



**Oral Statement for the Human Rights Committee's Half-Day of Discussion on Article 6 – Right to Life
Room XIX, Palais des Nations, Geneva
14th July 2015**

We endorse the joint statement delivered by the Center for Reproductive Rights.

Contrary to what has been argued by a number of self-described “pro-life” groups, and the continued attempts by many States to claim that Article 6 determines a prenatal right to life (so as to justify highly restrictive abortion laws), we would like to reaffirm that, echoing the language of Article 1 of the UDHR, international human rights instruments protecting the right to life do not extend this protection to foetuses or embryos. Article 6 applies to persons after birth only.

This was the position of the Human Rights Committee, when it rejected amendments proposing to apply the right to life before birth during the drafting of the ICCPR itself, and it is also the position of the Committee on the Rights of the Child. The Committee on Economic, Social and Cultural Rights has noted that the right to life itself includes “the right to control one’s health and body, *including* sexual and reproductive freedom.”

There are a number of other human rights - for example, the right to health, privacy, or security of person - that support a woman’s right to decide independently in matters related to abortion.

A too-common phenomenon existing in diametric opposition to the realisation of Article 6 is maternal mortality. In 2013, the adult lifetime risk of maternal mortality for women in sub-Saharan Africa was 1 in 38. In its General Comment No. 28 on Article 3, the Committee emphasized State responsibility to reduce maternal mortality from clandestine abortions. Many States party to the Convention have laws that work in direct contradiction of this however; for example, laws resulting in the withholding of critical medical treatment for those having undergone illegal abortions.

The withholding of medical treatment can also come as a direct result of practitioners refusing a reproductive health service on the basis of religious belief or conscience. The human rights framework determines that States must organize their health systems to ensure that women are not prevented from accessing health services by professionals exercising their conscientious objection, and we would be very grateful if the Committee could reaffirm this as well as outline the limits, in the context of Article 6, to the manifestation of one’s religion or belief.

Genuine focus on the right to life of women and girls is needed. There can be no compromised balance sought between asserting a woman’s right to life and that of an embryo or foetus. The two are not compatible. We recommend that the Committee uses language that makes explicit that Article 6 applies to all human beings *after* birth and that there is no pre-natal right to life.

Furthermore, we reject framing the issue of abortion in the context of “*exceptions to the right to life*”, as suggested in the draft comment [CCPR/C/GC/R.36]. On the contrary, the right for a woman to choose works in conjunction with the right to life: abortion does not affect the right to life since that right begins at birth. We believe it is important that issues pertaining to human choice and self-determination, such as abortion – or indeed suicide - are clearly understood, and represented in the General Comment, as not representing anything counter to the right to life or exceptions of it.