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The State of International Human Rights Law on Sexual and Reproductive Health: An Overview

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Abstract

This paper provides an overview of states' current obligations concerning key areas of sexual and reproductive health and rights (SRHR) under United Nations (UN) international human rights law. It emphasizes that SRHR are grounded in international treaties and acknowledged as fundamental human rights, and highlights the importance of their ongoing development. The analysis focuses on UN treaty body standards related to maternal health, contraceptive access, abortion, and sexuality education, while also identifying gaps in standards—particularly in areas such as menstrual health, assisted reproductive technologies, and self-care. Despite notable progress in the realization of SRHR, significant inequalities and rights violations persist, disproportionately affecting marginalized populations. The paper stresses the significance of these standards and advocates for their continuous evolution, emphasizing the need for greater consistency between human rights bodies and identifying areas where legal and policy development should be prioritized to ensure equitable and effective realization of SRHR for all.

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Introduction: Progress on sexual and reproductive health and rights since 1994

The 1994 International Conference on Population and Development was a watershed moment, putting sexual and reproductive health and rights (SRHR) on the global agenda.[1] The Beijing Platform for Action followed one year later, where states came together and agreed on the importance of SRHR for gender equality and advocated for universal access to comprehensive health care, safe motherhood, and autonomy over reproductive choices free from discrimination, coercion, and violence.[2]

Since then, significant strides have been made in integrating sexual and reproductive health into international human rights law. At the United Nations (UN) level, this is evident by treaty bodies' inclusion of sexual and reproductive health in their interpretations of a range of rights, including rights to life, health, privacy, education, information, nondiscrimination, and freedom from torture and other ill treatment. At the national level, many countries have reformed their laws and policies to align with their international obligations. For example, Colombia, Mexico, Nepal, and Northern Ireland, among others, have liberalized their abortion laws based on international human rights law obligations.[3]

Over the past three decades, feminist movements have achieved significant gains in gender equality and SRHR. Yet major challenges persist. Estimates by the World Health Organization (WHO) suggest that in 2023 more than 700 women died every day from preventable causes related to pregnancy and childbirth, with about 92% of these deaths occurring in low- and lower-middle-income countries.[4] Today's intersecting "polycrisis"—encompassing environmental, political, security, health, and economic spheres—has deep and far-reaching effects on SRHR. In many countries, women are facing increasing restrictions on abortion and reduced access to contraception, while domestic and international funding for sexual and reproductive health is declining, threatening essential services, comprehensive sexuality education, and accurate health information, especially for adolescents and young people.

Regressive actors are seeking to reverse the gains of past decades through legal measures and social messaging that is rooted in xenophobia, colonial legacies, racism, misogyny, and homophobia. These dynamics undermine democratic institutions, shrink civic space, and disproportionately harm marginalized groups—including LGBTQI individuals, sex workers, migrants, and racially or ethnically excluded communities—who already face systemic barriers to SRHR. Their rights are further compromised by the criminalization of identity, status, or sexual behavior, which compounds exclusion and harm.[5]

Against this backdrop, the paper outlines state obligations in key SRHR areas under UN international human rights law. It underscores that SRHR are firmly grounded in international treaties and recognized as fundamental rights, and offers a clear benchmark of progress while identifying critical areas for future action.

Scope and methodology

This paper focuses on four SRHR topics: maternal health, contraceptive information and services, abortion, and comprehensive sexuality education. We chose these topics because they align with key sexual and reproductive health interventions identified in WHO's *Universal Health Coverage Compendium*.[6] Together, they represent select areas in which human rights standards have been clearly articulated and developed. Our selection of search terms for the literature review was similarly informed by the sexual and reproductive health interventions outlined in the WHO compendium.

Human rights obligations related to other SRHR issues, such as gender-based violence (including sexual violence, abuse in childbirth, and harmful practices), have been explored elsewhere; in this paper, we integrate those issues only when relevant to our four areas of investigation.[7]

This review covers the period from 1999 to June 2025, beginning with the adoption of the UN Committee on the Elimination of Discrimination Against Women's General Recommendation 24 on women and health, which, together with the UN Committee on Economic, Social and Cultural

Rights' General Comment 14, issued in 2000, created a framework for the development of human rights standards relating to the right to health.

The search included views, concluding observations, and general comments of the UN human rights treaty bodies, as sources of binding international law, as well as Special Procedures mechanisms and the UN Human Rights Council.[8]

To ensure authoritative coverage and analytical breadth, we searched four well-established and complementary databases: the Universal Human Rights Index and Treaty Monitoring Database of the Office of the United Nations High Commissioner for Human Rights (OHCHR); bayefsky.com; and the University of Minnesota Human Rights Library.

Only English-language documents were included.

Background

SRHR are grounded in constitutional law and in regional and international human rights law, including treaties and conventions that affirm the rights to life, to health, to privacy, to equality and nondiscrimination, to benefit from scientific progress, to found a family, to information and education, to decide the number and spacing of one's children, and to be free from torture and other ill treatment, among other rights.

SRHR encompass a broad spectrum of entitlements related to sexual and reproductive health care—in public and private facilities—as well as rights related to the underlying and social determinants of health. They acknowledge that individuals have the right to make free and informed choices about their bodies and reproduction, without coercion, discrimination, or violence.[9]

Existing human rights standards

This section sets forth the findings from our research and summarizes existing UN human rights standards in the areas of maternal health, access to contraceptive information and services, safe abortion care, and comprehensive sexuality education.

Maternal health

Maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period. Although each stage should be a positive experience, for too many women it is associated with preventable suffering, health complications, and even death.[10]

Human rights bodies have long recognized that access to quality maternal health care is an entitlement arising from the rights to life, health, and equality and nondiscrimination, among others.[11]

The provision of maternal health care is recognized as a "core obligation" under international human rights law, which means that states must guarantee minimum essential levels of services, even when there are economic or other challenges to meeting the obligation.[12] The right to maternal health includes access to these services, free from discrimination, coercion, and violence.[13]

States have an obligation to:

- Develop laws, policies (including budgetary and insurance policies), programs, and practices to ensure women's and girls' health and well-being throughout pregnancy, delivery, and the postpartum period.[14]
- Address and remove legal and practical barriers to accessing SRHR services, including through universal health care coverage, nondiscriminatory insurance coverage, and free services, where necessary, for pregnancy, childbirth, and postnatal care.[15]
- Make services acceptable to women, such as by ensuring that these services are provided in a manner that is respectful, dignified, and confidential, and sensitive to the woman's needs and perspectives.[16]
- Ensure access to essential maternal health services and providers, regardless of geographic location.[17]
- Ensure that the woman's life and health are prioritized over the protection of the fetus.[18]
- Collect, analyze, and disseminate disaggregated data necessary to understand and to adequately

respond to primary causes—direct and indirect—of maternal mortality and morbidity.[19]

- Provide interventions to prevent maternal mortality, including in humanitarian settings, by ensuring access to skilled birth assistance, midwifery care, prenatal care, and emergency obstetric care, including effective, quality referral systems for obstetric complications, abortion, and complications resulting from unsafe abortions.[20]
- Ensure that essential medicines for pregnancy-related complications are registered and available (e.g., misoprostol for abortion, and to treat postpartum hemorrhage and incomplete abortion).[21]
- Ensure that maternal health services meet the distinct needs, including midwifery care, of women and are inclusive of the needs of marginalized sectors of society, including those with elevated rates of maternal mortality, such as people with disabilities, young people, poor people, people from rural areas, racial and ethnic minorities, Indigenous persons, and migrant workers.[22]
- Reduce early pregnancy, as well as unwanted pregnancy, among adolescents by enhancing access to education and information on sexual and reproductive health and family planning, comprehensive sexuality education, and contraceptive information and services, and promote gender equality.[23]
- Address violations of the right to informed consent, abuse and disrespect, and the denial of women's autonomy in decision-making in prenatal care, labor, and childbirth.[24]
- Ensure access to the underlying determinants of healthy pregnancy, including potable water, adequate nutrition, education, sanitation, and transportation.[25]

Contraceptive information and services

Access to contraceptive information and services enables individuals and couples to determine whether and when to have children; contributes to their health and to equality, autonomy, and well-being; and promotes a satisfying and safe sex life.[26] Contraceptive information and services are important for preventing pregnancies, including those resulting from sexual violence, and for preventing the spread of sexually transmitted infections, including HIV.

Adolescents and young women face particular obstacles in accessing contraceptives and health services, which increases the risk of an unintended pregnancy and its consequences. Pregnancy complications and unsafe abortion are the leading causes of death for girls aged 15–19.[27] Young men also need information and services so they can take responsibility and be partners in preventing unintended pregnancies.[28]

UN human rights bodies have framed the lack of access to modern contraception as implicating numerous rights, including the rights to life, to health, to nondiscrimination, to decide the number and spacing of one's children, and, in some contexts, to be free from torture and other ill treatment.[29]

States have an obligation to:

- Ensure that the full range of good-quality, modern, and effective contraceptives, including emergency contraception, are available and accessible to everyone.[30]
- Ensure access to medications on the WHO Model List of Essential Medicines, which includes hormonal contraception and emergency contraception.[31]
- Make emergency contraception—which can prevent pregnancy following unprotected sexual intercourse—available without a prescription, and ensure that it is free for victims of violence, including adolescents. Adolescent girls in particular need to be informed about the potential benefits of emergency contraception.[32]
  - ▷ The failure to ensure legal and accessible emergency contraception for individuals who are victims of rape or other forms of sexual abuse is linked to physical and mental suffering, which may amount to torture or ill treatment.[33]
  - ▷ Special measures should be taken to ensure

that emergency contraception is available in conflict and post-conflict zones.[34]

- Eliminate legal and practical obstacles to contraception access, including those associated with high cost, marital status, and third-party authorization, such as consent from spouses, parents, or legal guardians.[35]
- Gather disaggregated data on the use of contraceptives and access barriers.[36]
- Address barriers to contraceptive information and services that may be particularly acute for marginalized groups, such as low-income individuals, people with disabilities, adolescents, ethnic and racial minorities, people living with HIV, and individuals living in humanitarian settings.[37]
- Guarantee the right to seek, receive, and disseminate contraceptive-related information. This includes providing access without discrimination to unbiased, comprehensive, and evidence-based information and services for family planning and contraception in a manner that is accessible and acceptable to all populations, including people with disabilities and adolescents and youth.[38]
- Adolescents should be given a legal presumption that they are competent to seek and receive preventative or time-sensitive sexual and reproductive health commodities and services. Age-appropriate information should be provided irrespective of age without parental or guardian consent, respecting privacy and confidentiality.[39]
- Contraceptive information should incorporate all available choices of contraception, including information on side effects and success rates.[40]
- Ensure that the use of contraceptives is voluntary, fully informed, and without coercion or discrimination. Appropriate attention should be given to groups who have historically been subject to coercive family planning practices, including forced sterilization. This includes, for example, people with disabilities, Indigenous women, poor women, Roma women, and women living with HIV.[41]
- Effective remedies must be available if violations occur with regard to informed consent or other irregularities associated with the use of contraceptives.[42]

Abortion

Human rights law and health evidence have long recognized the link between restrictive abortion laws, high rates of unsafe abortion, and maternal mortality. Barriers—both legal and practical—effectively deny access to safe abortion services. These barriers include restrictive laws, the criminalization of women and providers, mandatory waiting periods, biased counseling, refusals to provide abortions based on conscience, the physical obstruction of abortion facilities, harassment, and cost.[43]

Access to abortion is further limited by barriers to health information, unequal power dynamics, abortion stigma, and discriminatory gender stereotypes.[44] Human rights bodies have found that such restrictions violate the rights to health, to life (including life with dignity), to privacy, to benefit from scientific progress, to freedom from gender discrimination (including intersectional discrimination), and to freedom from inhuman and degrading treatment, among others.[45]

States have an obligation to:

- Recognize abortion as a fundamental right.[46]
- Decriminalize abortion in all circumstances, repealing all provisions criminalizing abortion and related assistance to which a pregnant person has given informed consent.[47]
- Legalize abortion and regulate it so that persons do not have to undergo unsafe abortions, including without limiting abortion to specific indications.[48]
- Ensure access to safe abortion and address legal and practical barriers to abortion access, including by
  - ▷ eliminating mandatory waiting periods and counseling;[49]
  - ▷ eliminating third-party authorization requirements, including spousal, parental, or

guardian consent and judicial authorization;[50]

- ▷ guaranteeing confidential services and their provision in a nonbiased and nonjudgmental environment;[51]
- ▷ covering the cost of the procedure through public health insurance or providing it for free;[52]
- ▷ ensuring that enough trained medical professionals are available to perform abortions across all geographic regions;[53]
- ▷ preventing the harassment and stigmatization of individuals who seek, complete, or facilitate an abortion;[54] and
- ▷ ensuring that the life and health of the pregnant person are prioritized over protection of the fetus.[55]

- Ensure that states where the practice of conscientious refusals by providers is permitted, this should not inhibit access to abortion and should be regulated, including by requiring referrals.[56]
- Ensure the availability and accessibility of medication abortion.[57]
- Implement WHO's guidelines on abortion.[58]
- Ensure that individuals facing multiple and intersecting forms of discrimination—including adolescents, people with disabilities, racialized persons, and persons with lower economic status—have full and equal access to sexual and reproductive health services, including abortion.[59]
- Safeguard existing access to abortion care and prevent any retrogressive measures that might restrict or diminish current abortion rights.[60]
- Ensure that persons receive confidential and adequate post-abortion care, regardless of the legal status of abortion.[61]
  - ▷ Eliminate and prohibit any requirements of doctors and other health personnel to report cases of persons who have undergone abortion and abortion-related care to law enforcement or other authorities.[62]
- Institute "safe access zones" (protective areas which anti-abortion demonstrators cannot enter) around abortion clinics and other facilities where abortions are performed, to prevent the harassment, stigmatization, and traumatization of persons seeking abortion.[63]

Comprehensive sexuality education

Comprehensive sexuality education (CSE) is defined as a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with the knowledge, skills, attitudes, and values that empower them to develop respectful relationships and realize their health, well-being, and dignity. This includes understanding their bodies, sexual and reproductive health, and human rights.[64]

Human rights treaty bodies have noted that under the rights to health, to information, to education, and to be free from discrimination, states have the following obligations in relation to CSE:

- Provide CSE that is inclusive, unbiased, based on evidence, scientifically accurate, in line with human rights, and age appropriate.[65]
  - ▷ It should include knowledge about the body, including anatomical, physiological, and emotional components. It should include content related to sexual health and well-being, such as body changes and maturation processes. Other information that should be included is contraception, including emergency contraception; the prevention, care, and treatment of sexually transmitted infections; the prevention of early pregnancy; counseling; maternal health services; and menstrual hygiene. Attention should be given to gender equality, sexual diversity, SRHR, responsible parenthood and sexual behavior, and violence prevention.[66]
- Ensure that the curriculum is nondiscriminatory—including on grounds of gender, sexual orientation, and disability—both in content and in teaching methodologies.[67] Ensure that curriculum materials do not perpetuate harmful or

discriminatory stereotypes, paying special attention to diversity and gender issues, including addressing gender stereotyping.[68]

- Ensure that CSE programs do not censor or withhold information or disseminate biased or factually incorrect information.[69]
- Ensure that CSE is part of the mandatory school curriculum, provided throughout schooling in an age-appropriate manner, and is provided without parental consent.[70]
- Ensure that information is appropriate to children's age and educational level and understandable and available in alternative formats, including for students with disabilities.[71]
- Ensure that individuals have access to information both within and outside formal education systems, in order to reach out-of-school adolescents.[72]
- Develop public education campaigns to raise awareness about sexual and reproductive health issues.[73]
- Ensure that teachers are trained to provide CSE and that youth are involved in the development of these education programs.[74]

Select areas for SRHR standard-setting

While many aspects of sexual and reproductive health would likely benefit from further attention by human rights standard-setting bodies, our analysis identified three areas in particular—assisted reproductive technologies (ARTs) and infertility, menstrual health, and self-care—that, although already addressed by the UN Human Rights Council and the OHCHR, could be further advanced. Not only are these issues fundamental to reproductive autonomy and bodily integrity, but they also expose persistent inequities, discrimination, and legal gaps.

While human rights principles—such as nondiscrimination, accountability, equality, participation, and the right to health framework—remain applicable and are state obligations across all SRHR issues, including ARTs and infertility, menstrual health, and self-care, the development of more targeted human rights standards in these three areas could provide crucial guidance to states on how to fulfill their obligations and ensure that everyone can exercise their rights.

Assisted reproductive technologies and infertility

For many individuals and couples, there is a gap between desired and actual fertility, implying constraints to people's ability to realize their reproductive goals for a variety of reasons, including infertility.

Governments have a multifaceted human rights-based responsibility to address infertility, which includes not only ensuring access to safe, affordable, and quality treatment, including ARTs, but also proactively preventing infertility by addressing its causes and combating the stigma, discrimination, and violence associated with it.[75] These government responsibilities are included in the rights to decide if and when to have children, and how many; found a family; privacy; benefit from scientific progress; and nondiscrimination.

These obligations, while less developed than for other sexual and reproductive rights issues, are increasingly being addressed by treaty bodies. The OHCHR issued a research paper in 2023 outlining key considerations for a more comprehensive rights-based approach to infertility. These include identifying laws and practices that inadequately address infertility, such as by limiting treatment options and restricting access to heterosexual couples or to those with access to education and financial resources. The paper identifies the failure to prevent and address human rights harms and violations that can occur leading up to and after an infertility diagnosis.[76]

To date, human rights bodies require countries to:

- Incorporate ARTs into sexual and reproductive health services.[77]
- Ensure access to up-to-date scientific technologies, including ARTs, on the basis of nondiscrimination and equality, including on the grounds of gender, sexual orientation, and gender identity.[78]

- Include persons directly impacted by ARTs in the development, adoption, and implementation of relevant laws and policies.[79]
- Prevent any person or entity from interfering with the right to participate in and enjoy the benefits of scientific progress and its applications.[80]
- Eliminate excessive restrictions on the use of ARTs. This includes addressing issues such as the criminalization of certain ART practices, gender-based and intersectional discrimination, restrictions on the right to make independent decisions about bodily autonomy, harmful regulations (such as those requiring the mandatory transplantation of embryos), and the lack of specific regulations.[81]

Surrogacy, as a method of family formation and a way to address infertility, can involve reproductive technologies and impacts the rights of multiple stakeholders. Human rights standards, to date, include:

- Protecting the child's rights. This includes their right to nationality, identity, and best interests.[82]
- Protecting the surrogate's rights. This includes
  - ensuring that surrogates are free from exploitation, coercion, and violence;[83] and
  - decriminalizing surrogates and releasing persons from prison for being surrogates.[84]
- Establishing clear legal frameworks that regulate surrogacy in a way that protects the rights of all involved, including provisions for support, information access, discrimination, and data management.[85]

Menstrual health

Menstrual health is a critical aspect of overall sexual and reproductive health and well-being, yet it remains shrouded in taboo in many societies. Stigmatizing and discriminatory attitudes lead to inadequate access to information, sanitation facilities, and menstrual products, as well as social isolation, all resulting in negative consequences for education, employment, and social participation and for individuals' physical and mental health. This is particularly acute in humanitarian settings, where displacement and disrupted infrastructure exacerbate existing challenges and create specific vulnerabilities.[86]

While the human rights to health, privacy, and nondiscrimination, among other rights, would apply to menstrual health, the treaty bodies have yet to address this issue in any robust way.[87] For example, the Committee on Economic, Social and Cultural Rights has referred only to the state obligation to take measures to modify negative "social misconceptions, prejudices and taboos about menstruation" in order to ensure that persons can exercise their rights to sexual and reproductive health.[88] The Committee on the Rights of the Child has recommended including "menstrual hygiene" in CSE.[89]

However, in 2024, a resolution on menstrual hygiene management, human rights, and gender equality was adopted at the UN Human Rights Council.[90] It highlights the essential role of menstrual hygiene management in advancing the human right to health and gender equality, and specifically calls for states to:

- Ensure that women and girls, especially in rural and remote areas, have access to affordable, safe, and clean menstrual hygiene products and facilities.
- Provide access to adequate water and sanitation facilities in public and private spaces, including schools, to support safe menstrual hygiene management.
- Eliminate or reduce all taxes on menstrual products and support those living in economic vulnerability with free or affordable options.
- Integrate menstrual hygiene management into relevant national policies—including water, sanitation, and hygiene programs—and promote women's and girls' access to appropriate and accessible information and education on menstrual hygiene management.

Self-care

Self-care in the context of SRHR encompasses a broad spectrum of practices, including menstrual hygiene management, contraceptive use, self-managed abortion, sexually transmitted infection testing, and the use of telemedicine, to name a few. These practices can empower individuals to exercise autonomy and take control of their health and well-being. WHO has been instrumental in advancing the field of self-care, developing evidence-based guidelines and recommendations for various SRHR interventions. However, while human rights bodies have articulated the right to certain methods of treatment that support aspects of self-care, such as medication abortion, they have not yet fully integrated the concept of self-care into their SRHR frameworks.[91]

A recent OHCHR report, issued in the wake of a 2023 Human Rights Council resolution, examines rights related to self-care and recommends that UN human rights mechanisms "further articulate the human rights dimension of care and support and corresponding State obligations, including on self-care."[92]

Discussion and conclusion

This paper has examined the existing UN human rights standards on SRHR, particularly those developed by the treaty bodies. It has found that long-standing standards are being consistently reinforced by these bodies and that there has been no retrogression on any issue, including on abortion.

Treaty bodies have, over the past 25 years, also been clear that states must adopt the measures necessary to eliminate the conditions that perpetuate inequality and discrimination in order to enable all individuals and groups to enjoy SRHR. Special attention should be paid to groups of persons who have experienced systemic discrimination, such as women, people with disabilities, racialized persons, LGBTQI+ people, Indigenous persons, and people living in poverty.

Given the increasing number of persons living in humanitarian settings, this review importantly found that the treaty bodies are continuing to emphasize that human rights apply in humanitarian settings, including in the contexts of climate crisis and conflict, including war, as mutually reinforcing and complementary to international humanitarian law.[94] This includes recognizing that the deprivation or denial of essential services and commodities (such as food, water, and medical assistance to pregnant women), as well as targeted attacks on medical facilities (including ART clinics and those providing maternal health services), are human rights violations. Such acts, including acts of reproductive violence, constitute violations of both international human rights law and international humanitarian law, are considered crimes against humanity, and may amount to genocide; as such, they demand urgent accountability.[95]

Our research also found that there has been some significant strengthening of human rights law, particularly on abortion, intersectional discrimination, adolescent rights, and sexuality education. However, more consistency across treaty bodies on SRHR standards, including on abortion, is needed. In addition, the treaty bodies should continue their work of developing more robust standards on ARTs, menstrual health, and self-care. For example, the Committee on Economic, Social and Cultural Rights' General Comment 25 on the right to enjoy scientific progress is significant because it sets a path for implementation of this little used but important right in the context of SRHR. It is critically important that autonomy, equality, and nondiscrimination (including on the grounds of sexual orientation and gender identity) form the foundation of the realization of these rights.

We also identified gaps in standard-setting in long-standing SRHR thematic areas. Despite public health evidence and the importance of services and commodities being accessible and acceptable, treaty bodies have yet to consistently underscore the role that task shifting could play in ensuring access to SRHR services. For example, treaty bodies could more clearly address the crucial role of community health workers and midwifery models of care in providing SRHR services.

A unifying theme is the need for human rights-based standards that protect bodily autonomy,

ensure informed and voluntary decision-making, and eliminate discriminatory laws that criminalize marginalized groups. For example, the strong standards guaranteeing informed consent should be expressly applied in the context of *all* maternal health care at all stages of pregnancy, including during childbirth. Treaty bodies should continue to call for the decriminalization of surrogates but should also recommend the decriminalization of voluntary surrogacy altogether and the adoption of regulations that protect the rights of all parties and guarantee the bodily autonomy and decision-making of surrogates. Finally, it is crucial for treaty bodies to provide clear and specific guidance to states on the measures needed to eliminate intersectional discrimination. Current standards are helpful and increasingly specific, but stronger recommendations are needed to address the rights of persons belonging to groups that experience systemic discrimination and criminalization, such as sex workers and LGBTQI persons. This could include recommendations to decriminalize consensual sex work entirely and to promote protection on grounds of gender and gender identity, including transgender identity.[95]

The WHO guideline on abortion could help treaty bodies be more consistent, explicit, and unambiguous in, for example, recommending against limited indication-based exceptions to an otherwise restrictive abortion law and instead recommending that states allow abortion on request.[96] In addition, while the right to life and all human rights protections apply and have always been applied by treaty bodies only after birth, treaty bodies should clearly reaffirm that human rights begin at birth. This position aligns with the Universal Declaration of Human Rights' recognition that "all persons are *born* free and equal, in dignity and rights" and with the statement by the Committee on the Elimination of Discrimination Against Women that "under international law, analyses of major international human rights treaties on the right to life confirm that it does not extend to fetuses."[97] Finally, treaty bodies should continue to find that restrictions on abortion are a form of gender-based discrimination.

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