CENTER FOR REPRODUCTIVE RIGHTS

CentroDerechosHumanos
UNIVERSIDAD DIEGO PORTALES

REPORT OF THE CENTER FOR REPRODUCTIVE RIGHTS AND THE CENTRO DE DERECHOS HUMANOS OF THE UNIVERSIDAD DIEGO PORTALES REGARDING CHILE'S COMPLIANCE WITH ITS INTERNATIONAL OBLIGATIONS IN THE AREA OF WOMEN'S SEXUAL AND REPRODUCTIVE RIGHTS: EXECUTIVE SUMMARY

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The Center for Reproductive Rights (CRR) is an international nongovernmental legal organization dedicated to the promotion and defense of women's reproductive rights. The Centro de Derechos Humanos of the Universidad Diego Portales (Center for Human Rights) operates at the University Diego Portales Law School to promote an active role for the legal community, academia and civil society in monitoring and overseeing issues in the public interest such as human rights, as well as ensuring that public policies are inclusive. In accordance with Resolution 5/1 approved on June 18, 2007 by the Human Rights Council, CRR and the Center for Human Rights present this report as parties concerned with Chile's compliance with its international obligations related to reproductive rights.

Women's sexual and reproductive rights, which include the right to reproductive health and the right to reproductive self-determination, are human rights which should be respected, protected and fulfilled by the Chilean state in accordance with its international obligations.[1] The right to health entitles individuals to the right to enjoy the highest attainable standard of physical, mental and social well-being, and includes sexual and reproductive health.[2] Likewise, the right to health includes the right to receive, seek out and provide information related to health,[3] and requires the elimination of all the barriers that interfere with access to health, education and information services.[4] The right to medical attention includes access to essential sexual and reproductive health services for women, such as contraception and abortion services for cases in which the continuation of pregnancy presents a danger to the health or life of the woman.[5] The failure to guarantee access to these services is a violation of women's right to equality and to be free from discrimination.[6]

Despite recommendations from treaty monitoring bodies to provide non-discriminatory access to contraceptive methods[7] and to eliminate discriminatory sexual and reproductive health regulations,[8] Chile has not yet taken effective action to guarantee sexual and reproductive rights. In fact, Chile has taken regressive measures that violate its international obligations. In this report, three particularly concerning situations will be discussed with respect to the reproductive rights of Chilean women:

1. The sterilization of women living with HIV/AIDS without their consent.
2. The recent decision of the Tribunal Constitucional [Constitutional Tribunal] determining that the free distribution of emergency contraception violates the right to life.[9]
3. The refusal of the Chilean state to comply with the recommendations from treaty monitoring bodies that regulations governing access to abortion be liberalized, despite the fact that an estimated 160,000 clandestine and unsafe abortions are performed annually.[10]

1. Sterilization of women living with HIV/AIDS without their consent

In 2002, *Andrea*, a Chilean woman from the region of Hualañe, became pregnant for the first time at the age of 22. During her pregnancy she was diagnosed with HIV. *Andrea* received medical attention from Curicó Hospital, where she gave birth in November 2002 to a healthy baby. Twelve hours after the birth she was informed that the doctor had performed a tubal ligation, a forced and irreversible sterilization for which there was neither consent nor prior information. The organization Vivo Positivo has filed a complaint in the Chilean court system alleging that Andrea's rights have been violated, but they have yet to obtain justice.[11]

By 2005, there were a total of 15,894 reported cases of HIV/AIDS in Chile, of which 15% correspond to women.[12] Significantly, there has been a more rapid increase of the virus among women, particularly those from the most vulnerable socio-cultural backgrounds.[13]

A study was carried out in 2004 which documented cases of forced sterilization and sterilizations performed without consent of Chilean women living with HIV/AIDS.[14] Thirty-one percent of the women interviewed had been sterilized;[15] notably, 29% of these women had been sterilized because of pressure from health services and 12.9% had been sterilized without consent.[16] At the same time, 66% of women receiving gynecological care had received inadequate information related to the idea that women with HIV should not become pregnant.[17] The Chilean government should be commended for its goal of reducing vertical transmission of the virus from 30% to 5%.[18] However, the development of this policy can lead to the violation of women's rights if adequate information is not provided to women; the government must guarantee that women living with HIV do not make reproductive health decisions in a coercive environment.

The International Guidelines on HIV/AIDS and Human Rights establish that the forced sterilization of women with HIV is a violation of their right to be free from discrimination,[19] as well as the right to liberty, the right to integrity of the person, the right to marriage, and the right to found a family.[20] The right to free and informed consent to reproductive health services is protected by article 10 of CEDAW, which establishes the obligation of States parties to take all measures necessary to eliminate discrimination against women and provide "[a]ccess to specific educational information to help ensure the health and well being of families, including information and advice on family planning."[21] Article 12 establishes an obligation to ensure that women receive adequate health services related to pregnancy.[22] Article 16 protects a woman's right to determine the number and spacing of her children.[23] In 2004, the CEDAW Committee heard the case of *A.S. v. Hungary*, alleging a violation of CEDAW based on the sterilization of a Roma woman without her consent; in its decision holding Hungary accountable, the Committee established that forced sterilizations violate articles 10, 12 and 16 of the Convention.[24]

The CEDAW Committee has established that acceptable health services must be "delivered in a way that ensures that a woman gives her fully informed consent."[25] Therefore, "States parties should not permit forms of coercion, such as non-consensual sterilization … that violate women's rights to informed consent and dignity."[26] The Committee has also stated that "compulsory sterilization... adversely affects women's physical and mental health, and infringes the right of women to decide on the number and spacing of their children."[27] The CESCR has established that the "right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation" should be included in the right to health and must be guaranteed by States parties.[28]

Forced and coerced sterilizations violate women's sexual and reproductive rights, as well as the international obligations of the Chilean state. These violations are aggravated when they are perpetrated against members of vulnerable groups deserving of special protection, such as women living with HIV.

2. Emergency contraception in Chile

On January 26, 2007, the Chilean government approved a new regulation from the Ministry of Health which ensured the free provision of hormonal emergency contraception (EC) by public institutions.[29] On April 18, 2008, however, the Constitutional Tribunal declared that the provision of emergency contraception was unconstitutional as violating the right to life of the unborn.[30]

This decision, in addition to its failure to recognize women's human rights and its establishment of the right to life of the unborn as absolute, discriminates against the most vulnerable sectors of the population. It limits access to contraception for women with the least economic resources, violating Chile's international obligations by engendering discrimination against those who cannot access contraception. The Tribunal's decision has regressive consequences; Chile has been developing programs that would permit access to EC for all women who need it since 2004 and the medication has been commercially available since March 2001.

The decision also establishes the possibility that EC acts as an abortifacient. However, this conclusion contradicts the scientific evidence provided by various international organizations, including the World Health Organization. Levonorgestrel pills (1) inhibit or delay the release of an egg from the ovary and (2) possibly prevent the sperm and the egg from meeting by affecting cervical mucus levels or the ability of the sperm to bind to the egg.[31]

By declaring the free provision of EC unconstitutional, Chile fails to comply with its obligations under CEDAW, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). The decision fails to recognize women's rights to reproductive autonomy, health, nondiscrimination[32] and the right to determine the number and spacing of children.[33] These rights are founded on principles of personal autonomy, privacy and self-determination,[34] and protect individuals from public or private interference with their private decisions, such as those related to contraception. A *positive obligation* on the part of the State is derived from these rights, entailing the adoption of all necessary measures to guarantee safe access to the entire range of contraceptive methods. At the same time, the State has a *negative obligation* of non-interference with access to contraception and individual decisions regarding that access.[35]

Access to the complete range of sexual and reproductive health services, including the entire array of contraception, constitutes one of the obligations derived from the right to health and the right to be free from discrimination.[36] Among existing contraceptive options, EC constitutes a unique and particularly effective alternative; the denial of access to this alternative serves as a barrier to the enjoyment of the right to benefit from scientific advancements.[37]

The importance of providing all contraceptive options also has indirect implications in terms of the right to education, as demonstrated by the high levels of adolescent pregnancy and school abandonment in Chile.[38] Adolescent pregnancy can lead to a series of prejudicial consequences; one of the most efficient solutions is to openly and fairly provide contraception. EC tends to be more convenient than other contraceptive methods for adolescents since this sector of the population is more likely to have unplanned sexual relations without using protection.[39] If a population of women exists for which EC is

particularly important, such as adolescents or women who have been raped, access to this form of contraception should be guaranteed for all women.

Discriminatory access to a contraceptive method such as EC leads to unwanted pregnancies that can result in abortions. Given the blanket prohibition on abortion in Chile, abortions are conducted under unsafe conditions, increasing the risk of maternal morbidity and mortality.[40]

3. Chile's failure to comply with recommendations to liberalize abortion legislation

The Chilean Penal Code criminalizes abortion under all circumstances.[41] This provision violates Chile's international obligations related to the respect, protection and guarantee of the rights to life, health, nondiscrimination and reproductive autonomy of women. The treaty monitoring bodies have repeatedly recommended that Chile revise its "extremely restrictive legislation on abortion,"[42] "in particular to provide safe abortion and to permit termination of pregnancy for therapeutic reasons or because of the health, including the mental health, of the woman."[43] They have also repeatedly emphasized the "relationship between clandestine abortion and maternal mortality,"[44] arguing that the restrictive abortion laws violate the right to life[45] and the right to health.[46] This summary demonstrates the recurring and emphatic concerns of the treaty monitoring bodies in the face of Chile's failure to meet its obligations to respect, protect and guarantee the right to life, the right to be free from discrimination and the right to health in situations where women's life and health are at risk from pregnancy. Chile's noncompliance with these recommendations not only implicates the State's international legal obligations, but also risks the health and lives of women.

Below are a few representative cases which demonstrate how the lack of exceptions to Chile's abortion law creates an unacceptable risk to the health and life of women:

- In 2002, a Chilean woman named Gladys Pavez requested the termination of her pregnancy in front of the media because it was incompatible with life. Her situation was dramatic, causing a significant controversy after which she had to retract her request and continue her pregnancy.[47]
- In 2003, Griselle Rojas, a 27-year-old woman with two children, was diagnosed with a molar pregnancy, a diagnosis with a high probability that she would develop cancer. Additionally, the fetus had a serious malformation which was incompatible with life. Griselle's treating doctor requested that the pregnancy be terminated, but was denied even though the Medical Association had determined that the only possibility of saving her life was a therapeutic abortion. An intervention was only begun once the situation became extremely serious.[48]
- In 2005, a 9-year-old girl who had been raped multiple times by her mother's boyfriend became pregnant.[49] According to information from the Servicio Nacional de Menores (SENAME), from 2000 to 2005, 23 girls between the ages of 11 and 12 became pregnant after being raped.[50]
- More recently, in August 2008, Karen, a 23-year-old woman in her 22nd week of pregnancy, was diagnosed with alobar holoprosencephaly. This malformation means that the fetus, if born alive, would only survive a few days or months without gaining consciousness since its brain would not have divisions. Karen was denied a therapeutic abortion and required to continue her pregnancy.[51]

In accordance with binding international treaties, the guarantee, protection and respect for the right to life includes both positive and negative obligations.[52] States parties must protect individuals be refraining from exposing them to risks, while also taking positive measures to assure the enjoyment of the right to life. [53] States parties have a positive obligation to eliminate laws or practices which put women's lives at risk, such as measures restricting and prohibiting abortion.[54] The classification of

abortion as a crime does not prevent abortions, but rather makes them increasingly dangerous.[55] Because of the relationship between maternal mortality and illegal/unsafe abortion, the HRC has established that laws penalizing abortion violate the right to life[56] and has requested that States parties remove barriers to access, including restrictive abortion laws.[57] Chile has an obligation to guarantee the right to the highest attainable standard health,[58] including sexual and reproductive health.[59] The protection of this right is linked to the guarantee of nondiscrimination based on gender in the provision of health services.[60] The prohibition on discrimination is an obligation of immediate effect,[61] as compared to the obligations which require progressive realization.[62]

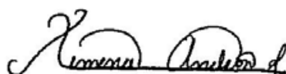
To guarantee the full enjoyment of the right to health, access to all health services must be guaranteed, including access to safe abortion services, especially in cases where the mother's life or the health is in danger. Treaty monitoring bodies have repeatedly stated that Chile must eliminate barriers impeding women's access to such essential health services.[63]

Questions

1. What measures has the State adopted to investigate the circumstances under which these sterilizations occurred and remunerate each of the affected women?
2. What measures is the State taking to guarantee that the practice of forced sterilization of HIV-positive women does not occur in either public or private hospitals?
3. What measures is the State taking to guarantee the informed and free consent for all medical interventions for HIV-positive women?
4. What concrete actions are being taken or are being planned by the Chilean state with the goal of guaranteeing universal and equitable access to emergency contraception?
5. What mechanisms exist in Chile to overcome the barrier that the Constitutional Tribunal decision on the Supreme Decree poses to the free distribution of emergency contraception?
6. What has the Chilean state done to comply with the recommendations that the CRC, CESCR, HRC and CEDAW Committees have made since 1995? What has Chile done to liberalize the total criminalization of abortion, particularly in cases in which the life and health of the pregnant woman are put in danger by continuing the pregnancy?

Recommendations

1. Take concrete measures to monitor forced sterilization and ensure that it does not occur in either public or private hospitals. Thoroughly investigate those cases of forced sterilization which have been presented.
2. Undertake special measures to guarantee that women living with HIV receive sexual and reproductive health services which meet their needs.
3. Adopt all necessary measures to universalize access to emergency contraception.
4. Develop public health strategies to increase knowledge of contraceptive methods, placing an emphasis on emergency contraception; emergency contraception should not be considered an abortifacient, as demonstrated by the scientific community.
5. Liberalize the legislation which criminalizes abortion under all circumstances.



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[1] Convention on the Elimination of All Forms of Discrimination Against Women, Dec. 18, 1979, 1249 U.N.T.S. 13 (ratified by Chile Dec. 7, 1989) [hereinafter CEDAW]. International Covenant on Civil and Political Rights, Dec. 16, 1966, 999 U.N.T.S. 171 (ratified by Chile Feb. 10, 1972) [hereinafter ICCPR]. International Covenant on Economic, Social and Cultural Rights, Dec. 16, 1966, 993 U.N.T.S. 3, 5 (ratified by Chile Feb. 10, 1972) [hereinafter ICESCR].
[2] Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14: The Right to the Highest Attainable Standard of Health*, ¶ 11 and 21, U.N. Doc. E/C.12/2000/4 (Aug. 11, 2000) [hereinafter *General Comment No. 14*].
[3] *Id.*, ¶ 12(b).
[4] *Id.,* ¶ 21.
[5] CEDAW, *supra* note 1, art. 12 and 16.
[6] CEDAW Committee (CEDAW Comm.), *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Chile*, ¶ 10, U.N. Doc. CEDAW/C/CHI/CO/4 (Aug. 25, 2006) [hereinafter *CEDAW Concluding Observations: Chile 2006*].
[7] CEDAW Comm., *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Chile*, ¶ 139 U.N. Doc. A/50/38 (Feb. 3, 1995) [hereinafter *CEDAW Concluding Observations: Chile 1995*].
[8] *CEDAW Concluding Observations: Chile 2006*, *supra* note 6, ¶ 10.
[9] Tribunal Constitucional de Chile [Constitutional Tribunal of Chile], Sentencia Rol 740-07-CDS.
[10] Guttmacher Institute, *An Overview of Clandestine Abortion in Latin America* (1999), *available at* http://www.guttmacher.org/pubs/ib12.html.
[11] S. Araya, Head of the VivoPositivo Gender Area, *¿Derechos sexuales y reproductivos? El ejercicio de derechos y la búsqueda de la reparación. Caso de esterilización forzada en Chile* [*Sexual and Reproductive Rights?*], Aug. 3 – 8, 2008.
[12] Ministerio de Salud: Chile, *Evolución del VIH-SIDA: 1986-2005* [*The Evolution of HIV/AIDS: 1986-2005*], 2 - 3 (2006) *available at* http://epi.minsal.cl/epi/html/bolets/reportes/VIH-SIDA/Pais_86-05VihSida.pdf.
[13] Government of Chile, *UNGASS Report: Chile*, 5 (2006), *available at* http://data.unaids.org/pub/Report/2006/2006_country_progress_report_chile_en.pdf (emphasis added).
[14] FRANCISCO VIDAL, MARINA CARRASCO, AND RODRIGO PASCAL, MUJERES CHILENAS VIVIENDO CON VIH/SIDA: DERECHOS SEXUALES Y REPRODUCTIVOS [CHILEAN WOMEN LIVING WITH HIV/AIDS] (2004).
[15] *Id*., at 104.
[16] *Id*., at 106.
[17] *Id*., at 81.
[18] Health Ministry, Chile, *Chile: Objetivos Sanitarios 2000-2010* [*Chile: Health Objectives 2000-2010*], 195, *available at* http://www.redsalud.gov.cl/temas_salud/temas_salud.html.
[19] Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Program on HIV/AIDS, *International Guidelines on HIV/AIDS and Human Rights: 2006 Consolidated Version*, ¶ 114, *available at* http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf.
[20] *Id*., ¶ 118.
[21] CEDAW, *supra* note 1, art. 10(1)(h).
[22] *Id*., art. 12(2).
[23] *Id*., art. 16(1)(e).
[24] A.S. v. Hungary, *Views of the Committee on the Elimination of Discrimination against Women*, ¶ 11.2 - 11.5, U.N. Doc. CEDAW/C/36/D/4/2004 (Feb. 12, 2004).
[25] CEDAW Comm., *General Recommendation No. 24: Women and Health*, ¶ 22, U.N. Doc. A/54/38/Rev.1 (1999) [hereinafter *General Recommendation No. 24*].
[26] *Id*.
[27] CEDAW Comm., *General Recommendation No. 19: Violence Against Women*, ¶ 22, U.N. Doc. HRI\GEN\1\Rev.1 (1992) [hereinafter *General Recommendation No. 19*].
[28] *General Comment 14*, *supra* note 2, ¶ 8.
[29] Decreto Supremo Reglamentario 48 [Supreme Regulatory Decree 48], Ministry of Health (Jan. 26, 2007).
[30] Tribunal Constitucional [Constitutional Tribunal], Sentencia Rol 740-07-CDS.
[31] International Consortium for Emergency Contraception (ICEC) and International Federation of Gynecology & Obstetrics, *Statement on Mechanism of Action*, (2008) *available at* http://www.figo.org/docs/International%20consortium%20for%20emegency%20contraception%20statement.pdf. EC pills "do not terminate pregnancy and thus do not constitute abortion." World Health Organization, *Emergency Contraception: A Guide for Service Delivery*, 20 (2004), *available at* http://whqlibdoc.who.int/hq/1998/WHO_FRH_FPP_98.19.pdf.
[32] ICCPR, *supra* note 1, art. 1; ICESCR, *supra* note 1, art. 1; CEDAW, *supra* note 1, art. 12 and 16.
[33] CEDAW, *supra* note 1, art. 16(e) (emphasis added).
[34] ICCPR, *supra* note 1, art. 1; ICESCR, *supra* note 1, art. 1; CEDAW, *supra* note 1, art. 12 and 16.
[35] *General Comment No. 14*, *supra* note 2, ¶ 34, 35, and 37**.**
[36] *Id. See also General Comment No. 24*, *supra* note 25, ¶ 11.
[37] ICESCR, *supra* note 1, art 15.
[38] There has been a considerable increase in the percentage of adolescents who are sexually active; their use of contraception is directly proportional to socioeconomic status. Ximena Luengo, Ana Zepeda and Soledad Díaz, *Embarazos en Adolescentes: Últimos datos disponibles* [*Adolescent Pregnancy: Most Recent Data*], Instituto Chileno de Medicina Reproductiva (2006) *available at* http://www.icmer.org/pdfs/presentaciones/EmbarazosenAdolescentes2006.pdf.
[39] World Health Organization, *Adolescent Pregnancy: Issues in Adolescent Health and Development*, 64 (2004), *available at* http://whqlibdoc.who.int/publications/2004/9241591455_eng.pdf.

[40] *See, e.g.* HRC, *Concluding Observations of the Human Rights Committee: Chile*, ¶ 15, U.N. Doc. CCPR/C/79/Add.104 (Mar. 30, 1999) [hereinafter *HRC Concluding Observations: Chile 1999*]; HRC, *Concluding Observations of the Human Rights Committee: Costa Rica*, ¶ 11, U.N. Doc. CCPR/C/79/Add.107 (April 8, 1999) [hereinafter *HRC Concluding Observations: Costa Rica*]; HRC, *Concluding Observations of the Human Rights Committee: Guatemala*, ¶ 19, U.N. Doc. CCPR/CO/72/GTM (Aug. 27, 2001) [hereinafter *HRC Concluding Observations: Guatemala*]; HRC, *Concluding Observations of the Human Rights Committee: Peru*, ¶ 20, U.N. Doc. CCPR/CO/70/PER (Nov. 15, 2000) [hereinafter *HRC Concluding Observations: Peru*].

[41] CÓDIGO PENAL [PENAL CODE] art. 342 ("Whoever deliberately performs an abortion shall be subject to: 1. High imprisonment in the lowest degree, if abortion is forcibly performed. 2. Minor imprisonment in the highest degree if abortion is otherwise performed without the pregnant woman's consent, even if no force is used. 3. Minor imprisonment in the medium degree, if abortion is performed with the pregnant woman's consent.").

[42] *CEDAW Concluding Observations: Chile 1995*, *supra* note 7, ¶ 158.

[43] *Id*., ¶ 229. *See also CEDAW Concluding Observations: Chile 2006*, *supra* note 6, ¶ 20; *HRC Concluding Observations: Chile 1999*, *supra* note 40, ¶ 15; CESCR, *Concluding Observations of the CESCR: Chile*, ¶ 53, U.N. Doc. E/C.12/1/Add.105 (Dec. 1, 2004); Committee on the Rights of the Child (CRC), *Concluding Observation of the CRC: Chile*, ¶ 56, U.N. Doc. CRC/C/CHL/CO/3 (April 23, 2007).

[44] *CEDAW Concluding Observations: Chile 1995*, *supra* note 7, ¶ 158. *See also* CEDAW Comm., *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Chile*, ¶ 228, U.N. Doc. A/54/38 (1999).

[45] HRC, *Concluding Observations of the Human Rights Committee: Chile*, ¶ 8, U.N. Doc. CCPR/C/CHL/CO/5 (May 18, 2007) [hereinafter *HRC Concluding Observations: Chile 2007*].

[46] CESCR, *Concluding Observations of the Committee on Economic, Social and Cultural Rights: Chile*, ¶ 26, U.N. Doc. E/C.12/1/Add.105 (Dec. 1, 2004) (pointing out that an estimated 34,479 women were hospitalized in 2001 due to abortion complications).

[47] Law School, Diego Portales University, *Informe Anual sobre Derechos Humanos en Chile 2003: Hechos de 2002* [*Annual Report of Human Rights in Chile 2003*], 292-293 (2003) *available at* http://www.udp.cl/derecho/derechoshumanos/informesddhh/informe_03/07.pdf.

[48] Law School, Diego Portales University, *Informe Anual sobre Derechos Humanos en Chile 2004: Hechos de 2003* [*Annual Report of Human Rights in Chile 2004*], 227 – 228 (2004), *available at* http://www.udp.cl/derecho/derechoshumanos/informesddhh/informe_04/07.pdf.

[49] *See Piden aborto terapéutico para niña embarazada de 9 años* [*Request for a therapeutic abortion for a nine year old girl*], MUJERES HOY, Jan. 12, 2005, http://www.mujereshoy.com/secciones/2757.shtml.

[50] *Id.*

[51] *See* Ana María Sanhueza, *"Necesito un aborto terapéutico"* [*"I need a therapeutic abortion"*], THE CLINIC, http://www.theclinic.cl/2008/11/01/necesito-un-aborto-terapeutico/.

[52] Universal Declaration of Human Rights, G.A. Res. 217A, art. 3, U.N. Doc. A/810 (Dec. 10, 1948); ICCPR, *supra* note 1, art. 6.

[53] *See* HRC, *General Observation No. 6: The Right to Life (Art. 6)*, ¶ 5, U.N. Doc. HRI\GEN\1\Rev.1 (April 30, 1982); *General Recommendation No. 19*, *supra* note 27, ¶ 4.

[54] *See HRC Concluding Observations: Chile 2007*, *supra* note 45, ¶ 8.

[55] CEDAW Comm., *Concluding Observations of the CEDAW Committee: Peru,* ¶ 339, U.N. Doc. CEDAW/C/1998/II/L.1/Add.7 (1998).

[56] *See, e.g HRC Concluding Observations: Chile 1999*, *supra* note 40, ¶ 15; *HRC Concluding Observations: Costa Rica*, *supra* note 40, ¶ 11; *HRC Concluding Observations: Guatemala, supra* note 40, ¶ 19; *HRC Concluding Observations: Peru, supra* note 40, ¶ 20.

[57] *See, e.g.* HRC, *Concluding Observations of the Human Rights Committee: Argentina*, ¶ 14, U.N. Doc. CCPR/CO/70/ARG (Nov. 3, 2000); *HRC Concluding Observations: Guatemala, supra* note 40, ¶ 19; *HRC Concluding Observations: Peru, supra* note 40, ¶ 20.

[58] ICESCR, *supra* note 1, art. 12(1).

[59] *General Comment No. 14, supra* note 2.

[60] *Id*., ¶ 21. *See also* CEDAW, *General Recommendation No. 24*, *supra* note 25, ¶ 11 ("It is discriminatory … to refuse to legally provide for the performance of certain reproductive health services for women.").

[61] *Id.,* ¶ 30.

[62] *Id*., ¶ 21.

[63] *General Comment No. 14*, *supra* note 2, ¶ 21. *See also General Recommendation No. 24*; *supra* note 25, ¶ 14.