CENTER FOR REPRODUCTIVE RIGHTS

BACKGROUND PAPER TO SUPPORT THE DEVELOPMENT OF A GENERAL COMMENT ON THE RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH BY THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS (CESCR COMMITTEE):

INTERNATIONAL STANDARDS ON WOMEN'S SEXUAL AND REPRODUCTIVE RIGHTS AND GAPS IN THE INTERNATIONAL LEGAL FRAMEWORK

PREPARED BY THE CENTER FOR REPRODUCTIVE RIGHTS[1]

OCTOBER 2010

It is well established that sexual and reproductive rights are guaranteed in international human rights law. Laying the groundwork for widespread recognition of reproductive rights was the 1994 International Conference on Population and Development[2] (ICPD) and the 1995 Fourth World Conference on Women.[3] The Programme of Action of the ICPD confirmed that:

> [R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.[4]

Binding international treaties protect these rights in guarantees of life, liberty and security of the person, privacy, health, freedom from discrimination, self-determination, access to information, and the right to enjoy the benefits of scientific progress. United Nations treaty monitoring bodies (TMBs) have recognized that women's sexual and reproductive rights fall within their mandates. In concluding observations, general comments and jurisprudence, these committees have expressed concern over violations of women's right to access sexual and reproductive health care services, their right to information, and their right to be free from coercion and violence, among other reproductive rights concerns.

120 Wall Street
New York, New York 10005
Tel. 917 637 3600 Fax. 917 637 3666
www.reproductiverights.org

The standards articulated by the TMBs have been reinforced by regional and national human rights bodies and courts, reflecting enormous progress in the global understanding that states must uphold women's dignity and equality by respecting, protecting and fulfilling their reproductive rights.

While advancements for reproductive rights have been substantial in the last 15 years, there are still gaps in the international legal framework. The Committee on Social, Economic and Cultural Rights (CESCR Committee), by developing a general comment on the right to sexual and reproductive health, has an opportunity to reinforce existing standards and to deepen international understanding of emerging issues. The CESCR Committee is particularly well-placed to develop a comprehensive analysis of sexual and reproductive health rights, given the provisions of the International Covenant on Economic, Social and Cultural Rights (the Covenant) and the jurisprudence the Committee has developed on these issues in its Concluding Observations and General Comments. The CESCR Committee has addressed a range of sexual and reproductive health issues in its Concluding Observations, from access to contraceptives and family planning services to maternal mortality and HIV/AIDS. Moreover, the Committee's general comments, particularly General Comment 14: The Right to the Highest Attainable Standard of Health (General Comment on the Right to Health), General Comment 16: The Equal Right of Men and Women to the Enjoyment of all Economic, Social and Cultural Rights, and General Comment 20: Non-Discrimination in Economic, Social and Cultural Rights (General Comment on Non-Discrimination) lay a strong substantive foundation for the development of a general comment on the right to sexual and reproductive health.

This paper is intended to provide an overview of UN TMBs' current understanding of key reproductive rights topics, and to identify areas where international standards could be further developed. It is important to note that it is not a comprehensive survey of the sexual and reproductive health issues that could be addressed in the general comment. Rather, it draws on previous work of the Center for Reproductive Rights, notably the research and analysis featured in the 2002 publication, *Bringing Rights to Bear* (co-authored by the University of Toronto International Programme on Reproductive and Sexual Health Law) and the briefing papers that updated that publication in 2007 and 2008.

The paper highlights six specific reproductive rights topics, including: sexuality information and education, family planning, abortion, maternal mortality, female genital mutilation and other harmful practices, and HIV/AIDS. We note that the scope of sexual and reproductive rights is not limited to these issues. Indeed, it would be appropriate for the CESCR Committee to discuss other issues related to sexual and reproductive health rights in the general comment, including sexual violence and issues around sexual orientation and gender identity in the context of the right to health, among others.

As sexual and reproductive health rights interpretations and standards are continually evolving, the CESCR Committee may also consider relying on additional materials and documents from inter-governmental organizations and experts. For instance, in the area of HIV/AIDS, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the UN Office of the High Commissioner for Human Rights (OHCHR) produced the "International Guidelines on HIV/AIDS and Human Rights," which were later endorsed by the Commission on Human Rights.[5] In the area of sexual health rights, the Yogyakarta Principles on the Application of Human Rights Law in Relation to Sexual Orientation and Gender Identity, as well as the International Planned Parenthood Federation's Declaration of Sexual Rights provide an account of how existing human rights standards that can apply to sexual rights.[6] In addition, in the area of access to safe abortion the Committee could rely on the World Health Organization's (WHO) *Safe abortion: technical and policy guidelines for health systems*.[7]

The paper begins with a recommendation that the CESCR Committee elaborate on the rights to equality, non-discrimination and health as legal foundations of sexual and reproductive rights. It notes that sexual and reproductive rights are a pre-requisite for equal enjoyment of all the guarantees in the Covenant and highlights a few cross-cutting issues that may be addressed in the general comment. The paper then provides an overview of the six reproductive rights topics listed above. Each section describes the human rights standards already articulated by six UN TMBs,[8] highlighting statements of the CESCR Committee, and identifies several areas in need of further legal development.

PART I: LEGAL FOUNDATIONS OF SEXUAL AND REPRODUCTIVE RIGHTS AND CROSS CUTTING ISSUES

A. LEGAL FOUNDATIONS OF SEXUAL AND REPRODUCTIVE RIGHTS

This general comment can be grounded on the core rights of equality and non-discrimination (Articles 2(2) and 3 of the Covenant) and the right to health (Article 12 of the Covenant). These rights, together with the right to education (Article 13 of the Covenant), the right of the protection of family and children (Article 10 of the Covenant) and the right to benefit from scientific progress (Article 15 (c)) provide the legal foundation for this general comment on sexual and reproductive health.

The right to health and the right to equality and non-discrimination guarantee women's access to the full range of sexual and reproductive health services, facilities and goods, as well as autonomy in decision-making. Where women are denied sexual and reproductive health care, they are frequently exposed to health risks never confronted by men. Neglect or refusal to provide health care services that only women need is a form of discrimination,[9] since governments have a duty to meet the health requirements of both men and women.[10] The CESCR Committee confirms this duty in its General Comment on the Right to Health, in which it notes that to eliminate discrimination against women, states need to develop and implement "a comprehensive national strategy for promoting women's right to health," which should include "policies to provide access to a full range of high quality and affordable health care, including sexual and reproductive services."[11] As the Committee notes:

> A major goal should be reducing women's health risks, particularly lowering rates of maternal mortality and protecting women from domestic violence. The realization of women's right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health. It is also important to undertake preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights.[12]

It should also be noted that because systemic discrimination against women—including denials of property and inheritance rights, marginalization in the workforce, and subjugation

in the family—have left women with fewer economic resources, even policies not explicitly targeting sexual and reproductive health care, such as user fees for health services, can effectively deny women care to which they are entitled. It is therefore important for governments, with the participation of civil society, to examine whether their laws and policies indirectly discriminate against women by obstructing access to sexual and reproductive health care.[13]

In addition, access to quality sexual and reproductive health care, including family planning and safe abortion services, ensures that women are able to enjoy all of the rights protected under the Covenant on an equal basis with men. These include guarantees of education, adequate living standards, and the ability to benefit from scientific progress. When governments deny women the means to control their fertility and reproduction, they undermine women's ability to participate in society, since, for instance, an unwanted pregnancy may prevent a woman from pursuing educational or work opportunities.[14] Denials of sexual and reproductive health care therefore reinforce pre-existing inequalities between men and women. Low income women who are not able to overcome financial and legal barriers to services are driven further into poverty, thereby eliminating opportunities to build a foundation for economic security and independence. Furthermore, governments undermine women's dignity and equality when laws and policies deny them the ability to make fundamental decisions about their lives, such as whether to bear children.[15]

B. CROSS-CUTTING ISSUES

Several cross-cutting issues integral to the realization of human rights could be addressed by the Committee in this general comment. For instance, principles of non-discrimination and equality in the context of sexual and reproductive health require taking into account not only sex and gender but also other factors, including race and ethnicity, age, sexual orientation, gender identity, health status, and physical and mental disability, among others. This has been affirmed in the CESCR Committee's most recent General Comment on Non-Discrimination, which clearly delineates both expressly prohibited grounds of discrimination and grounds that fall under "other status" within the Covenant.[16] For instance, in addressing discrimination based on age, the Committee could make a very important contribution to the normative framework by recognizing the sexual and reproductive rights of adolescents and

youth and reaffirming the internationally recognized principles of the "evolving capacities"[17] of adolescents to make decisions affecting their lives, as well as the primacy of the best interest of the child.[18]

Additionally, monitoring and accountability to ensure quality of care are essential components to realizing sexual and reproductive health rights. It is critical that such accountability mechanisms be transparent, effective and accessible to ensure that governments are held responsible for their international obligations and that individuals may seek redress for violations of their human rights.[19] Moreover, individuals' active and informed participation in health-related planning, policy-making, implementation and accountability is necessary for the promotion of health, including sexual and reproductive health, as affirmed by the CESCR Committee's General Comment on the Right to Health.[20]

The Committee could also address patterns in states' legal and policy frameworks that have an impact on sexual and reproductive rights. For example, states' use of criminal law to regulate matters of sexual and reproductive health impedes individuals' ability to access necessary services. Using criminal law to regulate reproductive health services, such as abortion and sterilization, stigmatizes those services and makes providers reluctant to offer them, even under circumstances permitted by law. Similarly, laws criminalizing transmission of HIV could discourage individuals from learning their HIV status. It could also disproportionately punish women whose status becomes known in the course of seeking maternal health care, thereby discouraging use of health facilities by those who need them most.[21]

PART II: CURRENT STANDARDS AND GAPS IN THE LEGAL FRAMEWORK

1. THE HUMAN RIGHT TO INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH

Individuals have a right to comprehensive information about sexual and reproductive health. This right, like all reproductive rights, is firmly rooted in protections of the rights to health, education, and non-discrimination. These standards are understood internationally to ensure women's right to protect their health and make decisions about sexuality and reproduction.

CURRENT STANDARDS

a) Women have the right to information on sexual and reproductive health.

The CESCR Committee framed the right to information on sexual and reproductive health as an essential component of the right to health in its General Comment on the Right to Health.[22] The Committee has also raised concerns over women's lack of access to sexual and reproductive health information in its concluding observations and characterized this information as a means to reduce maternal mortality,[23] abortion,[24] and STI and HIV/AIDS transmission.[25] Furthermore, the Committee has noted that full access to sexual and reproductive health information is often denied to rural and indigenous women.[26]

Several other TMBs have also commented on the right to information on sexual and reproductive health and generally framed it as an essential component of the right to health.[27] Similar to the CESCR Committee, these committees have raised concerns over women's lack of access to sexual and reproductive health information[28] and characterized this information as a means to reduce maternal mortality,[29] abortion,[30] adolescent pregnancy,[31] and STI and HIV/AIDS transmission.[32] The CERD Committee has also noted that full access to sexual and reproductive health information is often denied to vulnerable groups such as women members of descent-based communities.[33]

b) Sexual and reproductive health information and education should be comprehensive, objective and evidence-based, and should not perpetuate discrimination and stereotyping.

The CESCR Committee has stated that states parties have a duty to refrain from censoring, withholding and misrepresenting sexual and reproductive health information.[34] The Committee on the Rights of the Child (Children's Rights Committee) has similarly confirmed that states parties have a duty to refrain from censoring, withholding, and misrepresenting sexual and reproductive health information.[35] Moreover, the Human Rights Committee has affirmed that any information presented must be objective and accurate.[36] The Committee on the Elimination of Discrimination against Women (CEDAW Committee) has called on states parties eliminate all forms of gender stereotyping in sexuality education programs and curricula, including by revising textbooks and school programs.[37] According to the CEDAW Committee, sexuality

education must be free of prejudice and discrimination, address the specific needs of women and girls, and promote gender equality and positive gender relations in its messages and programming, including "egalitarian views of women's and men's roles in the family and in society."[38]

c) Sex education for young people and adolescents is critical.

The CESCR Committee has called for states to remove all barriers to sexual and reproductive health information[39] and to ensure equal access to health education in accordance with the principles of nondiscrimination.[40] The Committee has repeatedly called on states parties to ensure access to information on sexual and reproductive health for adolescents, including by incorporating this information in school curricula.[41]

Several other committees have also issued specific recommendations regarding the provision of sexual and reproductive health education, particularly for adolescents. The Children's Rights Committee has recommended that states parties make sexuality education part of the official curricula for primary and secondary schools[42] and has expressed concern about programs that allow parents to opt-out on behalf of their children.[43] It has also noted that adolescents who are not in school should have access to sexual and reproductive health information on how to protect their health and practice healthy behaviors.[44] Similar to the CESCR Committee, the Children's Rights Committee has called for states to remove all barriers to sexual and reproductive health information[45] and to ensure equal access to health education in accordance with the principle of nondiscrimination.[46]

On a related note, the Children's Rights Committee has recommended that states parties undertake studies, with the full participation of adolescents, to assess the nature and extent of adolescent health problems,[47] and requested that such information be used to formulate adolescent health policies and programs, including programs on sexuality education.[48]

d) Sexual and reproductive health education should include information on preventing unwanted pregnancy, HIV/AIDS and sexually transmitted infections (STIs) and address stigma and discrimination.

The CESCR Committee has called for universal access to information on HIV/AIDS and methods of protection, including through sex education in schools. The Committee has also stated that information and education campaigns on HIV/AIDS should aim to prevent discrimination against individuals living with HIV/AIDS.[49]

The CEDAW Committee and the Children's Rights Committee have explicitly recommended that sexual and reproductive health education include information on family planning[50] and prevention of HIV/AIDS[51] and STIs.[52] The Children's Rights Committee has recommended initiatives aimed at altering cultural taboos surrounding adolescent sexuality[53] and, similar to the CESCR Committee, has called for addressing discrimination against individuals living with HIV/AIDS.[54] Additionally, the CEDAW Committee has explicitly called upon at least one state party to incorporate a gender dimension into its sexuality education programs, particularly through discussion of gender relations and violence against women.[55]

e) Targeted information and awareness-raising campaigns are needed to protect women's reproductive health.

Several committees have advocated for programs aimed at eliminating practices harmful to women and girls. The CESCR Committee in particular has called for education programs aimed at eliminating the practice of FGM[56] as well as awareness-raising campaigns to curb sex-selection abortion[57] and eliminate discrimination against individuals living with HIV.[58]

Additionally, the Children's Rights Committee has affirmed states parties' obligation to provide adolescent girls with access to information regarding the harm that can result from early marriage and early pregnancy.[59]

SUGGESTED POINTS FOR FURTHER DEVELOPMENT IN THE GENERAL COMMENT ON SEXUAL AND REPRODUCTIVE HEALTH: THE RIGHT TO INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH

a) Sexuality education should be comprehensive and objective, no matter what the social and cultural setting.

The CESCR Committee has stated that sexuality education curricula must "adapt to the needs of changing societies and communities and respond to the needs of students within their diverse social and cultural settings."[60] The Committee could clarify that this statement should not be read to say that culture can be a justification for withholding information that is critical to the health of young men and women. In all cases, the information provided should be comprehensive, science-based, and taught by trained health educators.

b) States should make accurate, objective, and comprehensive sexuality education mandatory in primary and secondary schools.

The Committee could clarify the importance of children's and adolescents' access to sexual and reproductive health information and education and recommend that such programs be compulsory within official school curricula and not subjected to parental consent, in accordance with both Article 12 (right to health) and Article 13 (right to education) of the Covenant. Accurate and objective sexuality education in schools is critical to advancing global public health and promoting human rights. Still, in many settings throughout the world, adolescents are provided only ideologically-driven programs that teach medically inaccurate and biased information about contraception, abortion, HIV/AIDS, and sexual orientation.

According to WHO, it is critical that sexuality education be offered early because, particularly in developing countries, girls begin to be confronted with the consequences of sexual activity as early as the start of secondary school. In addition, many students are unable to attend secondary school, so delaying sexuality education may mean that a significant number of adolescents will receive little to no education in this area.[61] The Committee could reinforce in this general comment the importance of providing sexuality education beginning in primary school.

c) Governments should not use sexuality education to perpetuate stereotypes and discrimination.

Sexual and reproductive health information and education should be non-discriminatory on the grounds of sex, gender identity, and sexual orientation. It should address the specific needs of women and girls, including through the promotion of gender equality, positive gender relations, and egalitarian views of women's and men's roles within the family, places of work, and society. It should also challenge sex and gender stereotypes and address cultural taboos regarding women's, girls', and adolescents' sexuality.

2. FAMILY PLANNING AS A HUMAN RIGHT

The right to plan one's family has explicit protection in international law, and support for this right can be found in CESCR's provisions on the right to health and non-discrimination. These norms entitle women and men to the full range of contraceptive choices, as well as to information about sexual and reproductive health. Government duties in the area of family planning include removing barriers and ensuring access to contraception, upholding confidentiality for adolescents seeking services, and protecting individuals' ability to make informed decisions free from discrimination, coercion and violence.

CURRENT STANDARDS

a) States must ensure access to family planning services by removing legal and financial barriers.

Nearly all of the committees, including the CESCR Committee, have recognized women's need for improved access to family planning services, including contraception.[62] In particular, the CESCR Committee has framed lack of access to contraceptives as a violation of the right to health.[63] The Committee has emphasized that states parties have a duty to provide sexual and reproductive health services, including family planning.[64]

The CESCR Committee has urged states parties to pay special attention to marginalized groups of women, particularly low-income women, and their access to contraceptives.[65]

The Committee has also recommended review of laws and policies on family planning to remove all barriers to access.[66]

Among the other TMBs, two have defined failure to ensure access to contraception as a form of discrimination against women,[67] and at least one has recommended that states parties improve access to family planning services, including contraception, in order to protect the lives of women.[68] Like the CESCR Committee, the CEDAW Committee has framed lack of access to contraceptives as a violation of the right to health.[69] The CEDAW Committee has also emphasized that states parties have a duty to refrain from obstructing action taken by women in pursuit of their health goals.[70] It has noted specifically that women should have access to a wide range of contraceptive methods, including emergency contraception (EC).[71]

The CEDAW Committee has identified lack of medical insurance coverage,[72] legal obstacles,[73] and discrimination on the basis of marital status,[74] as a few of the barriers women commonly face when attempting to access contraception. Along with the Human Rights Committee, the CEDAW Committee has identified high cost as an impediment to women's access to contraception,[75] and has characterized it as a form of discrimination against women.[76] These committees, like the CESCR Committee, have recommended general measures to overcome these obstacles, and they have urged states parties to pay special attention to marginalized groups of women particularly low-income women.[77] Moreover, similar to the CESCR Committee, several of the other committees have recommended review of laws and policies on family planning to remove all barriers to access.[78] Both the CEDAW Committee and the Children's Rights Committee have encouraged states parties to provide free or low cost contraceptive methods and services,[79] and the CEDAW Committee has recommended increased insurance coverage of such services.[80] The Children's Rights Committee has encouraged states parties to ensure confidential and youth-friendly counseling services,[81] and has asked states parties to conduct studies on the reproductive health needs of adolescents.[82]

b) States must actively promote access to services by raising awareness about family planning.

At least half of the TMBs, including the CESCR Committee, have encouraged states parties to improve access to contraception through education and awareness-raising programs on sexual and reproductive health.[83] The CEDAW Committee has emphasized that "[i]n order to make an informed decision about safe and reliable contraceptive measures, women must have information about contraceptive measures and their use, and guaranteed access to sex education and family planning services."[84] The Children's Rights Committee has noted that access to information aimed at promoting physical and mental health is both fundamental to guaranteeing adolescents' rights to health and development and crucial to the efforts of states parties to promote cost-effective health-related measures.[85] The CEDAW Committee has underscored the need for special efforts to accommodate the contraceptive and family planning needs of women and girls in rural or resource-poor areas.[86]

The Children's Rights Committee and the Human Rights Committee have discussed the need for reproductive health education programs that target both men and women.[87] The Children's Rights Committee has specifically recommended that states parties promote male acceptance of contraceptives through education, health policies, and counseling services.[88] The CEDAW Committee has encouraged states parties to promote male participation in family planning and emphasized that this should be a shared responsibility between men and women.[89]

c) Adolescents must have access to family planning services.

The CESCR Committee has discussed the need for adolescents to have access to contraceptive information and methods,[90] and has noted that lack of access to contraception may interfere with adolescent girls' ability to exercise other rights, such as the right to education. The Committee has also acknowledged that adolescents' lack of access to family planning information and services contributes to maternal mortality linked to unsafe abortion.[91]

Similar to the CESCR Committee, other TMBs have discussed the need for adolescents to have access to contraceptive information and methods as a way to address the high

incidence of teenage pregnancy and the resulting high rates of maternal mortality and unsafe abortion among adolescents.[92] The Children's Rights Committee has stated that youth-sensitive and confidential counseling and access to reproductive health and family planning information without parental consent are key components of adolescent health.[93] It has also recommended that health services offer free or low-cost contraceptive methods and services to adolescents.[94] Like the CESCR Committee, the Children's Rights Committee has noted that lack of access to contraception may impede adolescent girls' ability to exercise other rights, such as the right to education.[95] The Human Rights Committee has advocated for increased access to health and education facilities as a way to address high rates of suicide among adolescent girls attributed to the criminalization of abortion.[96]

Three of the TMBs, in addition to the CESCR Committee, have acknowledged that adolescents' lack of access to family planning information and services contributes to maternal mortality resulting from high rates of teen pregnancy and unsafe abortion and has recommended greater access to adolescent reproductive health programs and services.[97]

d) Governments must ensure that women have the opportunity to provide informed consent prior to accepting family planning methods, particularly irreversible methods.

Nearly all of the committees, including the CESCR Committee, have expressed concern about coerced sterilization.[98] In the case of *A.S. v. Hungary*, which involved the involuntary sterilization of a Hungarian woman of Roma origin, the CEDAW Committee held that the failure to provide reproductive health information and to ensure that A.S. provided her full and informed consent to being sterilized violated her most basic human rights.[99] Two other committees have expressed concern about the sexual and reproductive health of ethnic minorities and marginalized women in the context of forced sterilization.[100]

In the same vein, the Human Rights Committee has called upon a state party to take adequate measures to prohibit employers from requiring sterilization certificates as a

condition of employment.[101] The Children's Rights Committee has expressed deep concern about the practice of forcibly sterilizing children with disabilities.[102]

e) Women have the right to select the family planning method of their choice without any restriction.

In its General Comment 14 on the Right to Health, the CESCR Committee stated that "[r]eproductive health means that women and men have the freedom to decide if and when to reproduce and the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice…."[103] The CEDAW Committee has recommended making a comprehensive range of contraceptives widely available without restrictions.[104] Some committees have expressed concern over third party consent requirements for family planning. The CEDAW Committee and the Human Rights Committee, in particular, have expressed concern over laws that require a husband's authorization in order for his wife to access family planning methods, including sterilization.[105]

f) Women should not be forced to rely on abortion as the primary method of family planning.

The CESCR Committee is one of several committees that have expressed concern over women's reliance on abortion as a primary means of birth control.[106] The Committee is also one of several to have linked women's reliance on unsafe and illegal abortion to a lack of access to contraceptive information and family planning services and noted the connection between unsafe and illegal abortion and high rates of maternal mortality.[107] Consequently, these committees have called on states to support family planning programs with the aim of decreasing women's reliance on abortion.[108]

SUGGESTED POINTS FOR FURTHER DEVELOPMENT IN THE GENERAL COMMENT ON SEXUAL AND REPRODUCTIVE HEALTH: THE RIGHT TO FAMILY PLANNING

a) The right to family planning guarantees access to the full range of contraceptive methods.

The Committee could complement its earlier statements with an affirmation of governments' duty to ensure access to the full range of contraceptive methods in order to

allow women to select the method that best meets their needs. The Committee could also clarify that the full range of family planning methods includes voluntary surgical sterilization and Emergency Contraception (EC).

WHO defines EC as "back-up methods for contraceptive emergencies which women can use within the first few days after unprotected intercourse to prevent an unwanted pregnancy."[109] The Pan American Health Organization, UNICEF, the United Nations High Commissioner for Refugees, and the World Bank are several of the many international organizations supporting this understanding of EC.[110] States should not only remove barriers to EC, but also integrate EC into medical care of rape survivors to ensure their highest attainable standard of health.

b) Governments must eliminate all legal and financial barriers to the full range of contraceptive methods.

WHO includes contraceptives in its Model List of Essential Medicines,[111] reaffirming that access to these drugs is a minimal requirement in a basic health care system and that they should thus be accessible and affordable to all. Building upon the standards already articulated by the TMBs, the general comment could explicitly recognize the following legal barriers to contraceptive access: refusal to register drugs used as EC, bans on the distribution of modern contraceptive methods in public health facilities, spousal authorization requirements, overly broad protections of providers' right to conscientiously object to providing services (see page 19 in discussion on Abortion), and the requirement of onerous prescriptions requirements. Regarding financial barriers to access, the Committee could elaborate upon its concluding observation to Poland in which it called on the state to make contraceptives affordable.[112] The Committee could express that it is a state duty to make contraceptives accessible and affordable by providing them at a low price or free of charge. This can be achieved by subsidizing the cost of contraceptives and extending insurance coverage to cover family planning.

c) To facilitate adolescents' access to family planning, governments should enable minors to acquire contraceptives without parental consent.

While many young people will choose to involve their parents in decisions about sexuality and family planning, others will be deterred from seeking family planning

services by laws and regulations requiring parental authorization for distributing contraceptives to a minor. Given the concern expressed by the TMBs, including the CESCR Committee, about the consequences of unwanted pregnancy for adolescents, all barriers to adolescent access to family planning should be reviewed, including parental consent requirements. Building upon the Children's Rights Committee's recommendation that youth sensitive and confidential family planning information be available without parental consent, the Committee could recommend that contraceptives themselves be accessible to minors without parental authorization.

3. ABORTION AND HUMAN RIGHTS

Women's right to comprehensive reproductive health services, including abortion, is rooted in international human rights standards guaranteeing the rights to life, health, privacy, and non-discrimination. Nearly all of the TMBs, including the CESCR Committee, have commented on how restrictions on access to safe and legal abortion interfere with women's enjoyment of their human rights.[113] Under international law, governments can be held accountable for highly restrictive abortion laws and for failure to ensure access to abortion when it is legal. Governments also bear responsibility for high rates of death and injury among women forced to resort to unsafe abortion.

CURRENT STANDARDS

a) Certain circumstances have been recognized as grounds on which abortion should be legal.

Almost all of the TMBs, including the CESCR Committee, have expressed concern regarding legislation that severely criminalizes abortion, and have explicitly recommended that states parties review such legislation.[114] Four TMBs, including the CESCR Committee, have recommended decriminalization of abortion in the case of rape,[115] and half have asked states to permit abortion in the case of incest.[116] The CESCR Committee and two other committees have called for an exception to laws prohibiting abortion where the life of the pregnant woman is in danger,[117] and the CEDAW Committee has asked for abortion to be permitted where the fetus suffers from a

congenital abnormality.[118] The Human Rights Committee found that denying a therapeutic abortion to a minor who was pregnant with an anencephalic fetus, which had the foreseeable effect of severe depression and emotional distress for the young woman, violated her right to be free from cruel and degrading treatment.[119]

The CEDAW Committee and the Children's Rights Committee have expressed concern over unduly punitive abortion legislation.[120] The Human Rights Committee has criticized laws requiring health care personnel to report women who have had abortions,[121] and has indicated that such abortion reporting duties affect women's rights to equality and privacy. [122] At least two committees have expressed concern regarding legislation that penalizes health care providers who, in order to comply with their medical and ethical duties, provide abortion care to women.[123] Finally, the CEDAW Committee has recommended that states reconsider restrictive interpretations of abortion legislation.[124]

b) Severe abortion restrictions threaten women's rights to life, health, and to be free from cruel and inhuman treatment.

Nearly all of the committees, including the CESCR Committee, have noted that severe restrictions on abortion compel women to resort to unsafe and illegal abortion, resulting in unacceptably high rates of preventable maternal mortality and morbidity.[125] The CEDAW Committee has discussed maternal mortality due to unsafe abortion as a violation of women's right to life,[126] and along with the Human Rights Committee, has framed restrictive abortion laws as a violation of the right to life and the right to health.[127] In one instance, the Human Rights Committee found a violation of the right to life where restrictions on abortion were linked to the high rate of suicide among adolescent girls.[128] As mentioned above, the Human Rights Committee also found that the suffering and mental harm caused by forcing a minor woman to carry an anencephalic pregnancy to term violated the right to be free from cruel and inhuman treatment.[129]

The Human Rights Committee has acknowledged the discriminatory, disproportionate impact of restrictive abortion laws on poor, rural women.[130] Moreover, the Committee on Racial Discrimination (CERD Committee) has expressed regret over the high incidence of unintended pregnancies and greater abortion rates among women belonging to a minority group.[131]

c) Abortion services, where legal, should be accessible to all women.

Where abortion is legally permitted, the Human Rights Committee has held that states parties have an obligation to ensure women's access to it.[132] At least two committees have identified conscientious objection as a potential barrier to abortion access.[133] The CEDAW Committee has emphasized that provisions allowing conscientious objection without ensuring alternate means of accessing abortion violate women's reproductive and sexual rights and that measures should be introduced to guarantee that women are referred to alternative health care providers.[134] Another potential barrier to abortion access is third party consent, which has been criticized by one committee in the context of laws requiring spousal consent for women to obtain abortions,[135] and by another in the context of parental consent requirements[136] that were found to lead to increased numbers of illegal abortions among adolescents.[137] The Human Rights Committee has expressed concern over a state party's requirement that a woman obtain the consent of three physicians before undergoing an abortion, and has urged the amendment of such a law to prevent women from putting their lives at risk by resorting to unsafe abortion.[138]

d) States must not coerce confessions from women who have had abortions in the course of providing emergency post-abortion medical care.

The Committee against Torture has taken issue with the practice of coercing women to confess to having had illegal abortions when seeking lifesaving, emergency medical treatment for complications of unsafe abortions.[139] It has called for investigation and nullification of convictions that do not conform to the Convention against Torture's standards and protections.[140]

e) States must address broad discrimination and examine its impact on abortion practices.

The CESCR Committee, along with the CEDAW Committee, has expressed concern about forced abortions and has called upon states parties to investigate allegations of such practices.[141] Along with others, the CESCR Committee has also expressed concern regarding sex-selective abortion[142] and it has characterized the trend as a threat to the reproductive health of women.[143] The CESCR Committee and the Children's Rights Committee, has called for stronger implementation of laws prohibiting sex-selective abortion.[144]

Additionally, the CEDAW Committee has stressed the connection between sex-selective abortion and gender role stereotypes, and has called upon states parties to implement a comprehensive strategy to overcome traditional stereotypes regarding men's and women's roles in society.[145]

SUGGESTED POINTS FOR FURTHER DEVELOPMENT IN THE GENERAL COMMENT ON SEXUAL AND REPRODUCTIVE HEALTH: ABORTION AND HUMAN RIGHTS

a) Comprehensive reproductive health services include safe abortion.

In the general comment, the Committee should ensure that the standards previously articulated by TMBs on the right to access safe and legal abortion, discussed on pages 17-18, are upheld. The Committee can rely on these standards to confirm that comprehensive reproductive health services include safe abortion, which must be available in at least certain circumstances. Unsafe abortion is a major public health problem since women who cannot access this service legally often resort to procedures provided by unqualified practitioners in unhygienic settings, putting their lives and health at risk. Moreover, respect for women's dignity and equality requires governments to allow women to make autonomous decisions regarding reproduction. As the CEDAW Committee has established, denying women a service that only women need is a form of discrimination.[146] The CESCR Committee itself has called for the "removal of legal restrictions on reproductive health provisions."[147]

b) Where states recognize the right of providers to conscientiously object to performing abortions, they must affirmatively ensure that service refusals do not compromise women's reproductive rights.

Laws and policies regarding conscientious objection should reflect prevailing human rights and medical ethics standards to ensure that patients' health remains the primary consideration.[148] Therefore, these policies should:

- require medical personnel to provide women with accurate information about the medical options available to them;
- require providers who refuse to provide certain services to disclose this without delay;

- ensure that women are referred immediately to non-objecting providers who can provide high quality care; and
- deny providers the right to refuse life-saving care to women in emergency situations.

It is also important to note that conscience may be invoked only by individuals and not by institutions. Only individuals directly involved in providing services may object, and not those providing pre- or post-operative care or administrative support. Finally, to minimize the impact of provider refusals on women's health, it is essential that governments formulate transparent policies for obtaining reproductive health services generally and that they take steps to ensure that the full range of legal reproductive health care services are available, accessible, acceptable and of good quality. In this regard, it would be critical to stress the importance of implementing effective monitoring and accountability mechanisms to ensure that conscientious objection clauses do not prevent women from accessing legal reproductive health services and thus violate their reproductive rights.[149]

c) States parties have an obligation to provide available, accessible, acceptable, and quality medical care for women who suffer from health consequences of unsafe abortion.

The Committee could clarify in this general comment that regardless of the legal status of abortion, states have the obligation to ensure women's access to quality post-abortion care. Post-abortion care should be affordable to all women and providers should be trained and adequately equipped to treat abortion complications. Care should be given in a manner that respects women's dignity and does not treat women punitively by, for example, denying them pain relief, imposing illegal fees, or subjecting them to verbal abuse. Under no circumstances should providers violate women's right to confidentiality by reporting them to the police.

d) States must address the underlying causes of sex-selective abortion without taking measures that will make it more difficult for all women to access abortion.

Criminal bans on sex-selective abortion fail to address the underlying societal attitudes that devalue girls and the cultural pressures that cause individuals and couples to pursue

sex-selective abortions.[150] Furthermore, they are potentially harmful to women. Sex-selective abortion bans make safe abortion services less available to all women by pressuring health care providers to restrict their practices in order to avoid possible criminal prosecution.[151] Therefore, they may cause some women to seek unsafe, illegal abortions. Societies must take responsibility for pervasive expressions of gender preferences and stereotypes. Simply criminalizing sex selective abortion places the burden of this social problem on women and abortion providers at the expense of women's health and dignity.[152]

e) Governments should ensure access to all drugs included on WHO's Model List of Essential Medicines, including those used in the provision of safe abortion care.
In 2005, the WHO added Mifepristone and Misoprostol to its Model List of Essential Medicines,[153] a list intended to guide governments in their selection of necessary drugs for distribution through national health systems.[154] Governments should register these drugs and ensure their availability to reproductive health care providers.

4. PREVENTING MATERNAL MORTALITY AND ENSURING SAFE PREGNANCY

Women's rights to life, health, and non-discrimination entitle them to the services and care they need to survive pregnancy and childbirth. To fulfill their duties, governments must ensure women's access to high-quality, appropriate reproductive health care; abolish discriminatory laws and social practices prejudicial to women's health; and allow women to make autonomous decisions regarding their reproductive lives.

CURRENT STANDARDS

a) Maternal mortality is a pressing human rights concern.
The CESCR Committee, along with the five other committees discussed in this paper, has expressed concern over maternal mortality.[155] In fact, in its General Comment on Health, the CESCR Committee established that the obligation to ensure maternal health care should be of the utmost priority to states parties.[156] It has characterized the failure to provide reproductive health services as discrimination against women.[157]

The CEDAW Committee and the Human Rights Committee have framed maternal mortality as a violation of women's right to life.[158] The latter has recognized the direct connection between the lack of access to reproductive health services – including emergency obstetric services – and high rates of maternal mortality.[159] Similar to the CESCR Committee, the CEDAW Committee and the Human Rights Committee have characterized the failure to provide reproductive health services as discrimination against women.[160]

b) Governments must identify and address barriers to maternal health care.

The CESCR Committee has drawn a connection between a lack of access to reproductive health services and maternal mortality.[161] In addition to highlighting insufficient or inaccessible reproductive health services as a barrier to maternal health,[162] some TMBs have discussed specific obstacles such as: treatment costs,[163] poor diet,[164] dilapidated clinics,[165] protracted armed conflict,[166] cultural attitudes,[167] deficient health infrastructures,[168] insufficient prenatal care and birth assistance,[169] and insufficient resources dedicated to medical care.[170] About half of the committees have linked maternal mortality to the lack of access to contraception,[171] and at least two have made the important connection between adolescents' lack of access to contraception, high rates of teenage pregnancy, and increased levels of maternal mortality.[172] Furthermore, two committees have linked maternal mortality to harmful traditional practices, such as child and forced marriage[173] and female genital mutilation (FGM),[174] and at least one has urged a state party to abolish the practice of FGM in order to reduce maternal mortality.[175]

The TMBs have recommended specific measures to overcome barriers to maternal health and to reduce maternal mortality rates. Nearly all of the committees have called for increased access to reproductive health services and contraceptives.[176] The CESCR Committee summarized state obligations to improve maternal health as requiring "sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information."[177] Some committees have recommended that states parties implement training for midwives[178] and other measures to ensure that births are attended by trained personnel;[179] allocate adequate resources to maternal health care;[180]

disseminate reproductive health and family planning information;[181] and include reproductive health education in schools.[182] Like the CESCR Committee, the CEDAW Committee has called for guaranteed access to pre-natal and post natal care[183] as well as emergency obstetric care.[184] Other TMB recommendations include insurance coverage programs[185] and access to information on the harm that early marriages and early pregnancy can cause.[186]

Several of the committees have also recognized the relationship between unsafe, illegal abortion and high rates of maternal mortality.[187] Noting that restrictive abortion laws compel more women to resort to unsafe abortion that threaten their health and lives, these TMBs have repeatedly called for states parties to review punitive and restrictive abortion laws.[188] These committees have also stressed the need for states parties to ensure access to safe abortion services in accordance with local laws,[189] and at least one committee has emphasized the need for quality post-abortion care for complications from unsafe abortion.[190]

c) Governments must pay particular attention to women who belong to excluded or marginalized groups.

Most of the committees, including the CESCR Committee, have noted that young,[191] rural,[192] poor,[193] indigenous,[194] Afro-descendent,[195] and ethnic and religious minority women[196] often face additional obstacles to accessing reproductive health care, and have expressed concern that these groups have disproportionately higher maternal mortality rates than the general population.[197] Other populations of concern include women in conflict-affected areas,[198] women who give birth in prison,[199] and sex-workers.[200] The CESCR Committee, as well as several other TMBs, has recommended that states parties take additional measures to ensure that these women have access to health care.[201]

SUGGESTED POINTS FOR FURTHER DEVELOPMENT IN THE GENERAL COMMENT ON SEXUAL AND REPRODUCTIVE HEALTH: ENSURING MATERNAL HEALTH AND SAFE PREGNANCY

a) Preventing maternal mortality requires transforming health systems in line with core human rights principles.

The general comment could clarify the content and scope of governments' legal obligation to address maternal mortality, including the duties to respect, protect, and fulfill human rights, as well as the duty to ensure the availability, accessibility, acceptability and quality (AAAQ) of health services. It could also clarify how the concepts, developed by international human rights bodies, of progressive realization, non-retrogression, and maximum available resources affect government obligations regarding maternal health.

The general comment could direct governments to ensure that health systems uphold the following core principles of a human rights approach: non-discrimination and equality, transparency and participation, monitoring and accountability, and international cooperation and assistance. The general comment should explain the legal basis of the principles and should give some guidance on how to incorporate them in practice into health programs and policies. In relation to the principles, the general comment should also highlight the positive role that human rights accountability mechanisms play in protecting women's human rights and should clarify the wide range of accountability mechanisms available – including the Optional Protocol to the CESCR.

b) States should prioritize interventions proven to be most effective at reducing maternal mortality.

These interventions include family planning, skilled birth attendants, emergency obstetric care, referral networks and safe abortion. The general comment could reiterate the need to take measures to increase women's access to reproductive health services, such as reducing costs of services; allocating resources to rural areas and vulnerable populations; allocating greater resources to primary health systems and basic health infrastructure; training and equipping health providers; ensuring affordability of essential drugs;

educating communities; and providing youth-sensitive sexual and reproductive health services and information.

c) States should prioritize addressing the underlying causes of maternal mortality and morbidity.

These underlying causes include women's and girls' lack of participation in health-related decision-making processes, illiteracy, malnutrition, lack of water and sanitation, gender-based violence and discrimination and gender inequality.[202]

d) States must prevent abuses of women in maternal health care facilities, which violate women's rights and effectively deny access to treatment.

The general comment could explain the gravity of violations of women's human rights in maternal health care facilities, such as: formal and informal user fees that result in delays and denials of service; detention of women who cannot pay user fees; abuse and neglect by health care staff; and lack of information and violations of informed consent, including coerced sterilization of women who belong to marginalized groups. Ultimately, these violations deter women from using maternal health care facilities and therefore constitute significant barriers to access, undermining Article 12 of the Covenant.

e) States have an obligation to prevent maternal morbidity and must take effective measures to do so.

The Committee in this general comment could stress the importance of addressing maternal morbidity, which is often overlooked. According to UNFPA, more than 10 million women a year suffer from severe or long-lasting illnesses or disabilities as a result of becoming pregnant. These include obstetric fistula, infertility, depression, and impoverishment.[203] Women affected by obstetric fistula and other long-term injuries often do not have access to health services to treat their injuries and are often ostracized by their communities.

5. FEMALE GENITAL MUTILATION

Women and girls in countries around the world are forced by their families and communities to undergo practices that violate their basic human rights. These practices, which include female genital mutilation (FGM), inflict physical harm while carrying a strong message of women's inferiority to men. International law requires governments to take action to end practices that violate the rights of women and girls. Governments must not only enact laws that prohibit these practices, but also work to change the beliefs and values that perpetuate them.

CURRENT STANDARDS

a) FGM violates the human rights of women and girls to be free from gender discrimination.

The CESCR Committee, along with each of the other committees, has recommended the implementation of education, awareness-raising and sensitization programs to alter discriminatory social attitudes that perpetuate the practice of FGM.[204] Other committees have explicitly identified FGM as a form of discrimination against women[205] and girls.[206] The CEDAW Committee has issued the only general recommendation solely focusing on FGM – General Recommendation 14.[207] Elsewhere, the CEDAW Committee has characterized FGM as violence against women[208] and notably underscored states parties' responsibility for the practice, regardless of whether it is perpetrated by state or non-state actors.[209] The Human Rights Committee has also touched upon FGM within the context of domestic and sexual violence against women and girls.[210]

The committees have also elaborated upon the discriminatory attitudes and cultural stereotypes that contribute to the practice of FGM. In particular, the CEDAW Committee has acknowledged the role that custom and religion play in perpetuating FGM in order to highlight states' obligations to change individual behavior and social norms.[211] The Human Rights Committee has similarly emphasized, in the context of FGM, the need to eliminate social attitudes toward women that interfere with the exercise of their rights.[212] In addition to the CESCR Committee recommendations discussed above, the Children's Rights Committee has specifically recommended the involvement of religious and

community leaders,[213] and the CERD Committee has called for consultation with traditional communities.[214]

b) FGM violates the right to health of girls and women.

The CESCR Committee has specifically addressed FGM in the context of gender discrimination when recognizing the health-related dangers.[215] The Committee has also declared that under Article 12 (right to health) states parties must, at a minimum, "remove legal and other obstacles that prevent men and women from accessing and benefitting from health care on a basis of equality[,]" including through the prohibition of FGM.[216]

In addition to the CESCR Committee, at least three other committees have addressed the implications of FGM for health. The Children's Rights Committee has demonstrated a broad awareness of the effect of FGM on the health, well-being, development, and survival of children.[217] The Children's Rights Committee has also placed FGM squarely within states parties' obligation to protect the health and development of adolescents and to protect adolescents from all harmful traditional practices, such as early marriages, honor killings, and FGM.[218] In at least one instance, the Children's Rights Committee has recommended making support services available to protect girls who refuse to undergo FGM and to rehabilitate girls who have undergone the procedure.[219] Moreover, in the concluding observations to at least one state party, the CEDAW Committee has expressed concern regarding the "medicalization" of FGM.[220]

c) FGM threatens women's rights to life and physical security.

In numerous concluding observations, the Human Rights Committee has framed FGM as a violation of articles 6 (right to life)[221] and 7 (right to be free from torture and cruel, inhuman and degrading treatment)[222] of the ICCPR. The CEDAW Committee has characterized FGM as a threat to women's rights to life and physical integrity.[223]

d) States must take affirmative measures to stop FGM.

The CESCR Committee is also one of five committees that have called for criminalization of FGM within general recommendations and/or concluding observations.[224] At the same time, most committees, including the CESCR Committee, have expressed concern regarding the effectiveness of punitive legislation in reducing the

practice[225] and the persistence of the practice in spite of legislation prohibiting it.[226] The CESCR Committee has specifically expressed concern regarding the lack of enforcement of criminal FGM legislation.[227] More recently, the CESCR Committee and the CERD Committee have specifically called for training on FGM for law enforcement officials and the judiciary.[228] Along those lines, the Children's Rights Committee, the Human Rights Committee, and the Committee against Torture have called upon states parties to implement anti-FGM legislation,[229] the latter two calling for implementation through prosecution.[230]

The CESCR Committee and at least two other committees have acknowledged the economic factors that contribute to FGM[231] and called upon states parties to enable FGM practitioners to develop alternative sources of income.[232] The CESCR Committee recently called upon at least one state party to provide educational programs and financial support for practitioners who cease the practice.[233]

Additionally, the CESCR Committee has urged at least one state party to provide updated disaggregated data on the number of reported cases of excision as well as the number of convictions and the penalties imposed on the responsible person.[234] Other committees have also called upon states parties to undertake studies on the nature and extent of the practice,[235] or to provide statistics[236] and/or information regarding the practice and measures undertaken to eliminate it.[237]

e) States must recognize that cross-border cooperation is necessary for stopping FGM.

In recent years, the Children's Rights Committee has recognized that FGM is being practiced within immigrant communities in industrialized countries and is being carried out on residents of those countries abroad. The Committee has called upon at least one state party to criminalize FGM performed outside the country,[238] and more broadly, to collaborate with immigrant countries of origin,[239] neighboring states,[240] NGOs,[241] and UN agencies[242] attempting to eliminate FGM.

f) FGM is one of many harmful practices that states should work to eliminate.

In addition to FGM, all six committees have increasingly recognized other harmful practices in their concluding observations, though to a lesser extent than their discussion

of FGM. The CESCR Committee has, in particular, expressed concern regarding honor killings,[243] early marriage[244] and polygamy.[245]

Other committees have also expressed concern regarding the practices of honor killings,[246] early marriage,[247] and polygamy,[248] and have, in addition, discussed female infanticide,[249] forced pregnancy,[250] child marriage,[251] marital rape,[252] widow practices,[253] forced prostitution,[254] virginity testing,[255]and indentured servitude,[256] among other things.[257] The CEDAW Committee has provided extensive recommendations to eradicate harmful practices, such as: public awareness campaigns;[258] measures to ensure adequate legal recourse;[259] enforcement of criminal laws;[260] formal law supremacy over customary law;[261] training the judiciary and law enforcement;[262] and collaboration with civil society organizations, women's non-governmental organizations (NGOs) and community leaders.

SUGGESTED POINTS FOR FURTHER DEVELOPMENT IN THE GENERAL COMMENT ON SEXUAL AND REPRODUCTIVE HEALTH: PREVENTING FGM

a) **Governments should look beyond criminalization when taking a legal approach to FGM.** Governments can use legal measures to express public condemnation of FGM, guide individuals' behavior, and create accountability. Criminal prohibitions of FGM, however, are not the only type of legal protection available to stop FGM. Health ministries can issue decrees barring medical practitioners from performing FGM in public facilities. The judiciary, when asked, may intervene to prevent a girl from undergoing FGM. In some cases, monetary awards may be sought in civil court from practitioners of FGM on behalf of girls and women who have undergone the procedure. Sensitization and education are needed for employees in every government sector – including law enforcement agents, judges, health officials and providers, and teachers – who may be in a position to use the law to prevent an act of FGM or to assist a girl or woman who has undergone it.[263]

b) "Medicalizing" FGM fails to address the underlying discriminatory biases and social norms that support the practice.

It is often emphasized that complications associated with FGM have severe consequences for a woman's physical and mental health. Concern over these complications has led some to advocate the performance of FGM in hygienic medical settings, where complications such as infection or excessive scarring could be largely avoided. The general comment could stress that minimizing physical complications of FGM does not make the practice any less a violation of women's right to equality and health. Even in the absence of complications, FGM denies women's dignity and reinforces their subordination. Furthermore, because FGM results in the removal of healthy bodily tissue in the absence of medical necessity and generally without full and informed consent, it should be viewed as a violation of the right to health. The general comment should stress that governments should impose strict sanctions, including expulsion from the medical profession, on medical personnel who perform FGM.

6. HIV/AIDS AND HUMAN RIGHTS

Governments have a duty to address the human rights violations that contribute to high rates of HIV/AIDS and they must adopt measures to prevent infections. They must also protect the human rights of people living with HIV/AIDS. These duties, which are grounded in international guarantees of the rights to life, health, privacy, and non-discrimination, have been interpreted by United Nations human rights bodies to require specific government action. Governments should work toward universal access to HIV/AIDS prevention, treatment, and care as well as ensure access to sexual and reproductive health information, counseling, testing, and services. They must also work to eliminate discrimination related to HIV/AIDS.

CURRENT STANDARDS

a) States have affirmative duties to prevent HIV infection and ensure access to treatment.

The CESCR Committee addresses prevention and treatment of HIV/AIDS in its General Comment on the Right to Health, in which it calls for the creation of prevention and awareness-raising programs around HIV/AIDS.[264]

The CESCR Committee has also expressed concern regarding the lack of adequate access to necessary services, food and facilities for people living with HIV/AIDS,[265] and specifically called upon states parties to improve sexual and reproductive health services[266] and to address barriers to accessing antiretroviral medicines,[267] including high costs.[268] The CESCR Committee has also expressed concern regarding states parties' insufficient preventive measures,[269] and inadequate statistical information[270] and documentation of HIV/AIDS.[271]

Many of the other TMBs have also issued concrete recommendations within general comments and concluding observations that set forth specific measures for prevention, treatment, and care of HIV/AIDS.[272] Such measures include the creation of prevention and awareness-raising programs,[273] promotion of condom use,[274] cooperation with NGOs and international organizations in developing strategies to combat HIV,[275] allocation of sufficient human and financial resources to programs and facilities for HIV prevention and treatment, and implementation of confidential[276] youth-sensitive sexual and reproductive health services[277] that do not require parental consent.[278]

In addition to the CESCR Committee, the Human Rights Committee has taken note of state failures to meet the needs of individuals living with HIV/AIDS. In particular, the Human Rights Committee has expressed concern regarding the unavailability of effective treatment and urged states parties to allow and facilitate access to adequate antiretroviral drugs.[279]

b) States must address broad societal discrimination against women—particularly women who belong to marginalized groups—that contributes to their vulnerability to HIV infection.

The CEDAW Committee specifically acknowledged within its General Recommendation 24 (women and health) the role that unequal gender power relations and sexual violence play in making women and girls more vulnerable than males to contracting HIV/AIDS and sexually transmitted infections (STIs).[280]

Nearly all of the Committees have noted that women belonging to certain groups may be at higher risk of HIV infection. For example, the CESCR Committee has repeatedly expressed concern with high rates of HIV/AIDS infection among young women.[281] The Children's Rights Committee and the Human Rights Committee have also noted the vulnerability of adolescents,[282] particularly adolescent girls, to contracting HIV/AIDS.[283] The Children's Rights Committee has acknowledged that early and forced marriage, as well as other harmful practices, increase adolescent girls' risk of infection.[284] The CEDAW Committee has specifically called upon states parties within its General Recommendation 24 (women and health) to ensure adolescents' rights to sexual and reproductive health information, education, and services by properly trained personnel within specially tailored programs that respect adolescents' rights to privacy and confidentiality.[285]

The Committees have discussed other marginalized groups that are particularly vulnerable to HIV/AIDS transmission. For example, the CEDAW Committee has identified individuals who engage in sex work[286] and women who have been trafficked as highly vulnerable.[287] The Human Rights Committee has expressed concern regarding the high incidence of HIV/AIDS in detention and prison facilities and has encouraged a state party to ensure that inmates have access to health care.[288] The CERD Committee has noted that HIV/AIDS continues to spread among refugees, indigenous groups, minorities, and other marginalized ethnic groups, and has encouraged states parties to strengthen their efforts to fight the epidemic.[289] On a related note, the CEDAW Committee and the Children's Rights Committee have noted that poverty is both a source and a consequence of HIV infection.[290]

c) States must respect the rights of people living with HIV/AIDS and protect them from discrimination in all areas of public and private life.

A majority of the committees have addressed to some extent the issue of discrimination against individuals living with HIV/AIDS.[291] The CESCR Committee has highlighted the need for anti-discrimination legislation,[292] and has specifically called for non-discriminatory application of existing laws, policies, and practices in relation to HIV/AIDS. [293] The Committee has also called for states parties to overcome prevailing discriminatory attitudes through policies,[294] school curricula,[295] and public awareness campaigns.[296] Moreover, the Committee has confirmed that states parties may not permit discrimination – including discrimination on the basis of HIV status – with respect to individuals' rights to water[297] and to work.[298]

In addition to the CESCR Committee, the Children's Rights Committee and the Human Rights Committee have also highlighted the need for anti-discrimination legislation on HIV/AIDS.[299] The Children's Rights Committee has also highlighted social exclusion of and discriminatory attitudes toward children with HIV/AIDS.[300]

The Children's Rights Committee has explicitly stated that HIV/AIDS materially affects all rights – civil, political, economic, social and cultural.[301] On a related note, the CERD Committee has expressed concern in at least one instance regarding the denial of citizenship to persons living with HIV/AIDS, noting that these individuals may also belong to groups vulnerable to racism and racial discrimination.[302]

d) States must ensure that women, children and members of marginalized communities who are living with HIV/AIDS are not subjected to increased stigma and discrimination.

In addition to expressing concern over high rates of HIV/AIDS infection among women and children, the CESCR Committee has also expressed concern over anti-discrimination laws that do not specifically protect individuals living with HIV/AIDS.[303]

The CEDAW Committee has also placed particular emphasis on discrimination against women and girls living with HIV/AIDS.[304] The CEDAW Committee has asked states parties to provide information on the effects of HIV/AIDS on women, as well as

measures taken to prevent discrimination against HIV-affected women, within its General Comment 15 (avoidance of discrimination against women in national strategies for the prevention and control of AIDS).[305] Several committees have asked states parties for gender-disaggregated data on the prevalence of HIV,[306] and some have referenced the need for a gender-sensitive approach to HIV/AIDS interventions.[307] The CERD Committee has highlighted discrimination against ethnic and other minority groups with respect to HIV/AIDS.[308]

The Children's Rights Committee has highlighted social exclusion of and discriminatory attitudes toward children with HIV/AIDS.[309] For example, the Committee has denounced the exclusion of HIV-affected children from mainstream schooling,[310] noting that this type of discrimination deprives children of their right to education.[311] That Committee has also discussed some of the social consequences of HIV, including the increasing number of AIDS orphans[312] and the fact that these children are often placed in child welfare centers or children's homes rather than being placed in foster care or adopted.[313]

SUGGESTED POINTS FOR FURTHER DEVELOPMENT IN THE GENERAL COMMENT ON SEXUAL AND REPRODUCTIVE HEALTH: HIV/AIDS AND HUMAN RIGHTS

a) Governments must protect women living with HIV/AIDS from violations of their sexual and reproductive rights.

In this general comment, the CESCR Committee has the opportunity to stress the importance of ensuring comprehensive sexual and reproductive health care services for women living with HIV/AIDS. Programs to address HIV/AIDS should be gender-sensitive and should address all of the reproductive health needs of women living with HIV/AIDS, including access to contraceptives and family planning services, maternal health care, and access to abortion. Governments must also prevent coerced sterilization and stigma and mistreatment within maternal health care services. The general comment could call for legislative, policy, and community-based initiatives, as well as human rights sensitization and training for health care providers, to eradicate such rights violations.

Pregnant women living with HIV/AIDS face special risks because they are at the center of programs to prevent mother-to-child transmission of HIV (PMTCT). While the benefits of PMTCT programs for individual women, their children, and societies are immense, they must be implemented in a manner that respects women's human rights. PMTCT programs are primarily conceived as prevention programs for infants, and thus may overlook the concerns of women living with HIV/AIDS. In any health-care setting in which women are under the care of providers, however, women receiving treatment have rights as patients. These include the right to give informed consent prior to testing and treatment, the right to confidentiality, and the right to freedom from discrimination and stigma in health care facilities.[314] The general comment could stress that all PMTCT programs should follow strict guidelines, in line with those adopted by UN agencies[315] and the International Federation of Gynecology and Obstetrics (FIGO),[316] to ensure informed consent, confidentiality, and non-discrimination within PMTCT programs. Where provider-initiated testing is the norm, protocols should be in place that emphasize counseling prior to soliciting patients' consent to testing. In order to reduce the stigma that is often associated with seeking care for HIV/AIDS, governments should integrate PMTCT programs within prenatal care facilities. Finally, governments should increase training for healthcare providers on the links between human rights and HIV/AIDS programming—particularly with regard to PMTCT programs.

b) HIV/AIDS prevention programs should guarantee that individuals give informed consent to counseling and testing and that patient confidentiality is ensured.

Given the growing practice of provider-initiated testing for HIV/AIDS, the Committee could clarify the importance of ensuring that testing and counseling for HIV/AIDS is voluntary and that confidentiality is fully respected. Individuals should give informed consent to testing and counseling.

c) Criminalization of transmission of HIV/AIDS is an ineffective means of preventing HIV transmission and threatens women's human rights.

Several factors, including broad societal discrimination and widespread gender-based violence, put women at heightened risk of HIV infection. Criminalization of HIV transmission, rather than protecting women, is likely to target and punish women more often than men. This is because women who seek medical care during pregnancy and

childbirth are more likely than their male partners to undergo routine testing. For a woman, disclosure of HIV-positive status can lead to violence, abandonment, and loss of custody of children. If she chooses not to disclose her status, she risks being prosecuted for knowingly transmitting HIV. Although a woman's partner may well have been the one who transmitted HIV to her, it is common for women to be blamed for the HIV infection. What's more, laws criminalizing HIV transmission or exposure may encompass transmission of HIV to a child during pregnancy or breastfeeding. In the absence of reproductive health services and information, including programs to prevent mother-to-child transmission, laws that criminalize HIV transmission potentially blame women for government failures.[317]

---

[1] This paper was prepared by several members of the International Legal Program of the Center for Reproductive Rights: Laura Katzive, now former Deputy Director; Ximena Andion, International Advocacy Director; and Jaime Todd-Gher, former Global Legal Fellow.

[2] *See Programme of Action of the International Conference on Population and Development*, Cairo, Egypt, Sept. 5-13, 1994, U.N. Doc. A/CONF.171/13/Rev.1 (1995). [hereinafter *ICPD Programme of Action*]

[3] *See Beijing Declaration and the Platform for Action, Fourth World Conference on Women*, Beijing, China, September 4-15 1995, U.N. Doc. A/CONF.177/20 (1996). [hereinafter *Beijing Platform for Action*]

[4] *ICPD Programme of Action, supra* note 1, at ¶ 7.3.

[5] JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), ET AL., INTERNATIONAL GUIDELINES ON HIV/AIDS AND HUMAN RIGHTS 2006 CONSOLIDATED VERSION *available at* http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf. The Guidelines were endorsed by the UN Commission on Human Rights in 1997 in its resolution *The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)*, U.N. Doc. E/CN.4/1997/33 (1997).

[6] *See Yogyakarta Principles: Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity* (Yogyakarta Principles), prin. 17 (2007), *available at* www.yogyakartaprinciples.org. See also International Planned Parenthood Federation, *Sexual Rights and IPPF Declaration*, (2008) *available at* http://www.ippf.org/NR/rdonlyres/9E4D697C-1C7D-4EF6-AA2A-6D4D0A13A108/0/SexualRightsIPPFdeclaration.pdf.

[7] WORLD HEALTH ORGANIZATION, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (WHO 2003) *available at* http://whqlibdoc.who.int/publications/2003/9241590343.pdf.

[8] These are the Committee on Economic, Social and Cultural Rights, Committee on the Elimination of Discrimination against Women (CEDAW Committee), the Committee on the Elimination of Racial Discrimination, Committee on the Rights of the Child, and the Committee against Torture, and the Human Rights Committee.

[9] *See* Rebecca J. Cook & Susannah Howard, *Accommodating women's Differences Under the Women's Anti – Discrimination Convention,* 56 EMORY L. J. 1039, 1051 (2007) (citing Comm. On the Elimination of

Discrimination Against Women [CEDAW], *General Recommendation No 24: Women and Health*, U.N. Doc. A/54.38Rev.1 (1999).

[10] *See Cook, supra* note 9, at 1044.

[11] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health** (Art. 12), ¶ 21, U.N. Doc. E/C.12/2000/4 (2000).

[12] *Id.*

[13] *See* **Committee on Economic, Social and Cultural Rights, General Comment 16: The Equal Right of Men and Women to the Enjoyment of all Economic, Social and Cultural Rights** (Art. 3) (34th Sess., 2005), ¶ 13, U.N. Doc. E/C.12/2005/4 (2005).

[14] *See id.*

[15] *See id.*

[16] **Committee on Economic, Social and Cultural Rights, General Comment 20: Non-Discrimination in Economic, Social and Cultural Rights** (Art. 2, ¶ 2), ¶ ¶ 2, 11, and 32, U.N. Doc. E/C.12/GC/20 (2009). [hereinafter CESCR General Comment 20] (CESCR General Comment 20 lists the following prohibited grounds for discrimination that qualify as "other status" under the Covenant: disability, age, nationality, marital and family status, sexual orientation and gender identity, health status, place of residence, and economic and social situation.)

[17] Convention on the Rights of the Child, adopted Nov. 20, 1989, G.A. Res. 44/25, annex, U.N. GAOR, 44th Sess., Supp. No. 49, at 166, art. 5, U.N. Doc. A/44/49 (1989), reprinted in 28 I.L.M.1448 (entered into force Sept. 2, 1990) [hereinafter Children's Rights Convention]; see also Rebecca J. Cook & Bernard Dickens, Recognizing Adolescents' Evolving Capacities to Exercise Choice in Reproductive Health Care, 20 Int'l Journal of Gynecol. & Obstet. 13-21 (2000).

[18] *Id.* arts. 3(1) - (2), 14(2), 18(1).

[19] *See* **Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health**, Paul Hunt, *Economic, Social and Cultural Rights*, ¶ ¶ 31-32, U.N. Doc. E/CN.4/2004/49 (2004). [hereinafter – Report of the Special Rapporteur – Economic, Social and Cultural Rights]

[20] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12)** ¶ ¶ 11, 17, 43(f) and 54, U.N. Doc. E/C.12/2000/4 (2000).

[21] *See* OPEN SOCIETY INSTITUTE, 10 REASONS TO OPPOSE THE CRIMINALIZATION OF HIV EXPOSURE OR TRANSMISSION 8-9,12-14 (2008).

[22] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health** (Art. 12), ¶ 11, U.N. Doc. E/C.12/2000/4 (2000).

[23] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Russian Federation, ¶¶ 35, 63, U.N. Doc. E/C.12/1/Add.94 (2003); Benin, ¶¶ 23, 42, U.N. Doc. E/C.12/1/Add.78 (2002); Mexico, ¶ 44, U.N. Doc. E/C.12/MEX/CO/4 (2006); Senegal, ¶ 47, U.N. Doc. E/C.12/1/Add.62 (2001).

[24] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶¶ 23, 42, U.N. Doc. E/C.12/1/Add.78 (2002); Bolivia, ¶ 43, U.N. Doc. E/C.12/1/Add.60 (2001); Mexico, ¶ 44, U.N. Doc. E/C.12/MEX/CO/4 (2006); Senegal, ¶ 47, U.N. Doc. E/C.12/1/Add.62 (2001).

[25] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Cameroon, ¶ 45, U.N. Doc. E/C.12/1/Add.40 (1999); Libyan Arab Jamahiriya, ¶ 36, U.N. Doc. E/C.12/LYB/CO/2 (2006); People's Republic of China, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Republic of Moldova, ¶ 48, U.N. Doc. E/C.12/1/Add.91 (2003).

[26] *See, e.g.*, **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Mexico, ¶ 44, U.N. Doc. E/C.12/MEX/CO/4 (2006).

[27] *See, e.g.*, **CEDAW Committee**, **General Recommendation 24: Women and Health**, ¶ 23, U.N. Doc. A/54/38/Rev.1 (1999); **Committee on the Rights of the Child**, **General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child**, ¶ 26, U.N. Doc. CRC/GC/2003/4 (2003); **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health** (Art. 12), ¶ 11, U.N. Doc. E/C.12/2000/4 (2000).

[28] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Antigua and Barbuda, ¶ 267, U.N. Doc. A/52/38/Rev.1, Part II (1997); Dominican Republic, ¶ 349, U.N. Doc. A/53/38 (1998); Saint Vincent and the Grenadines, ¶ 147, U.N. Doc. A/52/38/Rev.1 (1997); Zimbabwe, ¶ 161, U.N. Doc. A/53/38 (1998); **Concluding Observations of the Committee on the Rights of the Child**: Mauritius, ¶ 55(b), U.N. Doc. CRC/C/MUS/CO/2 (2006); New Zealand, ¶ 38(b), U.N. Doc. CRC/C/15/Add. 216 (2003); Russian Federation, ¶ 56, U.N. Doc. CRC/C/Rus/Co/3 (2005); **Thailand**, ¶ 58(e), U.N. Doc. CRC/C/THA/CO/2 (2006); **Concluding Observations of the Human Rights Committee**: Poland, ¶ 11, U.N. Doc. CCPR/C/79/Add.110 (1999); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Bolivia, ¶ 43, U.N. Doc. E/C.12/11/Add.60 (2001); People's Republic of China (Hong Kong Special Administrative Region), ¶ 100, U.N. Doc.E/C.12/1/Add.107 (2005); Poland, ¶ 50, U.N. Doc. E/C.12/1/Add.82 (2002); Senegal, ¶ 47, U.N. Doc. E/C.12/1/Add.62 (2001); **Concluding Observations of the Committee against Torture**: Peru, ¶ 23, U.N. Doc. CAT/C/PER/CO/4 (2006).

[29] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Cape Verde, ¶ 29, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); Togo, ¶ 28, U.N. Doc. CEDAW/C/TOG/CO/5 (2006); Romania, ¶¶ 24–25, U.N. Doc. CEDAW/C/ROM/CO/6 (2006); **Concluding Observations of the Committee on the Rights of the Child**: Cambodia, 28/06/2000, U.N. Doc. CRC/C/15/Add.128, ¶ 52Colombia, 16/10/2000, U.N. Doc. CRC/C/15/Add.137, ¶ 48; Grenada, 28/02/2000, U.N. Doc. CRC/C/15/Add.121, ¶ 22; Maldives, 05/06/1998, U.N. Doc. CRC/C/15/Add.91, ¶ 19; **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Russian Federation, ¶¶ 35, 63, U.N. Doc. E/C.12/1/Add.94 (2003); Benin, ¶¶ 23, 42, U.N. Doc. E/C.12/1/Add.78 (2002); Mexico, ¶ 44, U.N. Doc. E/C.12/MEX/CO/4 (2006); Senegal, ¶ 47, U.N. Doc. E/C.12/1/Add.62 (2001).

[30] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Belize, ¶¶ 56–57, U.N. Doc. A/54/38 (1999); Cape Verde, ¶ 29, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); Slovakia, ¶ 92, U.N. Doc. A/53/38/Rev.1 (1998); Spain, ¶ 266, U.N. Doc. A/54/38 (1999); **Concluding Observations of the Committee on the Rights of the Child**: Kyrgyzstan, ¶ 45, U.N. Doc. CRC/C/15/Add.127 (2000); Mali, ¶ 27, U.N. Doc. CRC/C/15/Add.113 (1999); Nicaragua, ¶ 35, U.N. Doc. CRC/C/15/Add.108 (1999); Thailand, ¶ 25, U.N. Doc. CRC/C/15/Add.97 (1998); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶¶ 23, 42, U.N. Doc. E/C.12/1/Add.78 (2002); Bolivia, ¶ 43, U.N. Doc. E/C.12/1/Add.60 (2001); Mexico, ¶ 44, U.N. Doc. E/C.12/MEX/CO/4 (2006); Senegal, ¶ 47, U.N. Doc. E/C.12/1/Add.62 (2001); **Concluding Observations of the Committee against Torture**: Peru, ¶ 23, U.N. Doc. CAT/C/PER/CO/4 (2006).

[31] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Belize, ¶¶ 56–57, U.N. Doc. A/54/38 (1999); Greece, ¶¶ 207–208, U.N. Doc. A/55/38 (1999); Togo, ¶ 29, U.N. Doc. CEDAW/C/TOG/CO/5 (2006); United Kingdom of Great Britain and Northern Ireland, ¶¶ 309–310, U.N. Doc. A/54/38 (1999); **Concluding Observations of the Committee on the Rights of the Child**: El Salvador, ¶ 52, U.N. Doc. CRC/C/15/Add.232 (2004); Ethiopia, ¶ 61, U.N. Doc. CRC/C/15/Add.144 (2001); Italy, ¶ 42(b), U.N. Doc. CRC/C/15/Add.198 (2003); New Zealand, ¶ 38(b), U.N. Doc. CRC/C/15/Add.216 (2003).

[32] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Dominican Republic, ¶ 349, U.N. Doc.

A/53/38 (1998); Togo, ¶ 29, U.N. Doc. CEDAW/C/TOG/CO/5 (2006); Uganda, ¶ 338, U.N. Doc. A/50/38 (1995); **Concluding Observations of the Committee on the Rights of the Child**: Jordan, ¶ 67(a), U.N. Doc. CRC/C/JOR/CO/3 (2006); Peru, ¶ 24, U.N. Doc. CRC/C/15/Add.120 (2000); Portugal, ¶ 41(a), U.N. Doc. CRC/C/15/Add.162 (2001); Thailand, ¶ 25, U.N. Doc. CRC/C/15/Add.97 (1998); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Cameroon, ¶ 45, U.N. Doc. E/C.12/1/Add.40 (1999); Libyan Arab Jamahiriya, ¶ 36, U.N. Doc. E/C.12/LYB/CO/2 (2006); People's Republic of China, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Republic of Moldova, ¶ 48, U.N. Doc. E/C.12/1/Add.91 (2003); **Concluding Observations of the Human Rights Committee**: Lithuania, ¶ 12, U.N. Doc. CCPR/CO/80/LTU (2004).

[33] *See* **Committee on the Elimination of Racial Discrimination**, **General Recommendation XXIX: Article 1, Paragraph 1 of the Convention (Descent)**, ¶ 12, U.N. Doc. A/57/18 (2002).
[34] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health** (Art. 12), ¶ 34, U.N. Doc. E/C.12/2000/4 (2000).

[35] *See, e.g.*, **Committee on the Rights of the Child**, **General Comment 3: HIV/AIDS and the Rights of the Child**, ¶ 16, U.N. Doc. CRC/GC/2003/3 (2003);

[36] *See, e.g.*, **Concluding Observations of the Human Rights Committee**: Poland, ¶ 9, CCPR/CO/82/POL (2004).

[37] CEDAW Comm., *General Recommendation 24: Women and Health*, ¶ 18, U.N. Doc. A/54/38 (1999); CEDAW Comm., *Concluding Observations: Slovakia*, ¶ 19, CEDAW/C/SVK/CO/4 (2008); CEDAW Comm., *Concluding Observations: Croatia*, ¶ ¶ 200-01, U.N. Doc. A/60/38 (2005).

[38] *See* CEDAW Comm., *General Recommendation 24*, ¶ 18; CEDAW Comm., *Concluding Observations: Slovakia*, ¶ 19, CEDAW/C/SVK/CO/4 (2008); CEDAW Comm., *Concluding Observations: Croatia*, ¶ ¶ 200-01, U.N. Doc. A/60/38 (2005); *see generally* CEDAW Comm., *General Recommendation 15: Avoidance of Discrimination Against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)* (1990), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 240, U.N. Doc. HRI/GEN/1/Rev.6 (2003).

[39] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health** (Art. 12), ¶ 21, U.N. Doc. E/C.12/2000/4 (2000).

[40] **Committee on Economic, Social and Cultural Rights**, **General Comment 13: The Right to Education** (Art. 13), ¶ 6(b), U.N. Doc. E/C.12/1999/10 (1999).

[41] **Committee on Economic, Social and Cultural Rights**: **Benin**, 05/06/2002, U.N. Doc. E/C.12/1/Add.78, ¶ 42; **Bolivia**, 21/05/2001, U.N. Doc. E/C.12/1/Add.60, ¶ 43; **China–Hong Kong Special Administrative Region**, 13/05/2005, U.N. Doc. E/C.12/1/Add.107, ¶¶ 88, 100; **Ukraine**, 24/09/2001, U.N. Doc. E/C.12/1/Add.65, ¶ 31; **Jamaica**, 30/11/2001, U.N. Doc. E/C.12/1/Add.75, ¶ 30.

[42] *See* **Concluding Observations of the Committee on the Rights of the Child**: Antigua and Barbuda, ¶ 54, U.N. Doc. CRC/C/15/Add.247 (2004); Trinidad and Tobago, ¶ 54, U.N. Doc. CRC/C/TTO/CO (2006).

[43] *See* **Concluding Observations of the Committee on the Rights of the Child**: Ireland, ¶ 52, U.N. Doc. CRC/C/IRL/CO/2 (2006).

[44] **Committee on the Rights of the Child**, **General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child**, ¶ 26, U.N. Doc. CRC/GC/2003/4 (2003).

[45] *See, e.g.*, **Committee on the Rights of the Child**, **General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child**, ¶ 30, U.N. Doc. CRC/GC/2003/4 (2003); **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health** (Art. 12), ¶ 21, U.N. Doc. E/C.12/2000/4 (2000).

[46] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: Thailand, ¶ 69, U.N. Doc. CRC/C/THA/CO/2 (2006); **Committee on Economic, Social and Cultural Rights**, **General Comment 13: The Right to Education** (Art. 13), ¶ 6(b), U.N. Doc. E/C.12/1999/10 (1999).

[47] *See* **Concluding Observations of the Committee on the Rights of the Child**: Iran (Islamic Republic of), ¶ 44, U.N. Doc. CRC/C/15/Add.123 (2000).

[48] *See, e.g.,* **Concluding Observations of the Committee on the Rights of the Child**: Antigua and Barbuda, ¶ 54(a), U.N. Doc. CRC/C/15/Add.247 (2004); Liberia, ¶ 49(b), U.N. Doc. CRC/C/15/Add.236 (2004); Nepal, ¶ 64(a), U.N. Doc. CRC/C/15/Add.261 (2005).

[49] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94 (2003).

[50] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Bosnia and Herzegovina, ¶ 36, U.N. Doc. CEDAW/C/BIH/CO/3 (2006); Cuba, ¶ 28, U.N. Doc. CEDAW/C/CUB/CO/6 (2006); Greece, ¶ 208, U.N. Doc. A/55/38 (1999); Zimbabwe, ¶ 161, U.N. Doc. A/53/38 (1998); **Committee on the Rights of the Child**: **General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child,** ¶ 28 , U.N. Doc. CRC/GC/2003/4 (2003).

[51] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Cape Verde, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Dominican Republic**, ¶ 349, U.N. Doc. A/53/38 (1998); **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Vietnam**, ¶¶ 266–267, U.N. Doc. A/56/38 (2001).

[52] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Cape Verde, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Committee on the Rights of the Child**, **General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child**, ¶ 28 , U.N. Doc. CRC/GC/2003/4 (2003).

[53] *See, e.g.*, **Committee on the Rights of the Child**, **General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child**, ¶ 30, U.N. Doc. CRC/GC/2003/4 (2003).

[54] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: Honduras, ¶ 63(e), U.N. Doc. CRC/C/HND/CO/3 (2007); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94 (2003).

[55] *See* **Concluding Observations of the CEDAW Committee**: Slovenia, ¶ 120, U.N. Doc. A/52/38/Rev.1 (1997).

[56] *See, e.g.*, **Concluding Observations of the Committee on Economic, Social and Cultural Rights:** Benin**,** ¶ 31, U.N. Doc. E/C.12/1/Add.78 (2002); Senegal, ¶ 39, U.N. Doc. E/C.12/1/Add.62 (2001).

[57] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights:** Republic of Korea, ¶ 43, U.N. Doc. E/C.12/1/Add.59 (2001).

[58] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights:** Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94 (2003).

[59] *See, e.g.*, **Committee on the Rights of the Child**, **General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child**, ¶ 31, at 8, U.N. Doc. CRC/GC/2003/4 (2003).

[60] CESCR Comm., *General Comment 13: The Right to Education*, ¶ 6(d), U.N. Doc. E/C.12/1999/10 (1999).

[61] WORLD HEALTH ORGANIZATION (WHO), ADOLESCENT PREGNANCY: ISSUES IN ADOLESCENT HEALTH AND DEVELOPMENT, 63 (2004).

[62] *See, e.g.*, **CEDAW Committee**: **Cape Verde**, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Cuba**, ¶ 28, U.N. Doc. CEDAW/C/CUB/CO/6 (2006); **Estonia**, ¶ 112, U.N. Doc. A/57/38 (2002); **Viet Nam**, ¶ 267, U.N. Doc. A/56/38 (2001); **Committee on the Rights of the Child**: **Egypt**, ¶ 44, U.N. Doc. CRC/C/15/Add.145 (2001); **Jamaica**, ¶ 43, U.N. Doc. CRC/C/15/Add.210 (2003); **Kiribati**, ¶ 49, U.N. Doc. CRC/C/KIR/CO/1 (2006); **United Kingdom of Great Britain and Northern Ireland—Overseas Territories**, ¶ 38, U.N. Doc. CRC/C/15/Add.135 (2000); **Human Rights Committee**: **Colombia**, 05/05/1997, U.N. Doc. CCPR/C/79/Add.76, ¶ 37; **Hungary**, 19/04/2002, U.N. Doc. CCPR/CO/74/HUN, ¶ 11; **Mali**, 16/04/2003, U.N. Doc. CCPR/CO/77/MLI, ¶ 14; **Paraguay**, 24/04/2006, U.N. Doc. CCPR/C/PRY/CO/2, ¶ 10; **Committee on Economic, Social and Cultural Rights**: **Algeria**, 30/11/2001, U.N. Doc. E/C.12/1/Add.71, ¶ 37; **Chile**, 26/11/2004, U.N. Doc. E/C.12/1/Add.105, ¶ 54; **Malta**, 14/12/2004, U.N. Doc. E/C.12/1/Add.101, ¶ 24; **Poland**, 19/12/2002, U.N. Doc. E/C.12/1/Add.82, ¶ 28; **Committee against Torture**: **Peru**, 25/07/2006, U.N. Doc. CAT/C/PER/CO/4, ¶ 23.

[63] **Committee on Economic, Social and Cultural Rights**: **Algeria**, 30/11/2001, U.N. Doc. E/C.12/1/Add.71, ¶¶ 21, 37; **Benin**, 05/06/2002, U.N. Doc. E/C. 12/1/Add.78, ¶ 23; **Cameroon**, 08/12/1999, U.N. Doc. E/C.12/1/Add.40, ¶ 25; **Paraguay**, 28/05/1996, U.N. Doc. E/C.12/1/Add.1, ¶ 16.

[64] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12),** ¶ 14, U.N. Doc. E/C.12/2000/4 (2000).

[65] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12),** ¶ 12, U.N. Doc. E/C.12/2000/4 (2000).

[66] **Committee on Economic, Social and Cultural Rights**, *G***eneral Comment 16: The Equal Right of Men and Women to the Enjoyment of all Economic, Social and Cultural Rights (Art. 3)** (34th Sess., 2005), in Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights, at 7, ¶ 29, U.N. Doc. E/C.12/2005/4 (2005).

[67] *See, e.g.*, **CEDAW Committee**, *General Recommendation 24: Women and Health*, ¶ 11, U.N. Doc. A/54/38/Rev.1 (1999); **Human Rights Committee**: **Argentina**, 03/11/2000, U.N. Doc. CCPR/CO/70/ARG, ¶ 14; **Georgia**, 01/04/1997, U.N. Doc. CCPR/C/79/Add.75, ¶ 12; **Poland**, 29/07/1999, U.N. Doc. CCPR/C/79/Add.110, ¶ 11.

[68] *See, e.g.*, **Human Rights Committee**: **Colombia**, 05/05/1997, U.N. Doc. CCPR/C/79/Add.76, ¶ 37; **Hungary**, 19/04/2002, U.N. Doc. CCPR/CO/74/HUN, ¶ 11; **Mali**, 16/04/2003, U.N. Doc. CCPR/CO/77/MLI, ¶ 14; **Paraguay**, 24/04/2006, U.N. Doc. CCPR/C/PRY/CO/2, ¶ 10.

[69] *See, e.g.*, **CEDAW Committee**, *General Recommendation 24: Women and Health*, ¶ 14, U.N. Doc. A/54/38/Rev.1 (1999).

[70] **CEDAW Committee**, *General Recommendation 24: Women and Health*, ¶ 14, U.N. Doc. A/54/38/Rev.1 (1999).

[71] *See* **CEDAW Committee**: **Mexico**, 25/08/2006, U.N. Doc. CEDAW/C/MEX/CO/6 (2006).

[72] *See, e.g.*, **CEDAW Committee**: **Antigua and Barbuda**, ¶ 258, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Georgia**, ¶ 112, U.N. Doc. A/54/38 (1999); **Luxembourg**, ¶ 221, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Myanmar**, ¶ 130, U.N. Doc. A/55/38 (2000).

[73] *See, e.g.*, **CEDAW Committee**: **Democratic Republic of the Congo**, ¶ 228, U.N. Doc. A/55/38 (2000).

[74] *See* **CEDAW Committee**: **Mauritius**, ¶ 211, U.N. Doc. A/50/38 (1995).

[75] *See, e.g.*, **CEDAW Committee**: **Cape Verde**, ¶ 29, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Iceland**, ¶ 84, U.N. Doc. A/51/38 (1996); **Kazakhstan**, ¶ 106, U.N. Doc. A/56/38 (2001); **Mongolia**, ¶ 274, U.N. Doc. A/56/38 (2001); **Human Rights Committee**: **Poland**, 02/12/2004, U.N. Doc. CCPR/CO/82/POL, ¶ 9.

[76] *See, e.g.*, **Human Rights Committee**: **Argentina**, 03/11/2000, U.N. Doc. CCPR/CO/70/ARG, ¶ 14; **Georgia**, 01/04/1997, U.N. Doc. CCPR/C/79/Add.75, ¶ 12; **Poland**, 29/07/1999, U.N. Doc. CCPR/C/79/Add.110, ¶ 11; **CEDAW Committee: Greece**, ¶ 207, U.N. Doc. A/54/38 (1999); **Hungary**, ¶ 254, U.N. Doc. A/51/38 (1996); **Ireland**, ¶ 186, U.N. Doc. A/54/38 (1999); **Lithuania**, ¶ 158, U.N. Doc. A/55/38 (2000).

[77] See e.g., **Human Rights Committee: Paraguay** ¶ 10 (2006), U.N. Doc. No. CCPR/C/PRY/CO/2; **CEDAW Committee**: **Lithuania**, ¶ 159, U.N. Doc. A/55/38 (2000); **Ukraine**, ¶ 287, U.N. Doc. A/51/38 (1996)

[78] *See, e.g.*, **Committee on the Rights of the Child**: **Benin**, 12/08/1999, U.N. Doc. CRC/C/15/Add.106, ¶ 25; **Human Rights Committee**: **Argentina**, 03/11/2000, U.N. Doc. CCPR/CO/70/ARG, ¶ 14; **Azerbaijan**, 12/11/2001, U.N. Doc. CCPR/CO/73/AZE, ¶ 16; **Equatorial Guinea**, 30/07/2004, U.N. Doc. CCPR/CO/79/GNQ, ¶ 9; **Viet Nam**, 26/07/2002, U.N. Doc. CCPR/CO/75/VNM, ¶ 15; **Committee on Economic, Social and Cultural Rights**, *General Comment 16: The Equal Right of Men and Women to the Enjoyment of all Economic, Social and Cultural Rights* (Art. 3) (34th Sess., 2005), in Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights, at 7, ¶ 29, U.N. Doc. E/C.12/2005/4 (2005).; **Committee against Torture**: **Peru**, 25/07/2006, U.N. Doc. CAT/C/PER/CO/4, ¶ 23.

[79] *See, e.g.*, **CEDAW Committee**: **Estonia**, ¶ 112, U.N. Doc. A/57/38 (2002); **Nicaragua**, ¶ 303, U.N. Doc. A/56/38 (2001); **Togo**, ¶ 29, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); **Viet Nam**, ¶ 267, U.N. Doc. A/56/38 (2001); **Committee on the Rights of the Child**, *General Comment 3: HIV/AIDS and the Rights of the Child*, ¶ 20, U.N. Doc. CRC/GC/2003/3 (2003).

[80] *See* **CEDAW Committee**: **Luxembourg**, ¶ 221, U.N. Doc. A/52/38/Rev.1, Part II (1997).

[81] *See, e.g.*, **Committee on the Rights of the Child**: **Oman** 29/09/2006, U.N. Doc. CRC/C/OMN/CO/2, ¶ 50; **Paraguay**, 06/11/2001, U.N. Doc. CRC/C/15/Add.166, ¶ 42; **Russian Federation**, 30/09/2005, U.N. Doc. CRC/C/15/Add.274, ¶ 56; **United Kingdom of Great Britain and Northern Ireland**, 09/10/2002, U.N. Doc. CRC/C/15/Add.188, ¶ 44.

[82] *See, e.g.*, **Committee on the Rights of the Child**: **Antigua and Barbuda**, 03/11/2004, U.N. Doc. CRC/C/15/Add.247, ¶ 54; **Burkina Faso**, 09/10/2002, U.N. Doc. CRC/C/15/Add.193, ¶ 41; **Côte d'Ivoire**, 09/07/2001, U.N. Doc. CRC/C/15/Add.155, ¶ 41; **Democratic Republic of the Congo**, 09/07/2001, U.N. Doc. CRC/C/15/Add.153, ¶ 55.

[83] *See, e.g.*, **CEDAW Committee**: **Burkina Faso**, ¶¶ 275–276, U.N. Doc. A/55/38 (2000); **Chile**, ¶ 20, U.N. Doc. CEDAW/C/CHI/CO/4 (2006); **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Philippines**, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); **Human Rights Committee**: **Poland**, 02/12/2004, U.N. Doc. CCPR/CO/82/POL, ¶ 9.; **Committee on Economic, Social and Cultural Rights**: **Benin**, 05/06/2002, U.N. Doc. E/C.12/1/Add.78, ¶ 42; **Bolivia**, 21/05/2001, U.N. Doc. E/C.12/1/Add.60, ¶ 43; **China–Hong Kong Special Administrative Region**, 13/05/2005, U.N. Doc. E/C.12/1/Add.107, ¶ 100; **Ukraine**, 24/09/2001, U.N. Doc. E/C.12/1/Add.65, ¶ 31.

[84] **CEDAW Committee**, *General Recommendation 21: Equality in Marriage and Family Relations*, ¶ 22, U.N. Doc. A/49/38 (1994).

[85] **Committee on the Rights of the Child**, *General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child*, ¶ 10, U.N. Doc. CRC/GC/2003/4 (2003).

[86] *See, e.g.*,**CEDAW Committee: Eritrea**, ¶ 23, U.N. Doc. CEDAW/C/ERI/CO/3 (2006); **Lithuania**, ¶ 159,

U.N. Doc. A/55/38 (2000); **Peru**, ¶ 341, U.N. Doc. A/53/38/Rev.1 (1998); **Togo**, ¶ 28, U.N. Doc. CEDAW/C/TGO/CO/5 (2006).

[87] *See, e.g.*, **Committee on the Rights of the Child**: **Georgia**, 28/06/2000, U.N. Doc. CRC/C/15/Add.124, ¶ 47; **Lesotho**, 21/02/2001, U.N. Doc. CRC/C/15/Add.147, ¶ 46; **Marshall Islands**, 16/10/2000, U.N. Doc. CRC/C/15/Add.139, ¶ 51; **Suriname**, 28/06/2000, U.N. Doc. CRC/C/15/Add.130, ¶ 46; **Human Rights Committee**: **Honduras**, 21/05/2001, U.N. Doc. E/C.12/1/Add.57, ¶¶ 27, 48.

[88] *See, e.g.*, **Committee on the Rights of the Child**: **Georgia**, 28/06/2000, U.N. Doc. CRC/C/15/Add.124, ¶ 47; **Grenada**, 04/02/2000, U.N. Doc. CRC/C/15/Add.121, ¶ 22; **Saint Kitts and Nevis**, 24/08/1999, U.N. Doc. CRC/C/15/Add.104, ¶ 26; **United Kingdom of Great Britain and Northern Ireland—Overseas Territories**, 16/10/2000, U.N. Doc. CRC/C/15/Add.135, ¶ 38.

[89] *See, e.g.*, **CEDAW Committee**: **Bosnia and Herzegovina**, ¶ 36, U.N. Doc.CEDAW/C/BIH/CO/3 (2006); **Burkina Faso**, ¶ 276, U.N. Doc. A/55/38 (2000); **Mongolia**, ¶ 274, U.N. Doc. A/56/38 (2001); **Trinidad and Tobago**, ¶ 160, U.N. Doc. A/57/38, Part I (2002).

[90] **Committee on Economic, Social and Cultural Rights**: **Jamaica**, 30/11/2001, U.N. Doc. E/C.12/1/Add.75, ¶ 30; **Ukraine**, 24/09/2001, U.N. Doc. E/C.12/1/Add. 65, ¶ 31.

[91] **Committee on Economic, Social and Cultural Rights**: **Honduras**, 21/05/2001, U.N. Doc. E/C.12/1/Add.57, ¶ 27; **Jamaica**, 30/11/2001, U.N. Doc. E/C.12/1/Add.75, ¶ 17; **Saint Vincent and the Grenadines**, 02/12/1997, U.N. Doc. E/C.12/1/Add.21, ¶ 26.

[92] *See, e.g.*, **CEDAW Committee**: **Bosnia and Herzegovina**, ¶ 35, U.N. Doc. CEDAW/C/BIH/CO/3 (2006); **Greece**, ¶ 207, U.N. Doc. A/54/38 (1999); **Committee on the Rights of the Child**, *General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child*, ¶ 31, U.N. Doc. CRC/GC/2003/4 (2003).; **Human Rights Committee**: **Lithuania**, 04/05/2004, U.N. Doc. CCPR/CO/80/LTU, ¶ 12.

[93] *See, e.g.*, **Committee on the Rights of the Child: Czech Republic**, ¶ 51, U.N. Doc. CRC/C/15/Add.201 (2003); **Liberia** ¶ 49, U.N. Doc. CRC/C/15/Add.236 (2004); **Malaysia**, ¶ 67, U.N. Doc. CRC/C/MYS/CO/1 (2007); **Nicaragua**, ¶ 53, U.N. Doc. CRC/C/15/Add.265 (2005).

[94] Committee on the Rights of the Child, *General Comment 3: HIV/AIDS and the Rights of the Child*, ¶ 20, U.N. Doc. CRC/GC/2003/3 (2003).

[95] *See, e.g.*, **Committee on the Rights of the Child**: **Zambia**, 03/04/1996, U.N. Doc. CCPR/C/79/Add.62, ¶ 17.

[96] *See, e.g.*, **Human Rights Committee**: **Ecuador**, 18/08/1998, U.N. Doc. CCPR/C/79/Add.92, ¶ 11.

[97] *See, e.g.*, **CEDAW Committee**: **Mexico**, ¶ 445, U.N. Doc. A/57/38 (2002); **Committee on the Rights of the Child**: **Albania**, ¶ 57, U.N. Doc. CRC/C/15/Add.249 (2005); **Kazakhstan**, ¶ 52, U.N. Doc. CRC/C/KAZ/CO/3 (2007); **Republic of Korea**, ¶ 51(b), U.N. Doc. CRC/C/15/Add.239 (2004); **Romania**, ¶¶ 46–47, U.N. Doc. CRC/C/15/Add.199 (2003); **Human Rights Committee**: **Lithuania**, ¶ 12, U.N. Doc. CCPR/CO/80/LTU (2004); **Committee on Economic, Social and Cultural Rights**: **Ukraine**, ¶ 31, U.N. Doc. E/C.12/1/Add.65 (2001).

[98] *See, e.g.*, **CEDAW Committee**, *General Recommendation 21: Equality in Marriage and Family Relations*, ¶ 22, U.N. Doc. A/49/38 (1994); **Committee on the Rights of the Child**, *General Comment 9: The Rights of Children with Disabilities*, ¶ 60, U.N. Doc. CRC/C/GC/9 (2007); **Human Rights Committee**: **Japan**, 19/11/1998, U.N. Doc. CCPR/C/79/Add.102, ¶ 31; Peru, 15/11/2000, U.N. Doc. CCPR/CO/70/PER, ¶ 21; **Committee on Economic, Social and Cultural Rights**: **Brazil**, 23/05/2003, U.N. Doc. E/C.12/1/Add.87, ¶ 27; **China (including Hong Kong and Macao)**, 13/05/2005, U.N. Doc. E/C.12/1/Add.107, Part 1: **China**, ¶ 36; **Committee against Torture**: **Czech Republic**, 03/06/2004, U.N. Doc. CAT/C/CR/32/2, ¶ 5(k); **Peru**, 25/07/2006, U.N. Doc. CAT/C/PER/CO/4, ¶ 23.

[99] **A.S. v. Hungary**, Communication No. 4/2004, ¶¶ 11.2- 11.4, U.N. Doc. CEDAW/C/36/D/4/2004, (**CEDAW Committee** 2006).

[100] *See, e.g.*, **Human Rights Committee**: **Peru**, 15/11/2000, U.N. Doc. CCPR/CO/70/PER, ¶ 21; **Slovakia**, 22/08/2003, U.N. Doc. CCPR/CO/78/SVK, ¶ 12.

[101] *See* **Human Rights Committee**: **Brazil**, 01/12/2005, U.N. Doc. CCPR/C/BRA/CO/2, ¶ 11.

[102] **Committee on the Rights of the Child**, *General Comment 9: The Rights of Children with Disabilities*, ¶ 59-60, U.N. Doc. CRC/C/GC/9 (2007).

[103] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health** (Art. 12), note 12, U.N. Doc. E/C.12/2000/4 (2000).

[104] See, e.g. **CEDAW Committee: Philippines**, ¶ 28, U.N. Doc CEDAW/C/PHI/CO/6 (2006);

[105] *See, e.g.*, **CEDAW Committee**: **Chile**, ¶ 228, U.N. Doc. A/54/38 (1999); **Indonesia**, ¶ 284(c), U.N. Doc. A/53/38 (1998); **Saint Vincent and the Grenadines**, ¶ 140, U.N. Doc. A/52/38/Rev.1 (1997); **Human Rights Committee**, *General Comment 28: Equality of Rights between Men and Women (Art. 3)* (68th Sess., 2000), in Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 168, ¶ 20, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

[106] *See, e.g.*, **CEDAW Committee**: **Burundi**, ¶ 62, U.N. Doc. A/56/38 (2001); **Cuba**, ¶ 27, U.N. Doc. CEDAW/C/CUB/CO/3 (2006); **Czech Republic**, ¶ 101, U.N. Doc. A/57/38 (2002); **Republic of Moldova**, ¶ 30, U.N. Doc. CEDAW/C/MDA/CO/3 (2006); **Committee on the Rights of the Child**: **Armenia**, ¶ 36, U.N. Doc. CRC/C/15/Add.119 (2000); **Greece**, ¶ 60, U.N. Doc. CRC/C/15/Add.170 (2002); **Kyrgyzstan**, ¶ 44, U.N. Doc. CRC/C/15/Add.127 (2000); **Latvia**, ¶ 44, U.N. Doc. CRC/C/LVA/CO/2 (2006); **Human Rights Committee**: **Albania**, ¶ 14, U.N. Doc. CCPR/CO/82/ALB (2004); **Republic of Moldova**, ¶ 18, U.N. Doc. CCPR/CO/75/MDA (2002); **Committee on Economic, Social and Cultural Rights**: **Estonia**, ¶ 30, U.N. Doc. E/C.12/Add.85 (2002).

[107] *See, e.g.*, **CEDAW Committee**: **Chile**, ¶ 19, U.N. Doc. CEDAW/C/CHI/CO/4 (2006); **Democratic Republic of the Congo**, ¶ 36, U.N. Doc. (2006); **Guyana**, ¶ 621, U.N. Doc. A/50/38 (1995); **Ukraine**, ¶ 287, U.N. Doc. A/51/38 (1996); **Human Rights Committee**: **Equatorial Guinea**, ¶ 9, U.N. Doc. CCPR/CO/79/GNQ (2004); **Committee on Economic, Social and Cultural Rights**: **Armenia**, ¶ 15, U.N. Doc. E/C.12/1/Add.39 (1999); **Azerbaijan**, ¶ 30, U.N. Doc. E/C.12/1/Add.104 (2004); **Poland**, ¶ 12, U.N. Doc. E/C.12/1/Add.26 (1998).

[108] *See, e.g.*, **CEDAW Committee**: **Myanmar**, ¶ 130, U.N. Doc. A/55/38 (2000); **Lebanon**, ¶ 112, U.N. Doc. A/60/38 (2005); **Mali**, ¶ 34, U.N. Doc. CEDAW/C/MLI/CO/5 (2006); **Colombia**, ¶ 23, U.N. Doc. CEDAW/C/COL/CO/6 (2007); **Human Rights Committee**: **Equatorial Guinea**, ¶ 9, U.N. Doc. CCPR/CO/79/GNQ (2004); **Committee on Economic, Social and Cultural Rights**: **Armenia**, ¶ 19, U.N. Doc. E/C.12/1/Add.39 (1999).

[109] WORLD HEALTH ORGANIZATION (WHO), *Fact Sheet Number 244: Emergency Contraception*, Oct. 2005, *available at* http://www.who.int/mediacentre/factsheets/fs244/en/index.html.

[110] LATIN AMERICAN CONSORTIUM FOR EMERGENCY CONTRACEPTION (LACEC), *Legal Issues Concerning Emergency Contraception*, April 2008, *available at* http://www.ippfwhr.org/files/LACEC_EN.pdf.

[111] The core list includes oral hormonal contraceptives, injectable hormonal contraceptives, intrauterine devices, barrier methods such as condoms and diaphragms. *See* WHO Model List (Revised 2005), available at http://whqlibdoc.who.int/hq/2005/a87017_eng.pdf_ (last visited 01, Oct., 2009).

[112] See Committee on Economic, Social and Cultural Rights, *Concluding Observations* to Poland, ¶ 50 (2002), E/C.12/1/ADD.82.

[113] *See, e.g.*, **CEDAW Committee**: **Brazil**, ¶ 29, U.N. Doc. CEDAW/C/BRA/6 (2007); **Burundi**, ¶ 36, U.N. Doc. CEDAW/C/BDI/CO/4 (2008); **Pakistan**, ¶ 40, U.N. Doc. CEDAW/C/PAK/CO/3 (2007); **Philippines**, ¶ 27, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); **Committee on the Rights of the Child: Armenia**, ¶ 38, U.N. Doc. CRC/C/15/Add.119 (2000); **Chile**, ¶ 55, U.N. Doc. CRC/C/CHL/CO/3 (2007); **Honduras**, ¶61, U.N. Doc. CRC/C/HND/CO/3 (2007); **Mozambique**, ¶ 46, U.N. Doc. CRC/C/15/Add.172 (2002); **Human Rights Committee: Gambia**, ¶ 17, U.N. Doc. CCPR/CO/75/GMB (2004); **Kenya**, ¶ 14, U.N. Doc. CCPR/CO/83/KEN (2005); **Mongolia**, ¶ 8(b), U.N. Doc. CCPR/C/79/Add.120 (2000); **Paraguay**, ¶ 10, U.N. Doc. CCPR/C/PRY/CO/2 (2006); **Committee on Economic, Social and Cultural Rights: Benin**, ¶ 23, U.N. Doc. E/C.12/1/Add.78 (2002); **China**, ¶ 36, U.N. Doc. E/C.12/1/Add.107 (2005);); **Mexico**, ¶ 25, U.N. Doc. E/C.12/MEX/CO/4 (2006); **Nepal**, ¶ 32, U.N. Doc. E/C.12/1/Add.66 (2001); **Committee against Torture**: **Peru**, ¶ 23, U.N. Doc. CAT/C/PER/4 (2006).

[114] *See, e.g.*, **CEDAW Committee**: **Andorra**, ¶ 48, U.N. Doc. A/56/38 (2001); **Ireland**, ¶ 186, U.N. Doc. A/54/38 (1999); **Jordan**, ¶ 181, U.N. Doc. A/55/38 (2000); **Suriname**, ¶ 30, U.N. Doc. CEDAW/C/SUR/CO/3 (2007); **Committee on the Rights of the Child**: **Chad**, ¶ 30, U.N. Doc. CRC/C/15/Add.107 (1999); **Chile**, ¶ 56, U.N. Doc. CRC/C/CHL/CO/3 (2007); **Palau**, ¶ 47, U.N. Doc. CRC/C/15/Add.149 (2001); **Human Rights Committee**: **Gambia**, ¶ 17, U.N. Doc. CCPR/CO/75/GMB (2004); **Morocco**, ¶ 29, U.N. Doc. CCPR/CO/82/MAR (2004); **Poland**, ¶ 8, U.N. DOC. CCPR/CO/82/POL (2004); **Sri Lank**a, ¶ 12, CCPR/CO/79/LKA (2003); **Committee on Economic, Social and Cultural Rights**: **Chile**, ¶ 53, U.N. Doc. E/C.12/1/Add.105 (2004); **Kuwait**, ¶ 43, U.N. Doc. E/C.12/1/Add.98 (2004); **Malta**, ¶ 41, U.N. Doc. E/C.12/1/Add.101 (2004); **Nepal**, ¶55, U.N. Doc. E/C.12/1/Add.66 (2001).

[115] *See, e.g.*, **CEDAW Committee**: **Sri Lanka**, ¶ 283, U.N. Doc. A/57/38, Part I (2002); **Committee on the Rights of the Child**: **Chile**, ¶ 56, U.N. Doc. CRC/C/CHL/CO/3 (2007); **Human Rights Committee**: **Panama**, ¶ 9, U.N.Doc. CCPR/C/PAN/CO/3 (2008); **Committee on Economic, Social and Cultural Rights**: **Costa Rica**, ¶¶ 25, 46, U.N. Doc. E/C/12/CRI/CO/4 (2008).

[116] *See, e.g.*, **CEDAW Committee**: **Sri Lanka**, ¶ 283, U.N. Doc. A/57/38, Part I (2002); **Committee on the Rights of the Child**: **Chile**, ¶ 56, U.N. Doc. CRC/C/CHL/CO/3 (2007); **Committee on Economic, Social and Cultural Rights**: **Costa Rica**, ¶¶ 25, 46, U.N. Doc. E/C/12/CRI/CO/4 (2008).

[117] *See, e.g.*, **Committee on the Rights of the Child**: **Chile**, ¶ 56, U.N. Doc. CRC/C/CHL/CO/3 (2007); **Human Rights Committee**: **Madagascar**, ¶ 14, U.N. Doc. CCPR/C/MDG/CO/3 (2007); **Committee on Economic, Social and Cultural Rights**: **Costa Rica**, ¶¶ 25, 46, U.N. Doc. E/C/12/CRI/CO/4 (2008).

[118] *See* **CEDAW Committee**: **Sri Lanka**, ¶ 283, U.N. Doc. A/57/38, Part I (2002).

[119] **Human Rights Committee,** ***KL v. Peru,*** Comm. ¶ 6.3, No. 1153/2003, 24 October 2005, U.N. Doc. CCPR/C/85/D/1153/2003.

[120] *See, e.g.*, **CEDAW Committee**: **Liechtenstein**, ¶¶ 25-26, U.N. Doc. CEDAW/ (2007); **Mauritius**, ¶ 31, U.N. Doc. CEDAW/C/MAR/CO/5 (2006); **Nicaragua**, ¶ 18, U.N. Doc. CEDAW/C/NIC/CO/6 (2007); **Philippines**, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); **Committee on the Rights of the Child**: **Chad**, ¶ 30, U.N. Doc. CRC/C/15/Add.107 (1999); **Chile**, ¶ 55, U.N. Doc. CRC/C/CHL/CO/3 (2007); **Palau**, ¶ 46, U.N. Doc. CRC/C/15/Add.149 (2001); **Uruguay**, ¶ 51, U.N. Doc. CRC/C/URY/CO/2 (2007).

[121] *See, e.g.*, **Human Rights Committee**: **Chile**, ¶ 15, U.N. Doc. CCPR/C/79/Add.104 (1999); **Venezuela**, ¶ 19, U.N. Doc. CCPR/CO/71/VEN (2001).

[122] **Human Rights Committee**, *General Comment 28: Equality of Rights Between Men and Women* (Art. 3) (68th Sess., 2000), in Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 168, ¶ 20, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

[123] See, e.g., **Human Rights Committee: Nicaragua**, ¶ 13, U.N. Doc CCPR/C/NIC/CO/3 (2008); **Committee Against Torture: Nicaragua**, ¶ 16, U.N. Doc. CAT/C/NIC/CO/1 (2009).

[124] *See* **CEDAW Committee**: **Peru**, ¶ 25, U.N. Doc. CEDAW/C/PER/CO/6 (2007).

[125] *See, e.g.*, **CEDAW Committee**: **Brazil**, ¶ 29, U.N. Doc. CEDAW/C/BRA/6 (2007); **Burundi**, ¶¶ 35-36, U.N. Doc. CEDAW/C/BDI/CO/4 (2008); **Pakistan**, ¶ 40, U.N. Doc. CEDAW/C/PAK/CO/3 (2007); **Philippines**, ¶ 27, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); **Committee on the Rights of the Child: Chile**, ¶ 55, U.N. Doc. CRC/C/CHL/CO/3 (2007); **Honduras**, ¶¶ 60-61, U.N. Doc. CRC/C/HND/CO/3 (2007); **Mozambique**, ¶ 46, U.N. Doc. CRC/C/15/Add.172 (2002); **Human Rights Committee: Gambia**, ¶ 17, U.N. Doc. CCPR/CO/75/GMB (2004); **Kenya**, ¶ 14, U.N. Doc. CCPR/CO/83/KEN (2005); **Mongolia**, ¶ 8(b), U.N. Doc. CCPR/C/79/Add.120 (2000); **Paraguay**, ¶ 10, U.N. Doc. CCPR/C/PRY/CO/2 (2006); **Committee on Economic, Social and Cultural Rights: Benin**, ¶ 23, U.N. Doc. E/C.12/1/Add.78 (2002); **China**, ¶ 36, U.N. Doc. E/C.12/1/Add.107 (2005); **Mexico**, ¶ 25, U.N. Doc. E/C.12/MEX/CO/4 (2006); **Nepal**, ¶ 32, U.N. Doc. E/C.12/1/Add.66 (2001); **Committee against Torture**: **Peru**, ¶ 23, U.N. Doc. CAT/C/PER/4 (2006).

[126] *See, e.g.*, **CEDAW Committee**: **Belize**, ¶ 56, U.N. Doc. A/54/38 (1999); **Colombia**, ¶ 393, U.N. Doc. A/54/38 (1999); **Dominican Republic**, ¶ 337, U.N. Doc. A/53/38 (1998).

[127] *See, e.g.*, **CEDAW Committee**: **Belize**, ¶ 56, U.N. Doc. A/54/38 (1999); **Colombia**, ¶ 393, U.N. Doc. A/54/38 (1999); **Dominican Republic**, ¶ 337, U.N. Doc. A/53/38 (1998); **Paraguay**, ¶ 131, U.N. Doc. A/51/38 (1996); **Human Rights Committee**: **El Salvador**, ¶ 14, U.N. Doc. CCPR/CO/78/SLV (2004); **Kenya**, ¶ 14, U.N. Doc. CCPR/CO/83/KEN (2005); **Mauritius**, ¶ 9, U.N. Doc. CCPR/CO/83/MUS (2005); **Vietnam**, ¶ 15, U.N. Doc. CCPR/CO/75/VNM (2002).

[128] *See* **Human Rights Committee**: **Ecuador**, ¶ 11, U.N. Doc. CCPR/C/79/Add.92 (1998).

[129] **Human Rights Committee, *KL v. Peru***, Comm. ¶ 6.3, No. 1153/2003, 24 October 2005, U.N. Doc. CCPR/C/85/D/1153/2003.

[130] *See* **Human Rights Committee**: **Argentina**, ¶ 14, U.N. Doc. CCPR/CO/70/ARG (2000).

[131] *See* **Committee on the Elimination of Racial Discrimination**: **United States**, ¶ 33, U.N. Doc. CERD/C/USA/CO/6 (2008).

[132] *See* **Human Rights Committee, *KL v. Peru***, Comm. No. 1153/2003, 24 October 2005, U.N. Doc. CCPR/C/85/D/1153/2003

[133] *See, e.g.*, **CEDAW Committee**: **Croatia**, ¶ 109, U.N. Doc. A/53/38 (1998); **Italy**, ¶ 353, U.N. Doc. A/52/38 Rev.1, Part II (1997); **Poland**, ¶ 25, U.N. Doc. CEDAW/C/POL/CO/6 (2007); **Human Rights Committee**: **Poland**, ¶ 8, U.N. DOC. CCPR/CO/82/POL (2004).

[134] *See* **CEDAW Committee**: **Croatia**, ¶ 109, U.N. Doc. A/53/38 (1998); **Slovakia** ¶ 43, U.N. Doc. A/63/38 (2008)

[135] *See, e.g.*, **CEDAW Committee**: **Indonesia**, ¶ 16, U.N. Doc. CEDAW/C/IDN/CO/5 (2007); **Turkey**, ¶ 196, U.N. Doc. A/52/38/Rev.1 (1997).

[136] *See* **Committee on the Rights of the Child**: **Kyrgyzstan**, ¶ 45, U.N. Doc. CRC/C/15/Add.127 (2000).

[137] *See id.*

[138] *See* **Human Rights Committee**: **Zambia**, ¶ 18, U.N. Doc. CCPR/C/ZMB/CO/3 (2007).

[139] *See* **Committee against Torture**: **Chile**, ¶ 4(h), U.N. Doc. CAT/CR/32/5 (2004).

[140] *See* **Committee against Torture**: **Chile**, ¶ 7(m), U.N. Doc. CAT/CR/32/5 (2004).

[141] *See* **CEDAW Committee**: **China**, ¶¶ 31–32, U.N. Doc. CEDAW/C/CHN/CO/6 (2006); **Committee on Economic, Social and Cultural Rights**: **China**, ¶¶ 36, 65, U.N. Doc. E/C.12/1/Add.107 (2005).

[142] *See, e.g.*, **CEDAW Committee**: **China**, ¶¶ 17, 21, U.N. Doc. CEDAW/C/CHN/CO/6 (2006); **India**, ¶ 38, U.N. Doc. CEDAW/C/IND/CO/3 (2007); **Committee on the Rights of the Child**: **China**, ¶¶ 28-29, U.N. Doc. CRC/C/CHN/CO/2 (2005).; C**ommittee on Economic, Social and Cultural Rights**: **China**, ¶ 18, U.N. Doc. E/C.12/1/Add.107 (2005); **Republic of Korea**, ¶ 16, U.N. Doc. E/C.12/1/Add.59 (2001).

[143] *See* **Committee on Economic, Social and Cultural Rights**: **Republic of Korea**, ¶ 16, U.N. Doc. E/C.12/1/Add.59 (2001).

[144] *See, e.g.*, **Committee on the Rights of the Child**: **China**, ¶¶ 28-29, U.N. Doc. CRC/C/CHN/CO/2 (2005); **Committee on Economic, Social and Cultural Rights**: **Indonesia**, ¶ 17, U.N. Doc. E/C.12/IND/CO/5 (2008).

[145] *See* **CEDAW Committee**: **China**, ¶¶ 17–18, U.N. Doc. CEDAW/C/CHN/CO/6 (2006); **India**, ¶ 39, U.N. Doc. CEDAW/C/IND/CO/3 (2007).

[146] **CEDAW Committee**, **General Recommendation 24: Women and Health**, ¶ 14, U.N. Doc. A/54/38/Rev.1 (1999)

[147] **Committee on Economic, Social and Cultural Rights, General Comment 16: The Equal Right of Men and Women to the Enjoyment of all Economic, Social and Cultural Rights** (Art. 3) (34th Sess., 2005), ¶ 29, U.N. Doc. E/C.12/2005/4 (2005).

[148] See e.g., LOUISE FINER & JUDITH BUENO DE MESQUITA, CONSCIENTIOUS OBJECTION: PROTECTING SEXUAL AND REPRODUCTIVE HEALTH RIGHTS, Essex University 13 (2008) *available at* http://www2.essex.ac.uk/human_rights_centre/rth/docs/conscientious%20objection%20final.pdf.

[149] *Id.* at 11.

[150] *See, e.g.*, Bela Ganatra, *Maintaining Access to Safe Abortion and Reducing Sex Ratio Imbalances in Asia*, 16: 31 90, 96 (2008); Madhu Kishwar, *Abortion of Female Fetuses: Is Legislation the Answer?*, 1:2 REPROD. HEALTH MATTERS 113, 114 (1993).

[151] *See, e.g.*, Ganatra *supra* note 150, at 94; Kishwar *supra* note 150, at 114.

[152] B.M. Dickens, *Can Sex Selection be Ethically Tolerated?* 28:6 J. Med. Ethics. 335, 336 (2002); Angela Long, *Why Criminalizing Sex Selection Techniques is Unjust: An Argument Challenging Conventional Wisdom*. 14 HEALTH L.J. 70, 74-75, 92 (2006).

[153] WHO, Essential Medicines, WHO Model List 20 (14th Edition, revised March 2005).

[154] WHO, *Essential Drugs and Medicines Policy: What are Essential Drugs?* (last updated July 4, 2005).

[155] *See, e.g.*, **CEDAW Committee**: **Brazil**, ¶ 126, U.N. Doc. A/58/38 (2003); **Iraq**, ¶ 203, U.N. Doc. A/55/38 (2000); **Malawi**, ¶ 31, U.N. Doc. CEDAW/C/MWI/CO (2006); **Ukraine**, ¶ 289, U.N. Doc. A/57/38, (2002); **Committee on the Rights of the Child**: **Botswana**, ¶ 48, U.N. Doc. CRC/C/15/Add.242 (2004); **Democratic People's Republic of Korea**, ¶ 50, U.N. Doc. CRC/C/15/Add.239 (2004); **Guatemala**, ¶ 40, U.N. Doc. CRC/C/15/Add.154 (2001); **Indonesia**, ¶ 55, U.N. Doc. CRC/C/15/Add.223 (2004); **Human Rights Committee**: **Mali**, ¶ 14, U.N. Doc. CCPR/CO/77/MLI (2003); **Committee on Economic, Social and Cultural Rights**: **Morocco**, ¶ 13(f), U.N. Doc.E/C.12/MAR/CO/3 (2006); **Nepal**, ¶ 32, U.N. Doc.E/C.12/1/Add.66 (2001); **Panama**, ¶ 20, U.N. Doc.E/C.12/1/Add.64 (2001); **Poland**, ¶ 29, U.N. Doc.E/C.12/1/Add.82 (2002);

Committee on the Elimination of Racial Discrimination: **India**, ¶ 24, U.N. Doc. CERD/C/IND/CO/19 (2007); **Nicaragua**, ¶ 23, U.N. Doc. CERD/C/NIC/CO/14 (2008); **United States**, ¶ 33, U.N. Doc. CERD/C/USA/CO/6 (2008); **Committee Against Torture: Nicaragua**, ¶ 13, U.N. Doc. CAT/C/NIC/CO/1

[156] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12),** ¶ 44, U.N. Doc. E/C.12/2000/4 (2000).

[157] **Committee on Economic, Social and Cultural Rights**: **Dominican Republic**, ¶ 22, U.N. Doc. E/C.12/1/Add.6 (1996); **Dominican Republic**, ¶ 15, U.N. Doc. E/C.12/1/Add.16 (1997).

[158] *See, e.g.*, **CEDAW Committee**: **Belize**, ¶ 56, U.N. Doc. A/54/38 (1999); **Colombia**, ¶ 393, U.N. Doc. A/54/38 (1999); **Dominican Republic**, ¶ 337, U.N. Doc. A/53/38 (1998); **Madagascar**, ¶ 244, U.N. Doc. A/49/38, (1994); **Human Rights Committee**: **Mali**, ¶ 14, U.N. Doc. CCPR/CO/77/MLI (2003).

[159] *See, e.g.*, **Human Rights Committee**: **Mali**, ¶ 14, U.N. Doc. CCPR/CO/77/MLI (2003); *See also* **Committee on Economic, Social and Cultural Rights**: **Benin**, 05/06/2002, U.N. Doc. E/C.12/1/Add.78, ¶ 23; **Bolivia**, 21/05/2001, U.N. Doc. E/C.12/1/Add.60, ¶ 23; **Nepal** 24/09/2001 U.N. Doc. E/C.12/1/Add. 66, ¶55.

[160] *See, e.g.*, **CEDAW Committee**: **Czech Republic**, ¶ 101, U.N. Doc. A/57/38 (2002); **Kazakhstan**, ¶¶ 105–06, U.N. Doc. A/56/38 (2001); **Malawi**, ¶ 31, U.N. Doc. CEDAW/C/ MWI/CO (2006); **Viet Nam**, ¶ 24, U.N. Doc. CEDAW/C/VNM/CO/6 (2007); **Human Rights Committee**: **Guatemala**, ¶ 19, U.N. Doc. CCPR/CO/72/GTM (2001); **Kuwait**, ¶ 16, U.N. Doc. CCPR/CO/69/KWT (2000); **Poland**, ¶ 11, U.N. Doc. CCPR/C/79/Add.110 (1999); **Trinidad and Tobago**, ¶ 18, U.N. Doc. CCPR/CO/70/TTO (2000); **Committee on Economic, Social and Cultural Rights**: **Dominican Republic**, ¶ 22, U.N. Doc. E/C.12/1/Add.6 (1996); **Dominican Republic**, ¶ 15, U.N. Doc. E/C.12/1/Add.16 (1997).

[161] **Committee on Economic, Social and Cultural Rights**: **Azerbaijan**, ¶¶ 30, 56, U.N. Doc. E/C.12/1/Add.104 (2004).

[162] *See, e.g.*, **CEDAW Committee**: **Gambia**, ¶ 203, U.N. Doc. A/60/38 (2005); **Guatemala**, ¶ 33, U.N. Doc. CEDAW/C/GUA/CO/6 (2006); **Morocco**, ¶ 30, U.N. Doc. CEDAW/C/ MAR/CO/4 (2008); **Philippines**, ¶ 27, U.N. Doc. CEDAW/C/PHI/ CO/6 (2006); **Human Rights Committee**: **Democratic Republic of the Congo**, ¶360, U.N. Doc. CEDAW/C/COD/CO/5 (2006); **Committee on the Rights of the Child**: **Burundi**, ¶ 54, U.N. Doc. CRC/C/15/Add.133 (2000); **Colombia**, ¶ 48, U.N. Doc. CRC/C/15/ Add.137 (2000); **South Africa**, ¶ 29, U.N. Doc. CRC/C/15/Add.122 (2000); **Viet Nam**, ¶ 39, U.N. Doc. CRC/C/15/Add.200 (2003).

[163] *See, e.g.*, **Committee on the Rights of the Child**: **Central African Republic**, ¶ 54, U.N. Doc. CRC/C/15/Add.138 (2000); **Human Rights Committee**: **Poland**, ¶ 11, U.N. Doc. CCPR/C/79/Add.110 (1999).

[164] *See, e.g.*, **CEDAW Committee**: **Russian Federation**, ¶ 545, U.N. Doc. A/50/38 (1995).

[165] *See, e.g.*, **Human Rights Committee**: **Democratic Republic of the Congo**, ¶360, U.N. Doc. CEDAW/C/COD/CO/5 (2006).

[166] *See, e.g.*, **Human Rights Committee**: **Democratic Republic of the Congo**, ¶360, U.N. Doc. CEDAW/C/COD/CO/5 (2006).

[167] *See, e.g.*, **CEDAW Committee**: **Belize**, ¶ 52, 01/07/99, U.N. Doc. A/54/38 (1999); **Ghana**, ¶ 31, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Ireland**, ¶ 180, U.N. Doc. A/54/38 (1999); **Committee on the Rights of the Child**: **Uzbekistan**, ¶ 51, U.N. Doc. CRC/C/15/Add.167 (2001).

[168] *See, e.g.*, **Human Rights Committee**: **Mozambique**, ¶ 36, U.N. Doc. CEDAW/C/MO Z/CO/2 (2007).

[169] *See, e.g.*, **Committee on the Rights of the Child**: **India**, ¶ 52, U.N. Doc. CRC/C/15/Add.228 (2004); **Nigeria**, ¶ 49(a), U.N. Doc. CRC/C/15/ Add.257 (2005); **Pakistan**, ¶ 52(c), U.N. Doc. CRC/C/15/ Add.217 (2003); **Philippines**, ¶ 58, U.N. Doc. CRC/C/15/ Add.259 (2005).

[170] *See, e.g.*, **Committee on the Rights of the Child**: **Mali**, ¶ 50, U.N. Doc. CRC/C/MLI/CO/2 (2007).

[171] *See, e.g.*, **CEDAW Committee**: **Estonia**, ¶ 25, U.N. Doc. CEDAW/C/EST/CO/4 (2007); **Eritrea**, ¶ 23, U.N. Doc. CEDAW/C/ERI/CO/3 (2006); **Nepal**, ¶ 213, U.N. Doc. A/59/38 (2004); **Pakistan,** ¶ 41, **U.N. Doc.** CEDAW/C/PAK/CO/3 (2007); **Committee on the Rights of the Child**: **Chile**, ¶ 41, U.N. Doc. CRC/S/15/Add.173 (2002); **Kazakhstan**, ¶ 52 (b), U.N. Doc. CRC/C/KAZ/CO/3 (2007); **Human Rights Committee**: **Argentina**, ¶ 14, U.N. Doc. CCPR/CO/70/ARG (2000); **Colombia**, ¶ 37, U.N. Doc. CCPR/C/79/Add.76 (1997); **Georgia**, ¶ 12, U.N. Doc. CCPR/C/79/Add.75 (1997**)**.

[172] *See, e.g.*, **CEDAW Committee**: **Eritrea**, ¶ 22, U.N. Doc. CEDAW/C/ERI/ CO/3, (2006); **Mexico**, ¶ 445, U.N. Doc. A/57/38, (2002); **Mozambique**, ¶ 36, U.N. Doc. CEDAW/C/MOZ/ CO/2 (2007); **Uganda**, ¶ 147, U.N. Doc. A/57/38 (2002); **Committee on the Rights of the Child**: **Grenada**, ¶ 22, U.N. Doc. CRC/C/15/ Add.121 (2000); **Honduras,** ¶ 60, U.N. Doc. CRC/C/HND/ CO/3 (2007); **Kazakhstan**, ¶ 58, U.N. Doc. CRC/C/15/ Add.213 (2003); **Kenya**, ¶ 49, U.N. Doc. CRC/C/KEN/ CO/2 (2007).

[173] *See, e.g.*, **Committee on the Rights of the Child**: **Eritrea**, ¶ 45, U.N. Doc. CRC/C/15/Add.204 (2003); **Human Rights Committee**: **Sudan**, ¶ 10, U.N. Doc. CRC/C/15/Add.10 (1993).

[174] *See, e.g.*, **Human Rights Committee**: **Senegal**, ¶ 12, U.N. Doc. CCPR/C/79/Add 82 (1997); **Sudan**, ¶ 10, U.N. Doc. CRC/C/15/Add.10 (1993).

[175] *See, e.g.*, **Human Rights Committee**: **Senegal**, 19/11/97, U.N. Doc. CCPR/C/79/Add 82, ¶ 12.

[176] *See, e.g.*, **CEDAW Committee**: **Armenia**, ¶ 53, U.N. Doc. A/57/38 (2002); **Brazil**, ¶ 127, U.N. Doc. A/58/38 (2003); **Indonesia**, ¶ 37, U.N. Doc. CEDAW/C/IDN/ CO/5 (2008); **Mali**, ¶ 34, U.N. Doc. CEDAW/C/MLI/CO/5 (2006); **Committee on the Rights of the Child**, *General Comment 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child* (33rd Sess., 2003), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 328, ¶ 27, U.N. Doc. HRI/GEN/1/ Rev.7 (2004).; **Human Rights Committee**: **Argentina**, ¶ 14, U.N. Doc. CCPR/CO/70/AR G (2000); **Ecuador**, ¶ 11, U.N. Doc. CCPR/C/79/Add.92 (1998); **Poland**, ¶ 11, U.N. Doc. CCPR/C/79/Add.110 (1999); **Viet Nam**, ¶ 15, U.N. Doc. CCPR/CO/75/VNM (2002); **Committee on Economic, Social and Cultural Rights**: **Benin**, ¶ 42, U.N. Doc. E/C.12/1/Add.78 (2002); **Bolivia**, ¶ 43, U.N. Doc. E/C.12/1/Add.60 (2001); **Nepal**, ¶ 32, U.N. Doc. E/C.12/1/Add.66 (2001); **Russia**, ¶ 63, U.N. Doc. E/C.12/1/Add.94 (2003); **Committee on the Elimination of Racial Discrimination**: **United States**, ¶ 33 (i)-(iii), U.N. Doc. CERD/C/USA/CO/6 (2008).

[177] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12),** ¶ 14, U.N. Doc. E/C.12/2000/4 (2000).

[178] *See, e.g.*, **Committee on the Rights of the Child**: **Panama**, ¶ 44, U.N. Doc. CRC/C/15/Add.233 (2004); **Niger**, ¶ 47(e), U.N. Doc. CRC/C/15/Add.197 (2002); **Human Rights Committee**: **Guatemala**, ¶ 43, U.N. Doc. E/C.12/1/Add.93 (2003).

[179] *See, e.g.*, **CEDAW Committee**: **Gambia**, ¶ 204, U.N. Doc. A/60/38 (2005); **Iraq**, ¶¶ 203–04, U.N. Doc. A/55/38 (2000); **Nicaragua**, ¶ 301, U.N. Doc. A/56/38 (2001); **Turkey**, ¶ 376, U.N. Doc. A/60/38 (2005); **Committee on the Rights of the Child**: **Botswana**, ¶ 49, U.N. Doc. CRC/C/15/Add.242 (2004); **Philippines**, ¶ 59(c), U.N. Doc. CRC/C/15/Add.259 (2005); **Syrian Arab Republic**, ¶ 40(b), U.N. Doc. CRC/C/15/Add.212 (2003); **United Republic of Tanzania**, ¶ 47, U.N. Doc. CRC/C/15/Add.156 (2001); **Human Rights Committee**: **Azerbaijan**, ¶ 56, U.N. E/C.12/1/Add.104 (2004); **Korea**, 12/12/2003, U.N. Doc. E/C.12/1/Add.95, ¶ 44; **Nepal**, ¶ 46, U.N. Doc. E/C.12/NPL/CO/2 (2008); **Russia**, ¶ 63, ,U.N. Doc. E/C.12/1/Add.94 (2003).

[180] *See, e.g.*, **Committee on the Rights of the Child**: **Central African Republic**, ¶ 55, U.N. Doc. CRC/C/15/Add.138 (2000); **Djibouti**, ¶ 42, U.N. Doc. CRC/C/15/Add.131 (2000); **Sao Tome and Principe**, ¶

45(a), U.N. Doc. CRC/C/15/Add.235 (2004); **Viet Nam**, ¶ 40(c), U.N. Doc. CRC/C/15/Add.200 (2003); **Human Rights Committee**: **Nepal**, ¶ 33, U.N. Doc. E/C.12/1/Add.66 (2001).

[181] *See, e.g.*, **CEDAW Committee**: **Burundi**, ¶ 62, U.N. Doc. A/56/38 (2001); **Ecuador**, ¶ 318, U.N. Doc. A/58/38 (2003); **Greece**, ¶ 26, U.N. Doc. CEDAW/C/GRC/CO/6 (2007); **Tajikistan**, ¶ 32, U.N. Doc. CEDAW/C/TJK/CO/3 (2007); **Committee on the Rights of the Child**: **Chile**, ¶ 40(b), U.N. Doc. CRC/S/15/Add.173 (2002); **Guatemala**, ¶ 40, U.N. Doc. CRC/C/15/Add.154 (2001); **Paraguay**, ¶ 38(b), U.N. Doc. CRC/C/15/Add.166 (2001); **Zambia**, ¶ 47(b), U.N. Doc. CRC/C/15/Add.206 (2003).

[182] *See, e.g.*, **CEDAW Committee**: **Cape Verde**, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Democratic Republic of the Congo**, ¶ 228, U.N. Doc. A/55/38 (2000); **Mongolia**, ¶ 274, U.N. Doc. A/56/38 (2001); **Romania**, ¶ 315, U.N. Doc. A/55/38, (2000).; **Committee on the Rights of the Child**: **Kenya**, ¶ 50 (b), U.N. Doc. CRC/C/KEN/CO/2 (2007); **Russian Federation**, ¶ 55, U.N. Doc. CRC/C/RUS/CO/3 (2005); **Uruguay**, ¶ 52, U.N. Doc. CRC/C/ URY/CO/2 (2007); **Human Rights Committee**: **India**, ¶ 77, E/C.12/IND/CO/5 (2008); **Paraguay**, ¶ 32, E/C.12/PRY/CO/3 (2008).

[183] See e.g., **CEDAW Committee: Bolivia**, ¶ 11 CEDAW/C/BOL/2a4 (2008)

[184] *See, e.g.*, **CEDAW Committee**: **Burundi**, ¶ 36, U.N. Doc. CEDAW/C/BDI/ CO/4 (2008); **Malawi**, ¶ 32, U.N. Doc. CEDAW/C/MWI/ CO (2006); **Morocco**, ¶ 78; 0, U.N. Doc. A/52/38/Rev.1 (1997).

[185] *See, e.g.*, **CEDAW Committee**: **Georgia**, ¶ 112, U.N. Doc. A/54/38 (1999); **Luxembourg**, ¶ 221, U.N. Doc. A/52/38/Rev.1, Part II (1997).

[186] *See, e.g.*, **Committee on the Rights of the Child**: **Eritrea**, ¶ 46, U.N. Doc. CRC/C/15/Add.204 (2003).

[187] *See, e.g.*, **CEDAW Committee**: **Chile**, ¶ 229, U.N. Doc. A/54/38 (1999); **India**, ¶ 41, U.N. Doc. CEDAW/C/IND/CO/3 (2007); **Italy**, ¶ 360,U.N. Doc. A/52/38 Rev.1, Part II (1997); **Jordan**, ¶ 181, U.N. Doc. A/55/38 (2000); **Committee on the Rights of the Child**: **Chad**, ¶ 30, U.N. Doc. CRC/C/15/Add.107 (1999); **Republic of Korea**, ¶ 50, U.N. Doc. CRC/C/15/Add.239 (2004); **Haiti,** ¶ 46, U.N. Doc. CRC/C/15/Add.202 (2003); **Ukraine**, ¶ 57, U.N. Doc. CRC/C/15/Add.191 (2002); **Human Rights Committee**: **Guatemala**, ¶ 19, U.N. Doc. CCPR/CO/72/GTM (2001); **Madagascar**, ¶ 14, U.N. Doc. CCPR/C/MDG/ CO/3 (2007); **Poland**, ¶ 11, U.N. Doc. CCPR/C/79/ Add.110 (1999); **Trinidad and Tobago**, ¶ 18, U.N. Doc. CCPR/CO/70/TTO (2000).

[188] *See, e.g.*, **Committee on the Rights of the Child**: **Chad**, ¶ 30, U.N. Doc. CRC/C/15/Add.107 (1999); **Human Rights Committee**: **Chile**, ¶ 8, U.N. Doc. CCPR/C/CHL/CO/5 (2007); **Kuwait**, ¶ 16, U.N. Doc. CCPR/CO/69/KWT (2000); **Madagascar**, ¶ 14, U.N. Doc. CCPR/C/MDG/CO/3 (2007); **Zambia**, ¶ 18, U.N. Doc. CCPR/C/ZMB/CO/3 (2007).

[189] *See, e.g.*, **CEDAW Committee**: **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Jamaica**, ¶ 36, U.N. Doc. CEDAW/C/JAM/CO/5 (2006); **Lebanon**, ¶ 112, A/60/38 (2005); **Poland**, ¶ 25, U.N. Doc. CEDAW/C.POL.CO.6 (2007); **Committee on the Rights of the Child**: **India**, ¶ 41, U.N. Doc. CEDAW/C/IND/CO/3 (2007); **Jordan**, ¶ 181, U.N. Doc. A/55/38 (2000); **Mexico**, ¶ 426, U.N. Doc. A/53/38 (1998); **Saint Vincent and the Grenadines**, ¶ 148, U.N. Doc. A/52/38/Rev.1 (1997); **Human Rights Committee**: **Argentina**, ¶ 14, U.N. Doc. CCPR/CO/70/AR G (2000); **Guatemala**, ¶ 19, U.N. Doc. CCPR/CO/72/GTM (2001).

[190] *See, e.g.*, **CEDAW Committee**: **Belize**, ¶ 28, U.N. Doc. CEDAW/C/BLZ/CO/4 (2007); **Bolivia**, ¶ 43, U.N.Doc. CEDAW/C/BOL/CO/4; **Pakistan,** ¶ 41, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).

[191] *See, e.g.*, **CEDAW Committee**: **Chile**, ¶ 227, U.N. Doc. A/54/38 (1999); **Greece**, ¶¶ 207–08, U.N. Doc. A/54/38 (1999); **Ireland**, ¶ 186, U.N. Doc. A/54/38 (1999); **Nigeria**, ¶ 171, U.N. Doc. A/53/38/Rev.1 (1998); **Human Rights Committee**: **Ecuador**, ¶ 11, U.N. Doc. CCPR/C/79/Add.92 (1998).

[192] *See, e.g.*, **CEDAW Committee**: **Kazakhstan,** ¶ 25, U.N. Doc. CEDAW/C/KAZ/CO/2 (2007); **Kenya**, ¶ 38,

U.N. Doc. CEDAW/C/KEN/CO/6 (2007); **Laos People's Democratic Republic**, ¶ 96, U.N. Doc. A/60/38 (2005); **Morocco**, ¶ 32, U.N. Doc. CEDAW/C/MAR/CO/4 (2008); **Committee on the Rights of the Child**: **Eritrea**, ¶ 53, U.N. Doc. CRC/C/ERI/CO/3 (unedited version) (2008); **Mali**, ¶ 50, U.N. Doc. CRC/C/MLI/CO/2 (2007); **Tunisia**, ¶ 37, U.N. Doc. CRC/C/15/Add.181 (2002); **Human Rights Committee**: **Argentina**, ¶ 14, U.N. Doc. CCPR/CO/70/AR G (2000); **Committee on Economic, Social and Cultural Rights**: **Benin**, ¶25, U.N. Doc. E/C.12/BEN/CO/2 (2008); **Columbia**, ¶ 24, U.N. Doc. E/C. 12/1/Add.74 (2001); **Japan**, ¶ 55, E/C.12/1/Add.67 (2001); **Mexico**, ¶ 44, U.N. Doc. E/C.12/MEX/CO/4 (2006).

[193] *See, e.g.*, **CEDAW Committee**: **Bangladesh**, ¶ 438, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Hungary**, ¶ 329, U.N. Doc. A/57/38 (2002); **Mexico**, ¶ 394, U.N. Doc. A/53/38 (1998); **South Africa**, ¶ 134, U.N. Doc. A/53/38/Rev.1 (1998); **Human Rights Committee**: **Argentina**, ¶ 14, U.N. Doc. CCPR/CO/70/AR G (2000); **Committee on Economic, Social and Cultural Rights**: **Peru**, ¶ 16, U.N. Doc. E/C.12/Add.1/14 (1997).

[194] *See, e.g.*, **CEDAW Committee**: **Australia**, ¶ 397, U.N. Doc. A/52/38/Rev.1, Part II (1997); **New Zealand**, ¶ 279, U.N. Doc. A/53/38 (1998); **Peru**, ¶ 341, U.N. Doc. A/53/38/Rev.1 (1998); **Committee on Economic, Social and Cultural Rights**: **Peru**, ¶ 16, U.N. Doc. E/C.12/Add.1/14 (1997).

[195] See, e.g., **CEDAW Committee: Colombia**, ¶ 22, CEDAW/C/Col/CO/6 (2007); **Brazil**, ¶ 126, A/58/38 (2003)

[196] *See, e.g.*, **CEDAW Committee**: **Israel**, ¶ 162, U.N. Doc. A/52/38 Rev.1, Part II (1997); **Human Rights Committee**: **Ireland**, ¶¶ 27–28, U.N. Doc. A/55/40 (2000); **Committee on the Elimination of Racial Discrimination**: **India**, ¶ 24, U.N. Doc. CERD/C/IND/CO/19 (2007); **Slovakia**, ¶ 14, U.N. Doc. CERD/C/304/Add.110 (2001); **Vietnam**, ¶ 10, U.N. Doc. CERD/C/59/Misc.21/Rev.3 (2001).

[197] *See, e.g.*, **Committee on the Elimination of Racial Discrimination**: **India**, ¶ 24, U.N. Doc. CERD/C/IND/CO/19 (2007); **Nicaragua**, ¶ 23, U.N. Doc. CERD/C/NIC/CO/14 (2008); **United States**, ¶ 33, U.N. Doc. CERD/C/USA/CO/6 (2008).

[198] *See, e.g.*, **Committee on the Rights of the Child**: **Sri Lanka**, ¶ 39(a), U.N. Doc. CRC/C/15/Add.207 (2003).

[199] *See, e.g.*, **Committee on the Rights of the Child**: **Cote d'Ivoire**, ¶ 25, U.N. Doc. CRC/C/15/ Add.155 (2001).

[200] *See, e.g.*, **CEDAW Committee**: **China**, ¶¶ 325–26, U.N. Doc. A/54/38 (1999); **Cuba**, ¶ 271, U.N. Doc. A/55/38 (2000); **Democratic Republic of the Congo**, ¶ 220, U.N. Doc. A/55/38 (2000); **Indonesia**, ¶¶ 300, 310, U.N. Doc. A/53/38 (1998).

[201] *See, e.g.*, **Committee on the Rights of the Child**: **Cote d'Ivoire**, ¶ 25, U.N. Doc. CRC/C/15/ Add.155 (2001); **Human Rights Committee**: **Ecuador**, ¶ 11, U.N. Doc. CCPR/C/79/Add.92 (1998); **Ireland**, ¶¶ 27–28, U.N. Doc. A/55/40 (2000); **Committee on Economic, Social and Cultural Rights**: **Nepal**, ¶ 46, U.N. Doc. E/C.12/NPL/CO/2 (2008); **Paraguay,** ¶ 28, U.N. Doc. E/C.12/1/Add.1 (1996); **Peru**, ¶ 36, U.N. Doc. E/C.12/Add.1/14 (1997).

[202] PAUL HUNT & JUDITH BUENO DE MESQUITA , REDUCING MATERNAL MORTALITY: THE CONTRIBUTION OF THE RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH, UNFPA and University of Essex (2007) available at http://www2.essex.ac.uk/human_rights_centre/rth/docs/ReducingMaternalMortality.pdf.

[203] UNFPA, Fast Facts on Maternal Mortality and Morbidity, *available at* http://www.unfpa.org/mothers/facts.htm (last visited on Oct. 1, 2009)

[204] *See* **Committee on the Elimination of Discrimination against Women, General Recommendation 14: Female Circumcision** (9th Sess., 1990), *in* Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 211, U.N. Doc. HRI/GEN/1/Rev.5 (2001); **Concluding Observations of the CEDAW Committee**: Cameroon, ¶ 54, U.N. Doc. A/55/38 (2000); Democratic Republic of the Congo, ¶

216, U.N. Doc. A/55/38 (2000); Egypt, ¶ 349, U.N. Doc. A/56/38 (2001); Ethiopia, ¶ 155, U.N. Doc. A/51/38 (1996); Ethiopia, ¶ 252, U.N. Doc. A/59/38 (2004); Gambia, ¶ 196, U.N. Doc. A/60/38 (2005); Guinea, ¶ 123, U.N. Doc. A/56/38 (2001); Kenya, ¶ 214, U.N. Doc. A/58/38 (Part 1) (2003); Nigeria, ¶ 300, U.N. Doc. A/59/38 (2004); Senegal, ¶ 725, U.N. Doc. A/49/38, (1994); Togo, ¶ 15,U.N. Doc. C/TGO/CO/5 (2006); Yemen, ¶ 399, U.N. Doc. A/57/38 (2002); **Concluding Observations of the Committee on the Rights of the Child**: Australia, ¶ 34, U.N. Doc. CRC/C/15/Add.79 (1997); Benin, ¶ 26, U.N. Doc. CRC/C/15/Add.106 (1999); Benin, ¶ 54, U.N. Doc. CRC/C/BEN/CO/2 (2006); Chad, ¶ 29, U.N. Doc. CRC/C/15/Add.107, (1999); Democratic Republic of the Congo, ¶ 57, U.N. Doc. CRC/C/15/Add.153 (2001); Djibouti, ¶ 44, U.N. Doc. CRC/C/15/Add.131 (2000); Egypt, ¶ 46, U.N. Doc. CRC/C/15/Add.145 (2001); Eritrea, ¶¶ 45-46, U.N. Doc. CRC/C/15/Add.204 (2003); Gambia, ¶ 49, U.N. Doc. CRC/C/15/Add.165 (2001); Ghana, ¶ 56, U.N. Doc. CRC/C/GHA/CO/2, (2006); Ireland, ¶ 55, U.N. Doc. CRC/C/IRL/CO/2 (2006); Kenya, ¶ 48, U.N. Doc. CRC/C/15/Add.160 (2001); Kenya, ¶ 54, U.N. Doc. CRC/C/KEN/CO/2 (2007); Mali, ¶ 28, U.N. Doc. CRC/C/15/Add.113 (1999); Netherlands, ¶ 18, U.N. Doc. CRC/C/15/Add.114 (1999);Niger, ¶53(c), U.N. Doc. CRC/C/15/Add.179 (2002); Oman, ¶ 52, U.N. Doc. CRC/C/OMN/CO/2 (2006); Senegal, ¶ 51(b), U.N. Doc. CRC/C/SEN/CO/2 (2006); Sierra Leone, ¶ 58, CRC/C/SLE/CO/2 (2008); South Africa, ¶ 33, U.N. Doc. CRC/C/15/Add.122 (2000); Switzerland, ¶ 41(d), U.N. Doc. CRC/C/15/Add.182 (2002); Uganda, ¶ 56, U.N. Doc. CRC/C/15/Add.270 (2005); United Republic of Tanzania, ¶ 51,U.N. Doc. CRC/C/15/Add.156 (2001); United Republic of Tanzania, ¶ 51, U.N. Doc. CRC/C/TZA/CO/2 (2006); **Concluding Observations of the Human Rights Committee**: Benin, ¶ 11, U.N. Doc. CCPR/CO/82/BEN (2004); Gambia, ¶ 10, U.N. Doc. CCPR/CO/75/GMB,(2004); Kenya, ¶ 12, U.N. Doc. CCPR/CO/83/KEN (2005); Lesotho, ¶ 12, U.N. Doc. CCPR/C/79/Add.106 (1999); Mali, ¶ 11, CCPR/CO/77/MLI (2003); Nigeria, ¶ 296, U.N. Doc. CCPR/C/79/Add.65, A/51/40 (1996); Senegal, ¶ 12, U.N. Doc. CCPR/C/79/Add.82 (1997); Sudan, ¶ 10, U.N. Doc. CCPR/C/79/Add.85 (1997); Zimbabwe, ¶ 12, U.N. Doc. CCPR/C/79/Add.89, (1998); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶ 31, U.N. Doc. E/C.12/1/Add.78 (2002); Cameroon, ¶ 33, U.N. Doc. E/C.12/1/Add.40 (1999); Senegal, ¶ 39, U.N. Doc. E/C.12/1/Add.6 (2001); **Concluding Observations of the Committee on the Elimination of Racial Discrimination**: Mauritania, ¶ 19, U.N. Doc. CERD/C/65/CO/5 (2004); United Republic of Tanzania, ¶ 13,U.N. Doc. CERD/C/TZA/CO/16, (2007); **Concluding Observations of the Committee against Torture**: Australia, ¶ 33, U.N. Doc. CAT/C/AUS/CO/3 (2008); Togo, ¶ 27, U.N. Doc. CAT/C/TGO/CO/1 (2006).

[205] *See* **Concluding Observations of the CEDAW Committee**: Burkina Faso, ¶ 261, U.N. Doc. A/55/38 (2000); Cameroon, ¶¶ 53–54, U.N. Doc. A/55/38 (2000); Democratic Republic of the Congo, ¶ 215, U.N. Doc. A/55/38 (2000); Netherlands, ¶ 207, U.N. Doc. A/56/38 (2001); Senegal, ¶ 721, U.N. Doc. A/49/38 (1994); Concluding Observations of the Human Rights Committee: Central African Republic, ¶ 11, U.N. Doc. CCPR/C/CAF/CO/2 (2006); Nigeria, ¶¶ 291, 296, U.N. Doc. CCPR/C/79/Add.65 A/51/40, (1996); Senegal, ¶ 12 , U.N. Doc. CCPR/C/79/Add.82 (1997); Zimbabwe, ¶ 12, U.N. Doc. CCPR/C/79/Add.89 (1998).

[206] *See* **Committee on the Rights of the Child, General Comment 7: Implementing Child Rights in Early Childhood** (40th Sess., 2005), ¶11(b), U.N. Doc. CRC/C/GC/7Rev.1 (2006) (The Committee on the Rights of the child similarly references sex-selective abortion, neglect and infanticide as discrimination against girl children); **Concluding Observations of the Human Rights Committee**: Sudan, ¶ 10, 19/11/97, U.N. Doc. CCPR/C/79/Add.85 (1997); Zimbabwe, ¶ 12, U.N. Doc. CCPR/C/79/Add.89 (1998).

[207] **Committee on the Elimination of Discrimination against Women, General Recommendation 14: Female Circumcision** (9th Sess., 1990), in Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 211, U.N. Doc. HRI/GEN/1/Rev.5 (2001). While the CEDAW Committee used the term "female circumcision" when drafting General Recommendation 14, the Committee has since adopted the stronger and more arguably more accurate term "female genital mutilation" in its more recent General Recommendation 24. *See* **Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and Health** (20th Session, 1999), U.N. Doc. A/54/38/Rev.1 (1999).

[208] *See* **Committee on the Elimination of Discrimination against Women, General Recommendation 19: Violence against Women** (11th Sess., 1992), in Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, 216, ¶ 9, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

[209] **General Recommendation 19** affirms that: "States may also be responsible for private acts if they fail to act

with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensation." **Committee on the Elimination of Discrimination against Women, General Recommendation 19: Violence against Women** (11th Sess., 1992), in Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, 216, ¶ 9, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

[210] **Human Rights Committee, General Comment 28: Equality of Rights Between Men and Women** (Art. 3) (68th Sess., 2000), in Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 168, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

[211] *See* **Concluding Observations of the CEDAW Committee**: Cameroon, ¶ 54, U.N. Doc. A/55/38 (2000); Democratic Republic of the Congo, ¶¶ 215, 216, U.N. Doc. A/55/38 (2000); Egypt, ¶ 349, U.N. Doc. A/56/38 (2001); Ethiopia, ¶¶ 139, 155, U.N. Doc. A/51/38 (1996); Guinea, ¶¶ 115, 122, 123, U.N. Doc. A/56/38 (2001); Senegal, ¶ 725, U.N. Doc. A/49/38, (1994).

[212] *See* **Concluding Observations of the Human Rights Committee**: Nigeria, ¶ 296, U.N. Doc. CCPR/C/79/Add.65, A/51/40 (1996); Senegal, ¶ 12, U.N. Doc. CCPR/C/79/Add.82 (1997); Zimbabwe, ¶ 12, U.N. Doc. CCPR/C/79/Add.89 (1998).

[213] *See* **Concluding Observations of the Committee on the Rights of the Child**: Benin, ¶ 54, U.N. Doc. CRC/C/BEN/CO/2 (2006); Chad, ¶ 29, U.N. Doc. CRC/C/15/Add.107 (1999); Ethiopia, ¶ 23, U.N. Doc. CRC/C/15/Add.67 (1997); Ethiopia, ¶ 60, U.N. Doc. CRC/C/ETH/CO/3 (2006); Ghana, ¶ 56, U.N. Doc. CRC/C/GHA/CO/2 (2006); Ireland, ¶ 55, U.N. Doc. CRC/C/IRL/CO/2 (2006); Niger, ¶ 53(c), U.N. Doc. CRC/C/15/Add.179 (2002); Oman, ¶ 52, U.N. Doc. CRC/C/OMN/CO/2, (2006); Senegal, ¶ 18, U.N. Doc. CRC/C/15/Add.44 (1995); Senegal, ¶ 51(b), U.N. Doc. CRC/C/SEN/CO/2 (2006); Sudan, ¶ 22, U.N. Doc. CRC/C/15/Add.10 (1993); Sudan, ¶ 48, U.N. Doc. CRC/C/15/Add.190 (2002); Togo, ¶ 48, U.N. Doc. CRC/C/15/Add.83 (1997); Togo, ¶¶ 57(b), 57(c), U.N. Doc. CRC/C/15/Add.255 (2005); Uganda, ¶ 56, U.N. Doc. CRC/C/15/Add.270 (2005).

[214] *See* **Concluding Observations of the CERD Committee**: United Republic of Tanzania, ¶ 13, U.N. Doc. CERD/C/TZA/CO/16, (2007).

[215] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Gambia, ¶ 16, U.N. Doc. E/C.12/1994/9 (1994); Guinea, ¶ 22, U.N. Doc. E/C.12/1/Add.5 (1996); Nigeria, ¶¶ 20, 39, U.N. Doc. E/C.12/Add.23 (1998).

[216] **Committee on Economic, Social and Cultural Rights, General Comment 16: The Equal Right of Men and Women to the Enjoyment of all Economic, Social and Cultural Rights** (Art. 3) (34th Sess., 2005), ¶ 29, U.N. Doc. E/C.12/2005/4 (2005).

[217] **Concluding Observations of the Committee on the Rights of the Child**: Australia, ¶¶ 19, 34, U.N. Doc. CRC/C/15/Add.79 (1997); Benin, ¶¶ 53 54, U.N. Doc. CRC/C/BEN/CO/2 (2006); Cameroon, ¶¶ 48-49,U.N. Doc. CRC/C/15/Add.164, (2001); Central African Republic, ¶¶ 58–59, U.N. Doc.CRC/C/15/Add.138 (2000); Chad, ¶ 29, U.N. Doc. CRC/C/15/Add.107 (1999); Côte d'Ivoire, ¶¶ 6, 44–45,, U.N. Doc. CRC/C/15/Add.155 (2001); Democratic Republic of the Congo, ¶¶ 56–57, U.N. Doc. CRC/C/15/Add.153 (2001); Djibouti, ¶¶ 43–44, U.N. Doc. CRC/C/15/Add.131 (2000); Egypt, ¶¶ 45–46, U.N. Doc. CRC/C/15/Add.145 (2001); Eritrea, ¶¶ 45-46, U.N. Doc. CRC/C/15/Add.204 (2003); Lesotho, ¶¶ 47–48, U.N. Doc. CRC/C/15/Add.147 (2001); Liberia, ¶¶ 52-53, U.N. Doc. CRC/C/15/Add.236(2004); Mali, ¶ 28, U.N. Doc. CRC/C/15/Add.113 (1999); Netherlands, ¶ 18, U.N. Doc. CRC/C/15/Add.114 (1999Togo, ¶¶ 56-57, U.N. Doc. CRC/C/15/Add.255 (2005); United Republic of Tanzania, ¶¶ 50-51, U.N. Doc. CRC/C/TZA/CO/2 (2006); Yemen, ¶¶ 59-60, U.N. Doc. CRC/C/15/Add.267 (2005).

[218] **Committee on the Rights of the Child, General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child** (33rd Sess., 2003), ¶ ¶ 24, 39(g), U.N. Doc. CRC/GC/2003/4 (2003).

[219] *See* **Concluding Observations of the Committee on the Rights of the Child**: Nigeria, ¶¶ 57-58, U.N. Doc. CRC/C/15/Add.257 (2005).

[220] *See* **Concluding Observations of the CEDAW Committee**: Indonesia, ¶¶ 20, 36, U.N. Doc. CEDAW/C/IDN/CO/5 (2007).

[221] *See* **Concluding Observations of the Human Rights Committee**: Lesotho, ¶ 12, U.N. Doc. CCPR/C/79/Add.106 (1999); Senegal, ¶ 12, U.N. Doc. CCPR/C/79/Add.82 (1997).

[222] *See* **Concluding Observations of the Human Rights Committee**: Central African Republic, ¶ 11, U.N. Doc. CCPR/C/CAF/CO/2 (2006); Lesotho, ¶ 12, U.N. Doc. CCPR/C/79/Add.106 (1999); Netherlands, ¶ 11, U.N. Doc. CCPR/CO/72/NET (2001); Senegal, ¶ 12, U.N. Doc. CCPR/C/79/Add.82 (1997); Sudan, ¶ 10, U.N. Doc. CCPR/C/79/Add.85 (1997); Zimbabwe, ¶ 12, U.N. Doc. CCPR/C/79/Add.89 (1998).

[223] *See* **Committee on the Elimination of Discrimination against Women, General Recommendation 19: Violence against Women** (11th Sess., 1992), in Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, 216, ¶ 9, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

[224] **Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and Health** (20th Session, 1999), ¶ 15(d), U.N. Doc. A/54/38/Rev.1 (1999) (Notably, the CEDAW Committee's call for legislation prohibiting FGM within its General Recommendation 24 marks a progression in the Committee's approach to FGM, as in the past, it had primarily recommended education and outreach to address the harmful practice.); **Concluding Observations of the CEDAW Committee**: Cameroon, ¶ 54, U.N. Doc. A/55/38 (2000); Democratic Republic of the Congo, ¶ 216, U.N. Doc. A/55/38 (2000); Eritrea, ¶ 19, U.N. Doc. C/ERI/CO/3 (2006); Ethiopia, ¶ 155, U.N. Doc. A/51/38 (1996); Gambia, ¶ 196, U.N. Doc. A/60/38 (2005); Indonesia, ¶ 21, CEDAW/C/IDN/CO/5 (2007); **Concluding Observations of the Committee on the Rights of the Child**: Mali, ¶ 53, U.N. Doc. CRC/C/MLI/CO/2 (2007); Sierra Leone, ¶¶ 57-58, CRC/C/SLE/CO/2 (2008); Concluding Observations of the Human Rights Committee: Lesotho, ¶ 12, U.N. Doc. CCPR/C/79/Add.106 (1999); Mali, ¶ 11, CCPR/CO/77/MLI (2003); Senegal, ¶ 12, U.N. Doc. CCPR/C/79/Add.82 (1997); Sudan, ¶ 10, U.N. Doc. CCPR/C/79/Add.85 (1997); Uganda, ¶ 10, U.N. Doc. CCPR/CO/80/UGA (2004); Yemen, ¶ 11, U.N. Doc. CCPR/CO/84/YEM (2005); Zimbabwe, ¶ 12, U.N. Doc. CCPR/C/79/Add.89, (1998); **Concluding Observations of the Committee against Torture**: Australia, ¶ 33, U.N. Doc. CAT/C/AUS/CO/3 (2008); Cameroon, ¶¶ 7(b), 11(c), U.N. Doc. CAT/C/CR/31/6, (2004); **Concluding Observations of the Committee on Economic, Social and Cultural Rights:** See, e.g., Benin, ¶ 31, U.N. Doc. E/C.12/1/Add.78 (2002); Cameroon, ¶ 33, U.N. Doc. E/C.12/1/Add.40 (1999); Nigeria, ¶ 39, U.N. Doc. E/C.12/Add.23 (1998).

[225] *See* **Concluding Observations of the CEDAW Committee**: Benin, ¶ 147, U.N. Doc. A/60/38 (2005); Concluding Observations of the Human Rights Committee: Lesotho, ¶ 12, U.N. Doc. CCPR/C/79/Add.106 (1999); Mali, ¶ 11, CCPR/CO/77/MLI (2003); Senegal, ¶ 12, U.N. Doc. CCPR/C/79/Add.82 (1997); Sudan, ¶ 10, U.N. Doc. CCPR/C/79/Add.85 (1997); Uganda, ¶ 10, U.N. Doc. CCPR/CO/80/UGA (2004); Yemen, ¶ 11, U.N. Doc. CCPR/CO/84/YEM (2005); Zimbabwe, ¶ 12, U.N. Doc. CCPR/C/79/Add.89, (1998); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶ 26, U.N. Doc. E/C/12/BEN/CO/2 (2008); **Concluding Observations of the Committee against Torture**: Australia, ¶ 33, U.N. Doc. CAT/C/AUS/CO/3 (2008); Cameroon, ¶¶ 7(b), 11(c), U.N. Doc. CAT/C/CR/31/6, (2004).

[226] *See* **Concluding Observations of the CEDAW Committee**: Burkina Faso, ¶ 341, U.N. Doc. A/60/38 (2005); Kenya, ¶ 213, U.N. Doc. A/58/38 (Part 1) (2003); Kenya, ¶ 23, CEDAW/C/KEN/CO/6 (2007); **Concluding Observations of the Human Rights Committee**: Sudan, ¶ 15, U.N. Doc. CCPR/C/SDN/CO/3 (2007); **Concluding Observations of the Committee against Torture**: Togo, ¶ 27, U.N. Doc. CAT/C/TGO/CO/1 (2006); **Concluding Observations of the CERD Committee**: Ghana, ¶ 12, U.N. Doc. CERD/C/62/CO/4 (2003); United Republic of Tanzania, ¶ 13, U.N. Doc. CERD/C/TZA/CO/16 (2007); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶ 26, U.N. Doc. E/C/12/BEN/CO/2 (2008); Mali, ¶ 14, U.N. Doc. E/C.12/1994/17 (1994); Senegal, ¶¶ 24, 39, U.N. Doc. E/C.12/1/Add.6 (2001).

[227] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶ 26, U.N. Doc. E/C/12/BEN/CO/2 (2008); Mali, ¶ 14, U.N. Doc. E/C.12/1994/17 (1994); Senegal, ¶¶ 24, 39, U.N. Doc. E/C.12/1/Add.6 (2001).

[228] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶ 47, U.N. Doc. E/C/12/BEN/CO/2 (2008); **Concluding Observations of the CERD Committee**: India, ¶ 18, U.N. Doc. CERD/C/IND/CO/19 (2007).

[229] *See* **Concluding Observations of the Committee on the Rights of the Child**: Mali, ¶ 53, U.N. Doc. CRC/C/MLI/CO/2 (2007); Sierra Leone, ¶¶ 57-58, CRC/C/SLE/CO/2 (2008); **Concluding Observations of the Human Rights Committee**: Benin, ¶ 11, U.N. Doc. CCPR/CO/82/BEN, (2004); Sweden, ¶ 8, U.N. Doc. CCPR/CO/74/SWE (2002); Concluding Observations of the Committee against Torture: Australia, ¶ 33, U.N. Doc. CAT/C/AUS/CO/3 (2008); Togo, ¶ 27, U.N. Doc. CAT/C/TGO/CO/1 (2006).

[230] *See* **Concluding Observations of the Human Rights Committee**: Benin, ¶ 11, U.N. Doc. CCPR/CO/82/BEN, (2004); Sweden, ¶ 8, U.N. Doc. CCPR/CO/74/SWE (2002); Concluding Observations of the Committee against Torture: Australia, ¶ 33, U.N. Doc. CAT/C/AUS/CO/3 (2008); Togo, ¶ 27, U.N. Doc. CAT/C/TGO/CO/1 (2006).

[231] *See* **Committee on the Elimination of Discrimination against Women, General Recommendation 14: Female Circumcision** (9th Sess., 1990), *in* Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 211, U.N. Doc. HRI/GEN/1/Rev.5 (2001); **Concluding Observations of Committee on the Rights of the Child**: Eritrea ¶ 61, U.N. Doc. CRC/C/TLS/CO/1 (2008); Ethiopia, ¶ 60, U.N. Doc. CRC/C/ETH/CO/3 (2006); Mali, ¶ 28, U.N. Doc. CRC/C/15/Add.113 (1999); Mali, ¶ 53, U.N. Doc. CRC/C/MLI/CO/2 (2007); Niger, ¶ 53(d), U.N. Doc. CRC/C/15/Add.179 (2002); Senegal, ¶ 51(b), U.N. Doc. CRC/C/SEN/CO/2 (2006); Sierra Leone, ¶ 58, CRC/C/SLE/CO/2 (2008); Togo, ¶ 57(d), U.N. Doc. CRC/C/15/Add.255 (2005); Uganda, ¶ 56, U.N. Doc. CRC/C/15/Add.270 (2005); **Concluding Observations Committee on Economic, Social and Cultural Rights**: Benin, ¶ 47, U.N. Doc. E/C/12/BEN/CO/2 (2008).

[232] *See* **Concluding Observations of the CEDAW Committee**: Egypt, ¶ 348, U.N. Doc. A/56/38 (2001); Guinea, ¶ 115, U.N. Doc. A/56/38 (2001); Kenya, ¶¶ 213-14, U.N. Doc. A/58/38 (Part 1) (2003); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Eritrea ¶ 61, U.N. Doc. CRC/C/TLS/CO/1 (2008); Ethiopia, ¶ 60, U.N. Doc. CRC/C/ETH/CO/3 (2006); Mali, ¶ 28, U.N. Doc. CRC/C/15/Add.113 (1999); Mali, ¶ 53, U.N. Doc. CRC/C/MLI/CO/2 (2007); Niger, ¶ 53(d), U.N. Doc. CRC/C/15/Add.179 (2002); Senegal, ¶ 51(b), U.N. Doc. CRC/C/SEN/CO/2 (2006); Sierra Leone, ¶ 58, CRC/C/SLE/CO/2 (2008); Togo, ¶ 57(d), U.N. Doc. CRC/C/15/Add.255 (2005); Uganda, ¶ 56, U.N. Doc. CRC/C/15/Add.270 (2005).

[233] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶ 47, U.N. Doc. E/C/12/BEN/CO/2 (2008).

[234] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶ 47, U.N. Doc. E/C/12/BEN/CO/2 (2008).

[235] *See*, **Concluding Observations of the Committee on the Rights of the Child**: **Germany**, ¶ 47(a), U.N. Doc. CRC/C/15/Add.226 (2004); **Spain**, ¶ 41(a), U.N. Doc. CRC/C/15/Add.185 (2002); **Switzerland**, ¶ 41(d), U.N. Doc. CRC/C/15/Add.182 (2002).

[236] *See* **Concluding Observations of the CEDAW Committee**: Sweden, ¶¶ 28-29, U.N. Doc. CEDAW/C/SWE/CO/7 (2008).

[237] *See* **Human Rights Committee, General Comment 28: Equality of Rights Between Men and Women** (Art. 3) (68th Sess., 2000), *in* Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 168, 11, U.N. Doc. HRI/GEN/1/Rev.5 (2001); **Concluding Observations of the**

Committee against Racial Discrimination: Ethiopia, ¶ 21, U.N. Doc. CERD/C/ETH/CO/15 (2007); Mali, ¶ 405, U.N. Doc. A/57/18 (2002); United Republic of Tanzania, ¶ 13, U.N. Doc. CERD/C/TZA/CO/16, (2007).

[238] *See* **Concluding Observations of the Committee on the Rights of the Child**: Austria, ¶ 44, U.N. Doc. CRC/C/15/Add.251 (2005).

[239] *See* **Concluding Observations of the Committee on the Rights of the Child**: Germany, ¶ 47(d), U.N. Doc. CRC/C/15/Add.226, (2004).

[240] *See* **Concluding Observations of the Committee on the Rights of the Child**: Sudan, ¶ 48, U.N. Doc. CRC/C/15/Add.190 (2002); Togo, ¶ 57(b), U.N. Doc. CRC/C/15/Add.255 (2005).

[241] *See* **Concluding Observations of the Committee on the Rights of the Child**: Germany, ¶ 47(c), U.N. Doc. CRC/C/15/Add.226 (2004); Mali, ¶ 52, U.N. Doc. CRC/C/MLI/CO/2 (2007).

[242] *See* **Concluding Observations of the Committee on the Rights of the Child**: Mauritania, ¶ 44 (c), U.N. Doc. CRC/C/15/Add.159 (2001); Togo, ¶ 57(a), U.N. Doc. CRC/C/15/Add.255 (2005).

[243] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: India, ¶ 25, U.N. Doc. E/C.12/IND/CO/5 (2008); Jordan, ¶ 17, U.N. Doc. E/C.12/1/Add.46 (2000); Syrian Arab Republic, ¶¶ 14, 31, U.N. Doc. E/C.12/1/Add.63 (2001); Tunisia, ¶ 4, U.N. Doc. E/C.12/1/Add.36 (1999).

[244] **Committee on Economic, Social and Cultural Rights**: Benin, ¶ 4(a), U.N. Doc. E/C/12/BEN/CO/2 (2008).

[245] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Nepal, ¶¶ 32–33, 55, U.N. Doc. E/C.12/1/Add.66 (2001); Poland, ¶ 12, U.N. Doc. E/C.12/1/Add.26 (1998); Poland, ¶ 29, U.N. Doc. E/C.12/1/Add.82 (2002).

[246] *See* **Concluding Observations of the CEDAW Committee**: Egypt, ¶¶ 344, 346–347, U.N. Doc. A/56/38 (2001); Iraq, ¶¶ 193–194, U.N. Doc. A/55/38 (2000); Israel, ¶¶ 163, 178,U.N. Doc. A/52/38/Rev.1, Part II (1997); Jordan, 178–179, U.N. Doc. A/55/38 (2000); Turkey, ¶¶ 179, 195, U.N. Doc. A/52/38/Rev.1 (1997); Turkey, ¶¶ 363, 367,U.N. Doc. A/60/38 (2005**); Concluding Observations of the Committee on the Rights of the Child**: Albania, ¶¶ 28-29, U.N. Doc. CRC/C/15/Add.249 (2005); Jordan, ¶¶ 35–36, U.N. Doc. CRC/C/15/Add.125 (2000); Jordan, ¶¶ 38-39, U.N. Doc. CRC/C/JOR/CO/3 (2006); Lebanon, ¶¶ 28-29, U.N. Doc. CRC/C/15/Add.169 (2002); Lebanon, ¶¶ 32-33, U.N. Doc. CRC/C/LBN/CO/3, (2006); Pakistan, ¶¶ 34-35, U.N. Doc. CRC/C/15/Add.217 (2003); Turkey, ¶ 31, U.N. Doc. CRC/C/15/Add.152, (2001); **Concluding Observations of the Human Rights Committee**: Kuwait, ¶ 7, U.N. Doc. CCPR/CO/69/KWT, (2000); Sweden, ¶ 8, U.N. Doc. CCPR/CO/74/SWE (2002) ; **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: India, ¶ 25, U.N. Doc. E/C.12/IND/CO/5 (2008); Jordan, ¶ 17, U.N. Doc. E/C.12/1/Add.46 (2000); Syrian Arab Republic, ¶¶ 14, 31, U.N. Doc. E/C.12/1/Add.63 (2001); Tunisia, ¶ 4, U.N. Doc. E/C.12/1/Add.36 (1999).

[247] *See* **Concluding Observations of the CEDAW Committee**: Burkina Faso, ¶ 341, U.N. Doc. A/60/3 (2005); Cameroon, ¶¶ 53–54, U.N. Doc. A/55/38 (2000); Equatorial Guinea, ¶ 195, U.N. Doc. A/59/38 (2004); Kenya, ¶ 33, CEDAW/C/KEN/CO/6 (2007); Mali, ¶ 17, U.N. Doc. C/MLI/CO/5 (2006); Mozambique, ¶ 22, U.N. Doc. CEDAW/C/MOZ/CO/2 (2007); Togo, ¶ 14, U.N. Doc. C/TGO/CO/5 (2006); **Concluding Observations of the Committee on the Rights of the Child**: Angola, ¶¶ 46-47, U.N. Doc. CRC/C/15/Add.246 (2004); Eritrea, ¶¶ 45-46, U.N. Doc. CRC/C/15/Add.204 (2003); Ethiopia, ¶ 60, U.N. Doc. CRC/C/ETH/CO/3 (2006); Gambia, ¶¶ 45, 48, U.N. Doc. CRC/C/15/Add.165 (2001); Ghana, ¶ 55,, U.N. Doc. CRC/C/GHA/CO/2 (2006); Guinea Bissau, ¶¶ 42(a), 43(a), U.N. Doc. CRC/C/15/Add.177 (2002); India, ¶¶ 60-61, U.N. Doc. CRC/C/15/Add.228 (2004); Kenya, ¶ 47, U.N. Doc. CRC/C/15/Add.160 (2001); Liberia, ¶¶ 50-51, U.N. Doc. CRC/C/15/Add.236 (2004); Malawi, ¶¶ 49-50, U.N. Doc. CRC/C/15/Add.174 (2002); Niger, ¶ 53,, U.N. Doc. CRC/C/15/Add.179 (2002); Pakistan, ¶¶ 56-57, U.N. Doc. CRC/C/15/Add.217 (2003); Senegal, ¶ 50, U.N. Doc. CRC/C/SEN/CO/2 (2006); Serbia, ¶¶ 74-75, CRC/C/SRB/CO/1 (2008); Togo, ¶ 56,05, U.N. Doc. CRC/C/15/Add.255 (2005); Uganda, ¶¶ 29, 53, 55, U.N. Doc. CRC/C/15/Add.270 (2005); Yemen, ¶ 59, U.N. Doc. CRC/C/15/Add.267

(2005); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Benin, ¶ 4(a), U.N. Doc. E/C/12/BEN/CO/2 (2008).

[248] *See* **Concluding Observations of the Human Rights Committee**: Algeria, ¶ 20, U.N. Doc. CCPR/C/DZA/CO/3 (2007); Madagascar, ¶ 12, U.N. Doc. CCPR/C/MDG/CO/3 (2007); Zambia, ¶ 13, U.N. Doc. CCPR/C/ZMB/CO/3 (2007); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Nepal, ¶¶ 32–33, 55, U.N. Doc. E/C.12/1/Add.66 (2001); Poland, ¶ 12, U.N. Doc. E/C.12/1/Add.26 (1998); Poland, ¶ 29, U.N. Doc. E/C.12/1/Add.82 (2002) .

[249] *See* **Concluding Observations of the CEDAW Committee**: China, ¶¶ 299(d), 301, U.N. Doc. A/54/38 (1999); **Concluding Observations of the Committee on the Rights of the Child**: India, ¶ 32, U.N. Doc. CRC/C/15/Add.115 (2000); United Republic of Tanzania, ¶ 51, U.N. Doc. CRC/C/15/Add.156 (2001); **Concluding Observations of the Human Rights Committee**: India, ¶ 16, U.N. Doc. CCPR/C/79/Add.81 (1997).

[250] *See* **Concluding Observations of the CEDAW Committee**: Netherlands, ¶ 23, U.N. Doc. A/56/38 (2001).

[251] *See* **Concluding Observations of the CEDAW Committee**: Nepal, ¶ 208, U.N. Doc. A/59/38 (2004); Nigeria, ¶ 299 U.N. Doc. A/59/38 (2004); **Concluding Observations of the Committee on the Rights of the Child**: Nigeria, ¶ 15, U.N. Doc. CRC/C/15/Add.61 (1996); Sierra Leone, ¶ 57, CRC/C/SLE/CO/2 (2008).

[252] *See* **Concluding Observations of the CEDAW Committee**: Mozambique, ¶ 24, U.N. Doc. CEDAW/C/MOZ/CO/2 (2007); **Concluding Observations of the Human Rights Committee**: Algeria, ¶ 21, U.N. Doc. CCPR/C/DZA/CO/3 (2007).

[253] *See* **Concluding Observations of the CEDAW Committee**: Burkina Faso, ¶ 341, U.N. Doc. A/60/38 (005); Cameroon, ¶¶ 53–54, U.N. Doc. A/55/38 (2000); Democratic Republic of the Congo, ¶ 215, U.N. Doc. A/55/38 (2000); Equatorial Guinea, ¶ 195, U.N. Doc. A/59/38 (2004); Ethiopia, ¶ 251, U.N. Doc. A/59/38 (2004); Guinea, ¶ 122, U.N. Doc. A/56/38 (2001); Mali, ¶ 17, U.N. Doc. C/MLI/CO/5 (2006); Togo, ¶ 14, U.N. Doc. C/TGO/CO/5 (2006); Burundi, ¶¶ 23-24, CEDAW/C/BDI/CO/4 (2008); Equatorial Guinea, ¶ 195, U.N. Doc. A/59/38 (2004); Ghana, ¶ 21, U.N. Doc. C/GHA/CO/5 (2006); Mali, ¶ 17, U.N. Doc. C/MLI/CO/5 (2006); Nigeria, ¶ 299, U.N. Doc. A/59/38 (2004); **Concluding Observations of the Human Rights Committee**: Mali, ¶ 10, U.N. Doc. CCPR/CO/77/MLI (2003).

[254] *See* **Concluding Observations of the CEDAW Committee**: Nepal, ¶ 208, U.N. Doc. A/59/38, (2004); **Concluding Observations of the Committee on the Rights of the Child**: India, ¶ 77, U.N. Doc. CRC/C/15/Add.115, (2000).

[255] *See* **Concluding Observations of the Committee on the Rights of the Child**: South Africa, ¶ 33, U.N. Doc. CRC/C/15/Add.122, (2000).

[256] *See* **Concluding Observations of the Committee on the Rights of the Child**: Nepal, ¶¶ 67-68, U.N. Doc. CRC/C/15/Add.261 (2005); **Concluding Observations of the Human Rights Committee**: Nepal, ¶ 7, U.N. Doc. CCPR/C/79/Add.42 (1994).

[257] For a more in-depth discussion of TMBs concluding observations regarding a wide range of harmful traditional practices, see the Center for Reproductive Right's briefing paper entitled *Bringing Rights to Bear: Female Genital Mutilation and Other Harmful Practices: Governments Duties to Protect the Rights of Women and Girls, available at*
http://reproductiverights.org/sites/crr.civicactions.net/files/documents/BRB_FGM_10.08.pdf.

[258] *See, e.g.,* **Concluding Observations of the CEDAW Committee**: Burundi, ¶ 18, CEDAW/C/BDI/CO/4 (2008); Mozambique, ¶ 23, U.N. Doc. CEDAW/C/MOZ/CO/2 (2007); Nepal, ¶ 209, U.N. Doc. A/59/38, (2004); Togo, ¶ 15,U.N. Doc. C/TGO/CO/5 (2006).

[259] *See, e.g.*, **Concluding Observations of the CEDAW Committee:** Kenya, ¶ 42, CEDAW/C/KEN/CO/6 (2007); Mozambique, ¶ 24, U.N. Doc. CEDAW/C/MOZ/CO/2 (2007).

[260] *See, e.g.*, **Concluding Observations of the CEDAW Committee:** Mozambique, ¶ 44, U.N. Doc. CEDAW/C/MOZ/CO/2 (2007); Vanuatu, ¶ 24, U.N. Doc. CEDAW/C/VUT/CO/3 (2007).

[261] *See* **Concluding Observations of the CEDAW Committee:** Nepal, ¶ 192, U.N. Doc. A/59/38 (2004).

[262] *See, e.g.*, **Concluding Observations of the CEDAW Committee:** Burundi, ¶ 24, CEDAW/C/BDI/CO/4 (2008); Nepal, ¶ 209, U.N. Doc. A/59/38 (2004).

[263] Laura Katzive, *A Legal Approach to Female Circumcision/Female Genital Mutilation: What Does It Mean for Governments?*, POP REPORTER, Vol. 3, No. 47 (November 24, 2003) *available at* http://www.infoforhealth.org/popreporter/2003/11-24.shtml.

[264] **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health**, ¶¶16, 36, U.N. Doc. E/C.12/2000/4 (2000).

[265] *See, e.g.*, **Committee on Economic, Social and Cultural Rights**: Yemen, ¶ 21, U.N. Doc. E/C.12/1/Add.92 (2003); Zambia, ¶ 30, U.N. Doc. E/C.12/1/Add.106 (2005).

[266] *See, e.g.*, **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Congo, ¶ 28, U.N. Doc. E/C.12/1/Add.45 (2000); Ecuador, ¶ 54, U.N. Doc. E/C.12/1/Add.100 (2004); People's Republic of China, Hong Kong and Macao, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Togo, ¶ 21, U.N. Doc. E/C.12/1/Add.61 (2001).

[267] *See, e.g.*, **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Honduras, ¶¶ 26, 47, U.N. Doc. E/C.12/1/Add.57 (2001); Zambia, ¶ 30, U.N. Doc. E/C.12/1/Add.106 (2005).

[268] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Sudan, ¶ 27, U.N. Doc. E/C.12/1/Add.48 (2000).

[269] *See, e.g.*, **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Dominican Republic, ¶ 27, U.N. Doc. E/C.12/1/Add.16 (1997); People's Republic of China, Hong Kong and Macao, ¶ 33, U.N. Doc. E/C.12/1/Add.107 (2005).

[270] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Kuwait, ¶ 24, U.N. Doc. E/C.12/1/Add.98 (2004).

[271] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Philippines, ¶ 22, U.N. Doc. E/C.12/1995/7 (1995).

[272] *See, e.g.*, **CEDAW Committee**, **General Recommendation 15: Avoidance of Discrimination against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)**, U.N. Doc. A/45/38 at 81 (1990); **Committee on the Rights of the Child**, **General Comment 3: HIV/AIDS and the Rights of the Child**, U.N. Doc. CRC/GC/2003/3 (2003); **Concluding Observations of the Committee on the Elimination of Racial Discrimination**: Uganda, ¶ 7, U.N. Doc. CERD/C/62/CO/11 (2003).

[273] *See, e.g.*, **CEDAW Committee, General Recommendation 15: Avoidance of Discrimination against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)**, U.N. Doc. A/45/38 at 81 (1990); **Committee on the Rights of the Child**: Australia, ¶ 54, U.N. Doc. CRC/C/15/Add.268 (2005); Burundi, ¶ 61, U.N. Doc. CRC/C/15/Add.133 (2000); India, ¶ 55, U.N. Doc. CRC/C/15/Add.228 (2004); Haiti, ¶ 49, U.N. Doc. CRC/C/15/Add.202 (2003); **Spain**, ¶ 40, U.N. Doc. E/C.12/1/Add.99 (2004); **Ukraine**, ¶ 31, U.N. Doc. E/C.12/1/Add.65 (2001).

[274] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Belize, ¶ 59, U.N. Doc. A/54/38 (1999); Malawi, ¶ 32, U.N. Doc. CEDAW/C/MWI/CO/5 (2006); Togo, ¶ 29, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); Viet Nam, ¶ 267, U.N. Doc. A/56/38 (2001).

[275] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Republic of Moldova, ¶ 31, U.N. Doc. CEDAW/C/MDA/CO/3 (2006); Myanmar, ¶ 96, U.N. Doc. A/55/38 (2000); **Concluding Observations of the Committee on the Rights of the Child**: Bosnia and Herzegovina, ¶ 53, U.N. Doc. CRC/C/15/Add.260 (2005); Burkina Faso, ¶ 43, U.N. Doc. CRC/C/15/Add.193 (2002); El Salvador, ¶ 54, CRC/C/15/Add.232 (2004); Thailand, ¶ 58, U.N. Doc. CRC/C/THA/CO/2 (2006).

[276] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Fiji, ¶ 63, U.N. Doc. A/57/38 (2002); **Committee on the Rights of the Child**: Argentina, ¶ 51, U.N. Doc. CRC/C/15/Add.187 (2002); China, ¶ 69, U.N. Doc. CRC/C/CHN/CO/2 (2005); Democratic Republic of the Congo, ¶¶ 54–55, U.N. Doc. CRC/C/15/Add.153 (2001); Latvia, ¶ 40, U.N. Doc. CRC/C/15/Add.142 (2001).

[277] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Burundi, ¶ 60, U.N. Doc. A/56/38, (2001); Iraq, ¶ 203, U.N. Doc. A/55/38 (2000); Jamaica, ¶ 36, U.N. Doc. CEDAW/C/JAM/CO/5 (2006); Philippines, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); **Committee on the Rights of the Child**: El Salvador, ¶ 54, CRC/C/15/Add.232 (2004); Ethiopia, ¶ 56, U.N. Doc. CRC/C/ETH/CO/3 (2006); Netherlands, ¶ 19, U.N. Doc. CRC/C/15/Add.114 (1999); Thailand, ¶ 58, U.N. Doc. CRC/C/THA/CO/2 (2006).

[278] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: Angola, ¶ 49, CRC/C/15/Add.246 (2004); Guatemala, ¶ 45, U.N. Doc. CRC/C/15/Add.154 (2001); Thailand, ¶ 58, U.N. Doc. CRC/C/THA/CO/2 (2006); Turkey, ¶ 54, U.N. Doc. CRC/C/15/Add.152 (2001).

[279] *See, e.g.*, **Concluding Observations of the Human Rights Committee**: Uganda, ¶ 14, U.N. Doc. CCPR/CO/80/UGA (2004); Namibia, ¶ 10, U.N. Doc. CCPR/CO/81/NAM (2004).

[280] *See, e.g.*, **CEDAW Committee**, **General Recommendation 24: Women and Health**, ¶ 18, U.N. Doc. A/54/38/Rev.1 (1999); **Concluding Observations of the CEDAW Committee**: **Rwanda**, ¶ 321, U.N. Doc. A/51/38 (1996); **Uganda**, ¶ 322, U.N. Doc. A/50/38 (1995).

[281] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Brazil, ¶ 38, U.N. Doc. E/C.12/1/Add.87 (2003); Chile, ¶ 27, U.N. Doc. 12/1/Add.105 (2004); Trinidad and Tobago, ¶ 24, U.N. Doc. E/C.12/1/Add.80 (2002).

[282] *See, e.g.*, **CEDAW Committee**, **General Recommendation 24: Women and Health**, ¶ 18, U.N. Doc. A/54/38/Rev.1 (1999); **Committee on the Rights of the Child**, **General Comment 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child**, U.N. Doc. CRC/GC/2003/4 (2003).

[283] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: Lesotho, ¶¶ 45–46, U.N. Doc. CRC/C/15/Add.147 (2001); **Concluding Observations of the Human Rights Committee**: Lithuania, ¶ 12, U.N. Doc. CCPR/CO/80/LTU (2004).

[284] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: Botswana, ¶ 50, U.N. Doc. CRC/C/15/Add.242 (2004); Central African Republic, ¶¶ 46–47, U.N. Doc. CRC/C/15/Add.138 (2000); Djibouti, ¶¶ 45–46, U.N. Doc. CRC/C/15/Add.131 (2000); India, ¶ 50, U.N. Doc. CRC/C/15/Add.115 (2000).

[285] *See* **Committee on the Elimination of Discrimination against Women**, **General Recommendation 24: Women and Health**, ¶ 18, U.N. Doc. A/54/38/Rev.1 (1999).

[286] *See e.g.*, **Concluding Observations of the CEDAW Committee**: Guyana, ¶ 181, U.N. Doc. A/56/38 (2001); India, ¶ 76, U.N. Doc. A/55/38 (2000); Nigeria, ¶ 168, U.N. Doc. A/53/38/Rev.1 (1998); Peru, ¶¶ 325–6, U.N. Doc. A/55/38/Rev.1 (1998).

[287] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Cambodia, ¶ 19, U.N. Doc. CEDAW/C/KHM/CO/3 (2006); India, ¶ 76, U.N. Doc. A/55/38 (2000); Peru, ¶¶ 325–326, U.N. Doc. A/55/38/Rev.1 (1998).

[288] *See* **Concluding Observations of the Human Rights Committee**: Ukraine, ¶ 11, U.N. Doc. CCPR/C/UKR/CO/6 (2006).

[289] *See* **Concluding Observations of the Committee on the Elimination of Racial Discrimination**: Uganda, ¶ 7, U.N. Doc. CERD/C/62/CO/11 (2003).

[290] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Namibia, ¶ 79, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Concluding Observations of the Committee on the Rights of the Child**: Central African Republic, ¶ 47, U.N. Doc. CRC/C/15/Add.138 (2000); Ethiopia, ¶ 59, U.N. Doc. CRC/C/15/Add.144 (2001); Lesotho, ¶¶ 35–36, U.N. Doc. CRC/C/15/Add.147 (2001).

[291] *See, e.g.*, **CEDAW Committee**, **General Recommendation 15: Avoidance of Discrimination against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)**, U.N. Doc. A/45/38 at 81 (1990); **Committee on the Rights of the Child**, **General Comment 3: HIV/AIDS and the Rights of the Child**, ¶ 40, U.N. Doc. CRC/GC/2003/3 (2003); **Concluding Observations of the Human Rights Committee**: Trinidad and Tobago, ¶ 11, U.N. Doc. CCPR/CO/70/TTO (2000); **Committee on Economic, Social and Cultural Rights**, **General Comment 14: The Right to the Highest Attainable Standard of Health**, ¶ 18, U.N. Doc. E/C.12/2000/4 (2000).

[292] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Russian Federation, ¶ 40, U.N. Doc. E/C.12/1/Add.13 (1997); Trinidad and Tobago, ¶ 37, U.N. Doc. E/C.12/1/Add.80 (2002).

[293] *See, e.g.*, **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Germany, ¶ 35, U.N. Doc. E/C.12/1/Add.29 (1998); Libyan Arab Jamahiriya, ¶¶ 18, 24, U.N. Doc. E/C.12/1/Add.15 (1997); People's Republic of China, Hong Kong and Macao, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94 (2003).

[294] *See* **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Cameroon, ¶ 45, U.N. Doc. E/C.12/1/Add.40 (1999).

[295] *See, e.g.*, **Concluding Observations of the Committee on Economic Social and Cultural Rights**: Chile, ¶ 54, U.N. Doc. E/C.12/1/Add.105 (2004); People's Republic of China, Hong Kong and Macao, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94 (2003).

[296] *See, e.g.*, **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Chile, ¶¶ 54-55, U.N. Doc. E/C.12/1/Add.105 (2004); People's Republic of China, Hong Kong and Macao, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94 (2003).

[297] *See* **Committee on Economic, Social and Cultural Rights**, **General Comment 15: The Right to Water**, ¶ 13, U.N. Doc. E/C.12/2002/11 (2002).

[298] *See* **Committee on Economic, Social and Cultural Rights**, **General Comment 18: The Right to Work**, ¶ 12(b)(i), U.N. Doc. E/C.12/GC/18 (2005).

[299] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: Eritrea, ¶ 21, U.N. Doc. CRC/C/15/Add.204 (2003); Lesotho, ¶ 26, U.N. Doc. CRC/C/15/Add.147 (2001); Mali, ¶ 57, U.N. Doc. CRC/C/MLI/CO/2 (2007); Philippines, ¶ 65, U.N. Doc. CRC/C/15/Add.259 (2005); Ukraine, ¶ 30, U.N. Doc. CRC/C/15/Add.42 (1995); **Concluding Observations of the Human Rights Committee**: Trinidad and Tobago, ¶ 11, U.N. Doc. CCPR/CO/70/TTO (2000).

[300] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: Chile, ¶ 57, U.N. Doc. CRC/C/CHL/CO/3 (2007); India, ¶ 51, U.N. Doc. CRC/C/15/Add.115 (2000); South Africa, ¶ 31, U.N. Doc. CRC/C/15/Add.122 (2000); Ukraine, ¶ 29, U.N. Doc. CRC/C/15/Add.191 (2002).

[301] *See* **Committee on the Rights of the Child**, **General Comment 3: HIV/AIDS and the Rights of the Child**, U.N. Doc. CRC/GC/2003/3 (2003).

[302] *See* **Concluding Observations of the Committee on the Elimination of Racial Discrimination**: Lithuania, ¶ 12, U.N. Doc. CERD/C/60/CO/8 (2002).

[303] **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Trinidad and Tobago, ¶ 14, U.N. Doc. E/C.12/1/Add.80 (2002).

[304] *See* **CEDAW Committee, General Recommendation 15: Avoidance of Discrimination against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)**, U.N. Doc. A/45/38 at 81 (1990).

[305] **Committee on the Elimination of Discrimination against Women**, **General Recommendation 15: Avoidance of Discrimination against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)**, U.N. Doc. A/45/38 at 81 (1990).

[306] *See, e.g.*, **Committee on the Rights of the Child**, **General Comment 3: HIV/AIDS and the Rights of the Child**, ¶ 40, U.N. Doc. CRC/GC/2003/3 (2003); **Concluding Observations of the Committee on the Elimination of Racial Discrimination**: Botswana, ¶ 306, U.N. Doc. CERD/C/61/A/57/18 (2002).

[307] *See, e.g.*, **Concluding Observations of the CEDAW Committee**: Antigua and Barbuda, ¶ 261, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Concluding Observations of the Committee on the Rights of the Child**: Lesotho, ¶¶ 45–46, U.N. Doc. CRC/C/15/Add.147 (2001); **Concluding Observations of the Committee on Economic, Social and Cultural Rights**: Guinea, ¶ 22, U.N. Doc. E/C.12/1/Add.5 (1996).

[308] *See, e.g.*, **Concluding Observations of the Committee on the Elimination of Racial Discrimination**: Estonia, ¶ 17, U.N. Doc. CERD/C/EST/CO/7 (2006); South Africa, ¶ 20, U.N. Doc. CERD/C/ZAF/CO/3 (2006); Uganda, ¶ 18, U.N. Doc. CERD/C/62/CO/11 (2003).

[309] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: Chile, ¶ 57, U.N. Doc. CRC/C/CHL/CO/3 (2007); India, ¶ 51, U.N. Doc. CRC/C/15/Add.115 (2000); South Africa, ¶ 31, U.N. Doc. CRC/C/15/Add.122 (2000); Ukraine, ¶ 29, U.N. Doc. CRC/C/15/Add.191 (2002).

[310] *See* **Concluding Observations of the Committee on the Rights of the Child**: Azerbaijan, ¶ 57, U.N. Doc. CRC/C/AZE/CO/2 (2006).

[311] *See, e.g.*, **Committee on the Rights of the Child**, **General Comment 1: The Aims of Education**, ¶ 10, U.N. Doc. CRC/GC/2001/1 (2001); Azerbaijan, ¶ 57, U.N. Doc. CRC/C/AZE/CO/2 (2006).

[312] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: El Salvador, ¶ 53, CRC/C/15/Add.232 (2004); Haiti, ¶ 48, U.N. Doc. CRC/C/15/Add.202 (2003); Viet Nam, ¶ 45, U.N. Doc. CRC/C/15/Add.200 (2003); Zambia, ¶ 50, U.N. Doc. CRC/C/15/Add.206 (2003).

[313] *See, e.g.*, **Concluding Observations of the Committee on the Rights of the Child**: **Cambodia**, ¶ 37-39, U.N. Doc. CRC/C/15/Add.128 (2000).

[314] See CENTER FOR REPRODUCTIVE RIGHTS, PROTECTING HUMAN RIGHTS IN PROGRAMS TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV (2005).

[315] Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme

on HIV/AIDS International Guidelines on HIV/AIDS and Human Rights 2006 Consolidated Version *available a*t http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf.

[316] International Federation of Gynecology and Obstetrics (FIGO), Recommendations on Ethical Issues in Obstetrics and Gynecology by the FIGO Committee For the Ethical Aspects of Human Reproduction and Women's Health 12. 17 (2006), *available at* http://www.figo.org/content/ PDF/ethics-guidelines-text_2003.pdf.

[317] OPEN SOCIETY INSTITUTE, 10 REASONS TO OPPOSE THE CRIMINALIZATION OF HIV EXPOSURE OR TRANSMISSION 12-14 (2008).