



12 September 2016

TO: CEDAW Secretariat  
Office of the United Nations High Commissioner for Human Rights  
E-mail: [cedaw@ohchr.org](mailto:cedaw@ohchr.org)

Dear members of CEDAW,

This letter and documents are in response to your request for comments on the "Draft update of General Recommendation No.19".

I am writing as the International Coordinator of the International Campaign for Women's Right to Safe Abortion, which is an international umbrella and network for groups and individuals campaigning for the right to safe abortion as a public health and human rights issue.

We published your call for comments in our international newsletter of 15 August. I am writing now to share some thoughts on the draft update of General Recommendation No.19 in relation to the issues of morbidity and mortality from unsafe abortion, maternal mortality more broadly, and the role of health professionals, as well as law and policy.

The women's movement in Latin America and the Caribbean has for many years described unsafe abortion as a form of violence against women because it causes sometimes serious, sometimes fatal negative consequences for the life and health of girls and women. This is based on the "choice" by governments not to provide safe abortion within the law, thereby withholding the fruits of scientific progress from women and denying them the right to life and health. Due to its criminalization, abortion is stigmatized and far too many health professionals treat women seeking abortions, even when their reasons may fall within the law, in punitive and discriminatory ways. They may refuse to provide or refer women for legal abortions, they may abuse women verbally for asking for an abortion, provide abortions without offering pain relief, or purposely delay treating complications of unsafe abortion, for example, thereby putting the woman's life or health at risk.

The following recent Campaign newsletters highlight the range of issues. They include:

[The violence of rape and unsafe, illegal abortion: personal experiences](#), 5 August 2016

[Complaints regarding discrimination in abortion provision in Italy upheld](#), 25 July 2016

[Denial of abortion in legal settings](#), 13 July 2016

[Unsafe, illegal abortion: personal experiences](#), 18 April 2016

[Report to the 49th Commission on Population & Development 2016](#), 11 April 2016

It is also the case that where unsafe abortion is rife, maternal morbidity and mortality also tend to be high and vice versa. Thus, the underlying issue is the low status of women, especially young, poor, rural and marginalized women, and the failure to provide health services to them no matter what the intended or actual outcome of pregnancy.

There is a movement against obstetric violence internationally, and the World Health Organization has carried out research on this matter. See, for example:

[How does obstetric violence constitute institutional violence?](#) 24 May 2014

[Humanize Birth Archive | Birth Stories: Speaking Up About Obstetric Violence](#) , undated

[Prevention and elimination of disrespect and abuse during childbirth](#), World Health Organization, six publications from 2010 through 2014

plus the following journal articles:

[Obstetric violence: a new framework for identifying challenges to maternal healthcare in Argentina](#), Reproductive Health Matters, 2016

[Termination of pregnancy as emergency obstetric care: the interpretation of Catholic health policy and the consequences for pregnant women. An analysis of the death of Savita Halappanavar in Ireland and similar cases](#), Reproductive Health Matters, 2013

[Materno-infantilism, feminism and maternal health policy in Brazil](#), Reproductive Health Matters, 2012

[“The Cut Above” and “the Cut Below”: The abuse of caesareans and episiotomy in São Paulo, Brazil](#), Reproductive Health Matters, 2004

Lastly, I would raise the case of women and girls who are displaced or refugees, who in many camps are not only subjected to rape and sexual abuse but who are also denied access to safe abortion if they find themselves pregnant following the experience. Médecins sans Frontières is one of the few organizations who offer safe abortion services in their refugee health services. The following Campaign newsletters address these issues and report on the work being done to improve the situation for women and girls in these settings:

[Make safe abortion available to displaced, migrant, and refugee women and girls: Part III](#), 28 August 2015

[Make safe abortion accessible for displaced, migrant, and refugee women and girls: Part I](#), 24 August 2015

I hope you will find these documents and suggestions useful in considering whether to add something on these matters to your General Recommendation.

With kind regards,  
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**International Campaign for  
Women's Right to Safe Abortion**

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