed on women who undergo abortions and provide them with access to high-quality services for the management of complications arising from unsafe abortions; (c) To strengthen and expand efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and to ensure that women in rural and remote areas do not face barriers in gaining access to family planning information and services; and (d) To widely promote education on sexual and reproductive health and rights, targeting adolescent girls and boys and paying special attention to early pregnancy and control of sexually transmitted infections, including HIV/AIDS.</p>

COUNTRY	SESSI ON	REPORT	DATE	CONCLUDING OBSERVATIONS
43	Algeria	51st Combined third and fourth periodic reports	March 23, 2012	40. While the Committee notes with appreciation the State party's prioritization of reproductive health in its health-care delivery system and the integration of prevention of violence and treatment of victims of violence into the reproductive and mental health services, it expresses its concern at the lack of a policy for medical personnel to monitor and report cases of domestic violence against women. The Committee notes the information from the State party that abortion for victims of rape and incest is not criminalized. However, the lack of a decree to legalize abortion in cases of rape and incest remains a concern for the Committee. Moreover, the Committee is concerned about the lack of clarity as to whether education on sexual and reproductive health and rights forms part of public school curricula. 41. The Committee urges the State party: (...); (b) To adopt medical standards and provide for implementation mechanisms establishing that rape and incest constitute grounds for abortion; (c) To include more comprehensive education on sexual and reproductive health and rights in public school curricula.
44	Brazil	51st Seventh periodic report	March 23, 2012	28. The Committee... regrets that women who undergo illegal abortions continue to face criminal sanctions in the State party and that women's enjoyment of sexual and reproductive health and rights is being jeopardized by a number of bills under consideration in the National Congress, such as Bill No. 478/2008 (Estatuto do Nascimento). 29. The Committee urges the State party to: (...); (b) Expedite the review of its legislation criminalizing abortion in order to remove punitive provisions imposed on women, as previously recommended by the Committee (CEDAW/C/BRA/CO/6, para. 3); and collaborate with all relevant actors in order to discuss and analyse the impact of the Estatuto do Nascimento in further restricting the existing narrow grounds for legal abortions, before it is adopted by the National Congress.
45	Congo	51st Sixth periodic report	March 23, 2012	35. The Committee welcomes the development of a road map to reduce maternal mortality in 2007, the 2009-2013 National Multisectoral Strategic Framework against HIV/AIDS and Sexually Transmitted Infections and the Programme for Prevention of Mother-to-child Transmission of HIV, and the adoption of the Law of 2010 authorizing awareness-raising on the use of contraceptives... However, the Committee remains concerned about: (...); (d) The criminalization of abortion, except if pregnancy is harmful to the mother's life and/or health, which leads women to seek unsafe and illegal abortions, and in some cases, to commit infanticides; (e) The lack of sufficient information provided to women on sexual and reproductive health and rights and family planning; (f) The low rate of contraceptives use... 36. In line with its general recommendation No. 24 (1999) on women and health, the Committee calls on the State party to: (...); (d) Ensure the provision of skilled medical aid and health facilities to women and girls suffering from health complications due to unsafe abortion and consider reviewing the law relating to abortion for unwanted pregnancies with a view to removing punitive provisions imposed on women who undergo abortion, in line with the Committee's general recommendation 24 (1999) on women and health; (e) Widely promote education on sexual and reproductive health and rights, including by: (i) Undertaking large-scale awareness-raising campaigns for the population in general with special attention to early pregnancy and the importance of using contraceptives for family planning and the prevention of sexually transmitted diseases, including HIV/AIDS; (ii) Integrating effective and age-appropriate education on sexual and reproductive health and rights at all school levels and incorporating it into the school curricula; (f) Ensure that all women and girls have free and adequate access to contraceptives, sexual and reproductive health services, including in rural areas.
46	Grenada	51st Combined initial, second, third, fourth and fifth periodic reports	March 23, 2012	33. The Committee... is concerned about the limited access to sexual and reproductive health and family planning services... The Committee is further concerned at the high rate of unsafe abortion and subsequent complications, which may be explained by the restrictive abortion law, which leads women to seek unsafe and illegal abortions and possibly to infanticides in certain cases. 34. In line with article 12 of the Convention and general recommendation No. 24 (1999) on women and health, the Committee calls on the State party: (a) To improve sexual and reproductive health services for women and girls, including by ensuring free and adequate access to contraceptives; (b) To promote education on sexual and reproductive health, in particular by undertaking large-scale awareness-raising campaigns, especially for the prevention of unwanted pregnancy and sexually transmitted infections and diseases, including HIV/AIDS, and by integrating age-appropriate sex education at all school levels; (c) To ensure the provision of health facilities to women and girls suffering from complications due to unsafe abortions; (d) To consider reviewing the law relating to abortion for unwanted pregnancies with a view to removing punitive provisions imposed on women who undergo abortion, in line with the Committee's general recommendation 24 (1999) on women and health.
47	Jordan	51st Fifth periodic report	March 23, 2012	39. The Committee is highly concerned that abortion in the State party remains illegal in cases of rape and incest, and thus, women seek unsafe and illegal abortions. The Committee is also concerned at the limited access to sexual and reproductive health and rights education for young, unmarried and rural women. 40. The Committee recommends that the State party, in line with its general recommendation No. 24 on women and health (1999), amend its Public Health Law and allow abortion in cases of rape and incest with a view to protecting the best interests of the victim, and remove punitive measures imposed on women who undergo abortion in such cases. The Committee calls upon the State party to ensure the provision of skilled medical aid and health facilities to women and girls suffering from health complications due to unsafe abortions; expand the provision of education on sexual and reproductive health and rights, in particular to young women and also in rural areas...
48	Zimbabwe	51st Combined Second, third, fourth and fifth periodic reports	March 23, 2012	33. The Committee is further concerned that the restrictive abortion law and the lengthy procedures for authorizing abortions according to the exceptions allowed by law lead women to seek illegal abortions which are often unsafe. The Committee is also concerned at women's limited access to quality reproductive and sexual health services, especially in rural and remote areas. 34. The Committee urges the State party to: (...); (b) Strengthen its efforts to reduce the incidence of maternal mortality and to raise awareness of, and increase, women's access to health-care facilities and medical assistance by trained personnel, especially in rural and remote areas; (c) Strengthen and expand its efforts to increase knowledge of and access to affordable contraceptive methods throughout the country, and ensure that women in rural and remote areas do not face barriers in accessing family-planning information and services; (d) Widely promote education on sexual and reproductive health targeting adolescent girls and boys...; (e) Provide women with access to quality services for the management of complications arising from unsafe abortions so as to reduce maternal mortality rate, as well as consider reviewing the law relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion for unwanted pregnancies, in line with the Committee's general recommendations No. 24 on women and health, and review the procedures for the exceptions that are allowed by law.
49	Chad	50th Combined initial, second, third and fourth periodic reports	November 4, 2011	34. The Committee... is also concerned at the low rate of contraceptive use, particularly in rural areas (1 per cent, against 10 per cent in urban areas). 35. The Committee calls upon the State party: (...); (c) To take actions to involve men in the use of contraceptives, with a view to fostering responsible parenthood, and to adequately fund family planning services and health-care centres with a view to improving accessibility for women in rural areas...
50	Côte d'Ivoire	50th Combined initial, second and third periodic report	November 8, 2011	40. El Comité celebra... la creación de un programa de salud sexual y reproductiva... No obstante, el Comité sigue preocupado por... la falta de datos desglosados sobre los abortos practicados en condiciones de riesgo; la restrictiva legislación relativa al aborto, que lleva a las mujeres a someterse a abortos ilegales practicados en condiciones de riesgo; la información insuficiente que reciben las mujeres sobre salud sexual y reproductiva y los derechos conexos... 41. De conformidad con su Recomendación general No 24 (1999) sobre la mujer y la salud, el Comité exhorta al Estado parte a que: (...); d) Reúna datos desglosados sobre el número de abortos practicados en condiciones de riesgo, asegure la prestación de asistencia médica cualificada y servicios sanitarios a las mujeres y las niñas que sufren complicaciones de salud como consecuencia de abortos practicados en condiciones de riesgo y despenalice el aborto en determinadas circunstancias, en especial cuando el embarazo pone en peligro la vida o la salud de la madre, así como en caso de incesto y violación, y más concretamente en el caso de violaciones perpetradas en un contexto de conflicto o posterior al conflicto; e) Promueva ampliamente la educación sobre la salud sexual y reproductiva y los derechos conexos.
51	Kuwait	50th Combined third and fourth periodic report	November 8, 2011	38. (T)he Committee... is also concerned about the lack of clarity as to whether education on sexual and reproductive health and rights forms part of public school curricula. 39. The Committee recommends that the State party: (...); (c) Include more comprehensive education on sexual and reproductive health and rights in public school curricula. 42. The absence of clarity about the medical standard establishing grounds for abortion in the cases of rape and incest is yet another source of concern. 43. The Committee urges the State party: (...); (d) To adopt medical standards and provide for implementation mechanisms establishing that rape and incest constitute grounds for abortion. 48. While welcoming the reassurance by the State party that disabled women are not forced to undergo compulsory sterilization or abortion, the Committee remains concerned at the absence of a comprehensive law protecting women from forced sterilization and abortion. 49. The Committee urges the State party to adopt a comprehensive law protecting women, including disabled women, from forced sterilization and abortion.

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52	Lesotho	50th Combined initial, second, third and fourth periodic report	November 8, 2011	32. The Committee is further concerned that abortion is prohibited, which leads women to seek unsafe and illegal abortions. The Committee is also concerned at the limited access by women to quality reproductive and sexual health services, especially in rural and remote areas. 33. The Committee urges the State party to: (...); (c) Strengthen and expand its efforts to increase knowledge of and access to affordable contraceptive methods throughout the country, and ensure that women in rural and remote areas do not face barriers in accessing family-planning information and services; (d) Widely promote education on sexual and reproductive health targeting adolescent girls and boys.
53	Mauritius	50th Combined sixth and seventh periodic report	November 8, 2011	32. While welcoming the State party's efforts to include education on sexual and reproductive health and rights at both primary and secondary school levels, the enactment of the HIV and AIDS Act (2006), and the Criminal Code Amendment Bill which seeks to revise section 235 of the Criminal Code on abortion, the Committee reiterates its deep concern about the prevalence of teenage pregnancies in the country, which leads to unsafe abortions among girls and women. The Committee is also concerned about the maintenance of the provision in the Criminal Code criminalizing abortion, despite its previous concluding observations, and about punitive measures faced by women and girls if they pursue an abortion. The Committee is deeply concerned about the prevalence of clandestine abortions and the ensuing high rate of health complications among women and girls. 33. 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: (a) Expedite the enactment of the Criminal Code Bill which seeks to amend section 235 of the Criminal Code on abortion 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; hasten the consultation process with the relevant stakeholders while ensuring that women are included in this consultation; (b) Accelerate its efforts in raising awareness among pregnant teenagers and their families about the serious health risks of clandestine abortions; (c) Ensure the provision of skilled medical aid and access to health facilities for women and girls suffering from health complications due to unsafe abortions; (d) Provide age-disaggregated data on abortion health complications due to unsafe abortions, teenage pregnancies, and also provide sex-disaggregated data on HIV/AIDS; (e) Ensure provision of effective and age-appropriate education on sexual and reproductive health and rights at all school levels and incorporate it in the school curricula, in order to combat teenage pregnancies and inform youth about the high risks associated with unsafe sex; (f) Provide medical check-ups and contraceptives and also develop counselling programmes and provide vocational training aimed at availing sex workers with options to leave the sex trade.
54	Montenegro	50th Initial report	November 4, 2011	30. The Committee is concerned about the low prevalence of contraceptives and inadequate access to sexual and reproductive health services and information, especially for disabled, Roma, Ashkali and Egyptian and displaced/refugee women, in particular in rural areas. It also notes with concern that education on sexual and reproductive health and rights at the secondary level is only optional. 31. By reference to its general recommendation No. 24 (1999) on article 12 (women and health), the Committee calls on the State party to: (a) Ensure that all women and girls, including women with disabilities, Roma, Ashkali and Egyptian and displaced/refugee women, have free and adequate access to contraceptives, sexual and reproductive health services and information in accessible formats, including in rural areas; (b) Raise awareness, through education campaigns, enhanced counselling services and the media, about the importance of using contraceptives for family planning and the prevention of sexually transmitted diseases, including HIV/AIDS; and (c) Include mandatory education on sexual and reproductive health and rights in the regular school curricula at the secondary level.
55	Oman	50th Initial report	November 4, 2011	40. The Committee takes note of the assurances of the State party in its dialogue with the Committee that contraceptives are free of charge to all women in Oman, and that information on reproductive health and sexually transmitted diseases is provided. It also welcomes the information that no authorization is necessary for women to have access to reproductive health care. It is nonetheless concerned that less than half (41.4 per cent) of married women in the age group 15 – 49 use modern contraceptive methods. The Committee also remains concerned about the incidence of clandestine abortions which often result in serious health complications for women. 41. The Committee recommends that the State party: (a) Continue efforts to increase access to safe and affordable contraceptive services throughout the country and ensure that women in rural areas do not face barriers in accessing family planning information; (b) Provide education and awareness-raising programmes on the importance of the use of contraceptives, risks of unsafe abortion and women's reproductive health rights; (c) Strengthen implementation of programmes and policies aimed at providing effective access for women to health-care information and affordable services, in particular regarding reproductive health and contraceptive methods.
56	Paraguay	50th Sixth periodic report	November 8, 2011	18. The Committee is concerned about the persistence of discriminatory traditional attitudes... that hamper the advancement of women's rights and the full implementation of the Convention, in particular sexual and reproductive health and rights. 30. The Committee welcomes the State party's efforts to improve access to and use of public services, through the adoption of measures such as free access to primary health-care services, which includes reproductive health care. However, the Committee remains concerned about the insufficient health-care budget, the lack of a comprehensive law on sexual and reproductive health and rights, as well as the lack of specific policies mainstreaming human rights and gender perspectives in health plans and programmes. The Committee is alarmed that the maternal mortality rate remains very high, particularly as a result of unsafe abortions. The Committee is also concerned that the lack of a confidentiality code/policy in medical centres violates patients' privacy rights, in particular for women who are admitted to hospitals for complications of abortion. 31. The Committee, reiterating its recommendations from previous concluding observations and recalling its general recommendation No. 24 (1999) on women and health and the Beijing Declaration and Platform for Action, recommends the State party to: (a) Act without delay and implement effective measures to deal with the high maternal mortality rate, prevent women from having to resort to unsafe abortions and remove punitive provisions imposed on women who undergo abortion; (b) Adopt a policy for patient privacy, to safeguard doctor-patient confidentiality specifically when treating women for abortion complications; (c) Strengthen institutional health-care capacity and the implementation of programmes and policies aimed at providing effective access for women to health-care information and services, in particular regarding reproductive health and affordable contraceptive methods, with the aim of preventing clandestine abortions; and (d) Approve the implementation regulation for Law No. 2907/06 in order to ensure the necessary budget for providing contraceptive methods.
57	Costa Rica	49th Fifth and sixth periodic report	August 2, 2011	18. (T)he Committee is concerned at the persistence of discriminatory traditional attitudes and the prevailing negative influence of some religious beliefs and cultural patterns in the State party that hamper the advancement of women's rights and the full implementation of the Convention, in particular sexual and reproductive rights. 26. The Committee is also concerned about the lack of a sexual and reproductive health and rights education programme in the State party... 27. The Committee calls upon the State party to: (...); (c) Introduce a comprehensive programme on sexual and reproductive health and rights education for both girls and boys as a regular part of the school curriculum. 32. The Committee expresses its concern about the inadequate recognition and protection of sexual and reproductive rights in the State party. It is concerned that women do not have access to legal abortion because of the lack of clear medical guidelines outlining when and how a legal abortion can be conducted. The Committee is also concerned about women's difficulties in access to and availability of the safest and most technologically advanced contraceptive methods, including emergency contraception. <i>It is further concerned at the limited assisted reproductive services available for women, including in vitro fertilization, which is banned in the State party as it was declared unconstitutional by the Supreme Court of Justice in 2000.</i> 33. The Committee urges the State party to: (a) Prioritize the adoption of the amendment to the General Health Act, which envisages the introduction of a chapter devoted to sexual and reproductive rights, in accordance with article 12 of the Convention and the Committee's general recommendation No. 24 (1999) on article 12 of the Convention (women and health); (b) Consider lifting the ban on in vitro fertilization and adopting legislative measures aimed at facilitating and expanding women's right to decide freely and responsibly on the number of their children in accordance with article 16 (e) of the Convention, and ensure access to assisted reproductive services, including in vitro fertilization, in line with the recommendations of the Inter-American Commission on Human Rights in 2010; (c) Elaborate clear medical guidelines on access to legal abortion and disseminate them widely among health professionals and the public at large; (d) Consider reviewing the law relating to abortion, with a view to identifying other circumstances under which abortion could be permitted, such as abortions in cases of pregnancies resulting from rape or incest; (e) Take measures aimed at making accessible and available technologically advanced contraceptive methods to women.

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
58	Djibouti	49th Combined initial, second and third periodic reports	August 2, 2011	<p>20. The Committee... is concerned that... abortion following rape is illegal.</p> <p>21. (T)he Committee calls on the State party to: (a) ...; (b) Consider amending the Criminal Code, with a view to criminalizing marital rape and decriminalizing abortion in cases of rape...</p> <p>30. The Committee notes the important measures taken by the State party to... increase women's and girls' access to family planning and reproductive health services. It also takes note of the State party's intention to review its legislation on abortion. However, the Committee is concerned about: (a) The high maternal mortality rate, including intra-hospital maternal deaths, due to... early pregnancy, unsafe abortion, and other factors; (b) ...; (c) The low rate of contraceptive use (22.5 per cent), exposing women and girls to risk of HIV/AIDS, other sexually transmitted diseases and early pregnancy; (d) The lack of disaggregated data on early pregnancies and unsafe abortions...</p> <p>31. (T)he Committee calls on the State party to: (a) ...; (b) Collect disaggregated data on the prevalence of and address early pregnancy and unsafe abortion, through awareness-raising, decriminalization of abortion in cases of rape and where the life or health of the pregnant woman or girl is in danger, and provision of safe abortion and post-abortion services; (c) Raise awareness about available contraceptive methods, in particular by integrating sex education into school curricula, especially at the secondary level, and encourage the use of male condoms as a safe and less costly option.</p>
59	Ethiopia	49th Combined sixth and seventh periodic reports	July 27, 2011	<p>18. (T)he Committee reiterates its concern at the persistence of adverse cultural norms, practices and traditions... The Committee is concerned that such customs and practices perpetuate discrimination against women, and are reflected in women's disadvantageous and unequal status in many areas, including in... sexual and reproductive health, and in marriage and family relations.</p> <p>19. The Committee urges the State party to: (a) ...; (b) ...; (c) Use innovative measures to strengthen understanding of the equality of women and men, including their equal rights to... freely make sexual and reproductive health choices and freely choose a spouse and enter into marriage.</p> <p>34. While welcoming the measures taken by the State party to extend basic health services to rural areas and increase women's and girls' access to family planning and reproductive health services, the Committee remains concerned about: (a) The high maternal mortality rate (470 per 100,000 live births) due to obstetric complications such as fistulae, early pregnancy, unsafe abortion, harmful practices and other factors; (b) ...; (c) Low contraceptive use, exposing women and girls who are often married to older men to risk of early pregnancy and HIV/AIDS and other sexually transmitted diseases; (d) The high number of unsafe abortions.</p> <p>35. ... the Committee calls on the State party to: (a) Continue training health extension workers on referring women to maternal health-care facilities, including safe abortion services, and further increase the number of health-care facilities providing safe abortion services in rural areas; (b) Address the lack of medical personnel in rural health-care facilities and the shortage of emergency obstetric services in rural areas; (c) ...; (d) ...; (e) Effectively implement the National Adolescent and Youth Reproductive Health Strategy (2007-2015), continue raising awareness about available contraceptive methods and encourage the use of male condoms as a safe and less costly option; (f) Encourage more religious organizations and communities to include provisions on premarital HIV counselling and testing in their by-laws.</p>
60	Nepal	49th Combined fourth and fifth periodic report	August 11, 2011	<p>31. The Committee welcomes the Aama programme for free delivery services and the decrease in the maternal mortality rate. However, it is deeply concerned about... the high rate of unsafe abortion, in particular for women living in poverty, women from rural villages and women from marginalized communities within urban areas, in spite of the legalization of abortion in 2002; the lack of access to family planning and the unmet need for contraception, in particular among rural women, adolescents, poor women and women with disabilities.</p> <p>32. The Committee recommends that the State party: (a) ...; (b) ...; (c) ...; (d) Address discriminatory and harmful practices against women and girls, such as the lack of provision of sufficient food and the chaupadi practice, which jeopardize the well-being and health of women and girls, including reproductive health; (e) Take preventive measures to combat the problem of uterine prolapse, such as adequate access to family planning...; (f) Improve access to abortion services throughout the country; (g) Address the unmet need for contraception by prioritizing universal access to the full range of contraceptive methods, information and services, including emergency contraception...</p>
61	Republic of Korea	49th Seventh periodic report	August 1, 2011	<p>29. The Committee recommends that the State party... consider introducing a more comprehensive, age-appropriate programme on sexual and reproductive health and rights for both girls and boys as a regular part of the curriculum at the elementary and secondary levels.</p> <p>34. The Committee also expresses its concern that, even though abortion is allowed under certain circumstances, including rape and incest, in accordance with articles 14 and 15 of the Mother and Fatherless Childcare Act, abortion is still a punishable offence under articles 269 and 270 of the Criminal Code of the State party.</p> <p>35. The Committee... urges the State party to consider reviewing legislation relating to abortion, in particular the Criminal Code, with a view to removing the punitive provisions imposed on women who undergo an abortion, and to provide them with access to quality services for the management of complications arising from unsafe abortion...</p>
62	Zambia	49th Combined fifth and sixth periodic reports	September 19, 2011	<p>33. The Committee is especially concerned about the high rates of maternal mortality and morbidity, related in particular to maternal deaths and disabilities resulting from unsafe abortions, in spite of abortion laws that do not prohibit women from seeking safe abortions at health centres; the lack of access for women and girls to reproductive health care and information...</p> <p>34. The Committee recommends that the State party: (a) Take all necessary measures to improve women's access to reproductive health-care and related services...; (b) ...; (c) Raise awareness among women and clinicians, including through an information campaign, about the legislation on abortion, which allows women to seek safe abortions at health centres; (d) Provide women with access to good-quality services for the management of complications arising from unsafe abortions; (e) Strengthen and expand efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and ensure that women and girls, especially in rural areas, do not face barriers to accessing family planning information and services; (f) ...; (g) Reinforce education... on sexual and reproductive health rights targeting adolescent girls and boys...</p>
63	Bangladesh	48th Combined sixth and seventh periodic reports	March 22, 2011	<p>31. (T)he Committee expresses its concern about... the inadequate attention to women's reproductive health-care services... Furthermore, the Committee is concerned at women's limited access to quality health-care services, including reproductive health care, specifically in rural areas.</p> <p>32. The Committee urges the State party to: (a) Take concrete measures to improve women's access to quality health-care facilities and services including reproductive health care with special attention to poor and disadvantaged women; (b) Take necessary measures to reduce maternal mortality rate... through the establishment of a comprehensive intervention plan that includes... education and awareness-raising programmes on the importance of use of contraceptives, risks of unsafe abortion and women's reproductive rights; (c) Strengthen and expand efforts to increase access to safe and affordable contraceptive services throughout the country and ensure that women in rural areas do not face barriers in accessing family planning information and services.</p>
64	Belarus	48th Seventh periodic report	April 6, 2011	<p>35. While noting the reduction of the abortion rate, the Committee reiterates its concern about the continuing use of abortion as the main method of birth control, the limited use of contraceptives and the growing spread of sexually transmitted diseases, including HIV/AIDS, among women and girls, in particular women sex workers. It also notes with concern that education on sexual and reproductive health and rights is not included in the regular school curricula and that the quality of sexual and reproductive health services reportedly remains poor, especially in rural areas.</p> <p>36. (T)he Committee calls on the State party: (a) To raise awareness, through special counselling services and the media, about the impact of abortion on women's physical and psychological health as well as its ethical implications and its exceptional nature; (b) To integrate education on sexual and reproductive health and rights in the regular school curricula; (c) To ensure that all women, including women with disabilities, women living with HIV/AIDS and migrant and refugee women, as well as girls have free and adequate access to contraceptives and sexual and reproductive health services, including in rural areas, and to information in accessible formats.</p>
65	Kenya	48th Seventh periodic report	April 5, 2011	<p>37. The Committee expresses its concern about the inadequate recognition and protection of the reproductive health and rights of women in the State party and about the Reproductive Rights Bill which is still to be enacted... The Committee further notes with concern that illegal abortion remains one of the leading causes of the high maternal mortality rate and that the State party's restrictive abortion law further leads women to seek unsafe and illegal abortions. The Committee is further concerned at the number of deaths resulting from unsafe abortions and regrets that maternal health policies do not pay sufficient attention to complications arising from unsafe abortion. The Committee is also concerned at the very high number of teenage pregnancies, women's limited access to quality reproductive and sexual health services, especially in rural areas, and that the existing sex education programmes are not sufficient, and may not give enough attention to the prevention of early pregnancy and the control of sexually transmitted infections (STIs).</p> <p>38. The Committee urges the State party to: (a) Take all necessary measures to improve women's access to reproductive health care and related services, including the speedy enactment of the Reproductive Rights Bill...; (b) ...; (c) Provide women with access to good-quality services for the management of complications arising from unsafe abortions and to consider reviewing the law relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion...; (d) Strengthen and expand efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and ensure that women in rural areas do not face barriers to accessing family planning information and services; and (e) Widely promote education on sexual and reproductive health and rights targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of STIs, including HIV/AIDS.</p>
66	Liechtenstein	48th Fourth periodic report	April 5, 2011	<p>38. The Committee notes the slow progress of the working group dealing with pregnancy conflicts in finding solutions for decriminalizing abortion. It also notes with concern that contraceptives are not generally distributed free of charge, and that women from disadvantaged groups, including women with disabilities and migrant women, sometimes encounter difficulties in accessing sexual and reproductive health services and information.</p> <p>39. (T)he Committee calls on the State party: (a) To expedite the review of legislation relating to abortion, with a view to removing punitive provisions for women who undergo abortion; (b) To ensure that all women and girls, including adolescents, women with disabilities and migrant women, have free and adequate access to contraceptives and sexual and reproductive health services and information in accessible formats.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
67	Sri Lanka	48th Combined fifth, sixth and seventh periodic reports	April 8, 2011	<p>22. The Committee is concerned that gender role stereotyping perpetuates discrimination against women and girls and is reflected in their disadvantageous and unequal status in many areas, such as... education including sexual and reproductive education, sexual harassment and other forms of violence against women, including violence in family relations.</p> <p>36. While the Committee acknowledges the achievements of the State party in the area of maternal healthcare, it is concerned about the limited knowledge of reproductive health and the low rate of use of contraceptives, the high level of teenage pregnancies especially in less developed and conflict-affected areas, as well as the low accessibility to family planning and the increase in prevalence of HIV/AIDS infection among women. The Committee is also concerned that abortion is a punishable offence under the law, unless the purpose is to save the life of the mother and regrets that about 10 per cent of maternal mortality is reported as the direct result of clandestine abortion.</p> <p>37. (T)he Committee urges the State party: (a) To ensure that family planning and reproductive health education are widely promoted...; (b)...; (c) To take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion, because of lack of appropriate services in regard to fertility control; and (d) To review the laws relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion, providing them with access to quality services for the management of complications arising from unsafe abortions.</p>
68	Burkina Faso	47th Sixth periodic report	November 5, 2010	<p>37. While welcoming measures taken by the State party to protect the sexual and reproductive health of women and young girls, the Committee reiterates its serious concern about the sexual and reproductive health in the State party. It regrets that lack of information among many women, and accountability of the members of the medical service, as well as insufficient implementation of government policies constitute major obstacles for the establishment of health policies that address the specific health needs of women, including those of reproductive and mental health.</p> <p>38. The Committee urges the State party to address the obstacles to women's access to health care... including discriminatory practices whereby a woman has to request permission from her husband to use contraceptive methods... The Committee recommends that the State party take actions to involve men in the use of contraceptives with a view to foster responsible parenthood, and to adequately fund family planning services and health-care centres with a view to improving accessibility to women in rural areas...</p> <p>39. The Committee welcomes the efforts carried out by the State party to increase the availability of family planning services, including the promotion of training of health professionals so that they adequately inform women of their pregnancy as a result of personal choice... The Committee also expresses its concern about the lack of available information on the link between the maternal mortality rate and the practice of clandestine abortions, as well as on the effects of criminalization of abortion with regard to the high maternal mortality rate...</p> <p>40. The Committee also requests that the State party include, in its next periodic report: (a) ...; (b) Information on the link between the practice of clandestine abortions and the number of maternal deaths. In this regard, the Committee urges the State party to reconsider the criminalization of women who undergo abortion.</p>
69	Malta	47th Fourth periodic report	November 9, 2010	<p>34. (T)he Committee is concerned about the insufficient access to reproductive health-care services for women. The Committee notes with concern that education on sexual and reproductive health and rights is not part of the curriculum. The Committee is further concerned that abortion is illegal in all cases under the law of the State party and that women who choose to undergo abortion are subject to imprisonment...</p> <p>35. The Committee calls on the State party to increase its efforts to improve the availability of sexual and reproductive health services, including family planning, to mobilize resources for that purpose and to monitor the actual access to those services by women. It further recommends that the National Policy on Sexual Health, which is being finalized, ensure that family planning and reproductive health education are widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies of underage girls including the control of sexually transmitted diseases and HIV/AIDS. The Committee urges the State party to review its legislation on abortion and consider exceptions to the general prohibition of abortion for cases of therapeutic abortion and when the pregnancy is the result of rape or incest. It further urges the State party to remove from its legislation the punitive provisions for women who undergo abortion, in line with the Committee's general recommendation No. 24 (1999) on women and health and the Beijing Declaration and Platform for Action...</p>
70	Tunisia	47th Combined fifth and sixth periodic reports	November 5, 2010	<p>50. The Committee... is further concerned at reports indicating discrimination against single women with regard to access to abortion services....</p> <p>51. The Committee requests the State party to strengthen and expand efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and to ensure that single women do not face barriers in accessing abortion services. It also recommends that education on sexual health and rights be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections, including HIV/AIDS.</p>
71	Uganda	47th Combined fourth, fifth, sixth and seventh periodic reports	November 5, 2010	<p>35. (T)he Committee notes with concern that, despite a slight decline, maternal mortality rates remain very high (505 per 100,000 in 2001 as compared to 435 per 100,000 in 2006), with clandestine abortions being a major cause thereof. The Committee is also concerned at the very high number of teenage pregnancies, women's limited access to quality reproductive and sexual health services, especially in rural areas, and that the existing sex education programmes are not sufficient, and may not give enough attention to the prevention of early pregnancy and the control of STIs...</p> <p>36. The Committee... urges the State party to strengthen and expand efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and ensure that women in rural areas do not face barriers in accessing family planning information and services. It also recommends that education on sexual and reproductive health and rights be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of STIs, including HIV/AIDS.</p> <p>45. The Committee is further concerned that sexual and reproductive health and rights of women with disabilities are not promoted and protected. Furthermore, the Committee is concerned that older women and women with disabilities often suffer from multiple forms of discrimination, especially with regard to access to education, employment and health care, social services, protection from violence and access to justice.</p>
72	Albania	46th Third periodic report	September 16, 2010	<p>34. The Committee is concerned about the unequal access to health care for women and men in rural compared with urban areas, in particular in relation to family planning services and reproductive health, with the overall rate of use of modern contraceptives remaining very low.</p> <p>35. The Committee requests the strengthening and expansion of efforts to raise awareness about access to affordable contraceptive methods throughout the country and to ensure that women in rural areas and women belonging to linguistic and ethnic minorities do not face barriers in accessing family-planning information and services. It also recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy, especially in rural areas and for women belonging to linguistic and ethnic minorities, and the control of sexually transmitted infections...</p>
73	Argentina	46th Sixth periodic report	August 16, 2010	<p>37. While appreciating the establishment of the national Programme for Sexual Health and Responsible Parenthood and, within its framework, the publication of the "Technical guide for the integral attention of non-punishable abortion cases" aimed at clarifying aspects of article 86 of the Criminal Code, the Committee notes that access to sexual and reproductive health-care services remains a significant problem for Argentinean women. The Committee further expresses its concern about the high pregnancy rate among adolescent girls and about high maternal mortality, one third of which is caused by illegal abortion.</p> <p>38. The Committee urges the State party to ensure women's and teenage girls' access to health services, including sexual and reproductive health services, and to see to it that education on sexual and reproductive health is undertaken in all schools at all levels, as relevant... The Committee further urges the State party to review existing legislation that criminalizes abortion, with serious consequences for the health and lives of women. The State party should ensure that the "Technical guide for the integral attention of non-punishable abortion cases" is applicable in the whole country in a uniform manner so that there is equal and effective access to health services to interrupt pregnancies.</p> <p>44. The Committee urges the State party to ensure that the rights of older women, women migrants, women with disabilities and lesbians, bisexual and transgendered women, among others, are fully protected. All of the above- mentioned women should be able to live free from any discrimination or violence and to enjoy all their rights, including civil, cultural, economic, political and social, as well as sexual and reproductive, rights.</p>
74	Australia	46th Combined sixth and seventh periodic reports	July 30, 2010	<p>16. The Committee remains concerned about the lack of harmonization or consistency in the way that the Convention is incorporated and implemented across the country... It notes, for example, that inconsistent approaches have arisen with regard to the imposition of criminal sanctions, for example with regard to abortion.</p> <p>17. The Committee... reiterates its previous recommendation that the State party promote and guarantee the implementation of the Convention throughout the country, including through its power to legislate for the implementation of treaty obligations in all states and territories.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
75	Papua New Guinea	46th Combined initial, second and third periodic reports	July 30, 2010	<p>41. The Committee is also concerned that abortion is a punishable offence under the law, with a penalty of seven years imprisonment with no exceptions, and that this prohibition leads women to seek unsafe, illegal abortions, with consequent risks to their life and health. Clandestine abortions are a major cause of maternal mortality and the Committee regrets the lack of data available on the percentage of maternal deaths attributed to unsafe abortions. The Committee is further concerned about the inadequacy of preventive health-care information and services, including in the area of sexual and reproductive health, the low rates of use of contraceptives and the high rates of teenage pregnancies and sexually transmitted infections.</p> <p>42. The Committee... calls upon the State party to ensure that preventive health-care information and services, especially sexual and reproductive health care, is adequately addressed and to enhance access to such services by women in the outer islands. The Committee recommends that the State party review the laws relating to abortion, with a view to removing punitive provisions imposed on women who undergo abortion and to providing them with access to quality services for the management of complications arising from unsafe abortion. It requests the State party to provide data on the percentage of maternal deaths attributed to unsafe abortions in its next periodic report. It also requests the State party to strengthen and expand its efforts aimed at the prevention of teenage pregnancies and sexually transmitted infections by increasing knowledge about family planning, including contraceptives, and awareness of existing services. This should include the provision of comprehensive, youth-friendly sexual and reproductive health-care services, confidence-building programmes and age-appropriate sex education as part of the formal and informal education curricula targeted at girls and boys.</p>
76	Russian Federation	46th Combined sixth and seventh periodic reports	August 16, 2010	<p>38. The Committee is concerned at the limited access to reproductive and sexual health services, especially in rural areas, that only 27 per cent of women of childbearing age make use of modern methods of contraception, and that family planning programmes are not included in school curriculums. The Committee also notes with concern that, although the rate of abortions has decreased, abortion continues to be used as a method of birth control.</p> <p>39. The Committee requests the strengthening and expansion of efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and to ensure that women in rural areas do not face barriers and have full access to family-planning information and services. It also recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections, including HIV/AIDS.</p>
77	Turkey	46th Sixth periodic report	August 16, 2010	<p>5. The Committee welcomes the progress achieved since the consideration of the State party's combined fourth and fifth periodic report in 2005 (CEDAW/C/TUR/4-5 and Corr.1), including the legislative reforms that have been undertaken and the adoption of a wide range of legislative measures, policies and programmes to promote gender equality and eliminate discrimination against women... Specific reference is also made to the adoption of action plans, such as the Gender Equality National Action Plan, the Sexual and Reproductive Health National Strategic Action Plan for the Health Sector, the National Action Plan for Combating Domestic Violence against Women and the Second National Action Plan to Combat Trafficking.</p>
78	Botswana	45th Combined initial, second and third periodic reports	March 26, 2010	<p>CEDAW Committee list of questions to Botswana before review:</p> <p>24. The report does not provide information on maternal mortality and morbidity and their causes, such as unsafe abortions. Please provide information on maternal mortality as well as on the laws in place in regard to abortion, on the extent to which women may be resorting to clandestine abortions and how many such women die as a result, and on contraceptive prevalence rate and its availability. Please provide this information, as well as information on the availability and accessibility of comprehensive sex education and family planning services in Botswana.</p> <p>Botswana responses to the list of issues and questions:</p> <p>"The causes of maternal mortality and morbidity include, among others, haemorrhage, eclampsia and abortion. Unsafe abortion also contributes to maternal mortality. In 2007, 14% of maternal deaths resulted from unsafe abortion."</p> <p>"According to the Penal Code Article 160: [quoted the entire portion prohibiting abortion except in certain circumstances] within the first 16 weeks of pregnancy: a) the pregnancy is the result of rape, defilement or incest; b) the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health; or c) if the child were born, it would suffer from or later develop such serious physical or mental abnormality or disease as to be seriously handicapped."</p> <p>Also, (i) the "termination of pregnancy or abortion (must be) carried out by a registered medical practitioner in a Government hospital or a registered private hospital, or a clinic approved for the purpose by the Director of Health Services; and (ii) Two medical practitioners have given their opinion" supporting the abortion.</p> <p>CEDAW Committee concluding recommendations to Botswana:</p> <p>35. While noting with appreciation the availability in the State party of comprehensive health coverage, the Committee is nonetheless concerned that the maternal mortality rate remains high with a projection from the World Health Organization estimating it between 200 and 300 per 100,000. The Committee is also concerned that no strategies for the reduction of maternal mortality have been developed. The Committee is also concerned at the lack of statistical information provided by the State party about the access for vulnerable groups of women, in particular in rural areas, to reproductive health-care services, about the extent and consequences of illegal and unsafe abortions and about the rate of teenage pregnancy.</p> <p>36. The Committee calls on the State party to put in place a system of data collection so as to strengthen the knowledge base for effective policy development and implementation on all aspects of women's health, including monitoring of impact. It encourages the State party to conduct a thorough study aimed at identifying the reasons for the persistence of a high maternal mortality rate in Botswana. The Committee requests the State party to conduct a study to determine the main causes of maternal mortality, including the impact of clandestine and unsafe abortions on maternal mortality, and provide detailed information on measures taken to reduce it and the impact of such measures in its next periodic report to the Committee. The Committee further urges the State party to improve the provision of information on reproductive health and contraception to women and girls and to promote widely sex education targeted at girls and boys, with special attention to the prevention of sexually transmitted diseases and teenage pregnancy. It also calls upon the State party to carry out measures in order to effectively implement the provisions that regulate legal abortion.</p>
79	Egypt	45th Combined sixth and seventh periodic reports	February 5, 2010	<p>39. The Committee is also concerned at the limited access to reproductive and sexual health services, especially in rural areas, and that emergency contraception is generally not provided.</p> <p>40. The Committee calls upon the State party to take all necessary measures to improve women's access to health care and health-related services, within the framework of the Committee's general recommendation No. 24. It urges the State party to conduct comprehensive national surveys on maternal mortality and morbidity... The Committee requests the strengthening and expansion of efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and to ensure that women in rural areas do not face barriers in accessing family-planning information and services. It also recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections, including HIV/AIDS. The Committee recommends that the Ministry of Health promote and raise awareness regarding emergency contraceptives among women of all ages, highlighting their benefits in protection against unwanted pregnancies in cases of rape.</p>
80	Malawi	45th Sixth periodic report	February 5, 2010	<p>6th Periodic Report to CEDAW Committee: 240. Over a 5 year period from 1999, 20 percent of pregnancies were unwanted and 21 percent were mistimed (wanted later). The percentage of unwanted births made a dramatic increase from 14 percent in 1992 to 22 percent in 2000 but declined to 20 percent in 2004. Premature termination of pregnancy is still practised notwithstanding that it is criminal in Malawi. The Gender Commission having examined the position in light of sexual and reproductive rights has recommended that criminal laws that penalize abortion should be varied in the least in order to ensure the enjoyment of reproductive rights by females. It has also been reported that most abortions are done upon compulsion by male counterparts to terminate the pregnancy. [CEDAW/C/MWI/6]</p> <p>CEDAW Committee Concluding Comments:</p> <p>34. The Committee is concerned at the limited resources and capacity to implement its health-care policies and ensure the full enjoyment of women's rights under article 12 of the Convention. It is further concerned at the lack of access of women and girls, particularly in rural areas, to sexual and reproductive health services, including skilled birth attendance and adequate post-natal care, and the high incidence of teenage pregnancy. The Committee notes with concern the ban on traditional birth attendants.</p> <p>36. The Committee reiterates its previous concern about the high incidence of maternal mortality, particularly the number of deaths resulting from unsafe abortions. The Committee regrets that maternal health policies do not include sufficient attention to complications arising from unsafe abortion.</p> <p>37. The Committee calls on the State party to put measures in place to reduce maternal mortality by identifying and addressing causes of maternal death. The Committee further recommends that the State party review the laws relating to abortion with a view to removing the punitive provisions imposed on women who undergo an abortion, providing them with access to quality services for the management of complications arising from unsafe abortion and reducing maternal mortality rates, in accordance with the Committee's general recommendation No. 24.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
81	Panama	45th Combined fourth to seventh periodic reports	February 5, 2010	<p>CEDAW Committee list of issues sent to Panama:</p> <p>23. In its previous concluding observations, in 1999, the Committee expressed deep concern in connection with the reproductive health of Panamanian women and an apparent setback to the right to abortion, in cases where the pregnancy is a result of rape. The Committee recommended that Panamanian women who are pregnant as a result of rape should be granted an opportunity to seek termination of pregnancies. Please provide detailed and specific information regarding any measures carried out by the Government to follow the Committee's recommendation. Please also provide statistical information on how many abortions have been performed on women who are pregnant as a result of rape. Please provide information on measures taken to raise victims' awareness of the importance of seeking medical treatment and reporting after sexual and other assaults.</p> <p>Botswana answer to CEDAW list of issues: With regard to abortion in the case of rape, article 142, paragraph 1, of the Criminal Code provides as follows: "The punishments set forth in the previous articles shall not apply: If the abortion is carried out, with the woman's consent, in order to terminate a pregnancy resulting from a rape which has been duly confirmed through a preliminary investigation".</p> <p>23. The Department of Sexual and Reproductive Health of the Directorate General of Health received 17 requests for termination of pregnancy in 2008, none of which involved a pregnancy resulting from rape. Thus far in 2009, 11 requests for termination of pregnancy have been received, 2 of which were from women who were pregnant as a result of rape.</p> <p>CEDAW Committee Concluding Comments:</p> <p>40. The Committee is concerned at the State party's insufficient recognition and protection of women's sexual health and reproductive rights...</p> <p>41. The Committee also urges the State party to improve family planning and reproductive health programmes and policies... effective access to information on health-care services, including reproductive health-care services and contraception, in accordance with the Committee's general recommendation No. 24 on women and health and the Beijing Declaration and Platform for Action.</p> <p>42. The Committee is further concerned that, owing to difficulties in enforcing existing legislation in the State party, many women are unable to obtain a legal abortion and are therefore forced to resort to an illegal abortion.</p> <p>43. The Committee urges the State party to adopt regulations aimed at enforcing existing legislation on women's right to abortion and to give women access to high-quality services for the treatment of complications resulting from unsafe abortions. It invites the Ministry of Health to undertake a thorough investigation or study of unsafe abortions and their impact on women's health, in particular those resulting in maternal mortality, which will serve as the basis for legislative and policy action. It also urges the State party to facilitate a national dialogue on women's right to reproductive health, including on the consequences of restrictive abortion laws.</p> <p>[Analyst Note: Panama responded by providing proof that its law and practice were in line with CEDAW Committee expectations, but the Committee was not satisfied. Obviously the Committee is pressuring Panama to go far beyond upholding its law regarding rape, to remove any restrictions on abortion, and uphold a so-called "right to abortion."]</p>
82	Ukraine	45th Combined sixth and seventh periodic reports	January 28, 2010	<p>38. (T)he Committee remains concerned about the health situation of women, in particular with respect to reproductive health. The Committee is concerned about the large number of unwanted pregnancies and the high rate of abortions.</p> <p>39. (T)he Committee recommends that the State party intensify its efforts to improve women's reproductive health and provide adequate family planning services and affordable contraceptives, as well as to reduce the use of abortion.</p>
83	Uzbekistan	45th Fourth periodic report	January 26, 2010	<p>34. The Committee is also concerned at the lack of gender-disaggregated infant mortality rates... and the lack of data, disaggregated by gender and age, on the number of women and men using contraceptives.</p> <p>35. The Committee also requests the State party to provide data, disaggregated by gender and age, on the number of women and men using contraceptives, and it recommends the strengthening and expansion of efforts to increase knowledge of and access to affordable contraceptive methods throughout the country so that women and men can make informed choices about the number and spacing of children. It further recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections.</p>
84	Argentina	44th Sixth periodic report (postponed)	December 1, 2008	<p>20. The report refers to limited instances in which abortion is not prohibited. Please specify whether the Government has undertaken any measures to decriminalize abortion. Also provide detailed information on how many women were prosecuted for having illegal abortions in the period under consideration and what sanctions were imposed.</p>
85	Azerbaijan	44th Fourth periodic report	August 7, 2009	<p>33. While noting the various efforts made by the State party to improve reproductive health care for women, including through the adoption of the national strategy on reproductive and sexual health (2008-2015) and the State programme for the protection of mother and child health (2006-2010), the Committee remains concerned at the insufficient access to adequate general health-care services and reproductive health-care services for women.... It is alarmed by the steep decrease in the use of contraceptives since the international community suspended its supply in 2004 and by the consequent rise in the rate of abortions, which appears to be the most widespread method of family planning within the State party.</p> <p>34. The Committee recommends that the State party continue to take all appropriate measures to improve women's access to general health care and to reproductive health-care services in particular... The Committee recommends that family planning and reproductive health education be widely promoted and targeted at girls and boys, with special attention being paid to the prevention of sexually transmitted diseases and HIV/AIDS. The Committee also recommends that the State party implement its undertaking to include a comprehensive range of contraceptives in the basic list of medicines of the Ministry of Health.</p>
86	Bhutan	44th Seventh periodic report	August 7, 2009	<p>27. ...Regarding reproductive health, taking due account of the progress achieved regarding access to contraception, the Committee is concerned at the lack of information regarding the frequency of medical consultations for pregnant women, as well as information regarding family planning measures and sex education for young and adolescent girls, and its consequent impact on teenage pregnancies.</p>
87	Denmark	44th Seventh periodic report	August 7, 2009	<p>36. The Committee welcomes the follow-up in the period 2008-2011 to the action plan aimed at reducing the number of abortions and sexually transmitted infections in Denmark. It expresses concern, however, about the steady increase of the abortion rate among young women aged 15 to 19 years.</p> <p>37. The Committee calls upon the State party to continue its efforts to widely promote sex education among adolescents and young adults in order to increase their knowledge and use of contraceptive methods. The Committee also encourages the State party to undertake studies and/or surveys on the root causes of the increase in abortions among young women.</p>
88	Guinea-Bissau	44th Combined initial to sixth periodic reports	August 7, 2009	<p>37. The Committee takes note of the efforts made by the State party to address HIV/AIDS in Guinea-Bissau, including through the National Strategic Plan on HIV/AIDS 2007-2011, which specifically... draft legislation on reproductive health. However, the Committee... expresses concern about the significant structural barriers hindering access of women and girls to adequate health care and services, including sexual and reproductive health-care services.</p> <p>38. The Committee urges the State party to take steps to improve the country's health infrastructure in order to ensure women's access to health care and services, including to sexual and reproductive health and related information, especially in rural areas... The Committee recommends that the State party step up its efforts to... improve the availability of sexual and reproductive health services, including family planning information and services and sex education...</p>
89	Japan	44th Sixth periodic report	August 7, 2009	<p>49. (T)he Committee is concerned... at the high ratio of abortion among teenage girls and young women and at the fact that women who elect to undergo abortion can be subjected to punishment under the Penal Code.</p> <p>50. The Committee recommends that the State party promote sexual health education targeted at adolescent girls and boys, and ensure access to sexual health information and all services, including those directed at interruption of pregnancies, for all women and girls... The Committee recommends that the State party amend, when possible, its legislation criminalizing abortion in order to remove punitive provisions imposed on women who undergo abortion, in line with the Committee's general recommendation No. 24 on women and health and the Beijing Declaration and Platform for Action.</p>
90	Lao People's Democratic Republic	44th Combined sixth and seventh	August 14, 2009	<p>38. The Committee... recommends the strengthening and expansion of efforts to increase knowledge of and access to affordable contraceptive methods throughout the country so that women and men can make informed choices about the number and spacing of children. It further recommends that... family planning education programmes take due account of traditions and physical barriers of women in rural areas.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
91	Liberia	44th Combined initial to sixth periodic reports	August 7, 2009	<p>Committee question: 25. According to the information provided in para. 14.9 of the report, between 2000 and 2007 maternal mortality has increased due to, among other factors, the increasing number of illegal and unsafe abortions. What measures has the Government adopted to revert this negative trend?</p> <p>Liberia written response: The Ministry of Health & Social Welfare has developed a Road Map for accelerating the reduction of maternal and newborn morbidity and mortality. The Road Map is an integral component of the PHC conceptual framework adapted by the GOL to drive the delivery of basic essential and quality RH care services to the people. A draft operational plan to reduce maternal and newborn mortality has also been developed from the Road Map and includes four major strategies:</p> <ul style="list-style-type: none"> • Availability of skilled birth attendants at all levels of the health care delivery system • Availability of 24 hours EmoNC services • Strengthening the referral system at all levels of service delivery • Provision of FP commodities and services <p>“Interventions are being put in place to address the problem of abortion through the provision of RH kits at health facilities and training to manage post-abortion care. In addition, training is being provided in Life Saving Skills for mid-level health professionals to improve delivery services and care at health facilities. Traditional midwives, who carry out most of the deliveries in communities, are also being targeted with training in Home-based Life Saving Skills, to enable them timely refer pregnant women to health facilities for skilled delivery. ... In addition, the MOH&SW has also opened two midwifery schools in the rural part of the country to train and deploy midwives in remote rural communities to provide skilled delivery care in these areas</p> <p>Concluding Observations:</p> <p>36. The Committee... is also concerned at the lack of access of women, particularly in rural areas, to sexual and reproductive and health services...</p> <p>37. The Committee recommends that the State party step up its efforts to reduce the incidence of maternal mortality and teenage pregnancy and continue to implement awareness-raising initiatives on sexual and reproductive health and rights, including those that target adolescent girls, with special attention paid to the prevention and control of sexually transmitted diseases and HIV/AIDS.</p>
92	Spain	44th Sixth periodic report	August 7, 2009	<p>25. The Committee is concerned at the high rates of unwanted pregnancies and voluntary interruptions of pregnancy, as well as increasing rates of HIV/AIDS among women.</p> <p>26. The Committee urges the State party to continue its efforts to lower the rate of unwanted pregnancies, including through improvements in the availability and affordability of sexual and reproductive health services, as well as family planning information and services. It recommends the adoption of measures to increase knowledge of, and access to, affordable contraceptive methods, and recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy, sexually transmitted diseases and HIV/AIDS.</p>
93	Timor-Leste	44th Initial periodic report	August 7, 2009	<p>37. The Committee is also concerned that many women, in particular in rural areas, give birth at home, and that the practice of illegal and unsafe abortions increases the high rate of maternal mortality. The Committee is concerned that abortion is a punishable offence under the newly adopted Penal Code, particularly as this may lead more women to seek unsafe, illegal abortions, with consequent risk to their life and health.</p> <p>38. The Committee... suggests that the State party assess the root causes of maternal mortality and set targets and benchmarks with a time frame for its reduction. It urges the State party to make every effort to raise the awareness of, and increase women’s access to, health-care facilities and medical assistance by trained personnel, especially in rural areas and in the area of post-natal care in particular. The Committee further recommends that the State party implement programmes and policies aimed at providing effective access to affordable contraceptives and family- planning services so that women and men can make informed choices about the number and spacing of their children. The Committee calls upon the State party to ensure that sex-education programmes are widely promoted and targeted at girls and boys and include special attention to the prevention of early pregnancies. The Committee further calls upon the State party to review the legislation relating to abortion with a view to removing the punitive provisions imposed on women who undergo abortion, in accordance with the Committee’s general recommendation No. 24 on women and health and the Beijing Platform for Action.</p>
94	Tuvalu	44th Combined initial and second periodic report	August 7, 2009	<p>43. While noting a number of achievements in the area of health, including the provision of 100 per cent access to professional midwifery services for pregnant women... The Committee is especially concerned that outer islands health centres are equipped to attend only to normal deliveries and that this could have a serious impact on women in the event of birth complications. The Committee is further concerned that abortion is a punishable offence under Tuvaluan law, and that this prohibition may lead women to seek unsafe, illegal abortions, with consequent risks to their life and health. Clandestine abortions are a major cause of maternal mortality and the Committee regrets the lack of information on maternal mortality rates.</p> <p>44. The Committee... calls upon the State party to ensure that preventative health care, especially sexual and reproductive health care, is adequately addressed and to enhance access to such services by women in the outer islands. The Committee recommends that the State party review the laws relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion, and providing them with access to quality services for the management of complications arising from unsafe abortion, and it requests the State party to provide information about maternal mortality rates in its next periodic report. It also requests the State party to strengthen and expand its efforts aimed at the prevention of teenage pregnancies and sexually transmitted infections by increasing knowledge about family planning, including contraceptives, and awareness of existing services. This should include the provision of comprehensive, youth-friendly sexual and reproductive health-care services, confidence-building programmes and age-appropriate sex education...</p>
95	Armenia	43rd Combined third and fourth periodic reports	February 2, 2009	<p>34. The Committee remains concerned about the insufficient access to adequate general health-care services as well as reproductive health-care services for women especially those living in rural and remote areas and that the rates of abortion have in fact risen, so that it still seems to be one of the most widespread methods of family planning within the State party. The Committee is also concerned about the high rate of teenage pregnancies and regrets the lack of data in regard to number of deaths due to illegal abortions.</p> <p>35. The Committee recommends that the State party continue to take measures to improve women’s access to general health care, and to reproductive health-care services in particular. It calls on the State party to increase its efforts to improve the availability of sexual and reproductive health services, including family planning, to mobilize resources for that purpose and to monitor the actual access to those services by women. It further recommends that family planning and reproductive health education be widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies of underage girls including the control of sexually transmitted diseases and HIV/AIDS.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
96	Cameroon	43rd Combined second and third periodic reports	February 10, 2009	<p>Committee questioned about: 17. Legislation on abortion and increased access by women to contraception; sex education in school curricula and awareness-raising campaigns to prevent teenage pregnancy.</p> <p>Cameroon written response: There has been no change in the national legislation on abortion; the information contained in Cameroon's initial report remains valid. Abortion continues to be a subject of discussion among all social strata in Cameroon. It should be noted that, in our society, motherhood is extremely sacred. The desire to have children is linked to the desire for renewal and continuity of one's race, family line, or sociological group. Children thus serve as a sort of bridge between generations past and present, while representing future prospects for communities. Traditional African philosophy recognizes the permanent bond that links societies and families to their ancestors, as illustrated by the tremendous pride which all Africans in our country take in their genealogical roots. According to these age-old and shared socio-cultural convictions, our ancestors remain by our side, even though we cannot physically see them, and their life and work are perpetuated through their children, who indeed inherit their names, defend them and boast about them so that their names can go down in their communities' history. Therefore, any abortion performed for non-medical or non-therapeutic reasons, i.e. other than to save the life of the mother or child, impedes the expression of this vital social dynamic. One aspect which tends to be overlooked is worth noting: the tremendous joy that the possibility of having a child brings to women, as well as to men and families. Think for a moment of the anguish felt by the many couples who do not have children; think of the thousands of women and men who, in spite of their comfortable material existence, desperately want a child, even if it means adopting just one child. Think of the prospect of growing old alone, and even of being alone on one's deathbed. Those who undergo abortions expose themselves to a number of risks, including death. Everyone knows of at least one woman or girl who died following a voluntary termination of pregnancy and related complications, including intestinal aspiration, hemorrhaging, infections, and retention of foetal membranes. There are also after-effects such as sterility, ectopic pregnancy, miscarriage, perforation or ablation of the uterus, permanent sterility ... and distress. Abortion is made out to be a matter of conscience or conviction, without mentioning that it is murder. It is portrayed as a freedom without mentioning that the mother exercises this freedom to the detriment of the child's. Abortion is elevated to the rank of a right and dignity. Modifications in individual and collective human behaviour — influenced by modernity, economic constraints, and social changes arising from the introduction of new ideologies and scientific and technical progress — must not lead to an erosion in basic values, to cultural and ethical nihilism, or to a decline of the principles which were the basis for the harmonious existence of the earliest societies for which we are nostalgic today. Does not legalizing abortion mean depriving children of their right to life and giving mothers the right to dispose of that right as they see fit? We agree that women face real problems. In that regard, it should be noted that our country's Parliament is concerned and is supporting the Government's actions to identify suitable solutions. However, all these issues definitely extend beyond the limited scope of private and even family life. Indeed, issues relating to birth, population and the family have major moral, social and political aspects. The current repositioning of family planning is designed to strengthen it so as to enhance the availability and accessibility of modern methods of contraception. Abortion should not be confused with contraception. Girls are one of the main target groups of family planning. Considerable efforts are being made to educate young people and adolescents and raise their awareness of sexuality and family life... Pregnant girls have the right to stay in school. ... They return to school immediately after their maternity leave. This is particularly easy in a country in which a sense of African solidarity and the sense of shared family responsibility are very much alive. Girls who wish to continue their schooling can do so with complete peace of mind, entrusting their infants to their mothers or grandmothers, in short to their family.</p> <p>Concluding observations: 40. The Committee remains concerned at the high incidence of maternal mortality, the leading cause of which is the practice of unsafe abortion. The Committee... further notes that women are not able to opt for abortion in the case of rape, even if abortion in this context does not constitute a criminal offence according to the Penal Code. It also regrets that no statistical information has been provided on the number of abortions... due to the State party's culture of silence. 41. The Committee calls upon the State party to... give consideration to the reform or modification of its legal status. It also calls upon the State party to carry out measures in order to effectively implement the provisions that regulate legal abortion... The Committee requests that the State party provide detailed information on the number of abortions, both clandestine and legal...</p>
97	Germany	43rd Sixth periodic report	February 12, 2009	<p>53. The Committee regrets the lack of data provided in the State party's report on access to health services for migrants, asylum-seekers and refugee women, as well as on the incidence of abortion, disaggregated by age and ethnic group.</p> <p>54. The Committee requests the State party to provide disaggregated data on access to health services for migrant, asylum-seeker and refugee women and on the incidence of abortion in Germany in its next periodic report.</p>
98	Guatemala	43rd Seventh periodic report	February 10, 2009	<p>35. The Committee... is however concerned... that vulnerable groups of women, in particular in rural areas, still have difficulties in accessing reproductive healthcare services. The Committee is also concerned at the lack of information provided by the State party about the extent and consequences of illegal and unsafe abortions.</p> <p>36. The Committee recommends that the State party adopt and implement effective measures, including through the revision of legislation criminalizing abortion, to prevent unsafe abortions and its impact on women's health and on maternal mortality.</p> <p>39. (T)he Committee... is concerned... that there is an unsatisfied need for birth control and sex education.</p> <p>40. The Committee draws attention to its general recommendation 24 and recommends that comprehensive research be undertaken to determine the specific health needs of women, including reproductive health needs. It also recommends that the State party take measures to ensure the entry into force of the Act on Universal and Equitable Access to Family Planning Services and its integration in the National Reproductive Health Programme, and strengthen family planning programmes to ensure that men and women have access to contraceptives, including teenagers and young adults.</p>
99	Haiti	43rd Combined initial to seventh periodic reports	February 10, 2009	<p>Committee questions: 8. The report refers to bills that are being elaborated, specifically, a law on violence against women, partial decriminalization of abortion and a law on equality between women and men. Please provide detailed information on these bills and their present status.</p> <p>24. According to the report, abortion, which is often used as a means of family planning, is considered to be a crime under the Criminal Code, and even therapeutic abortion is forbidden. Considering the consequences which illegal abortion has on women's health, please provide detailed information on any measures the Government is undertaking to address this situation, from a health, educational and social perspective, as well as steps taken to exempt women who undergo an abortion from prosecution, in line with the Committee's general recommendation No. 24.</p> <p>Haiti responses: 4. The MCFDF is drafting a bill on the partial decriminalization of abortion.</p> <p>24. Abortion is completely illegal under Haitian law. However, many women still undergo the procedure, often in dismal conditions. The complications that occur inevitably lead to an increase in maternal morbidity and mortality rates. There is no specific provision that addresses pregnancies resulting from rape. Consequently, the MCFDF is advocating in favour of partial decriminalization of abortion and is working on a bill for submission to Parliament. The proposed legislative reform would reflect a new national policy that aims to strike a better balance between the restrictions imposed on abortion practitioners and women's rights, particularly the right to safe and humane access to health services that protect their life and dignity, the right to health safety and the right not to be subjected to inhumane or degrading treatment.</p> <p>Concluding observations:</p> <p>36. The Committee is also concerned at the frequent use of abortion as a family planning measure and that abortion is illegal in the State party.</p> <p>37. The Committee drawing attention to its general recommendation No. 24 on women and health... recommends the provision of wide access to contraceptives for all women and men, including young adults, and the development of programmes on sex education for both girls and boys in order to foster responsible sexual behaviour and avoid the need for women to resort to illegal abortions. The Committee encourages the State party to enact the law on partial decriminalization of abortion as it expressed the intention to do.</p>
100	Rwanda	43rd Fourth, Fifth and Sixth periodic reports	September 8, 2009	<p>35. The Committee is also concerned that many women, in particular in rural areas, give birth at home. Taking account of the fact that illegal and unsafe abortions are a cause of maternal mortality, the Committee is concerned that abortion is a punishable offence under Rwandan law. The Committee is also concerned at the lack of information and statistical data on women's mental health provided by the State party.</p> <p>36. The Committee... requests the State party to take measures to prevent unwanted pregnancies, including by making contraceptives and family planning methods more widely available and by increasing awareness about family planning among women and men. The Committee recommends that the State party review its legislation relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion in accordance with the Committee's general recommendation No. 24, on women and health, and the Beijing Platform for Action.</p>
101	Dominica	43rd Comments based on the dialogue with the representatives of the State party	January 26, 2009	<p>Committee:</p> <p>23. Considering the consequences which illegal abortion has on women's health, please provide detailed information on any measures the Government is undertaking to address this situation, from a health, educational and social perspective, as well as the possibility not to prosecute women who undergo an abortion, in line with its general recommendation No. 24. Kindly provide statistical information on how many women may be resorting to clandestine abortions and how many such women die as a result.</p>

	COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
102	Ecuador	42nd	Seventh periodic report	November 7, 2008	<p>38. The Committee notes with concern that the second leading cause of maternal mortality is abortion and is concerned that the magnitude of unsafe abortion in the country and its effects on maternal mortality are underrecorded and unknown.</p> <p>39. The Committee further recommends that the Ministry of Public Health undertake a thorough investigation or study on the issue of unsafe abortions and their impact on women's health in particular maternal mortality, to serve as a basis for legislative and policy action to address this issue.</p> <p>41. The Committee further invites the State party to include in its next report further information, especially trends over time and addressing the life cycle of women, on women's general and reproductive health, including... contraceptive prevalence rates; spacing of children... and the efforts of the State to improve women's access to health-care services, including family planning and services directed towards cancer prevention and treatment.</p>
103	El Salvador	42nd	Seventh periodic report	November 7, 2008	<p>35. The Committee is alarmed... at the high number of illegal abortions, including among very young women, which have a negative impact on women's physical and mental health.</p> <p>36. The Committee draws attention to its general recommendation 24 and recommends that comprehensive research be undertaken into the specific health needs of women, including reproductive health. It also recommends the financial and organizational strengthening of family planning programmes addressed to women and men and the provision of wide access to contraceptives for all women and men, including teenagers and young adults. The Committee urges the State party to reinforce programmes on sex education for both girls and boys in order to foster responsible sexual behaviour... It also requests the State party to include information in its next report on death and/or illness as a result of or related to illegal abortion. The Committee urges the State party to facilitate a national dialogue on women's right to reproductive health, including on the consequences of restrictive abortion laws.</p>
104	Kyrgyzstan	42nd	Third periodic report	November 14, 2008	<p>37. The Committee is concerned... about... the persistent high number of abortions, including among those under the age of 18, underweight girls...</p> <p>38. The Committee... recommends the adoption of measures to increase knowledge of, and access to, affordable contraceptive methods, and recommends that sex education be widely promoted and targeted at adolescent girls and boys. The Committee invites the State party to undertake broadcasts on sexual and reproductive health education programmes in public media, and increase the public awareness in the domain of reproductive health.</p>
105	Madagascar	42nd	Fifth periodic report	November 7, 2008	<p>30. (T)he Committee remains concerned about... the limited access to adequate sexual and reproductive health services for women, especially for women in rural areas, early marriage and clandestine abortions.</p> <p>31. The Committee recommends that the State party take measures to improve women's access to health care, especially emergency obstetric care and health-related services and information, in accordance with article 12 of the Convention and the Committee's general recommendation No. 24 on women and health. It calls on the State party to improve the availability of sexual and reproductive health services, including family planning, with the aim of preventing early pregnancies and clandestine abortions... The Committee requests the State party to provide in its next report detailed information on measures taken to improve women's access to health-related services and information, including in regard to sexual and reproductive health and family planning, and the impact of these measures.</p>
106	Mongolia	42nd	Combined fifth, sixth and seventh periodic reports	November 7, 2008	<p>Committee question:</p> <p>23. Notwithstanding the success achieved by the State party in reducing the incidence of maternal mortality, it is noted that 7 per cent of the maternal deaths between 2000 and 2004 resulted from abortion and 54.5 per cent of the deaths occurred due to complications relating to unsafe abortion (p.23). The report goes on to state that, according to the 2001 survey by the Public Health Institution among the 900 women who had an abortion, 52.4 per cent of them had repeated abortion, and that one third of women who had had repeated abortions had never used any contraceptive method (p.23). Please provide information on strategies in place to ensure women's access to affordable reproductive and sexual health services and family planning education programmes and their availability to particular groups, such as adolescents of both sexes and rural women.</p> <p>Concluding observations:</p> <p>34. The Committee... calls upon the State party to integrate a gender perspective in all health sector reforms, while also ensuring that women's sexual and reproductive health needs are adequately addressed. It also calls upon the State party to improve the availability of sexual and reproductive health services, including family planning information and services...</p>
107	Myanmar	42nd	Combined second and third periodic reports	November 7, 2008	<p>Committee question:</p> <p>19. The report indicates that, in accordance with the Penal Code and Myanmar culture, if a woman becomes pregnant from rape, the perpetrator will be prosecuted under Article 376 of the Penal Code of Myanmar but that those women usually refrain from carrying out an abortion but give birth to a child (para. 62). Please provide information on whether these women have a right to terminate a pregnancy resulting from sexual violence, as requested by the Committee in its previous concluding observations. Please comment on the findings of the Special Rapporteur on Violence against Women (E/CN.4/2003/75/Add.1, para. 1101) that the incidence of illegal abortion is believed to be very high, and unsafe abortions account for approximately 50 per cent of maternal deaths. Please also elaborate on the concept of "non-criminal abortion" as referred to in paragraph 165 of the report.</p> <p>Concluding observations:</p> <p>38. The Committee expresses concern at women's lack of access to quality sexual and reproductive health services and regrets the lack of information on existing sex education programmes. The Committee is further concerned about the unmet demand for family planning services and the low level of contraceptive use.</p> <p>39. The Committee... recommends the strengthening and expansion of efforts to increase knowledge of and access to affordable contraceptive methods throughout the country so that women and men can make informed choices about the number and spacing of children. It further recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections, and that family planning education programmes take due account of traditions and physical barriers facing women in rural areas.</p>
108	Portugal	42nd	Sixth periodic report	April 1, 2009	<p>Committee question:</p> <p>25. The seventh periodic report states that the new law 16/2007 of 17 April 2007 permits voluntary interruption of pregnancy during the first 10 weeks, free of charge and performed in a public hospital. Please provide further information on the conditions, administrative procedures, technical and logistic conditions and the relevant information to be provided to the pregnant woman laid down in the instrument regulating the application of the law, approved in June 2007, and about the number of interruptions carried out since entry into force of the law. Kindly also provide information on death and /or illnesses related or due to illegal abortion prior to the coming into force of the new law, as requested by the Committee in its previous concluding comments</p> <p>Concluding observations:</p> <p>42. While welcoming the new legislation relating to the voluntary interruption of pregnancy within the first 10 weeks, the Committee is concerned at the low awareness among younger women of this legislation. It is also concerned that some women may encounter difficulties in availing themselves of the new regulations given the fact that health-care personnel may decide not to perform an interruption of pregnancy on the basis of their conscience... The Committee is concerned at the high HIV/AIDS prevalence among women in Portugal and the fact that a very low percentage of the population, i.e. only 13 per cent in 2005, use condoms as a contraceptive method.</p> <p>43. The Committee recommends that the State party promote sexual health education targeted at adolescent girls and boys, and ensure access to sexual health information and all services, including those directed at interruption of pregnancies, for all women and girls.</p>
109	Uruguay	42nd	Combined fourth, fifth, sixth and seventh periodic reports	November 14, 2008	<p>38. The Committee remains concerned at... the high incidence of maternal mortality, the leading cause of which is the practice of unsafe abortion. The Committee regrets that no strategies for the reduction of maternal mortality have been developed and that maternal health policies do not include attention to complications arising from unsafe abortion.</p> <p>39. The Committee recommends that the State party adopt and implement effective measures to prevent unsafe abortion and its impact on women's health and on maternal mortality. It calls upon the State party to strengthen sexual education programmes and quality coverage by media and sexual and reproductive health services with a view to ensuring that women and men can make informed choices on the number and spacing of children.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
110	Lithuania	41st Third and fourth periodic reports	July 8, 2008	<p>80. While noting that some efforts were undertaken by the State party in the area of reproductive health, including the publication and dissemination of booklets on sexual education and reproductive rights, the Committee remains concerned at the remaining high rate of abortion and the limited access of girls and women to methods of family planning, including contraceptives, especially among women in rural areas. In this respect, the Committee expresses its concern at the information that more than half of young women between 15 and 25 years of age do not use any contraceptives and that sexual education is not mandatory in schools. The Committee is deeply concerned at the draft law on the protection of human life in the prenatal phase, which stipulates only three situations in which abortion would be lawful within very strict time-limits. Since, according to the draft law, abortion under circumstances apart from the three situations may be considered a punishable offence under Lithuanian law, the Committee is concerned that the adoption of such a law may lead women to seek unsafe illegal abortions, with consequent risks to their health and lives and contribute to a rise in maternal mortality.</p> <p>81. The Committee calls upon the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation No. 24, on women and health. It requests the State party to strengthen measures aimed at ensuring women's right to decide freely and responsibly on the number and spacing of their children according to article 16, paragraph 1 (e), of the Convention and thus at prevention of unwanted pregnancies. In this context, the State party is requested to make a wide array of family planning methods, such as a comprehensive range of contraceptives, including emergency contraception, more widely available and affordable, to provide mandatory sexual education in schools and to increase knowledge and awareness about family planning among women as well as men. The Committee calls upon the State party to consider the impact on women of the draft law on the protection of human life in the prenatal stage to ensure that the draft law is in line with the Convention and accordingly will not lead to women seeking unsafe medical procedures, such as illegal abortion, which may seriously risk their health and lives.</p> <p>[Analyst comment: Several phrases used by the Committee to imply or include abortion, as with its review of Lithuanian above, include: "emergency contraception" as a part of "family planning methods"; "prevention of unwanted pregnancies"; "decide freely and responsibly on the number and spacing of their children"; and "Committee's general recommendation no. 24". Once a girl or woman is pregnant, the Committee believes she has a "reproductive right" to eliminate any unwanted pregnancies, even for no other reason than to control "the number and spacing" of her children. Article 16 does not mention, or grant a "right" to, abort unwanted children; but rather includes the provision: "in all cases the interests of the children shall be paramount."]</p>
111	Nigeria	41st Sixth periodic report	July 8, 2008	<p>336. The Committee is especially concerned at the very high maternal mortality rate... The Committee notes the various contributing factors, such as unsafe abortions and inadequate post-abortion care, early and child marriages, early pregnancies, high fertility rates and inadequate family planning services, the low rates of contraceptive usage, leading to unwanted and unplanned pregnancies, and the lack of sex education, especially in rural areas.</p> <p>337. The Committee urges the State party to address, as a matter of priority, the high maternal mortality rate, including the allocation of adequate resources to increase women's access to affordable health services, in particular prenatal, post-natal and obstetric services, as well as other medical and emergency assistance provided by trained personnel, in particular in rural areas. It calls upon the State party to improve the availability and affordability of sexual and reproductive health services, including family planning information and services. It recommends the adoption of measures to increase knowledge of, and access to, affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children. It 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. It also calls upon the State party to implement awareness-raising campaigns to enhance women's knowledge of reproductive health issues and recommends that sex education be widely promoted and targeted at adolescent girls and boys.</p>
112	Slovakia	41st Fourth periodic report	July 17, 2008	<p>42. (T)he Committee is deeply concerned about the insufficient regulation of the exercise of conscientious objection by health professionals with regard to sexual and reproductive health. The Committee is also concerned at the persisting high rate of abortion, which is a consequence of the lack of information and access of women to family planning.</p> <p>43. The Committee recommends that the State party adequately regulate the invocation of conscientious objection by health professionals so as to ensure that women's access to health and reproductive health is not limited. The Committee calls the attention of the State party to its general recommendation No. 24, which states that it is discriminatory for a State party to refuse to provide legally for the performance of certain reproductive health services for women. It recommends that, if health service providers refuse to perform such services based on conscientious objection, measures should be introduced to ensure that women are referred to alternative health providers. The Committee urges the State party to take measures to increase the access of women and adolescent girls to affordable health-care services, including reproductive health care, and to increase access to information and affordable means of family planning for women and men. It calls upon the State party to increase its efforts to implement awareness-raising campaigns targeting women and men on the importance of family planning and related aspects of women's health and reproductive rights.</p> <p>[Analyst comment: The Committee is strongly opposed to medical personnel refusing to perform abortions or refusing to refer pregnant girls or women for abortions, and is not at all respectful of the violation of conscience that occurs when doctors and nurses are forced to do either.]</p>
113	United Kingdom of Great Britain and Northern Ireland	41st Fifth and sixth periodic reports	July 10, 2008	<p>288. The Committee notes that the Abortion Act (1967) does not extend to Northern Ireland, where, with limited exceptions, abortion continues to be illegal, with detrimental consequences for women's health.</p> <p>289. The Committee urges the State party to continue its efforts to lower the rate of teenage pregnancies, including through improvements in the availability and affordability of sexual and reproductive health services, as well as family planning information and services. It recommends the adoption of measures to increase knowledge of, and access to, affordable contraceptive methods, and recommends that sex education be widely promoted and targeted at adolescent girls and boys. In line with its previous recommendation, the Committee reiterates its call to the State party to initiate a process of public consultation in Northern Ireland on the abortion law. In line with its general recommendation No. 24 on women and health and the Beijing Declaration and Platform for Action, the Committee urges the State party to give consideration to amending the abortion law so as to remove punitive provisions imposed on women who undergo abortion.</p>
114	United Republic of Tanzania	41st Combined fourth, fifth and sixth periodic reports	July 16, 2008	<p>136. The Committee notes the introduction in 1998 of Family Life Education but it expresses concern at the lack of access by women to quality sexual and reproductive health services and that the existing sex education programmes are not sufficient, and may not give enough attention to the prevention of early pregnancy and the control of sexually transmitted infections. It is also concerned that negative attitudes of health workers may be an impediment to women's access to health-care services. The Committee is further concerned about the unmet demand for family planning services and the low level of contraceptive use.</p> <p>137. The Committee recommends... the adoption of measures to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children. It also recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections.</p>
115	Yemen	41st Sixth periodic report	July 9, 2008	<p>380. The Committee urges the State party to adopt, without delay, the Safe Motherhood Law recently presented to Parliament, which includes provisions prohibiting any practice that endangers women's health, such as early marriages and female genital mutilation, in addition to ensuring the provision of contraceptives in all health centres. In this respect, the State party should ensure that such contraceptives are free or affordable.</p>
116	Bolivia	40th Combined Second, third and fourth periodic reports	April 8, 2008	<p>Advance question by Committee: Please provide information on the legal measures envisaged to prevent illegal and unsafe abortions, and especially on regulations covering terminations of pregnancies when permitted by law.</p> <p>Bolivia written response: 27. Abortion is classified as a crime in Bolivia. However, it is permissible under certain circumstances, namely, if the pregnancy is the result of rape, abduction not followed by marriage, intercourse with a minor, incest or when the woman's life is at risk. However, the laws on such exceptions lack implementing regulations that would allow for the exercise of this right. Measures are currently being elaborated to disseminate a draft law that would regulate permissible abortion.</p> <p>Committee interaction with Bolivia delegation: Silvia Pimentel (Brazil), Committee member, emphasized the urgent need for Bolivia to have a new draft law on sexual and reproductive rights as soon as possible. She asked about strategy because, "There are religious fundamentalist sectors in every country which interfere in matters related to sexual and reproductive rights." Pimentel also asked about, "The Justice Minister's strategy to reduce adolescent pregnancy and the death rate from unsafe abortion." [Eyewitness, 40th Session, 2008]</p> <p>Concluding observations:</p> <p>42. The Committee is also concerned about the difficulties in obtaining a legal abortion — both therapeutic and ethical — owing, inter alia, to the lack of implementing regulations for the laws in force and the tendency, as a result, for many women to seek illegal and unsafe abortions.</p> <p>43. The Committee urges the State party to adopt regulations to implement existing laws on Bolivian women's right to therapeutic abortion. The Committee also urges... access to high-quality services for the treatment of complications resulting from unsafe abortions with a view to reducing maternal mortality rates.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
117	Burundi	40th Combined Second, third and fourth periodic reports	April 8, 2008	Zou Xiaogao, CEDAW Committee member from China, stated that illegal abortion was leading to women's deaths. She asked for information about the reasons for abortion, and whether the government has provided women with services for reproductive health. [Eyewitness, CEDAW 40th Session, 2008; also, Summary, CEDAW/C/SR.814, par. 35] Concluding observations: 35. (T)he Committee remains concerned about the low level of access for women to adequate health-care services, in particular information on... family planning, particularly in rural areas. It is concerned about the high maternal mortality rate, which indicates a lack of obstetric care, and the number of deaths following illegal abortions. 36. The Committee... calls on the State party to improve the availability of sexual and reproductive health services, including family planning information and services...
118	Saudi Arabia	40th Combined initial and	April 8, 2008	Silvia Pimentel, CEDAW Committee member from Brazil, observed that the state report did not provide information on abortion, and asked for data on the subject, including the situations in which it is permitted, an estimation of clandestine or unsafe abortion, and the link between unsafe abortion and maternal mortality. [Eyewitness, CEDAW 40th Session]
119	France	40th Sixth periodic report	April 8, 2008	Magalys Arocha Domínguez, CEDAW Committee member from Cuba, expressed concern that the "relatively easy access to abortion, which is a right that women have, might lead to excessive use of it, as if it were a contraceptive." She wondered what kind of education France was giving to young couples, "so that they can choose an appropriate form of contraceptive." She asked whether women had access to the most modern form of contraceptives, which, although expensive, caused the least physical harm. [Eyewitness, CEDAW 40th Session, 2008] Concluding observations: 32. While noting with appreciation the information on and easy accessibility of contraceptive measures and the access to voluntary termination of pregnancy, the Committee is concerned at the relatively high abortion rate. 33. The Committee recommends that the State party ensure that sex education, including prevention of early pregnancy, be widely promoted and targeted at both girls and boys, women and men... The Committee also calls on the State party to provide information on maternal mortality and abortion in its next periodic report.
120	Luxembourg	40th Fifth periodic report	April 8, 2008	Committee question: "The report ... does not ... state what specific measures have been taken to increase women's access to reproductive and sexual health services and family planning...to avoid unwanted pregnancies and women's recourse to illegal abortion" Luxembourg response: 19. In recent years, public and political awareness of problems relating to the voluntary termination of pregnancy has increased. [CEDAW/C/LUX/Q/5/Add.1]
121	Morocco	40th Combined third and fourth periodic report	April 8, 2008	Zou Xiaogao, CEDAW Committee member from China, observed that abortion is a crime in Morocco except for when there is a health risk to the mother. She said, "Now I worry that such a policy may lead to unsafe abortion with lethal dangers for those undergoing abortion. Has there been any government research? Are they willing to look again at this law?" [Eyewitness, CEDAW 40th Session, 2008; also, Summary, CEDAW/C/SR.825, par. 21] Concluding observations: 30. The Committee is concerned about the... limited access to health care services and family planning, and the incidence of clandestine abortions, which puts the women's health at great risk. 31. The Committee calls upon the State party to increase women's access to primary health care services, including reproductive health care and means of family planning. In light of its general recommendation 24, the Committee also recommends that the State party increase awareness campaigns on the importance of health care, including information on the spread of sexually transmitted diseases and HIV/AIDS as well as on the prevention of unwanted pregnancies through family planning and sex education.
122	Sweden	40th Combined sixth and seventh periodic reports	April 8, 2008	Magalys Arocha Domínguez, CEDAW Committee member from Cuba, was concerned about the growing number of abortions among teens. She also noted a law that increased access to abortion for immigrant women. Arocha stated, "I am all for it, but was the access accompanied with sex education so that this access is not used as contraception?" She asked for recent statistics. [Eyewitness, CEDAW 40th Session, 2008] Concluding observations: 11. The Committee also welcomes the amendment of the Abortion Act in November 2007 to remove the requirement that a woman must be a Swedish citizen, or resident in Sweden, to have an abortion.
123	Belize	39th Combined third and fourth periodic report	August 10, 2007	According to the head of the Belize Mission to the United Nations, the CEDAW Committee asked "tough questions" of the Belize delegation as to why abortion was not legal and available. (personal meeting with Charge d'affairs). Silvia Pimentel (Brazil), member of the CEDAW Committee, noted from the Belize report to CEDAW that, "Abortion continues to be a crime... In its previous (concluding comments) the Committee urged the government to revise its abortion laws." She asked whether the delegation could, "Provide information on whether this issue is being discussed in the executive (branch)." And, if it is being discussed, "What is the timeline for its approval?" [Eyewitness, CEDAW 39th Session, 2007] Concluding observations: 27. The Committee expresses its concern about the inadequate recognition and protection of the reproductive health and rights of women in Belize. The Committee is concerned about the high maternal mortality rates. It is further concerned about the number of deaths resulting from induced abortions. The Committee further reiterates its concern about the high rate of teenage pregnancies, which present a significant obstacle to girls' educational opportunities and economic empowerment. 28. The Committee urges the State party to take concrete measures to enhance women's access to... sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24, on women and health, and to ensure a reduction in the maternal mortality rate. 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 providing them with access to quality services for the management of complications arising from unsafe abortions, in accordance with the Committee's general recommendation 24 and the Beijing Declaration and Platform for Action, and to reducing the number of deaths resulting from induced abortions. It also recommends that the State party enhance sex education and availability of contraceptives so as to prevent women from having to resort to unsafe abortions.
124	Brazil	39th Sixth periodic report	August 10, 2007	Magalys Arocha Domínguez, CEDAW Committee member from Cuba, noted that abortion is the fourth leading cause of maternal death in Brazil, according to the report. She noted that the number of abortion-related deaths rose between 2002 and 2004, and inquired into the statistics for 2005 and 2006. Arocha also noted that the government had committed its hospitals to provide abortions when the law so permits, and wondered how the law would be applied where the medical personnel had personal positions preventing them from performing abortions. [Eyewitness, CEDAW 39th Session, 2007] CEDAW Concluding Comments to Brazil: 29. While noting the steps taken by the State party to enhance women's health, including sexual and reproductive health, such as the National Policy for Sexual and Reproductive Rights (May 2006), the National Pact for the Reduction of Maternal Mortality and the Integrated Plan for Fighting the Feminization of HIV/AIDS and other Sexually Transmitted Diseases, the Committee is concerned that the rate of maternal mortality remains high ... It is also concerned about the magnitude of teenage pregnancy. The Committee is further concerned at the high number of unsafe abortions, the punitive provisions imposed on women who undergo abortions and the difficulties in accessing care for the management of complications arising as a result 30. The Committee encourages the State party to continue its efforts to enhance women's access to ... sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by increasing knowledge and awareness about, as well as access to, a range of contraceptives and family planning services. The Committee further requests the State party to monitor closely the implementation of the National Pact for the Reduction of Maternal Mortality at state and municipal levels, including by establishing maternal mortality committees where they still do not exist. ... The Committee further recommends to the State party to expedite the review of its legislation criminalizing abortion with a view to removing punitive provisions imposed on women who undergo abortion, in line with general recommendation 24 and the Beijing Declaration and Platform for Action. The Committee also urges the State party to provide women with access to quality services for the management of complications arising from unsafe abortions.
125	Estonia	39th Fourth periodic report	August 10, 2007	25. Drawing attention to its general recommendation 24 on women and health, the Committee... requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives more widely available and without any restriction and by increasing knowledge and awareness about family planning. The Committee requests the State party to include in its next report further information on women's health... as well as information on women's access to health-care services, including family planning.
126	Guinea	39th Fourth and Sixth periodic reports	August 10, 2007	39. The Committee... calls on the State party to integrate a gender perspective in all health sector reforms, while also ensuring that women's sexual and reproductive health needs are adequately addressed, and to utilize fully article 12 and the Committee's general recommendation 24 as the framework for such efforts. (T)he Committee... calls upon the State party to improve the availability of sexual and reproductive health services, including family planning information and services... It also recommends that programmes and policies be adopted to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children. It further recommends that sex education be widely promoted and targeted at girls and boys, with special attention paid to the prevention of early pregnancy and the control of sexually transmitted diseases and HIV/AIDS.

	COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
127	Honduras	39th	Sixth periodic report	August 10, 2007	<p>Eyewitness report: The CEDAW Committee scolded Honduras for its laws against abortion, and said its law prohibiting all abortions is “a crime.” A member of the CEDAW Committee who is passionately pro-abortion, Silvia Pimentel, CEDAW Committee member from Brazil, rebuked the Honduran delegation, saying, “Women have their reasons to seek abortion, which should be respected,” and said she could not understand how “the interests of the fetus outweigh those of the mother.”</p> <p>The HONDURAN delegation replied that Article 67 of their constitution gives the same rights to unborn and born children. [Friday Fax, C-FAM, Vol. 10, No. 33, August 2, 2007]</p> <p>CEDAW Concluding Comments to Honduras:</p> <p>24. The Committee is concerned about the high rate of teenage pregnancy and its implications for the health and education of girls. The Committee is concerned that efforts to provide sex education in schools, developed by the Ministry of Education, are being impeded by conservative government actors. The Committee is also concerned that abortion is criminalized in all circumstances, including when a pregnancy threatens a woman’s life or health and when it is a result of rape or incest...</p> <p>25. The Committee urges the State party to step up the provision of family planning information and services to women and girls, in particular regarding reproductive health and affordable contraceptive methods, and to widely implement sex education targeted at girls and boys, with special attention to the prevention of teenage pregnancy. The Committee calls on the State party to guarantee that its public policies and decisions are in accordance with its Constitution, which establishes it as a secular State. The Committee recommends that the State party consider reviewing the law relating to abortion with a view to identifying circumstances under which abortion could be permitted, such as therapeutic abortions and abortions in cases of pregnancies resulting from rape or incest, and removing punitive provisions imposed on women who undergo abortion, in line with the Committee’s general recommendation 24, on women and health, and the Beijing Declaration and Platform for Action. The Committee also urges the State party to provide women with access to quality services for the management of complications arising from unsafe abortions and to reduce women’s maternal mortality rates...</p>
128	Hungary	39th	Sixth periodic report	August 10, 2007	<p>28. The Committee is also concerned that, while the abortion rate has decreased, it remains relatively high. It is further concerned that a comprehensive range of contraceptives is not widely available.</p> <p>29. The Committee... requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives more widely available, without any restriction, and by increasing knowledge and awareness about family planning. The Committee requests the State party to include in its next report further information on women’s health and on the impact of measures it has taken to improve women’s health, as well as information on women’s access to health-care services, including family planning.</p>
129	Indonesia	39th	Fourth and fifth periodic reports	August 10, 2007	<p>16. The Committee is concerned about the persistence of entrenched patriarchal attitudes and stereotypes about the roles and responsibilities of women and men in the family and society that discriminate against women. Such stereotypes and attitudes constitute serious obstacles to women’s enjoyment of their human rights and the implementation of the Convention and are the root cause of the disadvantaged position of women in a number of areas, including in the labour market and in political and public life. In particular, the Committee is ... concerned about the requirement that a woman obtain her husband’s consent regarding sterilization and abortion, even when her life is in danger.</p> <p>17. The Committee further urges the State party to remove family and spousal consent requirements in the areas of women’s employment and health.</p> <p>36. The Committee is also concerned about the lack of family planning education and the difficulty in accessing contraceptives, which result in a high rate of abortions and teenage pregnancies...</p> <p>37. Committee also recommends that measures be taken to guarantee effective access of women and girls to information and services regarding sexual and reproductive health and contraception in order to reduce the rate of unsafe abortions and teenage pregnancy...</p>
130	Jordan	39th	Fifth periodic report	August 10, 2007	<p>9. The Committee is concerned that the State party has not taken adequate steps to implement the recommendations in respect of some concerns raised in the Committee’s previous concluding comments, adopted in 2000 (A/55/38, part one, paras. 139-193). In particular, the Committee finds that its recommendations in paragraphs ... 181 (to initiate legislative action to permit safe abortion for victims of rape and incest) ... have been insufficiently addressed</p>
131	Kenya	39th	Sixth periodic report	August 10, 2007	<p>Magalys Arocha Domínguez, CEDAW Committee member from Cuba, mentioned Kenya’s success in reducing morbidity among women and girls. She also observed that there is an unmet need for contraceptives among married women. Arocha went on to state that she would like to know the official status of abortion in the country, whether it causes a lot of female death in the country, and what possible solutions are available in the country. [Eyewitness, CEDAW 39th Session, 2007]</p> <p>CEDAW Concluding Comments to Kenya:</p> <p>37. While welcoming the introduction of free antenatal services for pregnant women, the Committee expresses its concern that the maternal mortality rate, including deaths resulting from unsafe abortions, and the infant mortality rate remain high. The Committee is deeply concerned about women’s lack of access to quality sexual and reproductive health services and that the existing sex education programmes are not sufficient and may not give enough attention to prevention of early pregnancy and the control of sexually transmitted infections. It is also concerned that negative attitudes of health workers may be an impediment to women’s access to health-care services. The Committee is further concerned about the unmet demand for family planning services and the low level of contraceptive use.</p> <p>38. The Committee recommends that the State party step up its efforts to reduce the incidence of maternal and infant mortality. It urges the State party to make every effort to raise awareness of and increase women’s access to health-care facilities and medical assistance by trained personnel, especially in rural areas. The Committee urges the State party to ensure that health workers adopt a client-friendly attitude that will lead to improved access to quality health care. It also recommends the adoption of measures to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children, and access to safe abortion. It further recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections...</p>
132	Liechtenstein	39th	Second periodic report	August 10, 2007	<p>25. While noting the ongoing discussions in a multi-stakeholder working group, the Committee is concerned that women who elect to undergo abortion are subject to strict punishment.</p> <p>26. The Committee recommends that the State party consider reviewing the laws relating to abortion with a view to removing punitive provisions for women who undergo abortion, in line with the Committee’s general recommendation 24 on women and health and the Beijing Declaration and Platform for Action.</p>
133	New Zealand	39th	Sixth periodic report	August 10, 2007	<p>39. The Committee urges the State party to improve the provision of information on reproductive health and contraception to women and girls and to promote widely sex education targeted at girls and boys, with special attention to the prevention of sexually transmitted diseases and teenage pregnancy.</p>
134	Mauritania	38th	Initial report	June 11, 2007	<p>Zou Xiaojiao, CEDAW Committee member from China, asked the Mauritania delegation why “no information had been provided about abortion,” and whether abortion “was prohibited in the country.” [UN Dept. of Public Information, News & Media Division, 25 May 2007 news report on 787th and 788th CEDAW Committee meetings.]</p> <p>[Analyst comment: The CEDAW Committee member raised the issue of abortion, clearly implied that it should not be prohibited, and made it an issue for the Committee to address in future reviews.]</p>
135	Mozambique	38th	First and second periodic reports	June 11, 2007	<p>36. The Committee is concerned about ... illegal abortion and to maternal mortality. The Committee is further concerned about the obstacles that women still face in terms of access to health services, including reproductive health services...</p> <p>37. The Committee calls upon the State party to adopt a comprehensive approach to address women’s health concerns. It urges the State party to undertake measures to improve women’s access to health care services, to improve the availability of information and education regarding sexual and reproductive health and to address the identified causes of maternal mortality. The Committee also recommends that measures that aim at the prevention of unwanted pregnancies, including teenage pregnancies, be strengthened by increasing knowledge about family planning services. [UN document CEDAW/C/MOZ/CO/2]</p>
136	Niger	38th	First and second periodic reports	June 11, 2007	<p>33. (T)he Committee expresses concern about the precarious situation of women’s health, including lack of access by women and girls to adequate health-care services, including family planning, particularly in rural areas, high rates of teenage pregnancy and fistula problems; high maternal and infant mortality; low rates of contraceptive use...</p> <p>34. The Committee... calls on the State party to improve the availability of sexual and reproductive health services, including family planning. It also recommends that programmes and policies be adopted to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children. It further recommends that sex education be widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies.</p>

COUNTRY	SESS ON	REPORT	DATE	CONCLUDING OBSERVATIONS
137	Pakistan	38th First and third periodic reports	June 11, 2007	<p>Silvia Pimentel (Brazil), member of the CEDAW Committee, inquired as to whether the government had connected poverty and maternal mortality with unsafe and illegal abortion. She also asked whether the government dealt with unsafe abortion as a medical issue. Pimentel wondered if the anti-abortion laws would change to allow abortion in the case of rape and violence. [Eyewitness, CEDAW 38th Session, 2007]</p> <p>Zou Xiaoqiao, CEDAW Committee member from China, asked whether it was true that “a raped girl cannot get an abortion without it being a crime?” She also said unsafe abortion leads to high maternal mortality, and wondered if Pakistan was doing a study on this correlation. [Eyewitness, CEDAW 38th Session, 2007]</p> <p>THE PAKISTANI delegation responded that “abortion is considered murder once a fetus is conceived,” and was legal only to save the life of the mother. [Eyewitness report, Friday Fax, C- FAM, Volume 10, No. 24, May 31, 2007]</p> <p>CEDAW Concluding Comments to Pakistan:</p> <p>40. The Committee is concerned about women’s lack of access to ... sexual and reproductive health services ... (T)he Committee is deeply concerned that abortion is a punishable offence under Pakistani law, which may lead women to seek unsafe, illegal abortions, with consequent risks to their life and health.</p> <p>41. The Committee calls on the State party to take concrete measures to enhance women’s access to ... sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24 ... It requests the State party to take measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives and family planning methods more widely available and affordable, without any restrictions, and by increasing knowledge and awareness about family planning among women and men. The Committee also calls on the State party to reduce maternal mortality rates by identifying and addressing causes of maternal death. It further calls on the State party to take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion, because of lack of appropriate services in regard to fertility control. The Committee recommends that the State party review the laws relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion, providing them with access to quality services for the management of complications arising from unsafe abortion and reducing maternal mortality rates, in accordance with the Committee’s general recommendation 24 ... and the Beijing Declaration and Platform for Action. ... The Committee encourages the State party to seek international assistance from the specialized agencies of the United Nations system ... the United Nations Population Fund and the World Health Organization...</p> <p>[Analyst comment: The Committee clearly views abortion as part of the “sexual and reproductive health services that a government should provide to girls and women. Phrases such as “fertility control” and “prevention of unwanted pregnancies” and “family planning methods ... available ... without any restrictions” are additional ways that the CEDAW Committee is telling the nation to legalize abortion.]</p>
138	Serbia	38th Initial report	June 11, 2007	Zou Xiaoqiao, CEDAW Committee member from China, inquired why Serbia’s report lacked data on abortion. [Eyewitness, CEDAW 38th Session, 2007]
139	Sierra Leone	38th Combined initial, second, third, fourth and fifth periodic reports	June 11, 2007	<p>Zou Xiaoqiao, CEDAW Committee member from China, asked Sierra Leone about plans to increase money for reproductive rights and health. She also noted that the report failed to mention abortion, and wondered if unsafe abortion is a cause of the high maternal mortality rate. Zou wanted to know what measures the government would take to stop unsafe abortion and to ensure that women can receive the most basic reproductive health services. [Eyewitness, CEDAW 38th Session]</p> <p>Zou also asked whether abortion was “legal or illegal in Sierra Leone.” Silvia Pimentel, CEDAW Committee member from Brazil, asked if there was a “Government plan to collect data on unsafe abortions.”</p> <p>Sierra Leone delegation responded by acknowledging that “unsafe abortions were being conducted in the country, which might be among the causes of maternal death in Sierra Leone. Plans were in place to improve child survival and reduce maternal mortality, which would include a clause in the new reproductive health policy that would make room for “medically clean abortions” and post-abortion care. Hopefully, that provision would reduce the number of unsafe abortions. ... However, obtaining data on unsafe abortion was difficult; perhaps, data collection would improve if abortion could be made legal on medical grounds. The Government would pursue the idea of legalizing abortion in some instances.” [UN Dept. of Public Information, News & Media Division, 17 May 2007, report on 77th and 78th CEDAW Committee meetings.]</p> <p>[Analyst comment: The Committee’s intent in asking if the government has collected “data on unsafe abortions,” or whether abortion is “legal or illegal,” is to pressure the nation towards legalizing abortion. That is precisely how the Sierra Leone delegation interpreted the questions.]</p>
140	Syrian Arab Republic	38th Initial report	June 11, 2007	<p>Ferdous Ara Begum, CEDAW Committee member from Bangladesh, noted that “abortion was illegal in Syria,” and declared “legal support was needed for women to terminate unwanted pregnancies without penalty.”</p> <p>Zou Xiaoqiao, CEDAW Committee member from China, expressed objection that “abortion was prohibited according to law.”</p> <p>Malaysian Delegation member Ghanem said that “abortion was not allowed in Syria.” (UN Dept. of Public Information, News & Media Division, 24 May 2007 news report on 78th and 79th CEDAW Committee meetings.)</p>
141	Vanuatu	38th Initial, second and third periodic reports	June 11, 2007	Silvia Pimentel, CEDAW Committee member from Brazil, said, “Some religions impeded the implementation of important public policy,” especially in the area of sexual and reproductive rights and health. She also asked when the government would make all health services free. [Eyewitness, CEDAW 38th Session, 2007]
142	Tajikistan	37th Initial report	February 2, 2007	<p>31. (T)he Committee... is concerned about the... the low contraceptive prevalence rate and the reported lack of knowledge of young girls about HIV/AIDS.</p> <p>32. The Committee recommends that the State party continue... to take measures to improve women’s access to general health care, and reproductive health care, services in particular. It calls on the State party to increase its efforts to improve the availability of sexual and reproductive health services, including family planning, to mobilize resources for that purpose and to monitor the actual access to those services by women. It further recommends that family planning and reproductive health education be widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies of girls in underage marriages and the control of sexually transmitted diseases and HIV/AIDS.</p>
143	Azerbaijan	37th Combined second and third periodic reports	February 2, 2007	<p>25. The Committee is further concerned that contraceptives are not included in the list of essential drugs and that a comprehensive range of contraceptives may not be available to women.</p> <p>26. The Committee also recommends that the State party expand and make available to women a comprehensive range of contraceptives.</p>
144	Colombia	37th Combined fifth and sixth periodic reports	February 2, 2007	<p>22. The Committee is ... concerned that, in practice, women may not have access to legal abortion services, or to guaranteed care for the management of complications arising from illegal and unsafe abortion.</p> <p>23. The Committee encourages the State party to continue its efforts to enhance women’s access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by increasing knowledge and awareness about, as well as access to, a range of contraceptives, family planning services for women and girls, and to take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion ... The Committee recommends that the State party give priority attention to the situation of adolescents and rural, indigenous and afro-descendant women ... It urges the State party to ensure that women seeking legal abortions have access to them, including by clarifying the responsibilities of public health service providers. The Committee recommends that the State party take steps to ensure that the regulatory framework and guidelines in place governing access to quality services for the provision of legal abortion services, and for the management of complications arising from illegal and unsafe abortions are applied in practice and that medical and health-care professionals receive adequate training and sensitization on their obligations, so as to reduce women’s maternal mortality rates.</p> <p>[Analyst comment: In 2006, Colombia’s Constitutional Court legalized abortion in part because of the CEDAW “recommendation” from 1999. The Court approved abortion for several reasons: fetal malformation, forced pregnancy, and if the life of the mother is in danger. The written opinion of Colombia’s Attorney General was perhaps the most influential document in the decision. He informed the Court that their country was bound by “the recommendations made by the international authorities in charge of overseeing compliance” with the “Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).” {As quoted in C-FAMS Friday Fax (February 8, 2007; Vol. 10, No. 8), after they received a copy of the Court opinion.}]</p>
145	Greece	37th Sixth periodic report	February 2, 2007	<p>25. The Committee is concerned that, due to inadequate access to family planning and contraceptive methods, abortion is often used by women and adolescent girls as a method of birth control. It regrets the lack of data about the incidence of abortion disaggregated by age and ethnic group of the persons undergoing it.</p> <p>26. The Committee recommends that the State party implement programmes and policies aimed at providing effective access for women, including minority women and adolescent girls, to health-care information and contraceptives, and to family planning services, thus avoiding the need for women to resort to abortion as a method of birth control. The Committee urges the State party to implement programmes of sexual and reproductive health education for men, women and adolescents in order to foster responsible sexual behaviour.</p>

	COUNTRY	SESSI ON	REPORT	DATE	CONCLUDING OBSERVATIONS
146	India	37th	Combined second and third	February 2, 2007	40. The Committee continues to be concerned about ... unsafe abortions... 41. The Committee urges ... ensuring women access to health services, including safe abortion and gender-sensitive comprehensive contraceptive services.
147	Kazakhstan	37th	Second periodic report	February 2, 2007	25. The Committee... is concerned about the negative health implications for women using intrauterine devices, which seem to be the predominant method of contraception, without proper medical checkup, and that a comprehensive range of contraceptives is not widely available. The Committee is concerned about the prevalence of teenage pregnancy, and the still high abortion rate which indicates that abortion may be used as a method of contraception. 26. The Committee... requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, especially among teenagers. Such measures should include monitoring any negative effects of the use of intrauterine devices, making a comprehensive range of contraceptives available more widely and without any restrictions and increasing knowledge about family planning. The Committee requests the State party to include in its next report further information on women's health and on the impact of measures it has taken to improve women's health and access to health-care services, including family planning.
148	Maldives	37th	Combined second and third periodic reports	February 2, 2007	33. (T)he Committee is concerned at the limited control that women have over the choice of family planning methods and spacing of children, as stated by the delegation. The Committee is particularly concerned that access to contraceptives is limited by law to married couples; that reproductive health information is not readily available; and that punishments such as flogging and banishment remain in the Penal Code and can be imposed for violating its provisions prohibiting extramarital sex, which, in practice, disproportionately affect women. 34. The Committee urges the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives more widely available and without restriction and by increasing knowledge and awareness about family planning. The Committee recommends that the State party give priority attention to the situation of adolescents and that it provide age-appropriate sex education as part of the regular education curriculum, targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases. It also urges the State party to expeditiously revise its Penal Code to eliminate punishment for extramarital sex, which disproportionately affects women.
149	Namibia	37th	Combined second and third periodic reports	February 2, 2007	24. The Committee expresses its concern about the lack of access of women to adequate health-care services, including to sexual and reproductive health services. It remains concerned at the widespread use of unsafe illegal abortions, with consequent risks on women's life and health. 25. The Committee urges the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It also recommends the adoption of measures to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children, as well as access to safe abortion in accordance with domestic legislation.
150	Netherlands	37th	Fourth periodic report	February 2, 2007	31. The Committee is concerned about the termination by the State party of compensation for the cost of contraception for women over the age of 21 and its consequences on the sexual and reproductive rights and health of women with lower incomes. 32. The Committee encourages the State party to monitor the effects of the withdrawal of compensation for the cost of contraception for women over the age of 21, and to include information in its next report on its impact on the reproductive rights and health of women.
151	Nicaragua	37th	Sixth periodic report	February 2, 2007	Magaly Arocha Domínguez, CEDAW Committee member from Cuba, said, "The State needs to provide for health and well-being ... There is a shortage of trustworthy studies on abortion, particularly on illegal abortions. ... The Ministry of Health said information on abortion was not reliable ... says more than 6,000 abortions were carried out, but we would have to add other abortions. ... There is a regional trend to legalize abortion for therapeutic reasons. ... But why was this new (law prohibiting abortion) adopted? Who was consulted? ... This is a particular challenge for poor women because they go to other countries for abortions. ... It is the responsibility of the State to inform women in family planning ... What programs do you have for teens since they are active in sexual relations?" [Eyewitness, CEDAW 37th Session] Zou Xiaoqiao, CEDAW Committee member from China, expressed her perception that, "In Nicaragua, private abortion seems to be quite a serious problem." Then she commented, "So sex education seems very important," and asked, "Will it be included in the curricula of schools?" [Eyewitness, CEDAW 37th Session, 2007] CEDAW Concluding Comments to Nicaragua: 17. The Committee expresses its concern ... about recent steps taken by the State party to criminalize therapeutic abortion, which may lead more women to seek unsafe, illegal abortions, with consequent risks to their life and health, and to impose severe sanctions on women who have undergone illegal abortions, as well as on health professionals who provide medical care for the management of complications arising from unsafe abortions. 18. The Committee urges the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24, on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by increasing knowledge and awareness about family planning and services for women and girls, and to take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion, because of the lack of inaccessibility, including due to cost, of appropriate family planning and the contraceptive services. ... 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 Platform for Action.
152	Peru	37th	Sixth periodic report	February 2, 2007	24. The Committee notes with concern ... that the State party's restrictive interpretation of therapeutic abortion, which is legal, may further lead women to seek unsafe and illegal abortions. It is further concerned that the recommendations of the Human Rights Committee in KL v Peru (CCPR/C/85/D/1153/2003 (2005)) were not adhered to by the State party. [Analyst Note: The HRC ruled that Peru violated a pregnant girl's guaranteed "right to life" and other "rights" by not allowing her to abort her preborn child.] 25. The Committee urges the State party to step up the provision of family planning information and services to women and girls, including emergency contraception, and to promote sex education widely, in particular in the regular education curriculum targeted at adolescent girls and boys, with special attention to the prevention of teenage pregnancies. ... The Committee urges the State party to review its restrictive interpretation of therapeutic abortion, which is legal, to place greater emphasis on the prevention of teenage pregnancies and to consider reviewing the law relating to abortion for unwanted pregnancies with a view to removing punitive provisions imposed on women who undergo abortion, in line with the Committee's general recommendation 24 on women and health, and the Beijing Declaration and Platform for Action. The Committee further calls upon the State party to comply with the recommendations of the Human Rights Committee in KL v Peru. [Analyst comment: The CEDAW Committee has increasingly pressured nations to provide "emergency contraception," or "Morning After Pills"—what Committee members call a "safer abortion"—to quickly abort the life of any baby conceived.]
153	Poland	37th	Combined fourth and fifth periodic report	February 2, 2007	Magaly Arocha Domínguez, CEDAW Committee member from Cuba, asked, "On Article 12 ... Our Committee needs a clearer picture of the family planning policies and abortion in your country, with a breakdown of rural areas. ... How many doctors have been suspended for refusing to do an abortion? After all abortion is legal in your country." [Eyewitness, CEDAW 37th Session, 2007] CEDAW Concluding Comments to Poland: 24. The Committee expresses its concern that, as a result of the restructuring of the health sector, there has been a decrease in the number of clinics and health services available to women, in particular in rural areas. The Committee is concerned about the lack of official data and research on the prevalence of illegal abortion in Poland and its impact on women's health and life. 25. The Committee urges the State party to ... ensure that women seeking legal abortion have access to it, and that their access is not limited by the use of the conscientious objection clause. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives widely available at an affordable price and by increasing knowledge and awareness about different methods of family planning.
154	Suriname	37th	Third periodic report	February 2, 2007	29. The Committee reiterates its concern about the provisions in the Penal Code regarding family planning, including prohibiting the display and offering of contraceptives, and the restriction on abortion, although the provisions are not enforced. 30. The Committee reiterates its recommendation that the laws restricting family planning activities and abortion services, which are "dead letter" laws, be repealed.

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
155	Vietnam	37th Combined fifth and sixth periodic reports	February 2, 2007	24. The Committee expresses its concern about women's limited access to sexual and reproductive health-care services, and about the very high rate of abortions, in particular among adolescent and young women. 25. The Committee urges the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including through improved availability, acceptability and use of modern means of birth control, in order to eliminate the use of abortion as a method of family planning. The Committee recommends that the State party give priority attention to the sexual and reproductive health needs of adolescent and young women and men and that it provide age-appropriate sex education, including in school curricula, with special attention to the prevention of early pregnancies and sexually transmitted diseases and HIV/AIDS.
156	Cape Verde	36th initial, second, third, fourth, fifth and sixth periodic reports	August 25, 2006	Mary Shanthi Dairiam, CEDAW Committee member from Malaysia: 26. Welcoming the liberalization of the abortion rules, she asked whether women knew that they could obtain an abortion under certain conditions. [Summary Record, 754th mtg., 18 Aug. 2006; doc. CEDAW/C/SR.754] Concluding Comments: 30. The Committee calls upon the State party to further improve the availability of sexual and reproductive health services, particularly in rural areas, including family planning information and services ... access to a wide range of contraceptive methods, so that women and men can make informed choices about the number and spacing of children, and women do not have to resort to unsafe abortions...
157	Chile	36th Fourth periodic report	August 25, 2006	19. The Committee ... remains concerned that abortion under all circumstances is a punishable offence under Chilean law, which may lead women to seek unsafe, illegal abortions, with consequent risks to their life and health... 20. The Committee calls on the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24, on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives and family planning methods more widely available and affordable and without any restriction The Committee also calls on the State party to reduce maternal mortality rates through safe motherhood services and prenatal assistance and take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion, because of lack of appropriate services in regard to fertility control. 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 undergo abortion and provide them with access to quality services for the management of complications arising from unsafe abortion and to reduce maternal mortality rates, in accordance with general recommendation 24, on women and health, and the Beijing Declaration and Platform for Action.
158	Cuba	36th Combined fifth and sixth periodic reports	August 25, 2006	27. The Committee is concerned that, as a result of insufficient awareness about, and access to family planning and contraceptive methods, abortion may be used as a method of birth control and lead to multiple abortions during a woman's childbearing years. It regrets the lack of data about the incidence of abortion disaggregated by age and by rural and urban areas. 28. The Committee calls on the State party to strengthen the implementation of programmes and policies aimed at providing effective access for women and men to family planning information and services and to affordable and quality contraceptive methods, and at raising awareness about the risks of abortion to women's health.
159	Democratic Republic of the Congo	36th Cobined fourth and fifth periodic reports	August 8, 2006	361. The Committee... calls upon the State party to improve the availability of sexual and reproductive health services, including family planning, also with the aim of preventing early pregnancies and clandestine abortions. The Committee requests the State party to provide, in its next report, detailed statistical and analytical information on the results of measures taken to improve women's access to health-related services and information, including in regard to sexual and reproductive health and family planning.
160	Ghana	36th Combined third, fourth and fifth periodic reports	August 25, 2006	32. The Committee urges ... the State party to raise community awareness with regard to negative cultural beliefs and the importance of giving women a choice in relation to access to health-care services, number of children, and use of contraception, as well as ensure that health workers adopt a client-friendly attitude. It calls upon the State party to improve the availability of sexual and reproductive health services, including family planning information and services, as well as antenatal, postnatal and obstetric services to reduce maternal mortality and to set targets and benchmarks to achieve the Millennium Development Goal to reduce maternal mortality. It also recommends the adoption of measures to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children, as well as access to safe abortion in accordance with domestic legislation.
161	Jamaica	36th Fifth periodic report	August 25, 2006	36. The Committee ... While noting the establishment of the National Advisory Group on Abortion and the existing policy on abortion, providing women with access to safe abortion, the Committee calls on the State party to implement as well as to raise awareness about this policy. The Committee also calls on the State party to enact without delay draft legislation which would provide a legal framework for the existing policy. It recommends the continued implementation of awareness-raising initiatives on women's health, including sexual and reproductive health and rights, and to also target adolescent girls, with special emphasis on combating HIV/AIDS. The Committee encourages more systematic use of its general recommendation 24, on women and health.
162	Mauritius	36th Combined third, fourth and fifth periodic reports	August 25, 2006	30. The Committee is also concerned that abortion is criminalized in all circumstances. 31. The Committee urges the State party to step up the provision of family planning information and services to women and girls, in particular regarding reproductive health and affordable contraceptive methods, and to promote widely sex education targeted at girls and boys, with special attention to the prevention of teenage pregnancy. The Committee recommends that the State party consider reviewing the law relating to abortion for unwanted pregnancies with a view to removing punitive provisions imposed on women who undergo abortion, in line with the Committee's general recommendation 24, on women and health, and the Beijing Declaration and Platform for Action. The Committee urges the State party to expedite the work being done by the Ministry of Health and other stakeholders in reviewing those circumstances under which abortion could be permitted in the country. The Committee also urges the State party to provide women with access to quality services for the management of complications arising from unsafe abortions and to reduce women's maternal mortality rates
163	Mexico	36th Sixth periodic report	August 25, 2006	32. The Committee notes with concern that abortion remains one of the leading causes of maternal deaths and that, in spite of the legalization of abortion in specific cases, women do not have access to safe abortion services and to a wide range of contraceptive measures, including emergency contraception. The Committee is also concerned about the insufficient efforts to prevent teenage pregnancies. 33. The Committee urges the State party to expand the coverage of health services, including reproductive health care and family planning services, and to address the obstacles that prevent women from having access to such services. The Committee also recommends that sex education be widely promoted and provided, targeting men and women and adolescent boys and girls. The Committee requests the State party to harmonize legislation pertaining to abortion at the federal and State levels. The Committee urges the State party to implement a comprehensive strategy which should include the provision of effective access to safe abortion in situations provided for under the law and a wide range of contraceptive measures, including emergency contraception, awareness-raising measures about the risks of unsafe abortions and nationwide sensitization campaigns about women's human rights, targeting in particular health personnel, as well as the general public.

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
164	Philippines	36th Fifth and sixth periodic reports	August 25, 2006	<p>Dubravka Šimonović (CEDAW Committee member from Croatia) [asked] 5. What had the Government done to ensure that comprehensive reproductive health services were available to all women?</p> <p>6. The Philippines had the highest maternal mortality ratio in South-East Asia. Given the link between unsafe, illegal abortions and maternal mortality, she asked whether any steps had been taken to reduce the number of unsafe abortions. She enquired whether the State party was considering decriminalizing abortion, which remained an offence under the revised Penal Code.</p> <p>Philippine Delegation member Nieto said: 18. As for abortion, in 2000 there had been 473,408 induced abortions in the Philippines. Induced abortions accounted for 76 per cent of abortion-related hospital admissions and 12 per cent of maternal deaths, with unsafe abortion being the fourth most important cause of maternal deaths in the country. The maternal mortality ratio was 107 deaths per 100,000 live births. Of the 2.6 million pregnancies in 2000, 55 per cent had been unintended. Abortion was a crime under article 259 of the revised Penal Code, and there were no plans to change the commitment to protect the life of the unborn child and its mother, enshrined in the country's Constitution. There had, however, been no prosecutions for criminal abortion. Women had access to quality services for the prevention and management of abortion complications, with health practitioners trained in counselling, infection prevention and clinical management of such complications. 16. As for the issue of what was included in the concept of natural family planning, there was the rhythm method, and also the Billings method.</p> <p>20. Zou Xiaojiao (CEDAW Committee member from China) wondered why, if no one had ever been prosecuted for abortion, the Philippines should not modify the Penal Code and decriminalize abortion.</p> <p>21. Dorcas Coker-Appiah (CEDAW Committee member from Ghana) said that article 12 obliged States to provide high-quality, accessible family planning services. She was very concerned that the current Government was promoting natural family planning methods, which the delegation still had not defined for the Committee. Her understanding was that it referred to the rhythm or withdrawal method, which required both parties to be responsible. However, the delegation had previously stated that family planning remained largely a female responsibility. Since women generally had little or no power to impose conditions in relation to sex, she wondered how the Philippine Government could expect women to do so. The Government should put aside religious considerations and look seriously at women's rights. Despite the huge number of women risking imprisonment and death to have an abortion, the Government still insisted on following its unrealistic approach.</p> <p>28. Philippine Delegation member Nieto said that the Government promoted, and had allocated resources to, both natural and artificial family planning. Natural family planning required fertility awareness and gender sensitivity. The Government had prepared modules to help women assert their rights and to enlighten husbands. As to why abortion had not been decriminalized, she explained that, under the Philippine Constitution, the unborn child, as well as the mother, had rights. The Government therefore preferred to focus on prevention. In that regard, it had designed a youth policy and prepared modules aimed at making couples more responsible. [Summary record of the 748th meeting; 15 August 2006; UN doc. CEDAW/C/SR.748 (A)]</p> <p>Concluding Comments: 28. The Committee urges the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives more widely available and without any restriction and by increasing knowledge and awareness about family planning. The Committee recommends that the State party give priority attention to the situation of adolescents and that it provide sex education... with special attention to the prevention of early pregnancies and sexually transmitted diseases. 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.</p>
165	Republic of Moldova	36th Combined second and third	August 25, 2006	31. The Committee urges the State party to undertake appropriate measures to ensure women's access to safe abortion, in accordance with domestic legislation.
166	Bosnia and Herzegovina	35th Combined initial, second and third periodic reports	June 2, 2006	35. The Committee is also concerned at the lack of family-planning education and the difficulty in accessing contraceptives, which result in a high rate of abortions and teenage pregnancies. <p>36. The Committee also recommends that measures be taken to guarantee effective access of women and girls to information and services regarding sexual and reproductive health in order to prevent recourse to abortion and protect women from its negative health effects. It further recommends that programmes and policies be adopted to increase knowledge of and access to contraceptive methods with the understanding that family planning is the responsibility of both partners.</p>
167	Malaysia	35th Combined initial and second periodic report	May 31, 2006	<p>Hajjah Rosnah bt. Hj. Ismail (Malaysia Delegation) ... 18. With regard to family planning issues, she said that a very small proportion of abortions resulted in the death of the mother.</p> <p>Silvia Pimentel (CEDAW Committee member from Brazil) ... 51. The Committee had expressed concern regarding lack of access to safe abortion and had pointed out that lack of access to family planning and restrictive abortion laws tended to coincide with the prevalence of unsafe abortions and high maternal mortality rates. It would therefore be useful to know whether the Government was taking steps to relax the abortion laws.</p> <p>55. Rosnah Ismail (Malaysia Delegation) said that abortion was illegal unless the mother's life was at risk or the infant had severe congenital abnormalities. Statistics showed that maternal mortality due to abortion was actually on the decline.</p> <p>58. Chairman Rosario G. Manalo (CEDAW Committee member from the Philippines) ... With respect to health care ... given the link between illegal abortion and maternal mortality, the abortion laws should be reviewed.</p>
168	Saint Lucia	35th Combined initial, second, third, fourth, fifth and sixth periodic reports	June 2, 2006	<p>31. Silvia Pimentel (CEDAW Committee member from Brazil) asked what measures, if any, were planned to ensure that the restrictive law on abortion did not entail grave consequences for those women unable to obtain safe abortions.</p> <p>33. Saint Lucia delegation member Pascal "said that, although the Catholic Church prohibited the use of condoms, people were free to use any method of contraception they wished. ... Abortion was illegal; however, women who suffered incomplete abortions were treated at hospital without question" [Summary record, 730th mtg.; 23 May 2006; CEDAW/C/SR.730]</p> <p>Concluding Comments:</p> <p>4. The Committee ... welcomes the entry into effect of the Criminal Code No. 9 on 1 January 2005 and which includes new provisions on sexual offences and which now permits abortion under certain circumstances...</p> <p>31. The Committee is concerned that it did not obtain a clear picture about the availability of comprehensive reproductive health care. The Committee notes with concern the persistence of unsafe abortions in the country. It also notes with concern that no information was provided about measures to provide safe abortion services where those are permitted by law. Further, the Committee is concerned about the lack of facilities and district hospitals to provide comprehensive services for childbirth, and about women's access to antenatal and postnatal services</p> <p>32. The Committee recommends that the State party take into account its general recommendation 24 ... that the State party provide safe abortion services in cases where those are permitted by law, and to enhance sex education and availability of contraceptives so as to prevent women having to resort to unsafe abortions.</p>
169	Malawi	35th Combined Second, third, fourth and fifth periodic reports	February 3, 2006	32. The Committee... calls on the State party to... ensuring that women's sexual and reproductive health needs are adequately addressed. In particular, the Committee... calls upon the State party to improve the availability of sexual and reproductive health services, including family planning information and services.... It also recommends that programmes and policies be adopted to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children. It further recommends that sex education be widely promoted and targeted at girls and boys, with special attention paid to the prevention of early pregnancy and the control of sexually transmitted diseases and HIV/AIDS.
170	Eritrea	34th Combined initial, second and third periodic reports	February 3, 2006	23. The Committee recommends that the State party take measures to improve women's access to health care, especially emergency obstetric care and health-related services and information, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It calls on the State party to improve the availability of sexual and reproductive health services, including family planning, also with the aim of preventing early pregnancies and clandestine abortions. It encourages the State party to enhance such services especially for rural women.
171	Former Yugoslav Republic of Macedonia	34th Combined initial, second and third periodic reports	February 3, 2006	32. The Committee recommends that the State party implement programmes and policies aimed at providing effective access for women to contraceptives and health-care information and services, thus avoiding the need for women to resort to abortion as a method of birth control. The Committee urges the State party to implement programmes of sexual and reproductive health education for women, men and adolescents in order to foster responsible sexual behaviour, and to further discourage abortion as a method of birth control.

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
172	Togo	34th Combined initial, second, third, fourth and fifth periodic reports	February 3, 2006	<p>Kanny Sokpoh-Diallo, Minister of Population, Social Affairs and the Promotion of Women, head of the Togo delegation, said in response to questions about abortion, that the new Health Code—now under study—would prohibit abortion, unless it was therapeutic.</p> <p>Silvia Pimentel (CEDAW Committee member from Brazil) said that risks associated with unwanted pregnancies, such as unsafe abortions, were factors that aggravated maternal mortality, and asked whether the 2002-2006 national health development plans had led to a decrease in the rate of maternal mortality caused by abortions. She noted that only therapeutic abortions are allowed by the Togo Government, and asked whether Parliament would consider extending the reasons for justifying the interruption of pregnancy besides therapeutic ones.</p> <p>[Analyst comment: Pimentel believes that abortion should be legal (and if it is legal she assumes it will be safe), and that the way to decrease maternal mortality is to legalize abortion. Her presuppositions are evident in her line of reasoning above: 1. “unwanted pregnancies” result in “unsafe abortions” resulting in increased “maternal mortality”; 2. therefore, to decrease “maternal mortality caused by abortions,” abortion should be made legal and freely available. She suggests that Togo accomplish the latter by ensuring that abortion is included—“extending the reasons for justifying the interruption of pregnancy”—in the “national health development plans.” Clearly, Pimentel and the Committee pressured Togo to increase access to abortions, even while Togo was endeavoring to protect its own preborn children. I wonder if Pimentel and the other pro-abortion Committee members would make the same recommendations to their own daughters?]</p> <p>A Togo Delegation member “cited a 1984 law saying that a man who was responsible for impregnating a female pupil would be subject to imprisonment and fines, thus protecting school girls from early pregnancy. For girls who were not attending school and were made pregnant, the public health authorized therapeutic abortions, he said.”</p> <p>Sokpoh-Diallo (head of Togo delegation) stressed, however, that under the new Health Code, therapeutic abortions were allowed, but abortions could not take place if there were no medical reason for doing so. [UN Dept. of Public Information, News & Media Division, 18 January 2006, report on 703rd & 704th CEDAW Committee meetings.]</p>
173	Australia	34th Combined fourth and fifth periodic report	February 3, 2006	<p><i>Eyewitness report from CEDAW Committee meeting:</i> Salma Khan (from Bangladesh), CEDAW Committee Member, said: You have reformed the abortion law with greater access to women. What about access in rural areas? Are all the states the same? Are health care services available to women equally in all jurisdictions? What about women who want non-surgical abortion? Women in rural areas cannot have access to RU-486. Why is approval from a minister necessary for a drug that would be a safer abortion?</p> <p>[Analyst note: The terms “family planning” and “health care services” are in the CEDAW covenant but at the time of its passage in 1979 these terms in no way included abortion or abortifacients such as RU-486; nor is there any ratified UN international covenant even today that implies such meanings. The countries who ratified did not agree to any provisions on abortion.]</p>
174	Mali	34th Combined Second, third, fourth and fifth periodic reports	February 3, 2006	<p>33. (T)he Committee is concerned about the high maternal and infant mortality and morbidity, resulting from, inter alia, lack of appropriate care as well as lack of utilization of existing services during pregnancy and childbirth, the limited access to adequate sexual and reproductive health services for women, especially women in rural areas, female genital mutilation, the low level of education, early marriage and unsafe abortions. The Committee is concerned about the unmet demand for family planning services and the low level of contraceptive use...</p> <p>34. The Committee recommends that the State party intensify its efforts to take holistic, inter-sectoral measures ... in accordance with article 12 of the Convention and the Committee’s general recommendation 24 on women and health. It calls upon the State party to improve the availability of sexual and reproductive health services, including family planning, also with the aim of preventing early pregnancies and clandestine abortions. It encourages the State party to enhance such services, especially for rural women. The Committee further urges the State party to study the behavioural patterns of communities, and of women in particular, that inhibit their utilization of existing services and to take appropriate action. The Committee requests the State party to provide, in its next report, detailed statistical and analytical information on the results of measures taken to improve women’s access to health-related services and information, including in regard to sexual and reproductive health and family planning, and the impact of these measures.</p>
175	Thailand	34th Combined fourth and fifth periodic report	February 3, 2006	<p>39. The Committee is concerned about the lack or insufficient use of contraceptives, which leads to unsafe abortions. It is also concerned that women continue to bear the primary responsibility for family planning, as exemplified by the low rates of condom use and male sterilization compared to female methods of contraception.</p> <p>40. The Committee recommends that the State party strengthen the implementation of programmes and policies aimed at providing effective access for women to contraceptives and health-care information and services with the aim of avoiding the need for women to resort to illegal abortions. The Committee urges the State party to implement programmes of sexual and reproductive health education for women, men and adolescents...</p>
176	Venezuela	34th Combined fourth, fifth and sixth periodic reports	January 31, 2006	<p>32. The Committee recommends that the State party pay special attention to the effective implementation and monitoring of the national plan of action on sexual and reproductive health. The State party should place higher priority on the provision of family planning services, including information on contraceptives and their wide and easy availability in all regions of the country, as well as the provision of sex education, addressing both young women and men. The Committee requests the State party to undertake a survey on the reasons for the high rate of maternal deaths due to abortion and to adopt measures, including legislative and public policy measures, to reduce and eliminate related risks. It invites the State party to include detailed information and data on the incidence, causes and consequences of abortion as well as on the impact of measures taken, disaggregated by age group, in its next periodic report.</p>
177	Benin	33rd Combined initial, second and third periodic reports	July 22, 2005	<p>31. (T)he Committee remains concerned about... inadequate family planning services and the low rates of contraceptive use. The Committee expresses its concern that women require the permission of their husbands to obtain contraceptives and family planning services.</p> <p>32. The Committee... calls on the State party to improve the availability of sexual and reproductive health services, including family planning, also with the aim of preventing clandestine abortions, and to make available, without requiring the permission of the husband, contraceptive services to women and girls. It further recommends that sex education be widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases.</p>
178	Gambia	33rd Combined initial, second and third periodic reports	July 22, 2005	<p>36. The Committee... recommends that programmes and policies be adopted to increase knowledge about, and access to, affordable contraceptive methods and to increase the understanding that family planning is the responsibility of both partners. It also encourages the State party to ensure that women have easy access to family planning services. The Committee also recommends that sex education be widely promoted and provided, targeting men and women...</p>
179	Lebanon	33rd Combined initial and second periodic report	July 22, 2005	<p>35. While welcoming the incorporation of reproductive health services into the primary health-care system, the Committee remains concerned that not all women have access to such services, especially in the rural areas. It is also concerned about women’s deaths resulting from clandestine abortions.</p> <p>36. The Committee ... urges the State party to decriminalize abortion where there are mitigating circumstances. The Committee recommends the implementation of measures to protect women from the negative effects on their health of unsafe abortions, in line with the Committee’s general recommendation 24 on women and health and the Beijing Declaration and Platform for Action.</p> <p>[Analyst comment: The Committee, as evident here and in their “general recommendation 24,” assumes that abortion should be legal (and if legal it would be “safe”), and be provided by the government as part of “reproductive health services” for all women. Every time a woman dies because of an abortion complication, it is a great tragedy for both the mother and child. But the duty of the government is to protect life, not to give license to those who decide to arbitrarily take a life. Pregnant women need good pre- and post-natal health care, and those suffering from abortion complications need immediate emergency medical care. If the Committee would focus on these immense needs, maternal mortality would decrease and thousands of women could be saved.]</p> <p>[Note on Beijing Platform: The CEDAW Committee exceeds its authority when it seeks to impose the 1995 Beijing Declaration and Platform for Action (which is not a ratified treaty) upon nations who ratified the 1979 CEDAW—an international covenant concluded 16 years earlier.]</p>
180	Burkina Faso	33rd Combined fourth and fifth periodic report	July 22, 2005	<p>35. While noting the efforts made by the State party to improve reproductive health care for women including through subsidizing contraceptives, the Committee remains concerned about the limited access to adequate health-care services for women, including those related to family planning. It is particularly concerned about high rates of fertility, infant and maternal mortality and death due to clandestine abortions, inadequate family planning services and low rates of contraceptive use. The Committee is further concerned that the report contained insufficient information on the impact of measures taken to... improve access to family planning services.</p> <p>36. The Committee... calls upon the State party to improve the availability of sexual and reproductive health services, including family planning, also with the aim of preventing clandestine abortions. It encourages the State party to enhance availability of contraceptive services. It further recommends that sex education be widely promoted and targeted at girls and boys... The Committee requests the State party to provide in its next report detailed statistical and analytical information on measures taken to improve women’s access to ... sexual and reproductive health and family planning, and the impact of these measures, in accordance with the Committee’s general recommendation 24 on women and health.</p>

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
181	Guyana	33rd Combined third, fourth, fifth and	July 22, 2005	38. The Committee... calls on the State party to increase its emphasis on men's responsibilities in preventing the spread of the disease, including through... the implementation of education programmes on sexual and reproductive health and rights directed at both women and men, including the provision of condoms.
182	Ireland	33rd Combined fourth and fifth periodic report	July 22, 2005	7. Extensive national dialogue had occurred on the issue of abortion, with five separate referendums held on three separate occasions... 38. (T)he Committee reiterates its concern about the consequences of the very restrictive abortion laws under which abortion is prohibited except where it is established as a matter of probability that there is a real and substantial risk to the life of the mother that can be averted only by the termination of her pregnancy... 39. Committee urges the State party to continue to facilitate a national dialogue on women's right to reproductive health, including on the very restrictive abortion laws. [Analyst comment on par. 38: Ireland's government is fulfilling the first legitimate purpose of any civil government: protecting innocent human life.] [Analyst comment on pars. 7 & 39: The Committee ignored what the Irish official said about holding five referendums on abortion, and the Irish people rejecting abortion each time.]
183	Lao People's Democratic Republic	32nd Combined initial, second, third, fourth	February 15, 2005	25. The Committee is concerned about... the lack of awareness among women and adolescents regarding reproductive health and family planning, including contraceptives and birth spacing. 26. The Committee recommends that the State party... to enhance its educational programmes, not only for women, but also for men and adolescents, on reproductive health and family planning; and to make contraceptives easily available.
184	Samoa	32nd Initial, second and third periodic report	February 15, 2005	30. The Committee... is also concerned about the rising incidence of teenage pregnancy, the limited family-planning efforts, the low contraceptive prevalence rate and the lack of sex education in schools, despite comprehensive access for women to health services, including reproductive health services. 31. The Committee urges the State party to increase its efforts to improve the provision of sexual and reproductive health services to reduce fertility rates and maternal morbidity. It calls upon the State party to step up the provision of family-planning information to women and girls and to widely promote sex education targeted at girls and boys...
185	Paraguay	32nd Combined third, fourth and fifth periodic reports	February 15, 2005	32. The Committee remains concerned about the persistent high maternal mortality rates, particularly deaths due to illegal abortions, the limited access of women to health care and family planning programmes and the apparently unmet need for contraceptives 33. The Committee reiterates the recommendation raised in its previous concluding comments and urges the State party to act without delay and to implement effective measures to deal with the high maternal mortality rate, to prevent women from having to resort to unsafe abortions and to protect them from the negative effects on their health, in line with the Committee's general recommendation No. 24 on access to health care and the Beijing Declaration and Platform for Action. ... It further recommends holding a national consultation with civil society groups, including women's groups, to address the issue of abortion, which is illegal under the current law and is a cause of women's high mortality rates. [Analyst comment: The Committee's focus on preventing "illegal abortions," "unsafe abortions," and "clandestine abortions" is an indirect way of telling Paraguay to legalize abortion. More "legal" abortions is not the solution to high maternal mortality rates.]
186	Angola	31st Combined initial, second and third periodic reports and	July 16, 2004	162. The Committee is especially concerned about women's low life expectancy, high maternal mortality and morbidity rates, high fertility rates and inadequate family planning services, low rates of contraceptive use and lack of sex education. 163. The Committee... calls on the State party to... ensuring that women's sexual and reproductive health needs are adequately addressed. (T)he Committee... calls on the State party to improve the availability of sexual and reproductive health services, including family planning information to reduce maternal mortality. It also recommends that programmes and policies be adopted to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children. It further recommends that sex education be widely promoted and targeted at girls and boys...
187	Dominican Republic	31st Fifth periodic report	July 15, 2004	284. (T)he Committee ... notes with concern that passage of the Penal Code bill as it now stands would constitute a reversal of some of the advances made in the area of women's human rights by ... penalizing abortion in cases of rape and bringing criminal charges or suspending sentence in cases of rape if the perpetrator marries the minor victim. 309. (T)he Committee recommends that the State health services should provide an abortion when the pregnancy is a result of rape or when the mother's health is in danger.
188	Argentina	31st Follow-up report to the fifth periodic report	July 16, 2004	380. While appreciating the establishment of the National Programme for Sexual Health and Responsible Parenthood, the Committee is concerned about the lack of information on the State party's efforts to evaluate the effectiveness of that Programme. The Committee also expresses concern about the high pregnancy rate among adolescents, the high rate of maternal mortality, one third of which is caused by illegal abortion.... The Committee is also concerned that the crisis is having a negative impact on women's and adolescent girls' access to comprehensive health services, particularly for reproductive and sexual health. 381. The Committee urges the State party to ensure that women's and adolescent girls' access to health services, including sexual and reproductive health services, is fully ensured at the present time. It calls upon the State party to ensure that education on sexual and reproductive health is undertaken in all schools.
189	Belarus	30th Combined fourth, fifth and sixth periodic report	January 23, 2004	322. There were also a number of positive developments... including... the development of the reproductive health protection system and the greater availability of information on family planning and reproductive health, as well as a decrease in the number of abortions and an increase in the use of modern contraceptives. 355. The Committee is also concerned at the continuing use of abortion as a primary method of birth control... 356. The Committee recommends the full implementation of a holistic, life cycle approach to women's health, including... the financial and organizational strengthening of family planning programmes and the provision of wide access to contraceptives for all women and men, in accordance with its general recommendation 24 on women and health. It urges the State party to reinforce programmes of sexual and reproductive education for both girls and boys in order to foster responsible sexual behaviour and further discourage abortion as a means of birth control.
190	Ethiopia	30th Combined fourth and fifth periodic reports	January 30, 2004	Dubravka Šimonovic (CEDAW Committee Rapporteur, from Croatia) said: 2. The high rate of maternal mortality was affected by the high number of unsafe abortions; she asked whether the Government had any plans to address that issue, including review of the Penal Code to legalize abortion, as was recommended in the Beijing Platform for Action. [Summary record, 646th meeting; 27 Jan 2004; CEDAW/C/SR.646] Concluding Comments: 257. The Committee is concerned about ... the high rate of clandestine abortion and its causes, which include poverty, a lack of access to information on women's reproductive health and rights and low prevalence of contraceptive use. 258. The Committee recommends the adoption of measures to guarantee effective access for women, including young women, to health-care information and services, in particular regarding reproductive health, with the aim of reducing clandestine abortions. [Analyst comment: Abortion was legalized in Ethiopia during the spring of 2005 as a direct result of this "recommendation" by the CEDAW Committee, in effect pressuring the nation "to legalize abortion" when the Penal Code was reviewed—as occurred without public debate.]
191	Kyrgyzstan	30th Second periodic	January 14, 2004	158. The Committee... urges the State party to reinforce programmes of sexual and reproductive education for both girls and boys to foster responsible sexual behaviour.
192	Nepal	30th Combined second and third periodic	January 13, 2004	213. The Committee recommends that the State party take further measures to improve the access of women... to health-related services and information, including in regard to sexual and reproductive health, in an effort to reduce maternal mortality. It also recommends that programmes and policies be adopted to increase knowledge of and access to contraceptive methods, bearing in mind that family planning should be the responsibility of both partners. It further recommends that sex education be widely promoted, particularly targeting boys and girls...
193	Nigeria	30th Combined fourth and fifth periodic reports	January 21, 2004	Meriem Belmihoub-Zerdani, CEDAW Committee member from Algeria: On abortion ... Could some fairly broad legislation be introduced, which gave women more control over their lives, including for safe abortions in certain cases? She added that some control over the birth rate might be one way of combating the poverty of women. [UN Press Release WOM/1427, 20 Jan. 2004] Concluding Comments: 308. The Committee... urges the State party to increase women's and adolescent girls' access to affordable health-care services, including reproductive health care, and to increase access to affordable means of family planning for women and men. It urges the State party to take measures to assess the impact of its abortion laws on women's health.

	COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
194	Brazil	29th	Combined initial, second, third, fourth	July 3, 2003	127. The Committee recommends that further measures be taken to guarantee effective access of women to health-care information and services, particularly regarding sexual and reproductive health... Those measures are essential to reduce maternal mortality and to prevent recourse to abortion and protect women from its negative health effects. It further recommends that programmes and policies be adopted to increase the knowledge of and access to contraceptive methods with the understanding that family planning is the responsibility of both partners.
195	Costa Rica	29th	Combined initial, second and third	July 9, 2003	69. The Committee requests the State party to strengthen its health-care programmes, including those for sexual and reproductive health, and to launch as soon as possible a national programme to provide women and men with timely and reliable information on the available contraceptive methods and those capable of allowing them to exercise their right of free and informed choice of the number and spacing of the children they wish to have
196	Ecuador	29th	Combined fourth and fifth periodic report	July 11, 2003	318. The Committee urges the State party to implement the National Education Plan for Love and Sexuality and to strengthen its health-care programmes, including sexual and reproductive health, and ... to implement a national programme that provides women and men with adequate and reliable information on available contraceptive methods and methods that can enable them to exercise their right to make a free and informed decision concerning the number and spacing of their children and to strengthen methods for preventing sexually transmitted diseases and HIV/AIDS, including the availability of condoms. [Analyst comment: The Committee presupposes that two of the “methods” governments should provide to enable parents to control “the number and spacing of their children” are abortifacients and abortions so parents may terminate the lives of any preborn children that don’t fit into their plan.]
197	Congo	28th	Combined initial, second,	January 29, 2003	174. The Committee is further concerned at the low contraceptive prevalence rate among women and men and the lack of access of women to adequate pre-natal and post-natal care and family planning information... 175. The Committee further recommends the speedy review and amendment of the Act of 31 July 1920, which prohibits the advertising of contraceptives, thereby limiting women’s access to family planning.
198	El Salvador	28th	Combined third, fourth and fifth periodic	January 21, 2003	260. El Comité recomienda al Estado parte adoptar medidas para garantizar y ampliar el acceso a los servicios de salud, prestando especial atención a la aplicación de programas y políticas de difusión y sensibilización sobre educación sexual... incluyendo lo referente a los medios anticonceptivos y su disponibilidad en la sociedad en su conjunto, teniendo en cuenta que la planificación familiar es responsabilidad de ambos integrantes de la pareja...
199	Suriname	27th	Combined initial and second periodic	June 13, 2002	63. The Committee notes with concern that there are provisions in the penal code regarding family planning, including prohibiting the display and offering of contraceptives for the prevention of pregnancy, although these provisions are not enforced. Noting that male condom use is very low, the Committee is concerned that only women are targeted with regard to contraception. 64. The Committee recommends that the laws restricting family planning activities be repealed. It urges the State party to provide women and men with information on family planning and to introduce programmes to encourage men to take part in family planning responsibilities.
200	Ukraine	27th	Combined fourth and fifth periodic	June 6, 2002	290. The Committee draws attention to its general recommendation No. 24 on women and health and recommends comprehensive research into the specific health needs of women, including their reproductive health, the full implementation of a life-cycle approach to women’s health, the financial and organizational strengthening of family planning programmes and the provision of wide access to contraceptives for all women and men. The Committee urges the State party to reinforce programmes of sexual and reproductive education for both girls and boys in order to foster responsible sexual behaviour and further discourage abortion as a means of birth control.
201	Zambia	27th	Combined third and fourth	June 4, 2002	243. The Committee... urges the State party to increase women’s access to healthcare and family planning services. It also recommends that national reproductive health programmes be designed and implemented in order to prevent early pregnancy and induced abortions in the rural and urban areas.
202	Estonia	26th	Combined initial, second and third periodic	January 29, 2002	111. The Committee notes with concern the high rate of abortion among women and the significance of this fact with regard to effective access to family planning methods, including contraceptives... 112. The Committee draws attention to its general recommendation 24 on women and health and recommends that comprehensive research be undertaken into the specific health needs of women, including reproductive health, the financial and organizational strengthening of family planning programmes addressed to women and men and the provision of wide access to contraceptives for all women. The Committee urges the State party to reinforce programmes on sexual education for both girls and boys in order to foster responsible sexual behaviour.
203	Portugal	26th	Fourth and fifth periodic reports	January 18, 2002	345. The Committee is concerned about the restrictive abortion laws in place in Portugal, in particular because illegal abortions have serious negative impacts on women’s health and well-being. 346. The Committee urges the State party to facilitate a national dialogue on women’s right to reproductive health, including on the restrictive abortion laws. It also urges the State party to further improve family planning services, ensuring their availability to all women and men, including teenagers and young adults. It requests the State party to include information in its next report on death and/or illness related to or due to illegal abortion.
204	Russian Federation	26th	Fifth periodic report	January 25, 2002	399. The Committee also notes with concern that, although there has been a decrease in the rate of abortions, abortion continues to be used as a method of birth control and the number of women using effective contraceptive measures is low. 400. The Committee recommends in accordance with general recommendation 24 on article 12 — women and health that the State party fully implement a life-cycle approach to women’s health and urges the State party to strengthen family planning programmes and provide affordable access to contraceptive measures for all women in all regions. It also urges the State party to include sex education in the school curriculum.
205	Sri Lanka	26th	Third and fourth periodic	January 28, 2002	283. The Committee encourages the State party to reintroduce legislation to permit termination of pregnancy in cases of rape, incest and congenital abnormality of the foetus.
206	Uruguay	26th	Combined second and third periodic report	January 24, 2002	196. The Committee is concerned at article 116 which provides for mitigation of sentence where a rapist marries his victim. It is also concerned at article 328, which provides that “protecting the honour of the perpetrator, the spouse and a close relative” may be a factor mitigating sentence in cases of induced abortion. 197. The Committee calls on the State party to give priority to the repeal of these articles of the Penal Code so as to bring the Code into line with the Convention on the Elimination of All Forms of Discrimination against Women and its general recommendations, in particular 19 on violence against women, and 24 on article 12 — women and health. 203. The Committee... urges... to take action to ensure that effective reproductive and sexual health services are provided and that due attention is paid to the information requirements of adolescents, including through programmes and policies to provide information on the different kinds of contraceptives available and how they are to be obtained, on the basis of the principle that family planning is the responsibility of both the man and the woman.
207	Andorra	25th	Initial report	July 13, 2001	29. (A)ortion was not allowed under the Penal Code... 48. The Committee expresses concern about the punitive abortion laws that could cause women to seek unsafe and clandestine abortion. The Committee suggests that the State party consider the revision of such punitive laws according to general recommendation 24 of the Committee.
208	Nicaragua	25th	Fourth and fifth periodic reports	July 17, 2001	303. The Committee calls upon the Government to improve its family planning and reproductive health policy and programmes, including the availability and accessibility of affordable modern contraceptive means to both women and men. It encourages the Government to promote educational programmes on reproductive rights and responsible sexual behaviour on the part of both women and men...
209	Vietnam	25th	Second and combined third and	July 11, 2001	267. The Committee urges the Government to maintain free access to basic health care and to continue to improve its family planning and reproductive health policy, inter alia, through making modern contraceptive methods widely available, affordable and accessible. The Committee also urges the Government to promote sex education for both boys and girls...
210	Burundi	24th	Initial report	January 23, 2001	62. The Committee... recommends the introduction of effective measures, such as sex education and information campaigns and the provision of effective contraception, to reduce the number of clandestine abortions. The Committee emphasizes that abortion should not be used as a method of family planning.
211	Jamaica	24th	Combined second, third and fourth periodic	January 26, 2001	224. The Committee calls upon the State party to improve its family planning and reproductive health policy and programmes, including availability and accessibility to affordable modern contraceptive means for both women and men. It encourages the Government to promote educational programmes on reproductive rights and responsible sexual behaviour for both women and men...
212	Kazakhstan	24th	Initial report	January 23, 2001	106. The Committee urges the Government to maintain free access to adequate health care and to improve its family planning and reproductive health policy, including availability of and accessibility to modern contraceptive means. It encourages the Government to promote sex education for both girls and boys...

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
213	Mongolia	24th Combined third and fourth periodic report	January 29, 2001	273. The Committee also expresses its concern that economic hardship impacts negatively on women's reproductive and mental health. In particular, the Committee notes with concern the acute problem of maternal mortality, owing in part to abortions performed under unsafe conditions and the non-availability of family planning services. 274. The Committee... urges the Government to increase access... to affordable contraceptives for women and men, and to provide sex education to girls and boys.
214	Uzbekistan	24th Initial report	January 30, 2001	186. The Committee urges the Government to maintain free access to basic health care and to improve its family planning and reproductive health policy, including the availability and accessibility of modern contraceptive means. It encourages the Government to promote sex education during the compulsory school years.
215	Cameroon	23rd Initial report	June 26, 2000	60. The Committee urges the Government to review the abortion laws, to undertake to increase the use of contraceptives...
216	Lithuania	23rd Initial and second reports	June 22, 2000	158. The Committee also notes with concern the high rate of abortion among women and a lack of access to various methods of family planning, including contraceptives, especially among women in rural areas. 159. The Committee... recommends... the financial and organizational strengthening of family planning programmes and the provision of wide access to contraceptives for all women... The Committee urges the Government to introduce programmes of sexual and reproductive education for both girls and boys as a regular part of the school curriculum.
217	Republic of Moldova	23rd Initial report	June 27, 2000	109. The Committee... is concerned about the status of women's health, especially women's reproductive health, and that abortion is apparently used as a means of fertility control. 110. The Committee urges the Government... to improve its family planning and reproductive health policy, including availability and accessibility of modern contraceptive means. It encourages the Government to include sex education systematically in schools.
218	Romania	23rd Combined fourth and fifth periodic report	June 23, 2000	315. The Committee... recommends that increased efforts be placed on improving women's reproductive health. In particular, it calls on the Government to improve the availability, acceptability and use of modern means of birth control to avoid the use of abortion as a method of family planning. It encourages the Government to include sex education systematically in schools...
219	Belarus	22nd Third periodic report	January 28, 2000	374. The Committee... urges the Government to increase affordable contraceptive choices for women and men so as to increase the use of contraception...
220	Burkina Faso	22nd Combined second and third periodic report	January 2, 1999	276. The Committee recommends ... that the State party should review its legislation on abortion and provide for coverage by social security.
221	Congo	22nd Initial report and second and third periodic reports	January 31, 2000	228. The Committee calls upon the Government to make efforts to improve the use of contraceptive methods, to repeal article 178 of the Penal Code, which prohibits the dissemination of contraceptive methods, and to provide sex education for young people.
222	Jordan	22nd Initial and second periodic report	January 26, 2000	181. The Committee calls on the Government to initiate legislative action to permit safe abortion for victims of rape and incest.
223	Luxemburg	22nd Third periodic report	January 17, 2000	406. The Committee expresses its concern that ... legislation governing abortions, appear(s) anachronistic in a country like Luxembourg ... the Government appears to lack the commitment to review and adapt this legislation to changing attitudes and developments in the European region.
224	Myanmar	22nd Initial report	January 26, 2000	129. The Committee is concerned that there is no information on a woman's right to terminate a pregnancy resulting from sexual violence. The Committee is also concerned with the high rate of maternal mortality in Myanmar, since it notes that induced abortion often results in maternal mortality.
225	Belize	21st Combined initial and second periodic reports	June 18, 1999	56. The Committee is also concerned at the restrictive abortion laws in place in the State party. It is concerned that, in 1998, so-called "unspecified abortions" (abortions initiated outside the formal health sector) were the fifth cause of hospitalization, and hospitals discriminate against these women in the provision of services and care. In this regard, the Committee notes that the level of maternal mortality due to clandestine abortions may indicate that the Government does not fully implement its obligations to respect the right to life of its women citizens. 57. The Committee urges the Government to revise its abortion laws, in particular since ... existing legislation penalizing abortion is not strictly enforced.
226	Chile	21st Second and third periodic report	June 22, 1999	228. The Committee is concerned at the inadequate recognition and protection of the reproductive rights of women in Chile ... especially ... the laws prohibiting and punishing any form of abortion. 229. The Committee recommends that the Government ... provide safe abortion and ... permit termination of pregnancy for therapeutic reasons...
227	Georgia	21st First periodic report	June 11, 1999	112. The Committee recommends the enhancement of family planning programmes and the dissemination of various forms of contraceptives...
228	Nepal	21st Initial report	June 18, 1999	148. The Committee urges the Government to revise existing legislation and to reconsider the proposed amendments so as to provide services for safe abortions. The Committee recommends that the Government prioritize prevention of unwanted pregnancy through family planning services and sex education.
229	Ireland	21st Second and third periodic report	June 21, 1999	185. (T)he Committee is concerned that, with very limited exceptions, abortion remains illegal in Ireland. 186. The Committee urges the Government to facilitate a national dialogue on women's reproductive rights, including on the restrictive abortion laws. It also urges the Government to further improve family planning services and the availability of contraception... It also urges the Government to promote the use of condoms to prevent the spread of HIV/AIDS.
230	Spain	21st Third and fourth periodic reports	June 17, 1999	266. The Committee recommends that abortions among adolescents be addressed by a multiplicity of means, including age-appropriate sex education in primary and secondary schools.
231	United Kingdom of Great Britain and Northern Ireland	21st Third and fourth periodic reports	June 10, 1999	309. The Committee notes with concern that the Abortion Act 1967 does not extend to Northern Ireland where, with limited exceptions, abortion continues to be illegal. 310. The Committee... also recommends the allocation of resources for prevention and treatment programmes for sexually transmitted diseases... within a holistic approach to sexual and reproductive health. The Committee also recommends that the Government initiate a process of public consultation in Northern Ireland on reform of the abortion law.
232	Colombia	20th Fourth periodic report	February 3, 1999	393. The Committee notes with great concern that abortion, which is the second cause of maternal deaths in Colombia, is punishable as an illegal act. No exceptions are made to that prohibition, including where the mother's life is in danger or to safeguard her physical or mental health or in cases where the mother has been raped. The Committee is also concerned that women who seek treatment for induced abortions, women who seek an illegal abortion and the doctors who perform them are subject to prosecution. The Committee believes that legal provisions on abortion constitute a violation of the rights of women to health and life and of article 12 of the Convention. 395. The Committee... believes that it might be unnecessary to make such widespread use of sterilization if couples were better informed and instructed in the use of family planning methods and had ready access to contraceptives. 396. The Committee recommends that information on the use of contraceptives be more widely disseminated, that the necessary effort be made to ensure that women... have access to affordable contraceptives, and that action be taken to promote the use of contraception by men, particularly vasectomy.
233	Kyrgyzstan	20th Initial report	January 27, 1999	137. The Committee recommends the introduction of comprehensive family-planning programmes based on the right to reproductive choice, as well as measures to ensure that abortion is not perceived as a method of contraception.

COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS	
234	Liechtenstein	20th	Initial report	June, 1999	169. The Committee notes the high number of children born out of wedlock. It recommends the development of studies and indicators to determine the impact of laws and policies on women, since linkages between the strict anti-abortion law and the high incidence of children born out of wedlock might be revealed. The Committee urges the Government to institute measures to prevent single mothers from facing the financial and social risks of poverty.
235	Greece	20th	Combined second and third periodic reports	January 28, 1999	207. The Committee expresses its concern about the high rate of abortion in Greece... The numbers are indicative of insufficient use of contraceptives, a lack of sex education and information about contraceptives, as well as insufficient or unfocused family-planning efforts. The Committee is also concerned in this respect about the extent of funding for contraception... 208. The Committee... also recommends the improvement of family-planning policies and measures so that all women and men have access to information about and measures of contraception. It also urges the Government to target men in its family- planning efforts...
236	Panama	19th	Second and third periodic	June 30, 1998	201. The Committee expresses deep concern in connection with the reproductive health of Panamanian women and an apparent setback in the treatment of the right to abortion in cases where the pregnancy is the result of rape. The Committee... also recommends that Panamanian women who are pregnant as a result of rape should be granted the opportunity to seek termination of such pregnancies.
237	Peru	19th	Combined third and fourth periodic reports	July 6, 1998	339. The Committee notes with concern that there is a close link between the number of abortions performed and the high maternal mortality rate, and it stresses that criminalizing abortion does not discourage abortions, but rather has the effect of making the procedure unsafe and dangerous for women. 340. The Committee recommends that the Government ... review its law on abortion and ensure that women have access to full and complete health services, which include safe abortion, and to emergency medical attention when complications arise from abortions. 341. The Committee expresses concern at the lack of information and lack of access to adequate contraception... 342. The Committee recommends the establishment of family planning programmes..., use of adequate contraception and responsible use of sterilization services where necessary...
238	Slovakia	19th	Initial report	June 30, 1998	92. The Committee strongly recommends an increase in family planning education and accessibility to affordable and safe contraception in order to reduce the number of abortions carried out.
239	Azerbaijan	18th	Initial report	January 23, 1998	73. The Committee further recommends the elaboration of adequate family-planning programmes, with the help of the United Nations Population Fund, so as to avoid the use of abortion as a means of family planning and thereby diminish the risks of maternal mortality resulting from unsafe abortions.
240	Croatia	18th	Initial report	January 23, 1998	109. In the area of health, the Committee is particularly concerned ... about information regarding the refusal, by some hospitals, to provide abortions on the basis of conscientious objection of doctors. The Committee considers this to be an infringement of women's reproductive rights. 117. The Committee strongly recommends that the Government take steps to secure the enjoyment by women of their reproductive rights by, inter alia, guaranteeing them access to abortion services in public hospitals.
241	Czech Republic	18th	Initial report	January 27, 1998	197. The Committee is very disturbed about the high rate of induced abortions in the Czech Republic, particularly in the face of the wide availability of contraceptives. It is further dissatisfied to learn about the lack of information and training of health professionals with regard to contraceptives. 205. The Committee urges the Government to launch specific training programmes to educate health professionals, as well as mass campaigns to inform the public on the use of contraceptives and misuse of induced abortions as a means of family planning.
242	Indonesia	18th	Second and third reports	January, 1998	284. The Committee is very concerned at the existence of laws that are not in accordance with the provisions of the Convention. It notes that discrimination against women exists in laws regarding: ... (c) Health, including the requirement that the wife obtain her husband's consent with regard to sterilization or abortion, even when her life is in danger.
243	Dominican Republic	18th	Combined second, third and fourth periodic reports	February 3, 1998	337. The Committee expresses deep concern with respect to the high rate of maternal mortality which is caused, as is noted in the report, by toxemia, haemorrhages during childbirth and clandestine abortions; the Committee also notes that toxemia may be caused by induced abortions. The high rate of maternal mortality, in conjunction with the fact that abortions in the Dominican Republic are absolutely and under all circumstances illegal, cause very great concern to the Committee and draws attention to the implications of the situation for women's enjoyment of the right to life. 349. The Committee ... invites the Government to review legislation in the area of women's reproductive and sexual health, in particular with regard to abortion, in order to give full compliance to articles 10 and 12 of the Convention.
244	Mexico	18th	Combined third and fourth periodic reports	January 30, 1998	339. The Committee refers to ... the lack of access for women in all States to easy and swift abortion. 408. The Committee recommends that the Government consider the advisability of revising the legislation criminalizing abortion and suggests that it weigh the possibility of authorizing the use of the RU486 contraceptive, which is cheap and easy to use, as soon as it becomes available. 426. The Committee recommends that all states of Mexico should review their legislation so that, where necessary, women are granted access to rapid and easy abortion.
245	Zimbabwe	18th	Initial report	January 27, 1998	159. (T)he Committee recommends that the Government reappraise the law on abortion with a view to its liberalization and decriminalization. 160. The Committee urges the Government to increase its efforts... to ensure that appropriate sexual and reproductive health information... are provided to all women...
246	Antigua & Barbuda	17th	Initial, second and third periodic	July 16, 1997	235. The representative informed the Committee that there was a high rate of perinatal mortality among women in Antigua and Barbuda. She noted that abortion was illegal in the country, although termination of pregnancy on medical grounds was permitted. 258. The Committee was also concerned about the continuing illegality of abortion, which would lead to unsafe abortions.
247	Argentina	17th	Second and third periodic report	July 22, 1997	304. The Committee was concerned about the fact that, despite economic and social development in Argentina, maternal mortality and morbidity due to childbirth and abortion remained high. 319. The Committee recommended that legislation which penalized mothers who had abortions should be reviewed.
248	Armenia	17th	Initial report	July 16, 1997	50. The Committee commended the Government... on its programme to establish a system of family planning services and to provide contraceptives to women free of charge.
249	Israel	17th	Combined initial and	July 21, 1997	167. The Committee noted with concern that the public health system allocated considerable resources to in vitro fertilization, yet contraceptives were not free of charge. 181. The Committee recommended that public health services supply free and accessible contraceptives.
250	Luxembourg	17th	Initial and second periodic reports	July 11, 1997	210. The Committee was deeply concerned at the existing legislation on abortion, which penalized women. It noted that, at the same time, no sufficient mechanisms to prevent abortion, including free distribution of contraceptives, were in place. 221. The Committee emphasized the need for the adoption of effective measures to prevent abortion and for a review of the social insurance benefits system so as to allow women to have access to free contraceptive methods.
251	Namibia	17th	Initial report	July 11, 1997	79. Namibia's fertility rate was one of the highest in the world and the Government continued to be committed to reducing that rate through public campaigns and expanded family planning services. Abortion was illegal, except in cases of incest and rape and for reasons of health of the mother or baby. Legal abortions and infanticide were significant problems in Namibia, but the law on abortion and sterilization was under discussion. There was also a high incidence of polygamy in some communities. 111. The Committee was also concerned about the high number of illegal abortions in Namibia and the high rate of maternal mortality, and the fact that the inadequacy of the existing law on abortion contributed to the problem. 127. The Committee recommended that the Government of Namibia adopt the necessary measures to review the laws containing punitive measures against women who had undergone illegal abortions.

	COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
252	Italy	17th	Initial report	July 11, 1997	353. The Committee expressed particular concern with regard to the limited availability of abortion services for women in southern Italy, as a result of the high incidence of conscientious objection among doctors and hospital personnel. 360. The Committee strongly recommended that the Government take steps to secure the enjoyment by women ... of their reproductive rights by, inter alia, guaranteeing them access to safe abortion services in public hospitals.
253	Luxembourg	17th	Initial and second periodic reports	July 11, 1997	210. The Committee was deeply concerned at the existing legislation on abortion, which penalized women. It noted that, at the same time, no sufficient mechanisms to prevent abortion, including free distribution of contraceptives, were in place. 221. The Committee emphasized the need for the adoption of effective measures to prevent abortion and for a review of the social insurance benefits system so as to allow women to have access to free contraceptive methods.
254	Namibia	17th	Initial report	July 11, 1997	79. Namibia's fertility rate was one of the highest in the world and the Government continued to be committed to reducing that rate through public campaigns and expanded family planning services. Abortion was illegal, except in cases of incest and rape and for reasons of health of the mother or baby. Legal abortions and infanticide were significant problems in Namibia, but the law on abortion and sterilization was under discussion. There was also a high incidence of polygamy in some communities. 111. The Committee was also concerned about the high number of illegal abortions in Namibia and the high rate of maternal mortality, and the fact that the inadequacy of the existing law on abortion contributed to the problem. 127. The Committee recommended that the Government of Namibia adopt the necessary measures to review the laws containing punitive measures against women who had undergone illegal abortions.
255	Morocco	16th	Initial report	January 20, 1997	68. The Committee noted with concern the high rate of maternal mortality in Morocco, the high number of unattended births, the unavailability of safe abortion and the need to develop further reproductive and sexual health services, including family planning.
256	Slovenia	16th	Initial report	January 20, 1997	98. The Committee noted with satisfaction the inclusion of the right to abortion in the Constitution of Slovenia. 107. The Committee noted with concern the very high number of abortions and the corresponding low use of contraception. 119. The Committee suggested that there was a need to analyse the reasons for the high rate of abortion among Slovene women. It strongly recommended education for women and men on the full range of safe and reliable contraceptive methods, stressing the mutual responsibility of both sexes for family planning as well as recommending that such methods be widely available.
257	Philippines	16th	Third and fourth	January 27, 1997	301. The Committee recommended that reproductive and sexual health services, including family planning and contraception, be made available and accessible to all women in all regions.
258	Saint Vincent and the Grenadines	16th	Combined initial, second and third	January 21, 1997	140. The Committee was concerned that women had to seek spousal consent for tubal ligation. That contravened not only article 12, but also article 15 of the Convention. The Committee was also concerned that the law precluded safe abortion and prevented women from taking control of their reproductive health. 148. The law on abortion should be reviewed with a view to removing the penal provisions and in order to guarantee safe abortion and motherhood.
259	Turkey	16th	Combined second and third	January 17, 1997	184. The Committee expressed its concern that spousal consent was required for abortion, a requirement it considered to be in contravention of article 15 of the Convention. 196. The Committee requested the review of the requirement of spousal consent for abortion.
260	Venezuela	16th	Third periodic report	January 23, 1997	236. Another area of concern was the reduction in health budgets, the rise in the maternal mortality rate, the lack of and limited access to family-planning programmes (especially for teenagers), the lack of statistics on acquired immunodeficiency syndrome and women's limited access to public health services. In addition, legislation that criminalized abortion, even in cases of incest or rape, remained in force.
261	Cyprus	15th	Initial and second periodic	January 23, 1996	55. The Committee expressed its concern that the Government treats the low fertility rate ... as a reason for retaining the existing criminal law restrictions on abortion.
262	Belgium	15th	Second periodic report	January 26, 1996	170. It was reported that voluntary interruption of pregnancy had been made legally possible under certain conditions for women in a state of distress and upon the confirmed written request of the woman. 181. The Committee noted with interest the decriminalization of voluntary interruption of pregnancy
263	Hungary	15th	Third periodic report	January 30, 1996	260. The Committee requested the Government to offer sex education programmes to all young people and to subsidize contraceptives in order to promote family planning and reduce the number of abortions.
264	Paraguay	15th	Initial and second periodic	January 23, 1996	The Committee called upon the State party to fulfill its obligations with respect to all the rights set out in article 12 of the Convention. It stressed the urgency for the State party to take measures to deal with the high level of maternal mortality and illegal abortions and to consider reviewing the punitive measures of the law of abortion, in accordance with the Beijing Platform for Action." (par. 131).
265	Chile	14th	Initial report	May 31, 1995	139. Members were seriously concerned by the fact that though abortion was illegal, it was nevertheless practiced widely. They inquired whether the Ministry of Health was proposing concepts of family planning, how illegal abortions were recorded and how rural women could afford it. In response, the representative replied that Chile had signed the final document of the International Conference on Population and Development at Cairo without any reservation. Although family planning policy had been neglected for many years, the Ministry of Health was handling a programme for paternal responsibility, informing men and women of the various means of contraception. She recalled that the Government considered the practice of abortion a serious public health problem, that it could not be seen as a means of contraception and that its prevention was one of the purposes of the family planning policies. The family planning policies sought to improve the health conditions of mothers and children while affirming the rights of every family to have the number of children it desired. 158. The Committee recommends a revision of the extremely restrictive legislation on abortion, taking into account the relationship between clandestine abortion and maternal mortality.
266	Mauritius	14th	Initial and second periodic reports	May 31, 1995	189. Members noted that the report indicated that, under the Labour Law and the export-processing zone act, women in Mauritius were entitled to maternity leave for only three pregnancies. They asked what would happen when a fourth pregnancy occurred, particularly in the light of the strict laws on abortion. The representative of Mauritius responded that paid maternity leave was restricted to three confinements. Female employees were granted leave without pay after the third confinement. She also pointed out that that provision was in line with the national population policy to discourage large families. 196. Members of the Committee asked how family planning reached all women, including poor women. They also wanted to know what the prospects were for a revision of the anti-abortion legislation. The representative of Mauritius replied that family planning in her country was available to women of all ages, married and unmarried, and was specifically targeted to teenage women. In spite of the wide availability of contraceptive methods, about 2,000 complications from abortion were reported each year and it was not clear whether those were natural or induced.
267	Tunisia	14th	Initial and second periodic	May 31, 1995	246. Asked whether a woman could decide to have an abortion or whether she needed the permission of her husband, the representative said that abortion was allowed under certain conditions and if it was carried out in a hospital by an authorized physician within the first three months of pregnancy. After that time abortion was allowed only for health reasons.
268	Uganda	14th	Initial and second periodic reports	May 31, 1995	311. Abortion was carried out in Uganda even though it was illegal. Members requested additional data on abortion. The representative answered that statistics on women dying from abortion had been difficult to obtain because the records from various hospitals were not compiled at one focal point. However, statistics from the main national hospitals indicated that in 1992 induced abortion accounted for one third of maternal deaths. 312. Members also wanted to know if a woman who was infected with AIDS could have a legal abortion. The representative explained that the legal position on abortion was that if two medical doctors independently agreed that it was necessary for the woman's health, then an abortion could be performed.
269	Finland	14th	Second periodic report	May 31, 1995	390. The Committee expressed appreciation for the decrease in teenage pregnancy and in the incidence of abortion, as a result of the State party's comprehensive policy that includes family planning education, free birth control services and the availability of legal abortion as a measure of last resort in cases of contraceptive failure.

	COUNTRY	SESSION	REPORT	DATE	CONCLUDING OBSERVATIONS
270	Peru	14th	Second periodic report	May 31, 1995	425. In reply to questions regarding the legislation relating to abortion and its practice, the representative informed the Committee that the Penal Code of 1991, which replaced that of 1924, provided for imprisonment up to two years in practice, however service for illegal abortion was implemented... She added that the law provided only for therapeutic abortion, which was available only when the mother's health or life was in danger. Doctors had to face a more severe punishment depending on whether the woman had consented and whether the abortion had led to her injury or death. 446. The Committee urges the Government to look into the causes of high maternal mortality rates arising from clandestine abortions and to review the law on abortion... and to consider suspending the penalty of imprisonment for women who have undergone illegal abortion procedures. 447. The Committee suggests further that the Government seek the cooperation of medical associations... to consider more expansive use of the therapeutic exception to the criminal prohibition of abortion, in cases of danger to the mother's health.
271	Guyana	13th	Initial report	May 31, 1995	120. On the incidence of abortion, the representative stated that the number of illegal abortions was high as abortion was often used as a form of contraception by women having no access to other family planning methods. There was an ongoing debate on the decriminalization of abortion as proposed in a bill tabled in Parliament.
272	Australia	13th	Second and third periodic	April 12, 1994	406. The Committee asked whether the Government planned to harmonize its family-planning, contraception and abortion policies... A harmonization took place in the sense that the Family Planning Programme was a means to prevent unwanted pregnancies and reduce demand for abortions.
273	Colombia	13th	Second and third periodic	April 12, 1994	490. In reply to a question about plans to amend the existing laws governing the voluntary termination of pregnancies, the representative said that abortion was still illegal. 492. In additional comments, members said that women in Colombia should fight for the legalization of abortion...
274	Senegal	13th	Second and third periodic	April 12, 1994	675. With respect to family planning, the representative observed that the rising demographic trend (2.8 per cent yearly) and high maternal mortality had led the authorities to start a policy for the establishment of family planning centres... Awareness of contraceptive methods had increased (89.8 per cent for all methods), but their use remained low owing to cultural traditions. On the other hand, abortion was a crime as well as taboo.
275	Bosnia and Herzegovina	13th	Report submitted on an exceptional basis	April 12, 1994	742. It was asked whether abortion was accessible to women victims of rape if they decided to undergo it; what was the legal status of children born as a result of rape and whether they were taken back by the families or placed in orphanages. 743. In reply, the expert stated that... There was no information on the number of abortions performed as a result of rape. However, it was assumed that a number of women decided to give birth to the child, neither admitting nor discussing the fact that it had been conceived as the result of rape. There were, however, also the cases of self-inflicted abortions, reported by some grass-roots organizations. Although the law permitted abortion, it was not always possible in practice owing to scarce medical facilities.
276	Federal Republic of Yugoslavia (Serbia and Montenegro)	13th	Report submitted on an exceptional basis	April 12, 1994	760. Women were affected by the shortage of contraceptives, anaesthetics used for abortions and basic hygienic items.

This list updates and expands CEDAW COMMITTEE RULINGS PRESSURING 83 PARTY NATIONS TO LEGALIZE ABORTION 1995 – 2010, Compilation and Analysis by Thomas W. Jacobson, Representative to the United Nations, Focus on the Family, 4 June 2010