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

C-Fam Staff

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. Most recently the UN system has promoted abortion during the COVID-19 pandemic.

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

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

Report of the Secretary-General on conflict-related sexual violence (2021) – (S/2021/312) 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.”¹

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 perform or refer 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.²

Report of the Secretary-General on strengthening of the coordination of emergency humanitarian assistance of the United Nations (2019) (Advanced Unedited Version, 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.³

Report of the Secretary-General on Women Peace and Security (2018) (S/2018/900, 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.⁴

Report of the Secretary-General on Women Peace and Security (2017) (S/2017/861, 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*.”⁵

Report of the Secretary-General on Women Peace and Security (2016) (S/2016/822, 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.”⁶

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*.”⁷

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.*”⁸

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).⁹

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.*”¹⁰

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 and reports that promote abortion. Some examples include:

Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (2018) – This report produced by several UN agencies, including UNFPA, UN Women, WHO, and OHCHR, not only treats abortion as a humanitarian right citing UN treaty bodies and special procedures, it 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 for abortions even against their consciences.¹¹

UN Women

Progress on the Sustainable Development Goals: The Gender Snapshot 2022 (2022) — In its snapshot on SDG progress, UN Women includes two items under SDG 3 on good health and well-being: the claim that over 1.2 billion women and girls live in countries with abortion restrictions, and 102 million live where it is prohibited altogether. Later, it says “[l]egal restrictions, including the criminalization of abortion, continue to compound the challenges women face in accessing safe sexual and reproductive health care.” Access to “safe” abortion was never an agreed target in the SDGs, and references to “sexual and reproductive health” in the agreed text contained qualifications and caveats linking it to previously-agreed understandings that SRH did not include a right to abortion.¹²

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.”¹³

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 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 laws that criminalize abortion amount to “torture or cruel, inhuman or degrading treatment.” 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.¹⁴

World Health Organization (WHO)

WHO Abortion-Care Guidelines (2022) — The World Health Organization’s abortion guidelines issued in March of this year call on countries to remove all legal and policy restrictions on abortion, in line with the demands of abortion industry lobby groups.¹⁵ 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.¹⁶ 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, early in 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.¹⁷ 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.¹⁸

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.¹⁹ 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.²⁰

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.²¹ Related guidance documents published by WHO seek to expand the pool of abortion providers to nurses, midwives, pharmacists,²² and even the patients themselves.²³ WHO refers to “self-managed medical abortion in countries where abortion is illegal or restricted” as a form of “self-care,”²⁴ providing legitimacy and cover to illegal purveyors of black market abortion drugs, who frequently claim to be operating according to “WHO-recommended” methods.²⁵

United Nations Population Fund (UNFPA)

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 per cent achievement in this component. Although abortion is legal on some or all grounds in 93 per cent of reporting countries, a husband’s consent is required for married women to access the service in 28 per cent of these countries, and judicial consent is required for minors in 29 per cent. Furthermore, women can be criminally charged for an illegal abortion in more than half of the 107 countries.”²⁶

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.”²⁷

United Nations Children’s Fund (UNICEF)

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.”²⁸

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 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).²⁹

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.³⁰ 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.”³¹

UN Regional Review Conferences Promoting Abortion

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

A 2018 Report of a 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.³² 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.³³

UN Treaty Body Interference in International Legislative Debates on Abortion

In their concluding observations to States party to human rights conventions, the treaty monitoring bodies have assembled a consistent, and expanding, record of directly ordering the liberalization of the abortion laws in many 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.³⁴ This was despite the fact that 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 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.”³⁵
- » 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.”³⁶
- » 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.”³⁷

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

- » 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.”³⁸
- » 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.”³⁹
- » 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.”⁴⁰

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

- » 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.”⁴¹
- » 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.”⁴²
- » 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.”⁴³

Committee Against Torture (monitoring CAT):

- » 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.”⁴⁴
- » 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.”⁴⁵
- » 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.”⁴⁶

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

- » 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.”⁴⁷
- » 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.”⁴⁸
- » 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.”⁴⁹

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

- » 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.”⁵⁰

- » 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.”⁵¹
- » 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.”⁵²

Committee on the Elimination of Racial Discrimination (monitoring CERD)

- » 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.”⁵³

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.”

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

TREATY	YEARS REVIEWED	CUMULATIVE INSTANCES OF ABORTION LOBBYING (AS OF AUG 2022)	PERCENTAGE OF CONCLUDING OBSERVATIONS SINCE 2015 INCLUDING ABORTION LOBBYING
ICCPR	1977-present	113	56% (62 of 110)
CESCR	1980-present	68	41% (35 of 85)
CEDAW	1983-present	255	81% (127 of 156)
CAT	1989-present	25	18% (16 of 90)
CRC	1993-present	94	59% (72 of 122)
CRPD	2010-present	5	6% (5 of 82)

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 for such a ban to be enacted would be in violation of international human rights law.⁵⁴ In the same month, two UN special mandate holders made comments to *The Guardian* critical of a Texas state law restricting abortion.⁵⁵ 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.⁵⁶

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 (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.”⁵⁷

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.”⁵⁸

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.”⁵⁹

Special mandate holders often release joint statements promoting abortion including:

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.”⁶⁰

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.”⁶¹

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.”⁶²

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.”⁶³

Endnotes

- 1 Available at: <https://undocs.org/S/2021/312>
- 2 UN Secretary-General Global Humanitarian Response Plan for COVID, See p. 27 of the Plan, available at: <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>
- 3 Available at: <https://undocs.org/en/E/2019/60>
- 4 Available at: <https://undocs.org/S/2018/900>
- 5 Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/N1733043.pdf>
- 6 Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/5829d0624.pdf>
- 7 Available at: <http://reliefweb.int/sites/reliefweb.int/files/resources/Report%20of%20the%20Secretary%20General%20on%20women%20and%20peace%20and%20security.pdf>
- 8 Available at: https://unama.unmissions.org/sites/default/files/wps-sg_report_on_wps-september_2014_0.pdf

- 9 Available at: <http://www.ohchr.org/Documents/Press/GuidanceNoteReparationsJune-2014.pdf>
- 10 Available at: http://www.un.org/ga/search/view_doc.asp?symbol=S/2013/525
- 11 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, available at: https://iawgfield-manual.com/?utm_source=iawgnet&utm_medium=web&utm_campaign=about-impact.
- 12 Available at: <https://www.unwomen.org/en/digital-library/publications/2022/09/progress-on-the-sustainable-development-goals-the-gender-snapshot-2022>
- 13 Available at: [http://www.peacewomen.org/sites/default/files/UNW-GLOBAL-STUDY-1325-2015%20\(1\).pdf](http://www.peacewomen.org/sites/default/files/UNW-GLOBAL-STUDY-1325-2015%20(1).pdf)
- 14 See Press Release, 20 April 2018, available at: <https://www.unodc.org/mexicoandcentralamerica/es/webstories/2018/unodc-onu-mujeres-unfpa-y-onudhmexico.html>
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757 Third Ave, Suite 2119
 New York, NY 10017
 (212) 754-5948
 info@c-fam.org
 www.c-fam.org

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