



May 5, 2017

Secretariat of the Human Rights Committee

Office of the United Nations High Commissioner for Human Rights
Palais Wilson
52, rue des Pâquis
CH-1201 Geneva 10
Switzerland

Re: Supplementary information on Honduras, submitted for consideration by the Human Rights Committee (the “Committee”) during its 120th Session.

Distinguished members of the Committee:

The Center for Reproductive Rights (“**Center**”) is an independent non-governmental organization that works to promote women’s equality by guaranteeing reproductive rights as human rights. The Center seeks to contribute to the Committee’s work by providing independent information concerning Honduras’s obligations to guarantee the rights protected under the International Covenant on Civil and Political Rights (“**ICCPR**”).¹

On the list of issues provided by the Committee in November 2016, Paragraph 9, the Committee – in light of the Committee’s previous concluding observations to Honduras’s initial State report – requested information on (i) the rate of maternal mortality resulting from abortion; (ii) risks to the health of women and girls from unsafe abortion techniques; (iii) measures taken to bring legislation on abortion into line with the ICCPR, including addressing the criminalization of voluntary termination of pregnancy; (iv) efforts to ensure access to safe contraception and to education and information relating to contraception and sexual and reproductive health throughout the country; and (v) efforts to address teenage pregnancy. In light of Honduras’s upcoming review by the Committee, this letter will highlight Honduras’s failure to comply with its obligations under the ICCPR, which “[r]ecognizing that . . . the ideal of free human beings enjoying civil and political freedom and freedom from fear and want,”² guarantees individuals *inter alia* the right to life; freedom from unlawful arbitrary and unlawful interference in privacy, family and home; and the right to non-discrimination and equality.

This letter is divided into four parts. First, it considers Honduras’s total criminalization of abortion services and ban on emergency contraception. Second, it presents information regarding Honduras’s reproductive health response following the Zika virus outbreak. Third, it explores the forced sterilization of Honduran women living with HIV. Fourth, it argues that these restrictions

violate numerous rights protected by the ICCPR. Fifth, we include a list of recommendations that we respectfully propose the Committee should make.

I. Honduras's Total Criminalization of Abortion and Ban on Access to Emergency Contraception

Ensuring individuals' right to life and right to be free from arbitrary interference with one's privacy, family and home are integral parts of Honduras's responsibilities under the ICCPR. Honduras's total criminalization of abortion and the ban on emergency contraception are flagrant violations of these responsibilities. Criminalizing abortion does not reduce the demand for the procedure, it simply forces women to obtain unsafe and illegal abortions, risking their lives and impinging on their right to privately make decisions concerning their families and their homes.

1. The Honduran Penal Code imposes prison sentences on women who seek abortion services.

Abortion in Honduras is completely criminalized by the Penal Code³ – most recently updated and reauthorized on May 5, 2017 – which is defined as “the murder of a human being during pregnancy or at the moment of delivery.”⁴ A woman who obtains an abortion may receive a prison sentence of three to ten years.⁵ Individuals who perform illegal abortions with the woman's consent, regardless of the circumstances, also face a prison term of three to six years.⁶ If the individual who performs the abortion is a medical practitioner, in addition to the prison sentence, such person also is subject to a fine of fifteen thousand to thirty thousand Lempiras (approximately 600 to 1,200 Euros).⁷

The current Penal Code contains no stated exceptions to the general prohibition against abortion. Based on necessity provisions in the Fundamental Law with regard to the Association of Physicians of Honduras, it could be accepted that Honduras permits abortions to save the life of the woman. However, without a stated exception in the Penal Code, it is reasonable to infer that an abortion cannot be legally performed to save the life of the pregnant woman.⁸

On March 4, 2017, *Articulación 611* – a group of Honduran Civil Society organizations – offered drafting proposals to several articles of the Honduran Criminal Code through the Opinion Commission of the New Penal Code.⁹ *Articulación 611*'s proposal specifically addressed Article 195 of the Code regarding abortion offenses and provided that the voluntary interruption of a pregnancy in any of the following circumstances would be exempt from criminal liability: (i) when the voluntary interruption is the result of preserving the health and life of the woman and a medical diagnosis concerning the danger to the pregnant woman's health or

life is presented; (ii) when a fetal anomaly that is incompatible with extra uterine life exists and a medical diagnosis confirming the fetal anomalies incompatible with life is presented; and (iii) when the pregnancy is the product of sexual assault, such as rape or artificial insemination or artificial fertilization, and a copy of the complaint of sexual assault made to the Public Ministry is presented; however, when the survivor of the sexual assault is under the age of fourteen years old, a complaint is not necessary.

These three grounds for the voluntary termination of a pregnancy follow recognized international human rights law as causes legally permitted for a woman to decide freely to abort a pregnancy. Although *Articulación 611*'s proposed language would require a woman to present a medical diagnosis or criminal complaint, which would prevent a woman from truly being able to freely choose whether to abort, the proposed language, if adopted, would make Honduras' Penal Code and prohibition on abortion more compatible with international human rights law.

Articulación 611's proposed language was debated by the Honduran Congress on April 25, 2017. In advance of the debate, various international human rights organizations – including Human Rights Watch and Amnesty International USA – called on Honduras to modify the Penal Code and to not further jeopardize women's health and lives by preventing women from exercising their human rights by making decision over their own bodies.¹⁰ Honduran President, Juan Orlando Hernández, stated that he rejected the decriminalization of abortion, made clear that his party and the Executive Sector do not support the proposal, and warned that he would veto any legislation if Parliament took a different decision as he will not stand for anything contrary to a "respect for life" position in Honduras.¹¹ Following approval and reauthorization on May 5, 2017, the reform to the new Penal Code did not pass.

Beyond Honduras' total ban on abortion, Honduras also prohibits the use, distribution, and sale of emergency contraception.¹² The Supreme Court has determined that this is constitutional, basing its reasoning on a misunderstanding of emergency contraception, and equating emergency contraception to an early abortion.¹³ This complete ban without exception means that Honduras maintains the strictest ban on emergency contraception in the world.¹⁴

2. Criminalizing abortion and banning emergency contraception creates significant health risks for women and girls.

Unwanted pregnancies pose health risks such as anemia, malaria, HIV and other sexually transmitted infections, postpartum hemorrhage, and mental illness.¹⁵ Additionally, the World Health Organization ("WHO") reports that adolescent pregnancies pose significant physical health risks, including death.¹⁶ Complications from pregnancy and childbirth are the second-most prevalent cause of death for 15 to 19-year-old girls globally,¹⁷ and the risk of death from

pregnancy-related complications is even greater for girls below age 15.¹⁸ In Honduras, a recent study found that nearly one-half of births to women younger than 20 years of age were unplanned.¹⁹ The Honduran Penal Code's lack of any stated exception and doctors' reliance on the vague "necessity" exemption may require these women and girls to wait until potentially life-threatening complications develop in order to access a therapeutic abortion.

- a. *Women and girls with unwanted pregnancies may resort to clandestine abortion at the risk of their lives, and this can lead to criminalization.*²⁰

As repeatedly recognized by the WHO, criminalizing abortion does not reduce the demand for the procedure but instead creates legal obstacles which force women and girls to resort to unsafe procedures.²¹ In 2008, there were approximately 1.07 million unsafe abortions performed in Central America.²² The WHO maintains a link between illegal abortions and maternal mortality.²³ With an estimated 20 deaths per 100,000 unsafe abortions in 2008, a woman is approximately 33 times more likely to die from an unsafe abortion in Central America than when the abortion is performed in a safe and legal environment. Despite Honduras's criminalization of abortion, between 51,000 and 82,000 Honduran women have unsafe abortions each year.²⁴

Honduras's high rate of sexual assault coupled with a total ban on abortion and emergency contraception disproportionately affects young women. Honduras has the second highest rate of teenage fertility, 102 per 100,000 live births, almost one-half of which are unplanned.²⁵ To prevent unintended pregnancies, adolescents reportedly resort to medications used to treat cardiovascular, respiratory and gastric diseases in order to induce an abortion.²⁶

Moreover, if a woman or girl seeks treatment for any complications arising from her unsafe abortion, she could risk spending three to six years in jail for obtaining an abortion. This further deters women and girls from seeking any assistance if they experience complications following a clandestine abortion, further increasing their mortality and health risks. Such barriers to abortion and proper post-abortion care seriously endanger the lives of Honduran women and girls.

- b. *Victims of sexual assault are disproportionately affected by these laws.*

In addition to other complications, rape victims may suffer severe psychological consequences as a result of being forced to carry a pregnancy to term. In a country where the Supreme Court of Justice has reported, that "violence against women is considered as something natural" and where approximately 20 percent of complaints of gender-based violence pertain to sexual violence, such consequences could be prevented if women had access to emergency

contraception pills.²⁷ Emergency contraception can prevent pregnancy in approximately 98 percent of situations and is especially effective if taken within 72 hours of unprotected sexual intercourse.²⁸ These pills do not and cannot cause an abortion despite the misconception relied upon by the Honduran Supreme Court in its decision upholding the ban.²⁹ The WHO recommends that the use of emergency contraception be integrated into healthcare services for populations most at risk of exposure to unprotected sex, namely women and girls who are victims of sexual assault.³⁰

Doctors Without Borders (Médecins Sans Frontières), an organization that treats victims of sexual assault in Honduras, advocates for the legalization of emergency contraception, citing the need for women to avoid unwanted pregnancies and unsafe abortions.³¹ A representative indicated that some 60 percent of victims arrive to her clinic within the first 72 hours after an assault, meaning that emergency contraception would be extremely effective in preventing pregnancy.³² The total ban on emergency contraception means a rape victim may seek an illegal and unsafe abortion in order to avoid stigma or depression, even if it puts her life at risk.³³

c. There is a lack of data on sexual and reproductive health in Honduras.

Beyond these documented issues, the Honduran government does not collect comprehensive data on sexual and reproductive health indicators, such as the number of unintended pregnancies, the unmet need for contraception, the prevalence of conscience-based refusals of reproductive health care, or data related to childbirth. Further, it does not monitor compliance with rights protection in these fields. The limited data that the State gathers on the prevalence of a few contraceptive methods is insufficient and inadequate to identify and explain the reasons behind the low use of contraception in Honduras. As a result, it is difficult to effectively identify measures that should be taken to meet the needs of women and adolescent girls, and the State may avoid accountability for failures to adequately address the health needs of Honduran women.

3. The current trend in legislation in Honduras suggests that any organic movement towards legalization of abortion or access to emergency contraception is unlikely.

The Honduran legislature drafted a limited carve-out in the Penal Code in 1983 for circumstances in which abortion could be legally performed.³⁴ This was repealed before it could even come into effect, and the reproductive rights of Honduran women have been consistently restricted ever since. In 1996, legislators added three amendments to the Penal Code designed to make persons more reluctant to be involved with abortions and to convey the idea that abortion was equivalent to killing a person who was already born.³⁵ Then, in 2009, the legislature banned the sale, distribution, and use of emergency contraception. Initially vetoed by the President,

following a coup d'état in June 2009 the Secretary of Health issued an administrative regulation with the same effect.³⁶ Nearly three years later, in February 2012, the Supreme Court upheld the ban, making it officially illegal to distribute, sell, or use emergency contraception. Despite pressure from various organizations, Honduras has not wavered on total bans to abortion and emergency contraception.³⁷

Most recently, in May and July 2016, Honduras came before the Committee on the Rights of the Child (May) and the Committee on Economic, Social and Cultural Rights (July), and faced questions regarding its laws criminalizing abortion. The delegation confirmed that (1) there was no scenario in which a woman could legally obtain an abortion and (2) if the life of the mother was in danger, the doctors could make the decision according to medical ethics, but the doctor must be able to strongly justify the decision in order to avoid prosecution.³⁸ The delegation further indicated that there was no intention to reform their laws to decriminalize abortion.³⁹ These alarming trends highlight Honduras's lack of initiative towards providing women with the rights guaranteed under the ICCPR.

II. Zika Virus

Honduras has maintained its stance against abortion and reproductive rights even in the face of the Zika virus outbreak, which the Centers for Disease Control and Prevention concluded is a cause of neurological disorders (including microcephaly) in fetuses.⁴⁰ Incidents of the Zika virus have been reported in at least 28 countries in Latin America and the Caribbean.⁴¹ According to the Pan American Health Organization ("PAHO"), the Honduran government declared over 32,000 suspected Zika cases nationwide between 2015 to 2017 – the highest number in Central America.⁴² Existing high rates of clandestine unsafe abortion in effected countries have risen correspondingly, thereby further increasing risks of complications and related maternal mortality and morbidity. The New England Journal of Medicine published a report in June 2016 showing that requests for abortion pills increased 36 to 108 percent in many Central American countries, including by 75.7 percent in Honduras, following the PAHO's November 2015 epidemiologic alert for Zika.⁴³ Although Honduras's February 2016 declaration of a state of emergency was a step in the right direction, protecting women's reproductive rights is a permanent concern.

In response to the Zika virus outbreak, WHO's official interim guidance of September 6, 2016, instructed that "[s]exually active men and women be correctly counselled and offered a full range of contraceptive methods to be able to make an informed choice about whether and when to become pregnant, in order to prevent possible adverse pregnancy and fetal outcomes."⁴⁴ In addition, "[w]omen who have unprotected sex and do not wish to become pregnant due to concerns about Zika virus infection have ready access to emergency contraceptive services and



counseling.”⁴⁵ Further, the U.N. High Commissioner for Human Rights, Zeid Ra’ad Al Hussein, has counseled:

[T]he advice of some governments to women to delay getting pregnant, ignores the reality that many women and girls simply cannot exercise control over whether or when or under what circumstances they become pregnant, especially in an environment where sexual violence is so common. ... In situations where sexual violence is rampant, and sexual and reproductive health services are criminalized, or simply unavailable, efforts to halt this crisis will not be enhanced by placing the focus on advising women and girls not to become pregnant. Many of the key issues revolve around men’s failure to uphold the rights of women and girls, and a range of strong measures need to be taken to tackle these underlying problems.⁴⁶

Honduras should adopt a human rights-based response to the Zika virus that respects, protects and fulfils women’s human rights in accordance with international human rights law and standards and international public health guidance and good practice. This response should take a holistic and comprehensive approach to the provision of sexual and reproductive health services by ensuring that such services and information are widely available and accessible throughout rural and urban areas. It also should include measures to reform laws and policies that criminalize and restrict access to safe abortion services and emergency contraception.

III. Reproductive Rights Violations and Forced Sterilization for Women HIV Positive

A woman’s right to make informed decisions regarding her sexual and reproductive health—free from any kind of coercion, discrimination, or violence—is paramount. Specifically, denying women access to complete information regarding health risks during pregnancy and childbirth is a clear and flagrant violation of their reproductive rights, which is only aggravated when these violations are the result of discrimination against women living with HIV. In Honduras, women living with HIV do not have adequate access to reproductive health information. As a result, these women have become the subject of forced sterilization. Rather than inform these women about contraception in order to preserve their health, they are pressured to use contraceptives or told that sterilization is their only option.⁴⁷

1. Women HIV positive are pressured by healthcare providers to use contraceptives.

Women living with HIV in Honduras are reportedly pressured or forced to use contraceptives. Despite the fact that science and medicine have progressed to prevent mother-to-child transmission of HIV,⁴⁸ healthcare providers in Honduras continue to misinform these

women about the probability of such transfer. According to a recent study, 11 percent of the women living with HIV who participated in the study indicated they had been pressured by healthcare providers to use contraceptives due to being HIV positive.⁴⁹

A thin line exists between pressuring women to use contraceptives on the one hand and campaigns for the prevention of HIV transmission and unplanned pregnancy on the other. However, in Honduras, healthcare providers specifically and explicitly pressure women who are HIV positive to use contraception when they seek medical attention.⁵⁰ Apart from the clear discriminatory practice against women living with HIV in Honduras, the pressure undermines these women's right to make their own decisions regarding their reproductive and overall health.

2. Women living with HIV experience pressure to undergo sterilization and often are victims of forced sterilization (including as a result of lack of informed consent).

Women living with HIV in Honduras also have reported pressure to undergo sterilization once they discover they are HIV positive.⁵¹ Such cases range from basic intimidation to forced sterilization – and healthcare providers play a key role. Healthcare providers tell these women that due to their condition as HIV-positive patients, they cannot have children and therefore must consent to sterilization.⁵² Twenty percent of Honduran women living with HIV who participated in a Central American-focused study reported being victims of forced sterilization due to misinformation or lack of informed consent.⁵³ Additionally, women living with HIV have been subject to sterilization without their consent during cesarean procedures. This position has been rejected by the International Federation of Gynecology & Obstetrics, which highlights the importance of informed consent prior to undergoing sterilization and the obligation to respect a woman's decision, even in cases where refusal could be harmful to her health.⁵⁴ Forced sterilization has been widely condemned and rejected worldwide in all circumstances and under all conditions.

As a result of the lack of public sources of information and sexual and reproductive education in Honduras, women living with HIV rely on information provided by healthcare providers about their condition as HIV positive and their alternatives concerning reproduction and prevention of mother-to-child transmission of HIV. Healthcare providers' responsibility is even more critical, as the lack of complete information or the communication of erroneous information becomes a key factor in these women's decisions to undergo sterilization. This should be a cause of concern for the Committee and necessitates the design and implementation of public health policies to inform the population about HIV and reproductive options, including policies targeted specifically at women.

IV. Honduras's Failure to Guarantee Reproductive Rights Violates Women's Right to

Life (Article 6), Right to Protection Against Arbitrary or Unlawful Interference with Privacy, Family and Home (Article 17), and Right to Non-Discrimination (Article 2 and 3) Under the ICCPR

1. Honduran Women’s Right to Life (Article 6)

As a signatory and party to the ICCPR, Honduras has recognized that “every human being has the inherent right to life.”⁵⁵ This “right shall be protected by law” and “[n]o one shall be arbitrarily deprived of his life.”⁵⁶ Honduras does not protect these rights with respect to women.

Honduras’s lack of an express exception for the health of the mother to the State’s blanket criminalization of abortion violates Honduras’s obligation to protect women’s right to life. Forcing doctors to rely on an unclear, possible exception to the Penal Code deriving from the doctors’ Fundamental Law in order to perform a lifesaving abortion does not protect expectant mothers’ right to life. Women in Honduras who become pregnant necessarily risk their lives as they may not be able to legally terminate a pregnancy that threatens their life. Simply put, Honduras’s blanket criminalization of abortion is a clear violation of women’s right to life under Article 6.

2. Honduran Women’s Right to Protection Against Arbitrary or Unlawful Interference with Privacy, Family and Home (Article 17)

Article 17 of the ICCPR additionally guarantees that “[n]o one shall be subjected to arbitrary or unlawful interference with his privacy, family, [or] home”⁵⁷ and that “[e]veryone has the right to the protection of the law against such interference or attacks.”⁵⁸ Honduras fails to protect woman’s privacy, family and homes against unlawful interference in many ways.

As mentioned above, Honduras’s blanket criminalization of abortion and emergency contraception interferes with women’s right to make their own decisions regarding their reproductive health, including when and how to create or expand a family. Women are not permitted to make free choices concerning their bodies or families when they lack access to safe and legal abortion as well as to emergency contraception. Should a woman be assaulted, raped, have a contraceptive failure or otherwise become pregnant, Honduras forces the woman to carry the baby to term and birth the child irrespective of her own rights.

Forced sterilization of women, by definition, entails the failure to recognize women’s privacy rights concerning when and how to create or expand a family. Moreover, the lack of regulation and public policies for women living with HIV creates an environment prone to

misinformation and situations where women make decisions without sufficient information regarding their sexual and reproductive rights or medical alternatives. Honduras's lack of policies and regulation to prevent the occurrence of any kind of forced or coerced sterilization through misinformation allows healthcare providers to make decisions for women living with HIV.

The inability of Honduran women to choose if and when they want to create a family and have children violates their right to control their bodies, families and homes. The decision to create a family similarly is threatened and women's privacy rights inherently are subject to interference when the State fails to prevent doctors from sterilizing women living with HIV. In all these ways, Honduras is failing its obligations under Article 17 of the ICCPR.

3. Honduran Women's Right to Non-Discrimination (Article 2 and 3).

Article 2 of the ICCPR mandates:

[e]ach State Party to the present Covenant undertake[] to respect and to ensure all individuals . . . the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, birth or other status . . . Where not already provided for by existing legislative or other measures, each State Party. . . undertakes . . . the necessary steps . . . to adopt such laws or other measures as may be necessary to give effect to the rights recognized in the present Covenant.⁵⁹

Likewise, Article 3 of the ICCPR requires “[t]he State Parties to the present Covenant undertake to ensure the equal rights of men and women to the enjoyment of all civil and political rights set forth in the present Covenant.”⁶⁰

Women are a protected class within the bounds of the ICCPR and cannot be denied the same rights that men enjoy. In Honduras, the mistreatment and discrimination against women is the result of gender stereotypes that dictate that the only role for a woman is being a mother. As the Committee recognizes, in order for women to achieve gender equality, governments must repeal or reform discriminatory laws, policies, and practices in the areas of sexual and reproductive health, guaranteeing women and girls access to emergency contraception and access to safe abortion and post-abortion services.

Additionally, the lack of regulation, policies, and enforcement mechanisms to guarantee the right of women living with HIV to decide whether to use contraception and/or whether to undergo sterilization violates women's right to non-discrimination and equality. The system in



Honduras allows for the proliferation of abuses by healthcare providers acting on their own moral and cultural beliefs based on traditional gender roles. This results in clear discrimination against women HIV positive.

Honduras's total ban on abortion and emergency contraception along with the forced sterilization of women HIV positive violates Honduran women's right to life and right to enjoy other rights as set forth in the Covenant without discrimination. Until Honduras reforms these discriminatory laws and eradicates harmful practices against women, Honduras will not fulfill its responsibilities under Articles 2 and 3 of the ICCPR.

V. Conclusion

We applaud the Human Rights Committee for its commitment to women's sexual and reproductive health and rights and the recommendations the Committee has issued in the past, which stress the need to enact, implement, and monitor effective policies geared towards increasing these rights.⁶¹ As its legislative history and statements before international bodies indicates, Honduras has recently regressed in terms of reproductive rights. Indeed, just last spring, the Committee on Economic, Social and Cultural Rights expressed concern "that abortion is considered, without exception, a crime, and [concern] about the negative impact that the ban on the use and distribution of emergency contraceptives has on women's and adolescents' exercise of the right to sexual and reproductive health." That Committee recommended Honduras, *inter alia* "[r]econsider its ban on abortion with a view to ensuring compatibility with other fundamental rights, such as women's right to . . . life . . . [and l]ift the ban on the distribution of emergency contraceptives"⁶²

In light of the information provided above, we hope that this Committee will consider addressing the following questions to the government of Honduras:

With regard to abortion and emergency contraception:

1. What measures has the Honduran government taken or planned to take to provide women access to abortion services, at least in certain circumstance?
2. What measures has the Honduran government taken or planned to take to restore women's access to emergency contraception?

With regard to forced sterilization of women HIV positive:

1. What measures has the Honduran government taken or planned to take to protect women



HIV positive from forced sterilization?

With regard to the Zika virus:

1. Please report on whether reforms to Honduras's anti-abortion and emergency contraception legislation are being planned, particularly in light of the recent Zika virus.

We believe that an explicit and urgent recommendation towards the access to abortion and emergency contraception, which is a critical tool in preventing unwanted pregnancies, is determinant for the recognition of the right to health. We respectfully request the Human Rights Committee consider addressing the following recommendations to the Honduran government during the 120th Session:

1. To rapidly approve legislation that would reform Honduras's law imposing a total abortion ban to recognize and guarantee access to abortion at least in the following exceptions: when (i) pregnancy endangers a woman's life or health; (ii) pregnancy is the result of rape or artificial insemination without the woman's consent; and (iii) there is a congenital fetal anomaly incompatible with extra uterine life.
2. To approve legislation granting access to comprehensive reproductive health care services, including access to emergency contraception.
3. To approve and implement legislation enhancing effective protection for women HIV positive that are victims of forced sterilization.

We appreciate this Committee's longstanding commitment to reproductive rights and to the eradication of discrimination in the access to reproductive health care. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Respectfully,



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¹ International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, G.A. Res. 2200A(XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (entered into force Mar. 23, 1976, and ratified by Honduras in Aug. 25, 1997) [hereinafter ICCPR].

² *Id.*, Preamble.

³ Código Penal de Honduras [Hond. Penal Code], art. 126, 127, 128, 132 (Hond.) [hereinafter Penal Code]; Press Release, Center for Reproductive Rights, Honduras Reinforces Total Abortion Ban (May 5, 2017), *available at* <https://www.reproductiverights.org/press-room/honduras-reinforces-total-abortion-ban> [hereinafter Honduras Reinforces Total Abortion Ban].

⁴ *Id.*; U.N. POPULATION DIVISION, HONDURAS: ABORTION POLICY AND REPRODUCTIVE HEALTH CONTEXT, Dep't of Economic and Social Affairs, *available at* www.un.org/esa/population/publications/abortion/doc/honduras.doc [hereinafter U.N. POPULATION DIVISION]. *See also*, CENTRO DE DERECHOS DE LAS MUJERES (CDM), SECRETO A VOCES: UNA RESEÑA SOBRE EL ABORTO EN HONDURAS [AN OPEN SECRET: A REVIEW ON ABORTION IN HONDURAS] (2015), *available at* http://www.derechosdelamujer.org/tl_files/documentos/aborto/Aborto-Honduras-2015.pdf.

⁵ Penal Code, *supra* note 3, art. 126, 127, 128, 132; Honduras Reinforces Total Abortion Ban, *supra* note 3.

⁶ Penal Code, *supra* note 3, art. 126 and 128. If the woman does not consent to the abortion, the individual is subject to six to eight years of imprisonment and if the individual uses violence, intimidation or deception to force the woman to have an abortion such person is subject to eight to ten years of imprisonment. *Id.*

⁷ Penal Code, *supra* note 3, art. 127.

⁸ Decree No. 94, Diario Oficial La Gaceta 18,429 (1964), art. 106 and 107, *available at* http://www.pgr.gob.ni/PDF/2016/GACETA/MAYO/GACETA_20_05_2016.pdf. *See also*, U.N. POPULATION DIVISION, *supra* note 4. *See also e.g.*, CENTER FOR REPRODUCTIVE RIGHTS, HONDURAS: SEXUAL VIOLENCE AND TOTAL BANS ON EMERGENCY CONTRACEPTION AND ABORTION, *available at* <https://www.reproductiverights.org/node/4664> [hereinafter CENTER FOR REPRODUCTIVE RIGHTS]; GUTTMACHER INSTITUTE, *Facts on Abortion in Latin America and the Caribbean*, (Nov. 2015), *available at* https://www.guttmacher.org/sites/default/files/factsheet/ib_aww-latin-america.pdf.

⁹ ARTICULACIÓN 611, PROPUESTAS DE REFORMAS AL NUEVO CÓDIGO PENAL DE HONDURAS, ANTE COMISIÓN DE DICTAMEN DEL NUEVO CÓDIGO PENAL CONGRESO NACIONAL DE LA REPÚBLICA DE HOND. (Mar. 4, 2017).

¹⁰ Press Release, Amnesty International USA, Honduras: Historic Opportunity to Decriminalize Abortion (Apr. 25, 2017), available at <https://amnestyusa.org/news/press-releases/honduras-historic-opportunity-to-decriminalize-abortion>; Press Release, Sarah Taylor, Human Rights Watch, Honduras Should Give Women More Access to Abortion (Apr. 25, 2017), available at <https://www.hrw.org/news/2017/04/24/honduras-should-give-women-more-access-abortion>.

¹¹ Alianza News, *Hernández está en contra del aborto, un tema que divide a los hondureños*, (Apr. 25, 2017), available at http://noticias.alianzanews.com/187_america/4494001_hernandez-esta-en-contra-del-aborto-un-tema-que-divide-a-los-hondurenos.html. See also Honduras Reinforces Total Abortion Ban, *supra* note 3.

¹² CENTER FOR REPRODUCTIVE RIGHTS, *supra* note 8.

¹³ Corte Suprema de Justicia de Honduras, Sentencia, 1 de febrero de 2012 (2012) [Supreme Court of Justice of Hond. Sentence, Feb. 1, 2012, (2012)].

¹⁴ Jodi Jacobson, *Honduran Supreme Court Upholds Most Sweeping Ban on Emergency Contraception Anywhere, RH Reality Check* (Feb. 14, 2012), available at <http://rhrealitycheck.org/article/2012/02/14/honduran-supreme-court-upholds-complete-ban-on-emergency-contraception-0/>.

¹⁵ WORLD HEALTH ORGANIZATION (WHO), ADOLESCENT PREGNANCY, FACT SHEET NO. 364 (Sept. 2014), available at <http://www.who.int/mediacentre/factsheets/fs364/en/> [hereinafter ADOLESCENT PREGNANCY, FACT SHEET NO. 364]; WORLD HEALTH ORGANIZATION (WHO), PREGNANT ADOLESCENTS: DELIVERING ON GLOBAL PROMISES OF HOPE, 10 (2006), available at http://www.who.int/maternal_child_adolescent/documents/9241593784/en/ [hereinafter PREGNANT ADOLESCENTS].

¹⁶ ADOLESCENT PREGNANCY, FACT SHEET NO. 364, *supra*.

¹⁷ *Id.*

¹⁸ PREGNANT ADOLESCENTS, *supra* note 15.

¹⁹ GUTTMACHER INSTITUTE, DEMYSTIFYING DATA: A GUIDE TO USING EVIDENCE TO IMPROVE YOUNG PEOPLE'S SEXUAL HEALTH AND RIGHTS, 32 (2014), available at <https://www.guttmacher.org/sites/default/files/pdfs/pubs/demystifying-data.pdf>.

²⁰ U.N. Committee on the Rights of the Child, *Concluding Observations on the Combined Fourth and Fifth Periodic Reports of Honduras*, para. 64, U.N. Doc. CRC/C/HND/CO/4-5 (July 3, 2015).

²¹ *Id.*

²² WORLD HEALTH ORGANIZATION (WHO), UNSAFE ABORTION: GLOBAL AND REGIONAL ESTIMATES OF THE INCIDENCE OF UNSAFE ABORTION AND ASSOCIATED MORTALITY IN 2008, 6-7 (2011), available at http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241501118/en/ [hereinafter UNSAFE ABORTION]; WORLD HEALTH ORGANIZATION (WHO), UNSAFE ABORTION: THE PREVENTABLE PANDEMIC, 4 (2006), available at http://www.who.int/reproductivehealth/publications/general/lancet_4.pdf.

²³ See, e.g., Committee on Economic, Social and Cultural Rights, *Concluding Observations: Benin*, U.N. Doc. E/C.12/1/Add.78 (June 5, 2002); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Brazil*, U.N. Doc. E/C.12/1/Add.87 (June 26, 2003); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Cameroon*, U.N. Doc. E/C.12/1/Add.40 (Dec. 8, 1999); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Mauritius*, U.N. Doc. E/C.12/1994/8 (May 31, 1994); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Mexico*, U.N. Doc. E/C.12/1/Add.41 (Dec. 8, 1999); U.N. Doc. E/C.12/MEX/CO/4 (2006); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Nepal*, U.N. Doc. E/C.12/1/Add.66 (Sept. 24, 2001); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Panama*, U.N. Doc. E/C.12/1/Add.64 (Sept. 24, 2001); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Paraguay*, U.N. Doc. E/C.12/PRY/CO/3 (Jan. 4, 2008); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Poland*, U.N. Doc.

E/C.12/1/Add.26 (June 16, 1998); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Russian Federation*, U.N. Doc. E/C.12/1/Add.94 (Dec. 12, 2003); Committee on Economic, Social and Cultural Rights, *Concluding Observations: Senegal*, U.N. Doc. E/C.12/1/Add.62 (Sept. 24, 2001).

²⁴ UNSAFE ABORTION, *supra* note 22 (the death rate in the United States from legal abortions is .6 per 100,000 procedures). *See also*, *supra* note 3.

²⁵ Human Rights Council, *Special Rapporteur on violence against women, its causes and consequences, Mission to Honduras*, para. 53, U.N. DOC. A/HRC/2927/Add.1 (Mar. 31, 2015) (by Rashida Manjoo) [hereinafter MANJOO].

²⁶ *A los 12 años comienzan a abortar las jóvenes*, LAPRENSA (July 22, 2010), available at <http://www.laprensa.hn/honduras/493977-97/a-los-12-anos-comienzan-a-abortar-las-jovenes>.

²⁷ Inter-American Commission on Human Rights (IACHR), *Situation of Human Rights in Honduras*, para. 113 (Dec. 31, 2015), available at <http://www.oas.org/en/iachr/reports/pdfs/Honduras-en-2015.pdf>; MANJOO, *supra* note 25, para. 12. *See also*, CENTRO DE DERECHOS DE LAS MUJERES (CDM), *VIOLENCIA CONTRA LAS MUJERES HONDUREÑAS [VIOLENCE AGAINST HONDURAN WOMEN]* (2014), available at <http://www.cemh.org.hn/wp-content/uploads/2017/03/informe-violencia-mujeres-honduras-relatoraonu-junio2014.pdf>.

²⁸ WORLD HEALTH ORGANIZATION (WHO), *EMERGENCY CONTRACEPTION, FACT SHEET*, (Feb. 2016), available at <http://www.who.int/mediacentre/factsheets/fs244/en/#>.

²⁹ *Id.*; Corte Suprema de Justicia de Honduras, *supra* note 10.

³⁰ *EMERGENCY CONTRACEPTION*, *supra* note 28.

³¹ *International Women's Day: "It is terrible to see a patient – a 12 year-old girl – who has been abused by five or six men, pregnant."*, MÉDECINS SANS FRONTIÈRES (Mar. 5, 2015), available at <http://www.msf.org/article/international-womens-day-%E2%80%99Cit-terrible-see-patient%E2%80%9412-year-old-girl%E2%80%94who-has-been-abused-five>.

³² Whitney Eulich, *In Honduras, battle to help sexual assault victims spotlights 'missing tool'*, CS MONITOR (Aug. 24, 2015), available at <http://www.csmonitor.com/World/Americas/2015/0824/In-Honduras-battle-to-help-sex-assault-victims-spotlights-missing-tool>.

³³ Anastaisa Moloney, *No Option to Unsafe Abortion for Many Rape Victims in Honduras-MSF*, THOMSON REUTERS (Sept. 9, 2014), available at <http://news.trust.org/item/20140909174405-khgtc/>.

³⁴ The carve-outs included cases of rape, when a woman's life was endangered, or in cases of malformations incompatible with life. U.N. POPULATION DIVISION, *supra* note 4; Colin Francome, *Unsafe Abortion and Women's Health: Change and Liberalization* (2015).

³⁵ The amendments included (1) increasing the penalties for the performance of abortion; (2) increasing the penalties on health professionals who did not report women who sought post-abortive care; and (3) redefining the crime of abortion as the murder of a human being during pregnancy or at the moment of delivery. U.N. POPULATION DIVISION, *supra* note 4.

³⁶ Secretaría de Salud, Acuerdo No. 2744 (Honduras) (2009), [Secretariat of Health, Agreement No. 2744 of 2009]; CENTER FOR REPRODUCTIVE RIGHTS, *HONDURAS SUPREME COURT UPHOLDS ABSOLUTE BAN ON EMERGENCY CONTRACEPTION, OPENS DOOR TO CRIMINALIZE WOMEN AND MEDICAL PROFESSIONALS*, (Feb. 13, 2012), available at <http://www.reproductiverights.org/press-room/honduras-supreme-court-upholds-absolute-ban-on-emergency-contraception-opens-door-to-crim> [hereinafter CENTER FOR REPRODUCTIVE RIGHTS, *HONDURAS SUPREME COURT UPHOLDS ABSOLUTE BAN ON EMERGENCY CONTRACEPTION*].

³⁷ Corte Suprema de Justicia de Honduras, *supra* note 10; CENTER FOR REPRODUCTIVE RIGHTS, *HONDURAS SUPREME COURT UPHOLDS ABSOLUTE BAN ON EMERGENCY CONTRACEPTION*, *supra* note 36.

³⁸ U.N. Human Rights Office of the High Commissioner, *Committee on the Rights of the Child reviews the reports of Honduras*, (May 21, 2015), available at <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=15994&LangID=E#sthash.GqUSbDYi.pdf>.

³⁹ Id.

⁴⁰ Press Release, Centers for Disease Control and Prevention, CDC Concludes Zika Causes Microcephaly and Other Birth Defects, (Apr. 12, 2016), *available at* <https://www.cdc.gov/media/releases/2016/s0413-zika-microcephaly.html>. *See also*, WORLD HEALTH ORGANIZATION, ZIKA VIRUS MICROCEPHALY AND GUILLAIN-BARRÉ SYNDROME, SITUATION REPORT 1 (Feb. 26, 2016), *available at* <http://www.who.int/emergencies/zika-virus/situation-report-26-02-2016.pdf>.

⁴¹ PAN AMERICAN HEALTH ORGANIZATION (PHA) / WORLD HEALTH ORGANIZATION (WHO), ZIKA CASES AND CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS REPORTED BY COUNTRIES AND TERRITORIES IN THE AMERICAS, 2015-2017, CUMULATIVE CASES (Apr. 6, 2017).

⁴² Id.

⁴³ Abigail Aiken, R.A., M.D., Ph.D. ET AL., *Requests for Abortion in Latin American Related to Concern about Zika Virus Exposure*, NEW ENG. J. MED. 375:4 (July 28, 2016).

⁴⁴ WORLD HEALTH ORGANIZATION (WHO), PREVENTION OF SEXUAL TRANSMISSION OF ZIKA VIRUS: INTERIM GUIDANCE UPDATE (Sept. 6, 2016), *available at* <http://www.who.int/csr/resources/publications/zika/sexual-transmission-prevention/en/>.

⁴⁵ Id.

⁴⁶ Press Release, U.N. Human Rights Office of the High Commissioner (OHCHR), Upholding Women's Human Rights Essential to Zika Response Zeid (Feb. 5, 2016), *available at* <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=17014&LangID=E>.

⁴⁷ Jimena Avalos Capín, Estudio técnico-jurídico de las violaciones a los derechos reproductivos de mujeres con VIH en cuatro países de Mesoamérica, <http://fundacionllaves.org/wp-content/uploads/2015/04/Estudio-sobre-violaciones-a-los-DSR-en-Mujeres-con-VIH.pdf>.

⁴⁸ WORLD HEALTH ORGANIZATION (WHO), CRITERIA AND PROCESSES FOR VALIDATION: ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS, (2014), *available at* <http://www.who.int/reproductivehealth/publications/rtis/9789241505888/en/>.

⁴⁹ Avalos Capín, supra note 47.

⁵⁰ Id.

⁵¹ Id.

⁵² Tamil Kendall, Claire Albert, *Experiences of coercion to sterilize and forced sterilization among women living with HIV in Latin America*, JOURNAL OF THE INTERNATIONAL AIDS SOCIETY, 18(1), 19462, (2015).

⁵³ Avalos Capín, supra note 47. The 20% of women living with HIV have reported being victims of forced sterilization due to misinformation or lack of informed consent represents eight reported cases.

⁵⁴ International Federation of Gynecology & Obstetrics, Female Contraceptive Sterilization, para. 15, (Mar. 2011).

⁵⁵ G.A. Res. 2200A (XXI), supra note 1, art. 6.1.

⁵⁶ Id.

⁵⁷ Id., art. 17.1.

⁵⁸ Id., art. 17.2.

⁵⁹ G.A. Res. 2200A (XXI), supra note 1, art. 2.1-2.

⁶⁰ Id., art. 3.

⁶¹ U.N. Human Rights Committee, *Concluding Observations on the Initial Report of Honduras*, para. 8, U.N. Doc. CCPR/C/HND/CO/1 (Dec. 13, 2006).

⁶² U.N. Committee on Economic, Social and Cultural Rights, *Concluding Observations on the Second Periodic Report of Honduras*, para. 53-54, U.N. Doc. E/C.12/HND/CO/2 (July 11, 2016).