Mandates of the Working Group on discrimination against women and girls; the Working Group of Experts on People of African Descent; the Special Rapporteur on extrajudicial, summary or arbitrary executions; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment

Ref.: OL BRA 6/2026
(Please use this reference in your reply)

27 July 2026

Excellency,

We have the honour to address you in our capacities as Working Group on discrimination against women and girls; Working Group of Experts on People of African Descent; Special Rapporteur on extrajudicial, summary or arbitrary executions; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance and Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, pursuant to Human Rights Council resolutions 59/14, 45/24, 53/4, 60/10, 61/35 and 61/10.

In this connection, we would like to bring to the attention of your Excellency's Government information we have received regarding **the approval by the Federal Senate of Legislative Decree Bill (PDL) No. 3/2025, which repealed resolution No. 258/2024 of the National Council for the Rights of Children and Adolescents (CONANDA), a resolution that established guidelines for the provision of rights-based care to children and adolescents who are victims of sexual violence in Brazil**.

We already communicated with your Government regarding the enjoyment of sexual and reproductive health rights in our previous communications to Brazil (OL BRA 2/2025, AL BRA 1/2023, and OL BRA 9/2020). We thank your Excellency's Government for the reply received to the first and third communications.

According to the information received:

In December 2024, the National Council for the Rights of Children and Adolescents (CONANDA), approved resolution No. 258/2024 regulating access to health care for children and adolescent girls whose pregnancies resulted from sexual violence, posed a risk to the life of the pregnant persons and/or involved anencephalic foetuses, with a view to guaranteeing their sexual and reproductive health rights within the Child and Adolescent Rights Guarantee System.

The resolution No. 258/2024 did not create any new grounds for legal abortion, but instead established guidelines to ensure that children and adolescents could access the protection afforded to them under the Brazilian legal framework (article 227 of the Federal Constitution and the Statute of the Child and Adolescent). It contributed to the planning, management, and organization of the services and networks that operate within the child and adolescent protection

network, strengthening institutional coordination across all states and municipalities and supporting a more effective response to sexual violence affecting children and adolescents. Among the main advances introduced by the Resolution is respect for the principle of evolving capacities, by recognizing the right of children and adolescents to participate in decisions concerning their reproductive rights, as established by the UN Convention on the Rights of the Child.

On 5 November 2025, the plenary of the Chamber of Deputies approved the Legislative Decree Bill (PDL) No. 3/2025, allowing the process to move forward to deliberation by the Federal Senate.

On 2 June 2026, the Legislative Decree Bill was placed on the agenda of the Senate's Human Rights and Citizenship Committee, the only thematic committee tasked with reviewing the proposal in the Senate. No public hearing with broad representation of organizations specialized in the protection of children's rights, medical associations, public health experts, representatives of child protection systems, or survivors of sexual violence was reportedly held prior to the final deliberation on the matter. Reportedly, organizations that participated in the drafting of resolution No. 258/2024 and institutions responsible for its implementation were not consulted. The Legislative Decree Bill was unanimously approved by the Committee later that same morning.

In the afternoon, the Legislative Decree Bill was placed on the Senate plenary agenda with only seven senators physically present and most participating remotely. It was approved in less than two minutes without a roll-call vote that would have recorded the position of each parliamentarian individually. The Legislative Decree Bill did not require presidential assent and therefore became final, repealing resolution No. 258/2024.

Without prejudging the accuracy of the information received, we express grave concern that the approval by the Federal Senate of Legislative Decree Bill (PDL) No. 3/2025, which repealed resolution No. 258/2024, may represent a retrogression in the protection of sexual and reproductive health rights, may weaken coordination and protection mechanisms aimed specifically at children and adolescents in situations of heightened vulnerability, and may remove already established safeguards without providing compensatory measures or equivalent alternatives. We are concerned that this may result in significant gaps in service delivery, incoherence, institutional uncertainty and fragmentation in responses to cases of sexual violence, thereby deepening regional, territorial, and racial inequalities. It may also prevent timely access to care for victims and lead to secondary victimization caused by bureaucratic barriers in accessing services. Finally, we are also concerned that the legislative process that led to the approval of Legislative Decree Bill (PDL) No. 3/2025was allegedly marked by a lack of due process, transparency and broad public debate.

The approval of Legislative Decree Bill (PDL) No. 3/2025 may infringe upon the principles of the best interests of the child, non-discrimination, evolving capacities, and the prohibition of retrogressive measures in the field of human rights, as well as internationally agreed standards relating to women's and girls' dignity and rights, including the rights to life, attaining the highest standards of physical and mental health,

equality, non-discrimination, and privacy, as well as the right to live free from violence and the right to freedom from torture and cruel, inhuman, or degrading treatment. These rights are protected under the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), both acceded to by Brazil on 24 January 1992, the Convention against Torture ratified by Brazil on 28 September 1989, the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) ratified by Brazil on 1 February 1984, the Convention on the Elimination of Racial Discrimination (CERD) ratified by Brazil on 27 March 1968 and the Convention on the Rights of the Child ratified by Brazil on 24 September 1990.

We would like to remind your Excellency's Government of its obligations under CEDAW, in particular article 2, which obliges States to respect, protect and fulfil the right to non-discrimination of women and to ensure the development and advancement of women and implement their right of de jure and de facto equality with men. As a complement to this comparative approach, and following all applicable international human rights norms and standards, the Working Group on discrimination against women and girls has emphasized that the right to substantive equality for women and girls also requires a transformative approach that tackles the structural conditions of discrimination that facilitate violations of women's and girls' sexual and reproductive health rights, especially of those who experience greater barriers to accessing them, as referred to above (A/HRC/WG.11/42/1). The full enjoyment of sexual and reproductive health rights is indispensable to the ability of women and girls to exercise all other human rights and for the achievement of gender equality (A/HRC/47/38, para. 8).

The CEDAW Committee has noted the lifelong impact of forced maternity on girls, as well as women, and underscored that on the basis of international human rights law, the failure by States to ensure safe access to abortion services, particularly in cases of rape, may amount to gender-based violence and a violation of the right to life and the right to be free from torture, cruel, inhuman or degrading treatment (CEDAW/C/GC/35). The Working Group on discrimination against women and girls has additionally highlighted that girls and adolescent girls are at increased risk of sexual violence, child, adolescent and unplanned pregnancy, coerced sex and harmful practices because of, *inter alia*, lack of access to sexual and reproductive information, goods and services, combined with pervasive stereotyping and taboos (A/HRC/56/51, para. 46). Furthermore, we must stress the relevance of the recent findings of the Human Rights Committee, interpretative and supervisory body of the ICCPR, in the cases of *Norma v. Ecuador, Susana v. Nicaragua* and *Lucia v. Nicaragua*, which concluded that the forced pregnancy of girl survivors of sexual violence, forcing them to bring their pregnancies to term and to raise children born out of rape, amounts "to more than denial of choice," and it also constitutes a violation of the right to life with dignity and the right to be free from torture, cruel, inhuman, and degrading treatment.

We are concerned that the approval of Legislative Decree Bill (PDL) No. 3/2025would, *inter alia*, leave victims of sexual violence subject to the decisions of their legal guardians, even when these may conflict with the child's best interests or, in the worst cases, when the guardians themselves are involved in sexual violence. As a result, a child may be forced to carry to term a pregnancy resulting from rape if this is the wish of their legal guardians. We would also like to recall that article 12 of the Convention on the Rights of the Child provides for the principle of evolving capacities

of the child, and that resolution No. 258/2024 was aligned to it, ensuring that the opinions of girls were duly considered in decisions concerning their health and sexual and reproductive health rights, and that their best interests were upheld.

In its 2025 concluding observations on the latest periodic reports of Brazil, the Committee on the Rights of the Child expressed concern about the high rate of child pregnancies, owing to a pattern of forced pregnancies, in the absence of a national policy on sexual and reproductive rights and sexual and reproductive education. The Committee expressed further concern about the criminalization of girls seeking abortion and de facto barriers to the access to legal abortion in safe conditions with adequate post-abortion care (CRC/C/BRA/CO/5-7, para. 39). The Committee recommended to ensure that pregnancies of girls are always reported to the appropriate services to ensure that those girls receive the protective safeguards, trauma therapy and social support they need, and to 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 (para. 40(d) and (e)).

The approval of Legislative Decree Bill (PDL) No. 3/2025 may weaken the protections for children and adolescents and disproportionately affect Black, Indigenous and Quilombola young women and girls in situations of social vulnerability, and those living in urban peripheries and rural areas, and may be detrimental to efforts to end discrimination and violence against them due to pre-existing structural inequalities in access to health care, justice, and protection policies. In its 2022 concluding observations on the latest periodic reports of Brazil, the Committee on the Elimination of Racial Discrimination urged Brazil to address racial and ethnic disparities in reproductive healthcare and to ensure that all Afro-Brazilian, Indigenous and Quilombola women can access legal voluntary termination of pregnancy under safe and dignified conditions without harassment or efforts to criminalize them or their medical providers (CERD/C/BRA/CO/18-20, para. 17(c)). In a similar vein, in its 2023 concluding observations on last periodic report of Brazil, the Committee on Economic, Social and Cultural Rights recommended to ensure the accessibility and availability of appropriate, good-quality sexual and reproductive health-care services and information, for example access to safe abortion services, including abortion medication, contraception and emergency contraception, for all women and adolescent girls in Brazil, in particular those living in rural or remote areas (E/C.12/BRA/CO/3, para. 62(b)).

Additionally, following her country visit to Brazil in 2024, the Special Rapporteur on contemporary forms of racism (A/HRC/59/62/Add.1) raised concern that even under the limited circumstances in which abortion is legal in Brazil, including rape, many women and girls face significant barriers to accessing safe and legal abortion, including social stigmatization and difficulties in accessing the necessary medical services. The Special Rapporteur exemplified a horrifying case in Santa Catarina, in 2022, whereby public officials, including a judge, tried to pressure an 11-year-old girl of African descent into continuing a pregnancy resulting from rape, even though the circumstances fell within the legally permissible grounds for termination. The Special Rapporteur also described how barriers to accessing relevant medical services under legally permissible circumstances are forcing women and girls to resort to unsafe abortions, leading disproportionately to preventable deaths amongst those

from marginalized racial and ethnic groups. The Special Rapporteur recommended that Brazil take measures, in line with the recommendations of relevant human rights bodies, including the Committee on the Elimination of Discrimination against Women, to urgently legalize abortion, decriminalize it in all cases and ensure that women and girls have adequate access to safe abortion and post-abortion services in order to guarantee the full realization of their rights, equality, and economic and bodily autonomy.

We underscore that denial of access to safe abortion services can cause tremendous pain and suffering and have long-lasting consequences for mental and physical well-being. Article 12 of ICESCR obliges States to realize the right of everyone, including women and girls, to the highest attainable standard of health, including 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 all, especially the most vulnerable or marginalized sections of the population, without discrimination. The Committee on Economic, Social and Cultural Rights has clarified that States have an obligation to "respect, protect, and fulfill the right of everyone to sexual and reproductive health," which includes "not limiting or denying anyone access to sexual and reproductive health, including through laws criminalizing sexual and reproductive health services and information" (E/C.12/GC/22, para. 39 and 40).

The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health stressed that "[w]omen, adolescents, girls and all persons capable of becoming pregnant have a right to make informed, free and responsible decisions concerning their reproduction, their body and sexual and reproductive health, free of discrimination, coercion and violence" (A/76/172, para. 40). She further stresses that "[a]dolescents have a right to express views on all matters related to health and sexuality, and to access free, confidential and adolescent-responsive sexual and reproductive health services, information and education available both online and in person" (A/76/172, para. 44). In relation to information, several Special Procedures mandates reiterated that "[c]omprehensive sexuality education enables individuals to exercise their sexual and reproductive health rights [and that] [i]t empowers adolescents and young people to make informed decisions about their sexual and reproductive health and to prevent early pregnancy and sexually transmitted infections, including HIV". They called upon member States to ensure that "adolescents and young people have access to free, confidential, and non-discriminatory sexual and reproductive health services, information and education which are responsive to their needs, available both online and in person, and in multiple forms and languages, and which comprise family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, pre-conception care, gender-affirming care, maternal health services, access to safe abortion and post abortion services and menstrual hygiene" (A Compendium on Comprehensive Sexuality Education (March 2023)).

In its report to the Human Rights Council (A/HRC/32/44) and its position paper on Women's Autonomy, Equality, and Reproductive Health, the Working Group on discrimination against women and girls emphasized that abortion is a health care issue. States have an obligation to ensure women's and girls' equal access to healthcare services, to eliminate discrimination, and to provide autonomous, affordable care while dismantling barriers that prevent them from enjoying the highest attainable standard of physical and mental health, including through due diligence. Furthermore, the

importance of safe, legal, and accessible abortion services as a key component of public health and human rights are also stressed by the World Health Organization (WHO) in its comprehensive Abortion Care Guidelines. The Working Group on discrimination against women and girls also pointed out that restrictions on access to information on termination of pregnancy and services can deter women and girls from seeking professional medical attention, with detrimental consequences for their health and safety. An example of restrictions includes requiring third-party authorization from a parent, guardian, or spouse (A/HRC/32/44, para. 82).

In the report on Women's and girls' sexual and reproductive health rights in crisis, the Working Group on discrimination against women and girls emphasized that a woman's right to control her fertility is central to the realization of her rights and to her autonomy and agency. States are obligated to ensure that sexual and reproductive health services are available, accessible, affordable, acceptable and of good quality. The distinct sexual and reproductive health needs of women and girls must be addressed to ensure substantive equality. The denial of access to a full range of contraceptive information and services, as well as the failure to remove barriers to access constitutes a form of discrimination against women and girls, which puts their well-being at risk (A/HRC/47/38, para. 18 and 22). The Working Group further stated that States must ensure that women's and girls' unqualified right to equality, autonomy and privacy is central to all sexual and reproductive health laws, policies, and practices, including abortion care. States have due diligence obligations to ensure that health-care providers fully respect women's and girls' sexual and reproductive health rights, and must take all measures necessary to create an environment that facilitates the fulfilment of those responsibilities and promotes respect for those rights (A/HRC/WG.11/41/1, para. 37).

We are further concerned that the repeal of resolution No. 258/2024 may undermine the protection of the right to life of children and adolescents by removing nationally applicable guidelines intended to facilitate timely and effective access to health care in circumstances already recognized under Brazilian law, including where a pregnancy poses a risk to the life of the pregnant child or adolescent. Article 6 of the ICCPR requires States not only to refrain from the arbitrary deprivation of life, but also to take appropriate positive measures to address reasonably foreseeable threats to life, including threats arising from acts of private persons and entities. The Human Rights Committee has clarified that the duty to protect life extends to foreseeable and preventable life-threatening harm and requires States to adopt legal and administrative frameworks capable of ensuring effective access to essential health services. It has further stated that States must provide safe, legal and effective access to abortion where the life or health of the pregnant woman or girl is at risk, or where carrying the pregnancy to term would cause substantial pain or suffering, including where the pregnancy is the result of rape (general comment No. 36 on article 6 of the ICCPR, paras 6-8).

Finally, we note Brazil's supported recommendations during the fourth cycle of the Universal Periodic Review (UPR) to ensure access to sexual and reproductive health care and services, including high-quality prenatal care, and information on sexual and reproductive health, contraception and emergency contraception, and safe abortion to all women without discrimination (A/HRC/52/14).

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 on the above-mentioned information.

2. Please describe how Legislative Decree Bill (PDL) No. 3/2025 adheres to the principles of the best interests of the child, non-discrimination, evolving capacities of the child, and the prohibition of retrogressive measures in the field of human rights and ensures compliance with international human rights norms and standards.

3. Please provide details on how the Government intends to ensure the full protection of children and adolescents who are victims of sexual violence, as well as the full implementation of national legislation governing the protection of the rights of children and adolescents, their best interests, and their access to essential health services in the field of sexual and reproductive health rights.

4. Please provide details on how the Government assessed the potential impact of the approval of Legislative Decree Bill (PDL) No. 3/2025repealing resolution No. 258/2024 on children and adolescent victims of sexual violence, particularly Black, Indigenous, and Quilombola young women and girls in situations of social vulnerability and those living in rural and peripheral areas, with a view to ensuring that the necessary protections would be maintained.

5. Please provide information on the manner in which children and adolescents, including organizations specialized in the protection of children's rights, medical associations, public health experts, representatives of child protection systems, survivors of sexual violence, as well as organizations that participated in the drafting of resolution No. 258/2024 and institutions responsible for its implementation have been consulted and have meaningfully taken part in the decision-making processes.

This communication, as a comment on pending or recently adopted legislation, regulations or policies, and any response received from your Excellency's Government will be made public via the communications reporting website after 48 hours. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

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

Claudia Flores
Chair-Rapporteur of the Working Group on discrimination against women and girls

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Chair-Rapporteur of the Working Group of Experts on People of African Descent

Morris Tidball-Binz
Special Rapporteur on extrajudicial, summary or arbitrary executions

Tlaleng Mofokeng
Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Ashwini K.P.
Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance

Alice Jill Edwards
Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment