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Evidence of Systemic and Unlawful Promotion of Abortion by UN Secretariat, Agencies, and Other UN Entities

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INTRODUCTION

In 1994, at the International Conference on Population and Development, UN member states agreed that abortion was an issue to be addressed exclusively in national politics and legislation, and therefore not a human right or an issue on which international agencies should opine or interfere (A/CONF.171/13, paragraph 8.25). Despite this longstanding consensus reaffirmed again and again by UN member states, including in the 2030 Agenda (A/RES/70/1, SDG 5.6), the UN system has systematically promoted abortion for the past twenty-five years.

At times, UN abortion promotion is generalized through reports from UN agencies or the secretariat. At other times, it involves direct interference in the internal affairs of UN member states, as is most often the case with UN treaty bodies.

UN system abortion advocacy is illegal and cannot give rise to any new obligations that are contrary to what UN member states agreed in 1994 and have reaffirmed ever since. UN member states should review the actions of the UN system to promote abortion and take all necessary actions to hold UN agencies and the secretariat accountable, including withholding funds, as appropriate.

UN Secretariat Reports Promoting Abortion

UN Secretariat Reports Promoting Abortion

In recent years, the UN Secretariat has been very active in promoting abortion in humanitarian settings, in recent years. Below are UN secretariat reports and statements that make the case for a humanitarian right to abortion under the rubric of "sexual and reproductive health" in UN agreements.

Opening Remarks of the UN Secretary General at CSW69 (2025) – "[The poison of patriarchy is back](#), and it is back with a vengeance, slamming the brakes on action, tearing up progress, and mutating into new and dangerous forms [...] [Reproductive rights are under attack](#), and equality initiatives discarded." While not referencing abortion directly, Guterres asked countries to commit to the "promise of Beijing" and "reproductive rights," understood by the UN system to include access to abortion.¹

Press Statement by Secretary-General Antonio Guterres (2024) – "With abortion rights a key topic in the U.S. election, Guterres said the U.S. voice was "obviously very important" at the United Nations when it came to the issue of women's sexual and reproductive rights as well as health."²

Report of the Secretary-General on Conflict-related sexual violence (2024) – The report encourages member states to "ensure an enabling environment for survivors to seek support on a non-discriminatory basis, including through scaled-up funding for services to prevent and respond to gender-based violence, such as HIV prevention, sexual and reproductive care, access [to emergency contraception and timely abortion care](#), psychosocial and legal services, and to ensure that all efforts, including data management, are guided by the principles of security, confidentiality and informed consent."³

Report of the Secretary-General on women and peace and security (2022) – The report repeats the recommendations concerning abortion in the report on sexual violence and children born of war (below) and also [calls on countries to defend advocates of abortion and LGBT rights as human rights defenders](#), "Defenders of sexual and reproductive health and rights face extraordinary stigma and violence, as their work is often perceived as threatening traditional social and gender norms. Restrictive legislation against sexual and reproductive health information and services can amplify these risks. Those who attack women's rights activists are often emboldened by discriminatory laws. Defenders of the rights of lesbian, gay, bisexual, transgender, queer and intersex people can be specifically targeted for their activism as well as for their gender identity, sexual orientation or sex characteristics..."⁴

Report of the Secretary-General on women and girls who become pregnant as a result of sexual violence in conflict and children born of sexual violence in conflict (2022) – The report's concluding section with recommendations calls on states to "ensure their sexual and reproductive health rights, including regarding the [safe termination of pregnancies](#) resulting from rape."⁵

Report of the Secretary-General on conflict-related sexual violence (2021) – Encourages "Member States, donors, regional and intergovernmental Organizations" to "ensure adequate funding for comprehensive and quality multisectoral assistance for survivors of sexual violence, namely medical, psychosocial and legal services, sexual and reproductive care, including access to emergency contraception, [safe termination of pregnancy](#), HIV prevention, awareness and treatment."⁶

UN Secretary-General Global Humanitarian Response Plan for COVID-19 (2020) – Includes "sexual and reproductive health" as an essential service and does not define this by reference to internationally agreed documents such as the International Conference on Population and Development. Instead, it endorses the Minimum Initial Service Package prepared by UN agencies, which [includes abortion as a humanitarian right and undermines conscience rights for doctors who object to performing or referring for abortions](#). The MISP has been rejected by UN member states in UN humanitarian resolutions since 2018, and still, the UNSG included it in his response plan.⁷

Report of the Secretary-General on strengthening of the coordination of emergency humanitarian assistance of the United Nations (2019) (Paragraph 101) – The report endorses the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings which [includes a chapter on "comprehensive abortion care,"](#) which [says abortion must be provided to the full extent of the law](#) and cites the opinion of international experts who say abortion is an international right.⁸

Report of the Secretary-General on Women Peace and Security (2018) (Paragraph 58) – The report includes [abortion as part of reproductive health, including for adolescents](#), under a section about "essential services." It calls on states to promote and fund abortion in humanitarian settings.⁹

Report of the Secretary-General on Women Peace and Security (2017) (Paragraph 23) – The report undermines the Helms Amendment and promotes a right to humanitarian abortion by saying, "Investment in resources for survivors must span legal and essential services, addressing distinct

vulnerabilities for those forcibly displaced and others. This necessarily includes access to mental health and psychosocial support, shelter, livelihood support, justice and reparations, and sexual and reproductive health services, including the treatment and prevention of HIV/AIDS and sexually transmitted infections and the *safe termination of pregnancies*.^{"10}

Report of the Secretary-General on Women Peace and Security (2016) (Paragraph 32) – Under the heading "Respecting the full range of obligations under international law in conflict-affected settings" the [report says that "lack of access to health-care services, including abortion-](#) and HIV/AIDS-related reproductive health care, have a [devastating impact](#) in conflict affected settings."¹¹

Report of the Secretary-General on Women, Peace, and Security (2015) – The report, in the context of the rubric of "sexual and reproductive health services" (paragraph 43) states that "In my previous annual reports on women and peace and security, I emphasized the need to make available medical, legal, psychosocial and live livelihood services to survivors of rape, including [access to emergency contraceptives and services for the safe termination of pregnancies](#) resulting from rape, without discrimination, and in accordance with international human rights, refugee and humanitarian law."¹²

Report of the Secretary-General on Women, Peace, and Security (2014) – In the context of discussing internally displaced persons (paragraph 62) the Secretary-General says, "In line with Security Council resolution 2122 (2013), I call upon all actors to support improved access to comprehensive sexual and reproductive health services in conflict- affected settings. This must include... safe termination of pregnancies for survivors of conflict-related rape."¹³

Guidance Note of the Secretary-General on Reparations for Conflict Related Sexual Violence (2014) – Under Ban Ki-moon and Bachelet's leadership the Secretariat and UN Women directed the UN system to [promote abortion as an urgent interim reparation](#) (p.13) as well as to promote legislative reforms to make abortion available as a guarantee of non-repetition (p. 20).¹⁴

Report of the Secretary-General on Women, Peace, and Security (2013) – Under peacebuilding and recovery efforts (paragraph 72.a) the Secretary-General includes "Ensure that humanitarian aid and funding provides for the full range of medical, legal, psychosocial and livelihood services to victims

of rape, including access to services for [safe termination of pregnancies](#) resulting from rape, without discrimination and in accordance with international human rights and humanitarian law."¹⁵

UN Agencies Promoting Abortion

UN Agencies Promoting Abortion

In addition to the work of the Secretariat to promote abortion, certain UN agencies, in particular UN Women, UNFPA, and WHO routinely put out manuals, reports and support programs that promote abortion. Some examples include:

Prioritizing SRH and SGBV in crises response, CSW69 Event (2025) – [UNICEF and UNFPA partnered with IPPF, the leading international abortion provider, for multiple UN side events.](#)

In 2025, UNICEF and IPPF co-hosted an event at the 58th Session of the Commission on Population and Development (CPD) on prioritizing SRH in crisis response, which featured IPPF remarks on the importance of access to abortion in humanitarian contexts.¹⁶

From potential to progress: Multisectoral approaches to empower adolescents, CSW69 Event (2025) – UNICEF and the WHO [partnered with Plan International, a major international organization promoting sexual and reproductive health and rights \(SRHR\) for adolescents](#), for various UN side events. In 2025, UNICEF and Plan International co-hosted an event at the 89th Session of the Commission on the Status of Women (CSW) entitled "From Potential to Progress: Multisectoral Approaches to Empower Adolescents."¹⁷ In 2024, UNICEF signed a Plan International statement¹⁸ on the UN Summit of the Future and co-hosted an event with Plan International at the Harvard Club, "Advancing Transformative Actions for Adolescent Girls,"¹⁹ which featured a section on SRHR. In 2023, UNICEF and Plan International co-hosted an event to celebrate the International Day of the Girl Child.²⁰

The Human Reproduction Programme (HRP) (2020 – Present) is a [UNICEF, UNDP, WHO, and World Bank coalition](#) that collaborates with a number of "stakeholders committed to sexual and reproductive health and rights." The [list includes leading abortion providers or pro-abortion advocacy organizations](#) such as "DKT International, Ipas, International Planned Parenthood Federation (IPPF), MSI Reproductive Choices, Pathfinder International, PSI, UNFPA and others, [that] demonstrate the power of knowledge sharing to safeguard access to safe and timely comprehensive abortion care (including post-abortion care) during and beyond the pandemic."²¹

2Gether4SRHR – 2gether 4 SRHR is a joint United Nations (UN) Regional Programme that brings together the combined efforts of UNAIDS, UNFPA, UNICEF and WHO, to [improve the sexual and reproductive health and rights \(SRHR\) of all people in Eastern and Southern Africa](#) (ESA).²² The 2gether 4 SRHR Knowledge Hub has a section dedicated to sharing [resources on "comprehensive abortion care"](#)²³ where it [casts doctors' conscientious objection to abortion services in a negative light](#) and features an Ipas publication for abortion advocacy , among other resources.²⁴

Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (2018) – This report produced by several UN agencies, including UNFPA, UN Women, WHO, and OHCHCR, [mistakenly references abortion as a humanitarian right](#) and calls on humanitarian operators to provide "comprehensive abortion care to the full extent of the law" and says that medical personnel in humanitarian situations must refer women for abortions even against their consciences.²⁵

UN Women

UN Women

Women's Rights in Review 30 Years After Beijing (2025) – The report features references to backlash against SRHR, a common phrase used at the UN to refer to opposition to abortion. The report goes on to say that "progress has slowed in recent years, especially amid [backlash against sexual and reproductive health and rights](#). Many women from low-income and/or rural households still struggle to access health services."²⁶

Documenting reproductive violence: Unveiling opportunities, challenges, and legal pathways for UN investigative mechanisms (2024) – "[Examples of reproductive violence](#) include forced pregnancy, forced abortion, enforced sterilization, forced contraception, interference with autonomy over breastfeeding, [denial of access to abortion or information about sexual and reproductive health](#), or targeted attacks on reproductive healthcare facilities."²⁷

Joint UN statement calling for sexual and reproductive health and rights for all (2024) – This statement refers to sexual reproductive health and rights (SRHR), which has never been accepted by the General Assembly but is broadly understood to include abortion, "We must also urgently [support the increasing efforts of young people, women and communities to speak up about sexual and reproductive health concerns](#) and to design

and deliver solutions that respond to their needs and to the realities of a changing world, where climate change in particular, affects sexual and reproductive health and rights."²⁸

Progress on the Sustainable Development Goals: The Gender Snapshot (2023) – "Only 56% of married or in-union women aged 15 to 49 make their own choices. [Addressing biased social norms that deny women bodily autonomy is vital](#). Other [essential interventions include](#) expanded comprehensive sexuality education, access to modern contraceptives, quality maternal health care, and [safe and legal abortion services](#)."²⁹

UN Women Global Study on Security Council Resolution 1325 (2015) – The seminal report of UN Women follows the pro-abortion Global Justice Center's lead and says that abortion is a right under the Geneva Conventions (see especially p. 77-78) saying, "[Exclusion of one medical service, abortion](#), from the comprehensive medical care provided to the wounded and sick in armed conflict, where such service is needed by only one gender, is a [violation not only of the right to medical care](#) but also of the prohibition on 'adverse distinction' found in common Article 3, the Additional Protocols to the Geneva Conventions and customary international law. Importantly, it is also in violation of international human rights law."³⁰

A Practitioner's Toolkit on Women's Access to Justice Programming (2018) – UN Women produced a UN [systemwide manual](#) on Access to Justice jointly with UNDP, UNODOC, and OHCHR that [instructs UN staff working to reform legal systems to lobby countries to "decriminalize" abortion](#) and repeatedly cites UN treaty bodies' opinions that Member States must "ensure that sexual and reproductive health care" includes "safe abortion services" to achieve the Sustainable Development Goals (UN-Women, UNDP, UNODOC, and OHCHR, A Practitioner's Toolkit on Women's Access to Justice Programming (2018). The manual even says that laws that criminalize abortion amount to "torture or cruel, inhuman or degrading treatment."³¹ Consistent with that manual, UN agencies in Mexico, including OHCHR, UN Women, UNFPA, and UNODOC interfered in litigation on the subject of abortion in the State of Veracruz.³²

World Health Organization (WHO)

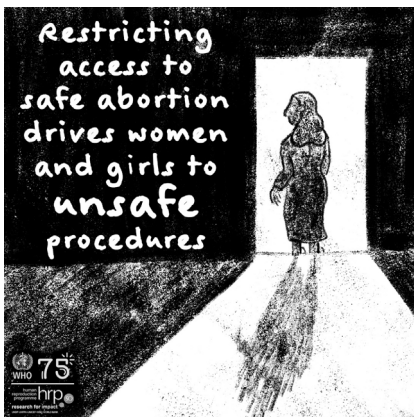
South-to-north learning exchanges enhance midwives' skills in abortion care (2025) – "The [two-day workshop](#) engaged around 40 participants from 14 countries. During the event, two Rwandan midwives, Philomene Niragire and Seraphine Nyiraneza,



Rwandan midwives train European midwives in manual vacuum aspiration (MVA) abortion using papayas as simulation models.
©ICM



Rwandan midwives provide step-by-step guidance on manual vacuum aspiration (MVA), sharing their expertise to enhance practical skills and knowledge.
©ICM



WHO, Restricting Access to Safe Abortions Graphic

[focused on building skills in providing quality care for induced abortion](#) and miscarriage, as well as for women and adolescent girls who experience complications after undergoing unsafe procedures."

WHO guideline on preventing early pregnancy and poor reproductive outcomes among adolescents in low- and middle-income countries (2025) – The framework advances a vision of sexual and reproductive health and rights (SRHR) for young people that promotes controversial ideas, and norm changes inconsistent with what governments have agreed to, including [injectable contraception for adolescents and access to safe abortion](#). The report talks about identifying "effective interventions to prevent early pregnancy by influencing factors such as early marriage, coerced sex, unsafe abortion, access to contraceptives and access to maternal health services by adolescents."³³

Implementation of Self-Care Interventions for Health and Wellbeing (2024) – "The barriers created by, for example, the criminalization of adult same-sex consensual sexual conduct and induced abortion, should be addressed because these barriers impede linkage to health services following the use of self-care interventions...[In Thailand], beyond restrictions on abortion, many people lack equitable access to self-care interventions due to existing restrictions based on age, gender, sexuality and other personal characteristics...In April 2023, India's Ministry of Health and Family Welfare launched "[self-care](#)" kits...the kits are QR-code-enabled, providing access to evidence-based information through smartphones on...[how to use pills for safe medical abortion in early pregnancy](#)."³⁴

WHO Gives Special Status to the Center for Reproductive Rights (2024) – After a razor thin vote and abundant criticism from the developing world, the World Health Organization (WHO) [has given special status to the Center for Reproductive Rights](#) (CRR), [a rabidly pro-abortion legal group](#) based in the United States. During the debate, traditional countries opposed the effort vociferously.³⁵

Restricting Access to Safe Abortion Graphic (2024) – The WHO uploaded a graphic on their Facebook saying "Restricting access to safe abortion drives women and girls to unsafe procedures" accompanied by the following description, "Access to safe abortion protects the health of women and girls. As with all other health services, women and girls should be able to access safe and respectful abortion care, when they need it, without fear of harm, punishment or recrimination."³⁶



WHO, Health Workers & Abortion Service Graphic



WHO, Abortion is Health Care Graphic

Health Workers and Abortion Services Graphic (2024) –

The WHO uploaded a graphic on their Facebook page saying, "Health workers have a critical role in providing quality abortion services."³⁷

Joint UN statement calling for sexual and reproductive health and rights for all (2024) –

This statement refers to sexual reproductive health and rights (SRHR), which has never been accepted by the General Assembly but is broadly understood to include abortion "We must also urgently support the [increasing efforts of young people](#), women and communities to [speak up about sexual and reproductive health concerns](#) and to design and deliver solutions that respond to their needs and to the realities of a changing world, where climate change in particular, affects sexual and reproductive health and rights."³⁸

Abortion is Healthcare Graphic (2024) –

The WHO collaborated with the Human Reproduction Programme (HRP) to produce a graphic stating, "[Abortion is healthcare](#)." This graphic was shared by HRP on Twitter along with the caption, "We've developed an online self-paced training on #medicalabortion, ensuring women have access to #healthcare that saves lives."³⁹

Human Reproduction Programme (HRP) Annual Report 2023

(2024) – "HRP [advocates](#) strongly for [universal access to comprehensive abortion care \(CAC\) because it is integral to universal health coverage \(UHC\)](#) and achievement of comprehensive sexual and reproductive health and rights (SRHR) for all."⁴⁰

Medical Abortion Training Programme (2024) –

The UN's Special Programme on Human Reproduction (HRP) together with WHO, [created an online self-paced Medical Abortion training program](#). The course aims to "equip health care providers with the necessary knowledge, skills, and attitudes to provide evidence-based, quality medical abortion care based on WHO guidelines."⁴¹

Statement Made by the WHO Director-General (2023) –

At a press conference, WHO Director-General Dr. Tedros Adhanom Ghebreyesus defended the agency's abortion guidelines and general pro-abortion stance as "siding with science." He said, "Countries accused us of siding with countries that support abortion" and that his critics argued "you should not as [Director-General] take sides. You should not talk about abortion." Ghebreyesus said, "Yes, we take sides, but the sides are not this group of countries or that group of countries. The third way is we side with science. We side with evidence. So don't discard that side."⁴²

WHO Report on Advancing Universal Sexual and Reproductive Health and Rights Within Universal Health Coverage in East and Southern Africa (2023) – The United Nations Population Fund (UNFPA) and the World Health Organization (WHO) released a report committed to coupling health services and abortion in Southeast Africa and saying that no country in that region, such as Angola, Botswana, Kenya, Malawi, Uganda and Malawi among others, will be able to attain universal health care without universal sexual and reproductive care. To ensure widespread abortion access in the region, the report recommends "strengthening the digital health ecosystem and related self-care interventions." The WHO-UNFPA report also shared that a crucial factor in ensuring "comprehensive sexual reproductive health care" is conducting "value clarification" work for providers. This kind of work attempts to "destigmatize" abortion among medical personnel and encourage them to perform abortions.⁴³

WHO Comprehensive Abortion Care Tool (2023) – The WHO launched a mobile app to "help healthcare providers offer better abortion care" to pregnant women. The app "takes the individual characteristics of patients and generates patient-specific assessments or recommendations" and helps facilitate remote patient support to "assist" women while performing abortions at home.⁴⁴

WHO Human Reproduction Programme revised programme budget 2022-2023 – The World Health Organization (WHO) annual budget for its program on reproduction and sexual health contains a detailed accounting of how the WHO spends millions of dollars on a variety of abortion programs around the world. 11% of the program's \$72 million budget for 2022-2023 was allocated to what is euphemistically called "safe abortion"– the same percentage that was described as being directed toward "prevention of unsafe abortion."⁴⁵

WHO Abortion-Care Guidelines (2022) – The World Health Organization's abortion guidelines issued in March of 2022 call on countries to remove all legal and policy restrictions on abortion, in line with the demands of abortion industry lobby groups.⁴⁶ The guidelines were drafted with the assistance of pro-abortion groups. The updated WHO guidelines describe abortion as a human right, promoting it as an intervention with minimal risks to women, including "self-care" abortions without the oversight of health professionals. The guidelines call on countries to remove conscience protections for health workers who object to performing abortions or referring women for abortions.

WHO Abortion Policies Database (2021) – The reproductive health section of the WHO is recording the world's abortion laws as a way to track the implementation of and measure global progress on the 2030 Agenda as if the legal status of abortion was related to the implementation of the 2030 Agenda.⁴⁷ UN member states never agreed to make abortion an indicator of the Sustainable Development Goals. Far from it – in SDG 5.6 UN member states reaffirmed the consensus of the International Conference on Population and Development that abortion is an issue that should be left exclusively to domestic politics and legislation.

WHO Technical Guidance on COVID-19 (2020) – From the beginning of the coronavirus crisis in early March 2020, as governments anxiously looked to the World Health Organization for guidance on how to deal with the coronavirus, officials of the international health agency promoted abortion as "essential" in a guideline on clinical management of severe acute respiratory infection. "Women's choices and rights to sexual and reproductive health care should be respected irrespective of COVID-19 status, including access to contraception and safe abortion," the manual reads.⁴⁸ The WHO subsequently also promoted loosening abortion regulations because of COVID-19. The WHO subsequently also promoted loosening abortion regulations because of COVID-19, prioritizing "abortion to the full extent allowed by law" by telemedicine, with additional recommendations to consider expanding such mechanisms for delivery beyond the pandemic.⁴⁹

WHO Manual on Sexual health, Human Rights and the Law (2015) – The manual produced by the reproductive health section of the WHO promotes abortion as a right citing the opinions of UN treaty bodies. It repeats the non-binding opinions of UN experts that criminalizing abortion is a human right violation. It also promotes the notion that conscience protections do not apply in cases where a doctor objects to providing or referring for abortion.⁵⁰ The World Health Organization is also promoting abortion as a part of a "human rights-based approach" to health alongside the Office of the High Commissioner for Human Rights.⁵¹

WHO Technical and Policy Guidance on Safe Abortion (2012) – This guidance, last updated in 2012 and pending a further update later this year, continues to prioritize access to abortion over legal safeguards for the unborn, conscience rights of health workers, and the safety and wellbeing of pregnant women.⁵² Related guidance documents published by WHO seek to expand

the pool of abortion providers to nurses, midwives, pharmacists,⁵³ and even the patients themselves.⁵⁴ WHO refers to "self-managed medical abortion in countries where abortion is illegal or restricted" as a form of "self-care,"⁵⁵ providing legitimacy and cover to illegal purveyors of black-market abortion drugs, who frequently claim to be operating according to "WHO-recommended" methods.⁵⁶

United Nations Population Fund (UNFPA)

United Nations
Population Fund (UNFPA)

The Real Fertility Crisis, State of World Population Report (2025) – In its 2025 flagship State of World Population report, UNFPA mentioned abortion over 60 times. The report examined the causes of low birthrates, which is becoming a crisis in many countries. UNFPA's policy prescription, as usual, was to maximize "reproductive autonomy," including [ensuring access to contraception and abortion](#) and allowing assisted fertility treatments for single people and same-sex couples.⁵⁷

Statement by Executive Director of UNFPA on Sexual Reproductive Health and Rights (2024) – This statement refers to sexual reproductive health and rights (SRHR), which has never been accepted by the General Assembly but is broadly understood to include abortion. Natalia Kanem, Executive Director of UNFPA, told her executive board "[There is resistance to sexual and reproductive health and rights](#), some of that orchestrated, some of it well funded, but also some of it due to our doubts about human sexuality."⁵⁸

Legal Commitments for Sexual and Reproductive Health and Reproductive Rights for All (2024) – "[States should decriminalize abortion in all circumstances](#)...States should ensure certain legal grounds for abortion, at a minimum when a woman's life or health is at risk, in cases of rape or incest, and in cases of severe fetal anomalies...States should eliminate barriers to sexual and reproductive health services and information, including requirements for third-party consent."⁵⁹

The Future of Sexual Reproductive Health and Rights (2024) – "The private sector has become an important source for the development and provision of a new generation of safe and effective medical abortion drugs, for example. Faith- and community-based groups...WHO, UNFPA and other international organizations have endorsed innovative self-care interventions to improve health equity and well-being and give people more control over their health...Examples related to SRHR include [medical abortion where legal](#)."⁶⁰

Joint UN statement calling for sexual and reproductive health and rights for all (2024) – "We must also urgently support the increasing efforts of young people, women and communities to speak up about sexual and reproductive health concerns and to design and deliver solutions that respond to their needs and to the realities of a changing world, where climate change in particular, affects sexual and reproductive health and rights."⁶¹

State of World Population Report: Interwoven Lives, Threads of Hope (2024) – "Rollback as a response to progress: After decades of progress, there has also been a recent rollback in sexual and reproductive health and rights. Comprehensive sexuality education, once the subject of near-universal agreement, has been increasingly contested in international negotiations, for example (United Nations, 2023a). Advocacy organizations are reporting that abortion restrictions in one country are having a ripple effect in others (Fòs Feminista, 2023), with medical professionals increasingly uncertain about the legality of basic sexual and reproductive health services (Kanem, 2023)."⁶²

The Maternal Health and Newborn Thematic Fund 2022 Annual report (2024) – The Maternal and Newborn Health Thematic Fund (MHTF) is UNFPA's flagship programme to improve maternal and newborn health and well-being. The annual report says that going forward, MHTF will "[e]xpand comprehensive maternal and newborn health care to include mental health, comprehensive abortion care (CAC), community engagement, respectful maternity care and overall well-being."⁶³

Humanitarian Action Overview Report 2024 (2024) – "There is strong evidence linking climate change to poor maternal health outcomes and a lack of access to sexual and reproductive health services, which negatively impacts family planning, access to safe abortion care, and the prevention and management of sexually transmitted infections."⁶⁴

UNFPA Discussion Paper: Measuring technology-facilitated gender-based violence (2023) – The paper promotes the notion that enforcement of abortion restrictions and regulations can constitute a form of gender-based violence, including "targeted surveillance of women's sexual and reproductive health organizations and services including those procured online (which may include abortion, contraception)" as a form of technology-facilitated gender-based violence. The paper omits any caveats concerning the legality of abortion or its provision through online providers, which vary between countries.⁶⁵

Legal Commitments for Sexual and Reproductive Health and Reproductive Rights for All (February 2020) – "The data also tells us that legal barriers to full and equal [sexual and reproductive health and reproductive rights] access exist in a number of areas. Such barriers are most prevalent in the case of legal access to abortion, with an average of just 31 percent achievement in this component. Although abortion is legal on some or all grounds in 93 percent of reporting countries, a husband's consent is required for married women to access the service in 28 percent of these countries, and judicial consent is required for minors in 29 percent. Furthermore, women can be criminally charged for an illegal abortion in more than half of the 107 countries."⁶⁶

Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming (2020) – This guidance cites general comments from human rights treaty monitoring bodies (which are discussed in greater depth below, but which monitor compliance with treaties to which not all nations are party, and none of which include a right to abortion. In urging a human rights-based approach, UNFPA cites the treaty bodies to impose "An obligation to ensure universal access to quality sexual and reproductive health care, including [...] safe abortion care."⁶⁷

United Nations Children's Fund (UNICEF)

United Nations
Children's Fund (UNICEF)

Girls' Pact of the Future (2024) – The Pact calls on member states to "[p]romote access to family planning services: ensure access to information on safe sex and to affordable or free contraception to protect adolescent girls from unintended pregnancies. [Legalise or decriminalise abortion in all cases](#) but most urgently for victims of rape. Provide safe and legal abortion services for girls in accordance with international human rights standards and comprehensive postabortion care and support services."⁶⁸

Maternal and newborn health (2024) – "Severe bleeding, high blood pressure, pregnancy-related infections and complications from unsafe abortions are the leading causes of maternal deaths. These are all largely preventable with timely access to high-quality healthcare."⁶⁹

Consultation with the UN Special Rapporteur on Toxics and Human Rights, a CSW68 Event (2024) – At the 68th Session of the Commission on the Status of Women (CSW), UNICEF [co-hosted the event together with CRR, a global law firm that promotes abortion](#) and sexual rights, including comprehensive

sexuality education, homosexual/transgender policies, and other sexual rights issues.⁷⁰

Joint UN statement calling for sexual and reproductive health and rights for all (2024) – This statement refers to sexual reproductive health and rights (SRHR), which has never been accepted by the General Assembly but is broadly understood to include abortion, "We must also urgently support the increasing efforts of young people, women and communities to speak up about sexual and reproductive health concerns and to design and deliver solutions that respond to their needs and to the realities of a changing world, where climate change in particular, affects sexual and reproductive health and rights."⁷¹

Maternal and newborn health (2024) – "Severe bleeding, high blood pressure, pregnancy-related infections and complications from unsafe abortions are the leading causes of maternal deaths. These are all largely preventable with timely access to high-quality healthcare."⁷²

Values Clarification Workshop Facilitation Guide (2024) – "The original Abortion Values Clarification for Action and Transformation (VCAT) tool has been adapted to work with groups to clarify their values not only on abortion but also with regard to sexual orientation and gender identity, disability justice, and work with displaced and refugee communities."⁷³

Delivering With and For Adolescent Girls: Five game-changing priorities (2024) – "Investments in adolescent girl-focused health services, sexual and reproductive health rights SRHR and HIV testing, treatment and care."⁷⁴

Press Release: Despite progress, adolescent girls continue to bear the brunt of the HIV epidemic with 98,000 new infections in 2022 (2023) – "It is unacceptable that adolescent girls, who should be planning their futures, continue to bear the heaviest burden of HIV infection," said UNICEF Associate Director of HIV/AIDS Anurita Bains. "We – the UN, communities, governments and organisations – must eradicate the obstacles that make HIV a threat to their health and wellbeing. This includes ensuring the sexual and reproductive health and rights of adolescent girls and young women are met."⁷⁵

2022 Global Annual Report - Sustaining the Gains in the Polycrisis Era (2023) – "Approaches that have shown positive and consistent results in preventing child marriage and improving outcomes for girls fall into three main intervention areas: income and economic strengthening; education; and sexual and

reproductive health and rights."⁷⁶

Theory of Change, UNICEF Strategic Plan, 2022–2025 (2021)

– This strategic plan refers to SRHR, which has never been accepted by the General Assembly but is broadly understood to include abortion: "UNICEF continues to expand its efforts to integrate gender equality across its programming and systems, including by deepening its focus on adolescent girls, addressing sexual and reproductive health and rights, and the rights of all children and young people regardless of sexual orientation or gender identity."⁷⁷

UN Agency-Led Review Conferences Promoting Abortion: The Nairobi Summit and Generation Equality Forum

UN Agency-Led Review Conferences Promoting Abortion: The Nairobi Summit and Generation Equality Forum

In recent years, conferences reviewing the outcomes of major consensus agreements such as the ICPD in 1994 and the Beijing women's conference in 1995 have shifted away from being held under the auspices of the General Assembly at its headquarters and producing a consensus outcome. This format had largely prevented normative shifts on controversial issues away from the original agreements. Instead, the twenty-fifth-anniversary observances of Cairo and Beijing were coordinated by UNFPA and UN Women respectively, were held outside UN headquarters, and produced no consensus document, but rather a collection of pledges from countries and other stakeholders, many of which pertained to issues like abortion which would never have enjoyed consensus.

The 2019 Nairobi Summit commemorating ICPD issued a statement calling for "access to safe abortion to the full extent of the law," both in humanitarian and other contexts. It also included reference to "sexual and reproductive health and rights" (SRHR), which have never been agreed upon in any global context, with a footnote suggesting "this could be further guided by the expanded definition of SRHR interventions, as proposed in the Report of the Guttmacher/Lancet Commission on sexual and reproductive health and rights" (see below).⁷⁸

In 2021, the 1995 Beijing conference was commemorated by two events held in Mexico and France called the "Generation Equality Forum." As with Nairobi, the events were tightly curated and described as a "champions-only space" by activists hoping to see further promotion of abortion.⁷⁹ One of its official "action coalitions" focused on bodily autonomy and SRHR, and it issued a blueprint which had as one of its targets "support removal of

restrictive policies and legal barriers, ensuring 50 million more adolescent girls and women live in jurisdictions where they can access safe and legal abortion by 2026."⁸⁰

UN Regional Review Conferences Promoting Abortion

UN Regional Review Conferences Promoting Abortion

Only the norms agreed upon by the General Assembly enjoy universal legitimacy because they were negotiated and agreed upon by all states. UN agencies should not attempt to bypass those norms by manufacturing their own norms.

A 2018 Report by Guttmacher/Lancet Commission observed how regional reviews of ICPD and Beijing progressed further than the 2030 Agenda in explicitly calling for abortion and LGBT rights and included non-internationally agreed language on sexual orientation, gender identity, comprehensive sexuality education, and other controversial subjects, without adequate caveats or qualification with regard to sovereignty, parental rights, culture, religion, and tradition, as in the ICPD.⁸¹ One such regional review which resulted in the Latin American Montevideo Consensus of 2013 was described as a catalyst for the liberalization of abortion laws in the region. Feminist commentators noted that "the total absence of conservative civil society and anti-abortion voices in Montevideo was also a key factor" in its adoption.⁸²

UN Treaty Body Interference in International Legislative Debates on Abortion

UN Treaty Body Interference in International Legislative

In their concluding observations addressed to State parties involved in human rights conventions, the treaty monitoring bodies have consistently compiled a growing body of evidence, directly advocating for the liberalization of abortion laws across numerous countries.

Beginning in the 1990s, a campaign began to create a de facto "right" to abortion by the reinterpretation of existing human rights treaties to include abortion.⁸³ This happened even though none of the treaties mentioned abortion in their text, and any attempt to include such a reference would have been strongly rejected by the UN Member States who negotiated the treaty texts in the first place.

Examples of abortion lobbying by treaty bodies include the following:

Human Rights Committee (monitoring ICCPR):

Review of the United States, 2023: "The State party should provide legal, effective, safe and confidential access to abortion for women and girls throughout its territory...Put an end to the criminalization of abortion by repealing laws that criminalize abortion, including laws that apply criminal sanctions to women and girls who undergo abortion, to health service providers who assist women and girls to undergo abortion and to persons who assist women and girls to procure an abortion, and consider harmonizing its legal and policy framework with the World Health Organization's Abortion Care Guidelines (2022)...remove existing barriers impeding access to abortion care, including inter-state travel restrictions, and refrain from introducing new barriers."⁸⁴

Review of Colombia, 2016: "The State party should continue and step up its efforts to ensure that women have effective, prompt access to legal abortion services by, inter alia, doing away with the obstacles that could prevent their access to such services and facilitating public access to information on how to go about having an abortion legally. In particular, the State party should establish an effective referral mechanism to ensure the availability of safe abortion services in cases where health-care professionals invoke the conscientious objection clause, and ensure that those professionals who perform abortions receive adequate training. The State party should review the repercussions of the existing legal framework with a view to ensuring that women do not have to resort to clandestine abortions that endanger their life and health."⁸⁵

Review of the Dominican Republic, 2017: "The State party should amend its legislation to guarantee safe, legal and effective access to voluntary termination of pregnancy where the life or health of the pregnant woman or girl is in danger or where carrying the pregnancy to term could cause the pregnant woman or girl substantial harm or suffering, especially in cases where the pregnancy is the result of rape or incest or when it is non-viable. Furthermore, the State party may not regulate any pregnancy or abortion in a manner that runs contrary to its obligation to ensure that women and girls need not resort to unsafe abortions; it will have to amend its legislation accordingly. The State party should not impose criminal sanctions on women and girls who undergo an abortion or on medical service providers who provide abortion assistance, as such measures force women and girls to resort to unsafe abortions."⁸⁶

Review of Liberia, 2018: "The State party should revise its laws to guarantee safe, legal and effective access to abortion, and remove any existing barriers that deny such access, with a

view to preventing those in need to be compelled to resort to clandestine abortions that may endanger their lives and health. It should also: (a) prevent the stigmatization of women and girls seeking abortion, and ensure that criminal sanctions are not applied against them or against medical service providers assisting them in doing so; and, (b) ensure access for women and men, and, especially, girls and boys, to quality and evidence-based information and education about sexual and reproductive health and to a wide range of affordable contraceptive methods."⁸⁷

Committee on Economic, Social, and Cultural Rights (monitoring CESCR):

Review of Croatia, 2025: "The Committee recommends that the State Party guarantee access to abortion services, expand and facilitate appropriate referral services and ensure that the exercise of conscientious objection by healthcare personnel does not pose an obstacle for women who wish to terminate a pregnancy. In that regard, the Committee recalls its general comment No. 22 (2016) on the right to sexual and reproductive health."⁸⁸

Review of Poland, 2016: "The Committee recommends that the State party: (a) Ensure that safe and legal abortion services can be accessed in practice, take effective measures to prevent unsafe abortions and provide post-abortion care and counselling for those who require it; (b) Immediately establish and regulate an effective referral mechanism in cases where conscientious objection by medical practitioners is exercised; (c) Reconsider the 'stop abortion' bill, since it is not compatible with other fundamental rights, such as the woman's right to health and life, and it is not consistent with the dignity of women."⁸⁹

Review of Chile, 2004: "The Committee recommends that the State party revise its legislation and decriminalize abortion in cases of therapeutic abortions and when the pregnancy is the result of rape or incest."⁹⁰

Review of Monaco, 2014: "The Committee recommends that the State party further liberalize its abortion legislation and asks it to provide information in its next periodic report regarding the impact of the amended Criminal Code on abortion and on risky and clandestine abortions."⁹¹

Committee on the Elimination of Discrimination against Women (monitoring CEDAW):

Statement delivered by CEDAW Committee on the International

Day of the Girl Child, 2023: To commemorate the International Day of the Girl Child, CEDAW released a statement mentioning abortion 27 times as the most important factor for the well-being and development of young girls. CEDAW also said that "access... to safe and quality abortion is a human right under international law, and especially crucial for girls," yet no UN resolution or treaty has ever considered abortion a human right.⁹²

Review of Tuvalu, 2025: "Ensure that women have affordable access to sexual and reproductive health services and information, including family planning, safe abortion and post-abortion services and modern contraceptives, in particular in outer islands; [...] Legalize abortion in cases of rape, incest, risk to the health or life of the pregnant woman and severe fetal impairment and decriminalize it in all other cases, with a view to legalizing voluntary, safe and accessible abortion;"⁹³

Review of Poland, 2024: "The Committee recommends that the State party: (a) Provide non-biased, scientifically sound and rights-based counselling and information on sexual and reproductive health services, including on all methods of contraception and access to abortion... (d) Provide women with access to high-quality abortion and post-abortion care in all public and private health facilities and adopt guidance on doctor-patient confidentiality in that area (j) Protect women from harassment by anti-abortion protesters by investigating complaints and prosecuting and punishing perpetrators."⁹⁴

Review of Brazil, 2024: "In line with general recommendation No. 24 (1999) on women and health and targets 3.1 and 3.7 of the Sustainable Development Goals, to reduce global maternal mortality and ensure universal access to sexual and reproductive health-care services, the Committee recommends that the State party: (a) Legalize abortion, decriminalize it in all cases and ensure that women and girls have adequate access to safe abortion and post-abortion services, so as to guarantee the full realization of their rights, equality and economic and bodily autonomy to make free choices about their reproductive rights."⁹⁵

Review of Argentina, 2016: "The Committee urges the State party to: (a) Reduce maternal mortality rate, ensuring that women have access to appropriate services, including emergency obstetric services, in connection with pregnancy, including ante-natal, maternity and post-natal services, and increase the budget allocations for the provision of gynecological and obstetric services in rural and remote areas; (b) Initiate accountability procedures to ensure that all provinces approve protocols on the practice of non-punishable abortion, in line with the decision of the Supreme Court of Justice in 2012 and in line with the national Protocol for the Comprehensive Care of Persons Entitled

to Legal Interruption of Pregnancy; (c) Ensure that women have access to safe legal abortion and post-abortion services and define and apply strict justification requirements to prevent the blanket use of conscientious objection by doctors refusing to perform abortions, considering in particular the situation of early pregnancies as a result of rape and incest that may amount to torture; and (d) Accelerate the adoption of the draft law for the voluntary interruption of pregnancy increasing legal access to abortion, not only in cases of rape and risk for the life or health of the pregnant woman but also other circumstances such as incest and severe foetal impairment is at risk."⁹⁶

Review of Turkmenistan, 2018: "Legalize abortion not only in cases of threat to the life or health of the pregnant woman and severe fetal impairment but also in cases of rape and incest, decriminalize abortion in all other cases, and increase women's access to safe abortions and post-abortion care."⁹⁷

Review of Uruguay, 2016: "Take measures to ensure that women have access to legal abortion and post-abortion services and introduce stricter justification requirements to prevent the blanket use by medical practitioners of their right to conscientious objection to performing an abortion."⁹⁸

Committee Against Torture (monitoring CAT):

Review of Turkmenistan, 2025: "The State Party should ensure that access to safe and legal abortion is guaranteed at least in cases where the pregnancy poses a risk to the life or health of the woman, results from rape or incest, or involves non-viable fetuses. The State Party should also remove barriers that impede access to abortion and post-abortion care, including restrictive time limits, requirements for third-party authorization, and punitive measures against women and medical personnel."⁹⁹

Review of Timor-Leste, 2017: "The State party should review its legislation in order to allow for legal exception to the prohibition of abortion in specific circumstances in which the continuation of pregnancy is likely to result in severe pain and suffering, such as when the pregnancy is the result of rape or incest or in cases of fatal fetal impairment, in line with the commitment made by Timor-Leste during the universal periodic review in November 2017."¹⁰⁰

Review of the Philippines, 2016: "Review its legislation in order to allow for legal exceptions to the prohibition of abortions in specific circumstances such as when the pregnancy endangers the life or health of the woman, when it is the result of rape or incest and in cases of foetal impairment."¹⁰¹

Review of the United Kingdom, 2019: "The Committee recommends that the State party ensure that all women and girls in the State party, including in Northern Ireland, have effective access to termination of pregnancy in situations in which its continuation is likely to result in severe pain and suffering, such as when the pregnancy is the result of rape or incest or in cases of fatal foetal impairment, in addition to cases in which the life or health of the pregnant person is at risk. The State party should also ensure that women and girls in Northern Ireland have effective access to post-abortion health care and that neither patients nor their doctors face criminal sanctions or other threats for seeking or providing such care."¹⁰²

Committee on the Rights of the Child (monitoring CRC):

Review of Brazil, 2025: "Decriminalize abortion in all circumstances and ensure access to safe abortion and post-abortion care services for adolescents and girls in all states and municipalities, making sure that their views are always heard and given due consideration as a part of the decision-making process; Repeal existing and draft legislation that further limit and criminalize the access to abortion, such as the draft federal Law 1904 of 2024 and the Law 22.537 of 2024 in the state of Goiás; End the use of legal provisions that are not specifically on abortion by public authorities, including courts, with the aim to reinforce the criminalization of abortion, such as the use of article 273 of the Criminal Code; Take the measures necessary for removing the barriers to access abortion service, including racial and gender-based discrimination and the abuse of the principle of conscientious objection; Expand the network of care services and facilities that assist child victims of sexual violence and ensure that they have the capacity to conduct abortion interventions."¹⁰³

Review of Angola, 2018: "Decriminalize abortion in all circumstances on the occasion of the revision of the Penal Code, ensure access to safe abortion and post-abortion care services for adolescent girls and that their views are always heard and given due consideration as a part of the decision-making process."¹⁰⁴

Review of Chile, 2015: "Decriminalize abortion and review its legislation with a view to guaranteeing the best interests of pregnant teenage girls and ensure, by law and in practice, children's access to safe abortion and post-abortion care services and that the views of the child are always heard and respected in abortion decisions."¹⁰⁵

Review of Venezuela, 2014: "Review its legislation on abortion

and provide for additional exceptions, such as in cases of pregnancy resulting from rape or incest, when the pregnancy poses a risk to the health of the adolescent or when abortion is in the best interests of the pregnant adolescent in order to prevent her from resorting to unsafe abortion. The State party should ensure, in law and in practice, that the views of the child are always heard and respected in abortion decisions."¹⁰⁶

Committee on the Rights of Persons with Disabilities (monitoring CRPD):

Review of Nicaragua, 2024: "Analyse and amend legislation so that, in cases of sexual violence, women in general and women and girls with disabilities in particular have access to the option of terminating their pregnancies by means of safe methods, and establish government programmes to support them and thus avoid their revictimization."¹⁰⁷

Review of Canada, 2017: "Adopt measures to ensure universal coverage of health services for all persons with disabilities, including indigenous persons with disabilities, and that services are accessible, affordable and culturally sensitive, and prevent the denial of health-care services, including abortion."¹⁰⁸

Review of Malta, 2018: "The Committee is concerned about the interpretative declaration that the State party has made on article 25 (a) of the Convention, according to which the State party interprets the phrase 'sexual and reproductive health' in Art 25 (a) of the Convention as not constituting recognition of any new international law obligation, creating any abortion rights nor constituting support, endorsement, or promotion of abortion."¹⁰⁹

Review of Poland, 2018: "Take the necessary measures to ensure that the autonomy and decisions of women with disabilities are respected, that women's rights in relation to reproductive health are secured, that access to safe abortion is provided; and that women with disabilities are protected from forced sterilization and forced abortion."¹¹⁰

Committee on the Elimination of Racial Discrimination (monitoring CERD):

General recommendation No. 37 on Racial discrimination in the enjoyment of the right to health (2024) - The Committee on the Elimination of Racial Discrimination (CERD) has issued a recommendation that that the committee will promote abortion in the name of racial equality. The new recommendation repeatedly mentions abortion, asserting that "[s]afe, legal

and effective access to safe abortion is part of the right to control one's health and body and the right to life of persons protected under the ICERD." It argues that abortion restrictions disproportionately impact women of racial minorities and directly calls for countries to "decriminalize access to abortion."¹¹¹

Review of El Salvador, 2019: "In the area of sexual and reproductive health, the Committee is also concerned about the criminalization of abortion in all circumstances, which has a greater impact on indigenous women and women of African descent. [...] Guarantee access to sexual and reproductive health for indigenous women and women of African descent and review legislation on abortion in order to ensure that it is consistent with other human rights, such as women's right to life and right to physical and mental health."¹¹²

As is evident from the examples above, UN human rights treaty bodies have frequently and explicitly issued directives to sovereign Member States to change their laws regarding abortion. In many cases, the treaty bodies directly reference pending legislation, ordering the national legislative bodies to either adopt or refuse to adopt a particular provision. Furthermore, unlike non-governmental actors that might seek to lobby a national government to liberalize its abortion laws, UN treaty bodies claim to do so with the authority of enforcing a binding agreement, referring to their concluding observations as "jurisprudence."

(See graphic on following page)

The extent to which treaty bodies have exceeded their mandates, both in scope and in frequency of repetition, as shown in the table below:

TREAT	YEARS REVIEWED	CUMULATIVE INSTANCES OF ABORTION LOBBYING (AS OF JULY 2025)	PERCENTAGE OF CONCLUDING OBSERVATIONS SINCE 2015 INCLUDING ABORTION LOBBYING
ICCPR	1977-present	148	59% (97 of 164)
CESCR	1980-present	91	48% (58 of 121)
CEDAW	1983-present	326	83% (198 of 239)
CAT	1989-present	40	21% (31 of 145)
CRC	1993-present	146	64% (124 of 193)
CRPD	2010-present	8	7% (8 of 124)

UN Special Procedures Interference in National and International Legislative Debates on Abortion

The special mandate holders who operate under the umbrella of the Office of the High Commissioner for Human Rights (OHCHR) are, like the treaty body members, independent experts who are not compensated for their work but do receive support and staff to assist in carrying out their mandates. Like the treaty bodies, these experts have increasingly exceeded those mandates with impunity with regard to promoting abortion and urging countries to liberalize their laws.

The most recent egregious example of this interference is the mandate holders' submission of an amicus brief to the U.S. Supreme Court in a case involving abortion. It shows how UN mandate holders are interfering at all stages of policymaking and in judicial matters, even before a final resolution of the litigation.

Brief of United Nations Mandate Holders as Amici Curiae in the *Dobbs v. Jackson Women's Health U.S. Supreme Court Case (2021)* – In September 2021, a group of special mandate holders issued an amicus brief in the United States Supreme Court case debating the constitutionality of abortion bans prior

to fetal viability. They falsely claimed that the enactment of such a ban would violate international human rights law.¹¹³ In the same month, two UN special mandate holders made comments to The Guardian criticizing a Texas state law restricting abortion.¹¹⁴ Melissa Upreti, a member of the United Nations Working Group on discrimination against women in law and in practice, was among those criticizing the Texas law as well as a coauthor of the amicus brief. In 2018, she testified on behalf of the working group in favor of a law liberalizing abortion standards in the state of New York, including decriminalizing the procedure.¹¹⁵

In addition to using their positions as UN experts to influence the national and state legislative process with regard to abortion in individual countries, UN mandate holders have also used their annual reports to promote abortion as an international right. These, like treaty body concluding observations, are frequently cited in the reports of various UN agencies. Some examples include:

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and care workers as defenders of the right to health (2025) – The Special Rapporteur encourages countries to "[e]liminate barriers to accessing sexual and reproductive health, as related to confidentiality and [conscious objection](#), revise legal and regulatory frameworks, [ensure the decriminalization of abortion](#) and ensure that there are no barriers to access to sexual and reproductive rights;"¹¹⁶

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on Digital innovation, technologies and the right to health (2023) – The report calls on governments to crack down on pro-life speech and to force social media companies not to block posts with instructions for self-induced abortions. According to the UN special rapporteur on the right to health, governments have an obligation to ensure that technology companies do not restrict access to information about abortion and must counteract the spreading of "falsehoods" by pro-life organizations online in order to protect abortion rights.¹¹⁷

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (2021) – "Access to family planning, contraception including emergency contraception, [safe abortion services and post-abortion care is a component of the right to health](#) and, in particular, the right to sexual and reproductive health." "Safe and legal abortion is a necessary component of

comprehensive health services."¹¹⁸

Report of the Special Rapporteur on freedom of religion or belief (2020) – "Repeal discriminatory laws, including those enacted with reference to religious considerations, that criminalize adultery, that criminalize persons on the basis of their actual or perceived sexual orientation or gender identity or expression, that criminalize abortion in all cases, or that facilitate religious practices that violate human rights."¹¹⁹

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (2011) – This report, issued by Anand Grover, seems almost tame by comparison to what the current mandate holder has written (see below). "Creation or maintenance of criminal laws with respect to abortion may amount to violations of the obligations of States to respect, protect and fulfil the right to health."¹²⁰

Special mandate holders often release joint statements promoting abortion including:

Joint Statement of social mandate holders against the U.S. Supreme Court Dobbs decision and State level abortion restrictions (2023) – UN human rights experts are criticizing the U.S., claiming that state-level abortion restrictions are putting women and girls at risk and violating the American obligations under human rights treaties. They "urge both the federal and state Governments to take action to reverse the regressive rhetoric seeping through the legislative system and enact positive measures to ensure access to safe and legal abortion." They argue that abortion restrictions result in the denial of "fundamental human rights to comprehensive healthcare including sexual and reproductive health."¹²¹

Abortion is essential healthcare and women's health must be prioritized over politics: International Safe Abortion Day statement (2021) – "On the International Safe Abortion Day, a group of UN experts stress that abortion is essential health care and a human right. [...] Abortion is essential health care and must be taken out of the realm of politics. The right to access safe abortion services must be codified in law in accordance with human rights standards that require ensuring the availability, accessibility, affordability, acceptability and quality of abortion services, free and informed decision-making and adequate financial investment."¹²²

Joint statement by several special mandate holders for World Contraception Day (September 2021) – Cites CEDAW Committee in calling for access to "modern forms of contraception and safe abortion and post-abortion services" as part of COVID-19 pandemic response. Because of contraceptive failure, "therefore, access to safe and legal abortion services is crucial to ensure women's and girls' sexual and reproductive health rights." Also says "victims/survivors of sexual violence should automatically be provided with emergency contraception and safe abortion procedures when a pregnancy results. This should be a standard protocol and its absence represents a violation of women's human rights."¹²³

United States: UN experts denounce further attacks against right to safe abortion and Supreme Court complicity (September 2021) – "Legal restrictions on abortion such as those contained in Texas S.B. 8 violate the rights of pregnant women to life, health (including sexual and reproductive health), privacy, bodily integrity, equality and non-discrimination, and freedom from cruel, inhuman, and degrading treatment as well as gender-based violence."¹²⁴

Honduras: UN experts deplore further attacks against right to safe abortion (January 2021) – "As per international standards, access to safe and legal abortion services should be offered, at least, in cases of rape or incest, where the life and/or health of pregnant women is at risk and in cases of severe fetal impairment."¹²⁵

Argentina: UN experts praise historic law legalizing abortion (December 2020) – "This law is a historic step in Argentina's fulfillment of its international human rights obligations, and becomes a model for the whole region and beyond."¹²⁶

All states must ensure access to safe and legal abortion as a matter of human rights, say UN experts (International Safe Abortion Day, 28 September 2019) – "As an essential reproductive healthcare service for women and girls, access to safe and legal abortion is critical to ensure their fundamental right to autonomy, equality and to physical and mental health."¹²⁷

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