

Mandates of the Special Rapporteur on violence against women and girls, its causes and consequences; the Special Rapporteur on the rights of persons with disabilities; the Special Rapporteur on the human rights of migrants; the Special Rapporteur on minority issues; the Special Rapporteur on extreme poverty and human rights; the Special Rapporteur on the right to privacy; the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; the Special Rapporteur on freedom of religion or belief; the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment and the Working Group on discrimination against women and girls

Ref.: AL USA 11/2023
(Please use this reference in your reply)

10 May 2023

Excellency,

We have the honour to address you in our capacities as Special Rapporteur on violence against women and girls, its causes and consequences; Special Rapporteur on the rights of persons with disabilities; Special Rapporteur on the human rights of migrants; Special Rapporteur on minority issues; Special Rapporteur on extreme poverty and human rights; Special Rapporteur on the right to privacy; Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; Special Rapporteur on freedom of religion or belief; Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment and Working Group on discrimination against women and girls, pursuant to Human Rights Council resolutions 50/7, 44/10, 52/20, 52/5, 44/13, 46/16, 52/36, 49/5, 52/7 and 50/18.

In this connection, we would like to bring to the attention of your Excellency's Government information we have received concerning **the grave and alarming deterioration in the access of women and girls to comprehensive sexual and reproductive healthcare, including abortion, following the United States Supreme Court decision in the case of Dobbs v. Jackson Women's Health Organization, and the direct and indirect violations of international human rights law as a result of the decision.**

Similar attempts to restrict women's sexual and reproductive rights in the country have previously been brought to the attention of your Excellency's Government attention through several communications (AL USA 4/2015, OL USA 8/2017, AL USA 11/2020, and AL USA 25/2021).

According to the information received:

Following the landmark decision of the United States Supreme Court in *Dobbs v. Jackson Women's Health Organization*, No. 19-1392, 597 U.S. of 24 June 2022, in which the court's judgement held that the due process clause of the Constitution of the United States does not confer a right to abortion, millions of women and girls across the country are now subject to various and differing decisions being made by individual states on abortion policies and reproductive rights. Access to abortion is being so heavily restricted in many states that it has become largely inaccessible to women and girls, particularly minority women.

The consequences of the Supreme Court decision have reverberated throughout the entire legal and policy system. By explicitly overturning *Roe v. Wade*¹ and *Planned Parenthood v. Casey*,² the Supreme Court has dismantled 50 years of precedent protecting the constitutional right to abortion in the United States. It also marks the first time the U.S. Supreme Court has taken away a fundamental liberty right. Multiple violations of international human rights law, to which the United States is bound, and of the rights of women and girls are at risk, including the right to comprehensive healthcare (including sexual and reproductive health), privacy, bodily integrity and autonomy, freedom of expression, equality and non-discrimination, and freedom from cruel, inhuman, and degrading treatment as well as gender-based violence. Minority women and girls, including of African descent and Hispanic, are disproportionately impacted.

Since January 2023, abortion has been banned with very limited exceptions in thirteen U.S. states, namely: Alabama, Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, and Wisconsin. Georgia has also banned abortion after six weeks of pregnancy.

Any exceptions that may exist, though narrow, have proven to be unworkable in practice. The terms of the exceptions often do not correspond with medical diagnosis and in some cases exclude health-threatening conditions. The decision has also severely restricted access to reproductive healthcare, including the denial of care in cases of ectopic pregnancy or miscarriage, reduced access to contraception, preventative annual exams and to prenatal care.

The Supreme Court's decision has also had a chilling effect on physicians and healthcare workers who potentially face legal ramifications for their care decisions. In a statement³ issued by the American College of Surgeons, it was noted that physicians of all specialties, must be free to practice medicine, informed by medical education, experience, and scientific evidence, without fear of the care being criminalized. Physicians and health workers must not be placed at risk of persecution or prosecution for providing patient-centred care.

Navigating the current legal climate extends to medically necessary or life-saving abortion or removal of foetal tissues from women who have experienced an incomplete miscarriage (as is the case in Michigan, Wisconsin). Even in cases where physicians determine that an abortion can proceed, they may still experience difficulties in assembling a full team, given the reluctance of other healthcare workers. The fear of potential legal repercussions goes beyond performing abortions and extends to the provision of information on abortion or sharing more general medical advice on termination of pregnancy. It can also delay cancer related treatments, as such treatment is delayed until the foetus is older or the future mother has given birth.

¹ *Roe v. Wade*, 410 U.S. 113 (1973)

² *Planned Parenthood of S.E. Pennsylvania v. Casey*, 505 U.S. 833 (1992)

³ <https://www.facs.org/about-ac/s/statements/statement-on-supreme-court-decision-in-dobbs-v-jackson-women-s-health-case/>

According to the information received, the threat of criminalization in many States has discouraged women and girls from engaging with the healthcare system, particularly those from minority backgrounds who already face accessibility issues; from seeking prenatal care and has ultimately placed the health of millions of pregnant women and girls at significant risk.

Reportedly, some clinics are now refraining from providing abortion related services, even in States where it continues to be legal, due to the uncertainty surrounding the potential for a ban to be introduced (for example, in Arizona).

There is credible evidence to suggest that the abortion ban has increased the likelihood of suicide, as any current exceptions to the abortion ban do not cover psychological risks to life. In this regard, it is concerning that women and girls who may attempt suicide because of an unwanted pregnancy may be charged with attempted feticides, manslaughter or murder in some States, such as in the State of Indiana.

In large parts of the country, it will be impossible to access comprehensive reproductive health care. Women and girls wishing to access comprehensive sexual and reproductive health care, including abortion services, will have to travel farther distances, juggling family commitments, work and bearing additional financial costs; many will not be able to pay the costs.

The impacts will be felt most acutely by marginalized individuals who have limited means to seek safe and legal services, including low-income women and girls; adolescent girls; women and girls in abusive relationships; women and girls from racial, ethnic or religious minorities; refugee and migrant women and girls; women and girls living in rural areas; women with disabilities. Women and girls from these communities may also be at heightened risk of experiencing sexual violence and assault, and unwanted pregnancies as a result. Some, such as women and girls with disabilities, may face serious health risks from pregnancy. Moreover, the lack of accessible and comprehensive reproductive health care is likely to erode progress toward the protection of their bodily and reproductive autonomy, which they have been historically denied while being subjected to discriminatory and harmful practices such as forced and involuntary sterilization.

Healthcare workers in States that have abortion restricted are being limited in what they can teach. Furthermore, the health care services in States that continue to legalize abortion have become overwhelmed by the influx of patients from States where it has become severely restricted or outlawed. Those who contribute financially or provide other forms of support can also be criminalized (for example, in Texas).

There are increasing reports of threats to the life of abortion service providers across the country. In 2021, the National Abortion Federation reported 1,464 incidents of violence against providers across the U.S. There have also been reports of extreme forms of violence against abortion service providers, and some have died as a result. The Supreme Court decision is only expected to further embolden the perpetrators of such acts.

Accompanying these abortion bans in many US States has been a steady and fast deterioration of the right to privacy, as law enforcement officials are increasingly resorting to electronic data to track those who seek abortion or those that aid and abet them in doing so. A lot of this data can be accessed without requiring a warrant.

It also affects the right to freedom of opinion, thought and belief by women and girls wishing to have an abortion as well as for those that may be providing such service or access to it. For example, five separate lawsuits, filed in Miami-Dade County, claim that the state's ban curtails the clergy members' ability to counsel congregants about abortion in accordance with their faiths, since Florida law prohibits counselling or encouraging a crime. The plaintiffs are three Rabbis, a United Church of Christ Reverend, a Unitarian Universalist Minister, an Episcopal Church Priest and a Buddhist Lama. They asked the court to declare that the state's abortion law violates Florida and U.S. constitutional protections for freedom of speech and religion.

Without prejudging the accuracy of the information received, we would like to express our serious concerns about the increasingly retrogressive measures severely restricting access to abortion care. Restrictions on abortion access, a reproductive health service predominantly needed by women and adolescent girls, are discriminatory. They subject women to unnecessary barriers to essential reproductive health care as well as degrading and humiliating treatment. Legal restrictions on abortion violate the rights of pregnant women to life, health (including sexual and reproductive health), privacy, bodily integrity and autonomy, equality and non-discrimination, and freedom from cruel, inhuman, and degrading treatment as well as gender-based violence. Forcing women to seek clandestine abortions has been widely denounced as against the absolute prohibition against torture and other cruel, inhuman or degrading treatment. In particular, denying abortion to women that have become pregnant because of rape and incest risks exacerbating their trauma as well as their mental and physical health, thereby subjecting them to additional psychological forms of violence and has been recognised as form of torture.

In September 2021, several special procedures mandates submitted an [Amicus Curiae](#) to the United States Supreme Court stating that the Court should uphold existing constitutional protections for abortion access and refuse the retrogression of rights, consistent with international human rights law. Following the decision, the experts noted that whereas the restrictive new legal environment would not reduce the needs for abortions, it would be guaranteed to increase the number of women and girls seeking clandestine and unsafe abortions, particularly those belonging to racial minorities and living in poverty, and will fuel abortion stigma, leading to abuse of women in need of post-abortion care. They had further added that “The decision to continue a pregnancy or terminate it must fundamentally and primarily be a woman’s decision as it will shape her whole future personal life and family life. The right of a woman to make autonomous decisions about her own body and reproductive functions is at the very core of her fundamental right to equality, non-discrimination, health, and privacy.”

Furthermore, in a statement⁴ issued by the experts denouncing the Supreme Court decision to strike down *Roe v. Wade*, they noted that the administration should

⁴ <https://www.ohchr.org/en/press-releases/2022/06/usa-un-experts-denounce-supreme-court-decision-strike-down-roe-v-wade-urge>

issue executive orders protecting access to safe abortion, provide funding to states for the provision of safe abortion services, and restricting measures aimed at limiting travel for abortion seekers and providers across state lines, among other mitigation measures. They also reminded State legislatures that it is still within their power to protect abortion rights and access to abortion services at state level and called on them to act accordingly to protect women and girls and other persons who may become pregnant from serious violations of their human rights.

We urge the United States' Federal Government to prevent retrogression in access to abortion in the United States and instead enact positive measures to ensure access to safe and legal abortion in order to respect, protect and fulfil the rights to life, health, including sexual and reproductive health, privacy, bodily integrity, equality and non-discrimination, and freedom from torture and other cruel, inhuman, and degrading treatment.

We fear that, without adherence to the legal precedents that constitutionally protect women's right to abortion and clear political will to reverse such restrictive and regressive trends, states will continue pursuing this pattern.

Such measures run contrary to international human rights standards and to the obligations undertaken by the United States, including through its ratification of the International Covenant on Civil and Political Rights and the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in 1992 and 1994 respectively.

In connection with the above alleged facts and concerns, please refer to the **Annex on Reference to international human rights law** attached to this letter which cites international human rights instruments and standards relevant to these allegations.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have about any consideration being given to reviewing the current legislation to ensure that the human rights of women and girls are protected
2. Please indicate the steps being taken at the federal level to ensure that women's human rights, in particular their sexual and reproductive health rights and their right to privacy, equality and non-discrimination, are duly protected in compliance with U.S. constitutional safeguards and international standards.

We would appreciate receiving a response within 60 days. Past this delay, this communication and any response received from your Excellency's Government will be made public via the communications reporting [website](#). They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

While awaiting a reply, we urge that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations.

We may publicly express our concerns in the near future as, in our view, the information upon which the press release will be based is sufficiently reliable to indicate a matter warranting immediate attention. We also believe that the wider public should be alerted to the potential implications of the above-mentioned allegations. The press release will indicate that we have been in contact with your Excellency's Government's to clarify the issue/s in question.

Please accept, Excellency, the assurances of our highest consideration.

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Dorothy Estrada-Tanck
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Annex

Reference to international human rights law

In connection with above alleged facts and concerns, we would like to recall that criminalization of abortion and the failure to provide adequate access to services for the termination of an unwanted pregnancy constitute discrimination on the basis of sex, in contravention of article 2 of the International Covenant on Civil and Political Rights (ICCPR), which the United States of America ratified in 1992.

In its General Comment No. 36: article 6 of the ICCPR, on the right to life, the Human Rights Committee stressed that although States parties may adopt measures designed to regulate voluntary terminations of pregnancy, such measures must not result in violation of the right to life of a pregnant woman or girl nor jeopardize their lives, subject them to physical or mental pain or suffering, discriminate against them or arbitrarily interfere with their privacy. State parties must provide safe, legal and effective access to abortion including where the pregnancy is the result of rape or incest and also should not introduce new barriers and should remove existing barriers that deny effective access by women and girls to safe and legal abortion. In this regard, we would like to highlight that the enjoyment of the rights guaranteed in the ICCPR is not limited to citizens of States parties but “must also be available to all individuals, regardless of their nationality or statelessness, such as asylum seekers, refugees, migrant workers and other persons, who may find themselves in the territory or subject to the jurisdiction of the State Party” (ICCPR/C/21/Rev.1/Add. 13 (2004), para. 10).

As a party to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, ratified in 1994, it is recalled that the Committee against Torture has repeatedly expressed concerns about restrictions on access to abortion, post-abortion care, and about absolute bans on abortion, as violating the prohibition of torture and ill-treatment. The abuse and mistreatment of women seeking reproductive health services can cause tremendous and lasting physical and emotional suffering, inflicted on account of sex discrimination, and in conflict with the absolute prohibition against torture and other cruel, inhuman or degrading treatment or punishment. The Human Rights Committee also explicitly stated that breaches of article 7 of the International Covenant on Civil and Political Rights, ratified by the US in 1992, include forcing women to undertake clandestine abortions, as well as denial of access to safe abortions to women who have become pregnant as a result of rape or incest and raised concerns about obstacles to abortion where it is legal. The Human Rights Committee has insisted that all necessary measures are to be implemented to ensure that women and girls do not risk their lives because of the existence of restrictive legal provisions on abortion. Rape is universally recognised as a form of torture. Forcing a raped woman or girl to carry a foetus to term, while ignoring her wishes, could be considered a prolongation of the same physical and psychological torture and would run foul of the obligation to treat all persons with dignity and respect under international law, especially the most vulnerable. Likewise, the prosecution of women and girls in such situations from seeking and receiving abortions would be to punish them for their status as victims of rape and this double humiliation could amount to harm falling with their prohibition against torture and ill-treatment. Furthermore, discriminatory access to health services resulting in harm to individuals – such as harassment, intimidation, violence or social exclusion - also

triggers consideration under the absolute prohibition against torture and ill-treatment. The Special Rapporteur on Torture has called on all States to ensure that services are effectively available without adverse consequences to the woman or the health professional (See A/HRC/22/53).

The experts would like to remind your Excellency's Government of their obligations under the International Convention on the Elimination of Racial Discrimination, which the United States of America ratified in 1994. Under article 5 State parties are obligated to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law. Article 5 explicates that such obligations apply to a range of rights, including the right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution and the right to public health, medical care, social security and social services.

In their 2022 concluding observations (CERD/C/USA/CO/10-12), the Committee on the Elimination of Racial Discrimination recommended that the State party take further steps to eliminate racial and ethnic disparities in the field of sexual and reproductive health and rights, while integrating an intersectional and culturally respectful approach in, for instance, policies and programmes aimed at removing barriers to access to comprehensive sexual and reproductive health services, and those aimed at reducing the high rates of maternal mortality and morbidity affecting racial and ethnic minorities, including through midwifery care. The Committee also recommended that the State party take all measures necessary, at the federal and state levels, to address the profound disparate impact of the Supreme' Court's ruling in *Dobbs v. Jackson Women's Health Organization* on women of racial and ethnic minorities, indigenous women and those with low incomes, and to provide safe, legal and effective access to abortion in accordance with the State party's international human rights obligations. It further recommended that the State party take all measures necessary to mitigate the risks faced by women seeking an abortion and by health providers assisting them, and to ensure that they are not subjected to criminal penalties. In that respect, the Committee drew the State party's attention to the World Health Organization's Abortion Care Guideline.

Furthermore, in the decision adopted by the Human Rights Committee under article 5 (4) of the Optional Protocol, concerning the case of Amanda Mellet v Ireland (<https://juris.ohchr.org/casedetails/2152/en-US>), the Committee noted that the State party's criminalization of abortion subjected the victim to a gender-based stereotype of the reproductive role of women primarily as mothers, and that stereotyping her as a reproductive instrument subjected her to discrimination. The Committee considers that the differential treatment to which the author was subjected in relation to other similarly situated women failed to adequately take into account her medical needs and socioeconomic circumstances and did not meet the requirements of reasonableness, objectivity and legitimacy of purpose. Accordingly, the Committee concluded that the failure of the State party to provide the author with the services that she required constituted discrimination and violated her rights under article 26 of the Covenant.

While not a State party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), nor to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the United States, as signatory to both

instruments since 1977 and 1980 respectively, is bound to ensure that nothing is done which would defeat the object and purpose of either treaty, pending a decision on ratification. Both treaties are relevant to this matter, given that they oblige States to eliminate discrimination against women and girls (CEDAW art. 2) and to realize the right of women and girls to the highest attainable standard of health (ICESCR art. 12). This comprises an obligation on the part of all States Parties to ensure that measures are taken to ensure that access to health services is available to everyone, especially those in the most vulnerable or marginalized situations, without discrimination. In its General Comment 3, the Committee clarified that any retrogressive measure would contravene the principles of the Covenant.

In its General Comments 14 and 22, the Committee on Economic, Social, and Cultural Rights clarified that the right to sexual and reproductive health, as an integral part of the right to health, entails a set of freedoms and entitlements. Sexual and reproductive freedoms include “the right to control one’s health and body” and “the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health”. Under the right to health the entitlements encompass unhindered access to a whole range of quality sexual and reproductive health facilities, services, goods, including essential medicines, and programmes, including access to safe abortion care, medicines for abortion and quality post-abortion care.

In its article 12, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) imposes obligations to States in relation to eliminating discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

In its General Recommendation 35 on gender-based violence against women, the CEDAW Committee provides that violations of women’s sexual and reproductive health and rights, such as forced sterilization, forced abortion, forced pregnancy, criminalization of abortion, denial or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment.

In its report to the Human Rights Council on women’s health and safety (A/HRC/32/44) and in its paper on Women’s Autonomy, Equality and Reproductive Health, the Working Group on discrimination against women and girls stressed that abortion is a health care matter and access to safe and legal abortion is intrinsically linked to women and girl’s right to life, health, equality, dignity and privacy. States have the obligation to respect, protect and fulfill women’s right to equal access to health-care services and eliminate all forms of discrimination against women in relation to their health and safety. This obligation entails providing women with autonomous, effective and affordable access to health and ensuring that barriers to women’s enjoyment of the right to the highest attainable standard of physical and mental health are dismantled, including by exercising due diligence. Denying women access to information and services which only they require and failing to address their specific health and safety, including their reproductive and sexual health needs, is inherently discriminatory and prevents women from exercising control over their own bodies and lives. Furthermore, women may be denied such services through the

reduction of availability and accessibility, deterrence from health care professionals and deprivation of women's autonomous decision-making capacity.

The Working Group has observed with concern that throughout their life cycle, women's bodies are instrumentalized and their biological functions and needs are stigmatized. The instrumentalization on women's bodies is often reflected on practices such as the withholding or delay in treatment, curtailment of women's autonomy and denial of respect for privacy and obstructing their access to reproductive and sexual health care. Furthermore, the legal restrictions to regulate women's control over their own bodies has been identified by the Working Group as a severe and unjustified form of State control, this can include regulations governing the provision of information related to sexual and reproductive health and termination of pregnancy. The enforcement of such provisions generates stigma and discrimination and violates women's human rights, by particularly infringing their dignity and bodily integrity and restricting their autonomy to make decisions about their own lives and health (see A/HRC/32/44).

Following its country visit to the United States in 2015 (A/HRC/32/44/Add.2), the Working Group on discrimination against women and girls regretted that throughout the years, women in the United States have seen their rights to sexual and reproductive health significantly eroded since the 1973 decision by the Supreme Court in *Roe v. Wade* that a woman has a constitutional right to choose to terminate a pregnancy in the first trimester prior to viability. In addition, the Working Group noted that many of the clinics providing abortion care work in conditions of constant threats, harassment and vandalism, too often without any kind of protection from law enforcement officials. The Experts were concerned at acts of violence, harassment and intimidation against those seeking or providing such care. The Experts reminded the Government of its due diligence obligation and encouraged it to investigate and prosecute violence or threats of violence occurring in this context.

The Working Group recommended to the authorities to ensure that women can, in practice, exercise their existing constitutional right to choose to terminate a pregnancy. The experts also recommended (a) increasing funding of clinics under the Title X Family Planning Program in order to expand coverage for low-income women who lack insurance so they can access preventive care, including sexual and reproductive health services, and to reduce maternal mortality; (b) Preventing politically motivated actions to exclude women's health providers from federally supported public health programmes. The Experts expressed the opinion that, the United States, which was a leading State in terms of formulating international human rights standards, is allowing women in the country to lag behind. While all women are victims of these "missing" rights, women living in poverty, Native American, African-American, Hispanic and Asian women; women who are members of ethnic minorities; migrant women; lesbian, bisexual, transgender or intersex persons; women with disabilities; and older women are in a situation of heightened discrimination.

In its reports, the Working Group on discrimination against women and girls has demonstrated the persistence of a global discriminatory cultural construction of gender, often tied to religion, and the continued reliance of States on cultural justifications for adopting discriminatory laws or for failing to respect international human rights law and standards. Within the United Nations system, the Working Group has observed that States have misused references to culture, religion and family in an effort to dilute their international obligations to fulfil women's rights and

achieve gender equality. While the Working Group is committed to the principle of upholding freedom of religion or belief as human rights to be protected, it regrets the increasing challenges to gender equality in the name of religion. It joins other international human rights expert mechanisms in reiterating that freedom of religion or belief should never be used to justify discrimination against women. Women's human rights are fundamental rights that cannot be subordinated to cultural, religious or political considerations (see A/HRC/38/46).

In her 2021 report to the General Assembly, the Special Rapporteur on the right to health underlined States' obligations to decriminalize abortion, to prevent unsafe abortion and to provide safe, legal and effective access to abortion, in a manner that does not result in the violation of women's rights to life and other human rights enshrined in ICCPR (A/76/172, paras 22, 40-41).

Furthermore, in the 3rd Universal Periodic Review of the United States in 2020 it was recommended that the U.S. Repeal the Helms Amendment and the Protecting Life in Global Health Assistance Policy and, in the interim, allow United States foreign assistance to be used, at a minimum, for safe abortion in cases of rape, incest and life endangerment.

The Convention on the Rights of Persons with Disabilities (CRPD), which the United States signed in 2009, elaborates a human rights-based approach to the sexual and reproductive health and rights of persons with disabilities. The CRPD challenges all forms of substituted decision-making in the exercise of sexual and reproductive health and rights (see arts. 12 and 25); prohibits harmful and discriminatory practices against persons with disabilities in all matters related to marriage, family, parenthood and relationships, including the right to retain their fertility and to decide on the number and spacing of their children (see art. 23); calls to end all forms of exploitation, violence and abuse, including their gender-based aspects (see art. 16); and promotes access to quality sexual and affordable reproductive health care and programmes (see art. 25).

In its General Comment No. 3, the Committee on the Rights of Persons with Disabilities noted that women with disabilities face multiple barriers to the enjoyment of sexual and reproductive health and rights and may be denied access to comprehensive sexual and reproductive health information. The Committee clarified that all women with disabilities must be able to exercise their legal capacity by taking their own decisions, with support when desired, with regard to medical and/or therapeutic treatment, including by taking their own decisions on retaining their fertility and reproductive autonomy and exercising their right to choose the number and spacing of children.

In a report to the General Assembly (A/72/133), the Special Rapporteur on the rights of persons with disabilities reiterated that States must ensure a supportive legislative and regulatory framework for the sexual and reproductive health and rights of girls and young women with disabilities and that their rights and needs must be mainstreamed and addressed in all policies and programmes on sexual and reproductive health and rights. The Special Rapporteur further observed that States must ensure that sexual and reproductive health care is provided as close as possible to the communities where girls and women with disabilities live.