

16th September, 2019

Human Rights Committee (HRCtte)
Office of the HRCtte Secretariat
Geneva, Switzerland

RE: Supplementary information for Mexico scheduled for review by the Human Rights Committee during its 127th session (14th October – 8th November, 2019) in Geneva, Palais Wilson.

Dear Committee Members,

This shadow letter is intended to complement the Sixth periodic report submitted by the State of Mexico for your consideration during the 127th session of the Human Rights Committee (HRCtte). IPAS Mexico is an international organization based in Mexico that supports the right to every woman and girl to equal access on a non-discriminatory basis to safe abortion and contraception services, with respect to their human rights, so that they can determine their own future. This letter is intended to provide the HRCtte with information about Mexico's compliance with the International Covenant on Civil and Political Rights (the "Covenant") as result from the State's restrictive abortion law and access to legal abortion healthcare services.

Restrictions on access to abortion undermines compliance with Articles 1, 2, 3, 6, 7, 9, 17, 18, 24 and 26 of the Covenant.

1. Background

Mexico is a federal republic divided in 32 entities. The federal Government resides in Mexico City. In addition to a federal Constitution, each entity has its own local Constitution and Criminal Law. In the federal level, there is a General Health Law that establishes the National Health System and coordinates the provision of health care services among the federal, local and municipal government administrations.

Mexican Law establishes exceptional circumstances under which is legal for girls and women to request and access abortion healthcare services. The circumstances are established in the Criminal Law of each of the 32 federative entities in the country and varies among them.

The exceptions of legal abortion that may be established in the Criminal Laws in Mexico are: 1) when pregnancy is the result of rape 2) when women's life is at risk; 3) when women's health is at risk; 4) when abortion is the result of a careless behavior or fault of women; 5) pregnancy is the result of non-consent artificial insemination; 6) genetic or congenital disorder in the fetus; 7) women's precarious economic situation and; 8) by women's request before twelve weeks of gestational age (only in Mexico City).

As previously stated, abortion exceptions vary among entities. The only exception recognized in all entities of the country is when pregnancy is the result of rape. Abortion when women's health is at risk is legal only in 15 entities and in 24 entities when women's lives are at risk. There are

also entities such as Querétaro and Guanajuato where abortion is only allowed when pregnancy is the result of rape or when it is the result of a woman's careless behavior. The lack of homogeneity in abortion legislation limits the exercise of women's rights throughout Mexico and puts their health and life at risk. This restrictive context also promotes discrimination against women's access to healthcare services and has a differentiated impact that affects the most vulnerable women in the country.

In Mexico, girls and women face barriers to access safe abortion services when their health is at risk. In countries like the United Kingdom 97.7%¹ of abortions are provided under the health exception, 99.9% of them due to risks associated to women's mental health. In comparison, in Mexico only .49% of abortions are provided for health reasons.²

On May 2019, the Mexican Supreme Court of Justice of the Nation ruled in a case of denial of legal abortion services under the health exception in a public health institution from the Institute for Social Security and Services for State Workers (ISSSTE). In its decision, the Supreme Court declared that the human right to health includes women's right to access safe and legal abortion services to restore and protect their health when they are pregnant as part of the maternal healthcare services in the country. Since maternal healthcare services are considered as priority healthcare services by the General Health Law, the Supreme Court concluded that all healthcare institutions (public, private and social) in Mexico are responsible to provide abortion services when women's health is at risk.³

Therefore, access to abortion when girls and women's health is at risk should be provided to women when there is a probability that the continuation of pregnancy will affect their health, in its mental, physical or social dimensions, for causes directly or indirectly associated to pregnancy.

Since 2007, Mexico City is the only entity in which termination of pregnancy is allowed until the twelfth week of pregnancy, regardless of the woman's reason for making the decision. The availability of abortion services in Mexico City has allowed more women to access safe and legal

¹ Pregnancies under 24 weeks of gestational age which continuation impose a risk of harm to women's mental or physical health, greater than abortion. Department of Health and Social Care UK, Abortion Statistics England and Wales, 2018, 13 June 2019. Disponible en https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/808556/Abortion_Statistics__England_and_Wales_2018__1_.pdf

² The Guttmacher Institute estimates that each year 1,026,000 abortions occur in Mexico. Official data shows that from 2010 to 2017 5,105 abortions for health reasons under 20 weeks of pregnancy were provided in the country. Guttmacher Institute, Unintended Pregnancy and Induced Abortion in Mexico: Causes and Consequences, 2013. Available at <https://www.guttmacher.org/report/unintended-pregnancy-and-induced-abortion-mexico-causes-and-consequences>; Instituto Nacional de Estadística y Geografía, Mortalidad fetal, información de 1985 a 2017. Available at https://www.inegi.org.mx/sistemas/olap/Proyectos/bd/continuas/mortalidad/MortalidadFetal.asp?s=est&c=11143&proy=mortfet_mf.

³ Amparo en revisión 1388/2015, Primera Sala de Justicia de la Nación, Sentencia, Versión Pública de borrador para visto bueno, voted in session on may 15th 2019.

abortion in Mexico. From April 2007 to December 2018, 61,742 women from other entities in the country had access to termination of pregnancy services in Mexico City.⁴

However, the fact that only one entity in the country has legalized abortion by free decision of women de facto causes a distinction between Mexican women residing in Mexico City with respect to those from other entities of the country in the exercise of their rights. In addition, economic capacity becomes a barrier to access safe public abortion services for those women who cannot afford to travel to Mexico City, forcing them to recur to clandestine services or to continue with unwanted pregnancies.

In response to legalization of abortion in Mexico City, to date, 19 entities have reformed their local Constitutions to recognize the right to life from the moment of conception.⁵ As established by the CEDAW, these reforms have not modified abortion exceptions provided in the local Criminal laws, therefore, they cannot be interpreted to deny access to legal abortion.⁶

However, these reforms have promoted a context of criminalization and uncertainty regarding the legal status of abortion services in the country. For example, the Constitution of Nuevo León was recently reformed to recognize the right to life without prejudice to the abortion exceptions established in the local Criminal law.⁷ However, when national and international media reported the scope of the reform the headlines mistakenly announced an alleged total abortion ban in the entity.⁸

In Mexico, women also face the risk of criminalization in abortion restrictive contexts. From January 2007 to December 2016, 4,246 abortion criminal reports were registered in the country. Of these cases, 98 women were sentenced for committing this crime. Although practice shows that abortion criminal proceedings do not usually thrive, the initiation of a criminal procedure has serious effects on women's lives.⁹

Women are also accused of crimes such as infanticide or qualified homicide in situations of urgent deliveries. From January 2007 to December 2016, 30 women were reported to police for qualified

⁴ Interrupción legal del Embarazo (ILE), Estadísticas abril 2007-31 de diciembre de 2018, SEDESA, Ciudad de México, 2018. Available at <http://ile.salud.cdmx.gob.mx/wp-content/uploads/Interrupcion-Legal-del-Embarazo-Estadisticas-2007-2017-31-de-diciembre-2018-.pdf>

⁵ Nuevo León (2019), Veracruz (2017), Chiapas (2010), Tamaulipas (2010), Colima (2009), Durango (2009), Guanajuato (2009), Jalisco (2009), Nayarit (2009), Oaxaca (2009), Puebla (2009), Querétaro (2009), Quintana Roo (2009), San Luis Potosí (2009), Sonora (2009), Yucatán (2009), Baja California (2008), Morelos (2008), y Sinaloa (aprobada y pendiente de publicación oficial).

⁶ Observaciones finales, CEDAW/C/MEX/CO/7-8, 7 de agosto de 2012, México.

⁷ Reform to article 1 of the Political Constitution of the Free and Sovereign State of Nuevo León, march 11th, 2019.

⁸ Media examples: <https://www.proceso.com.mx/574294/congreso-de-nl-aprueba-reformas-que-penalizan-aborto/>; <https://cnnespanol.cnn.com/video/aborto-nuevo-leon-reforma-congreso-derecho-sexual-intvw-consuelo-morales-cadhac-perspectivas-mexico/>; <https://aristeginoticias.com/0803/multimedia/reforma-que-penaliza-aborto-en-nuevo-leon-es-ilegal-y-contraria-a-la-constitucion-colosio-riojas-enterate/>; <https://adnpolitico.com/estados/2019/03/06/pese-a-protestas-nuevo-leon-aprueba-una-reforma-que-penaliza-el-aborto/>; <https://noticieros.televisa.com/ultimas-noticias/congreso-nuevo-leon-aprueba-reforma-penaliza-aborto/>.

⁹ Grupo de Información en Reproducción Elegida, A.C., Maternidad o Castigo, la criminalización del aborto en México, México, 2018. Available at http://criminalizacionporaborto.gire.org.mx/assets/pdf/Maternidad_o_castigo.pdf

homicide, infanticide or parricide and 25 women were sentenced for these crimes.¹⁰ For example, the case of a woman was widely reported in Mexico who, in January 2019, after spending more than three years in prison, obtained her freedom after being arrested and charged with qualified homicide in Querétaro for a miscarriage that occurred in a department store.¹¹

Regarding the circumstances of the cases, it has been documented that when women request post-abortion emergency care they are reported to police by the health care personnel if they suspect that women had an illegal abortion. In these cases, the testimony of the woman is taken during medical care at the request of the authorities who interrogate the women in the same health institutions once the facts are reported to them.¹²

Obtaining confessions of women in circumstances of vulnerability in contexts in which medical care is necessary to safeguard their health and life or condition medical care to this confession by public servants, should be considered as inhuman, cruel and degrading treatment. This criminalization context also discourages women from requesting emergency post-abortion care services, putting their health and life at risk.¹³ It also shows that health care providers violate confidentiality of medical records in violation of the applicable regulations.¹⁴

Due to the different abortion laws in Mexico, women face a restrictive context to access safe and legal abortion services. Without this access, women in Mexico put their health and life at risk when they resort to clandestine abortion services. Unsafe abortion is the fourth leading cause of maternal death in the country representing 8.6% of maternal mortality.¹⁵ In 2009, it is estimated that more than half of the pregnancies (55%) were unplanned and 54% of them ended in abortion. It has also been estimated that one million clandestine abortions were performed in Mexico in that year.¹⁶ The fertility rate among adolescents has increased from 2003 to 2013 from 71.4 to 77 live births per 1,000 women. Despite the express desire to limit or space children, the use of contraceptive methods in teenagers aged 15 to 19 years old is only 51.5%. Likewise, 13.5% of sexually active adolescent women report an unsatisfied demand of contraceptive methods.¹⁷ It is estimated that in Mexico 600 thousand crimes of sexual violence occur each year in the country in which nine out

¹⁰ Grupo de Información en Reproducción Elegida, A.C., *Maternidad o Castigo, la criminalización del aborto en México*, México, 2018. Available at http://criminalizacionporaborto.gire.org.mx/assets/pdf/Maternidad_o_castigo.pdf

¹¹ <https://www.animalpolitico.com/2019/01/dafne-mcpherson-libre-aborto-accidental-queretaro/>

¹² Grupo de Información en Reproducción Elegida, A.C., *Maternidad o Castigo, la criminalización del aborto en México*, México, 2018. Available at http://criminalizacionporaborto.gire.org.mx/assets/pdf/Maternidad_o_castigo.pdf

¹³ Ipas, *Delatando mujeres: el deber de cada prestador/a de servicios de denunciar, Implicaciones jurídicas y de derechos humanos para los servicios de salud reproductiva en Latinoamérica*, 2016. Available at http://www.sinriesgo.org/wp-content/uploads/2016/05/IPAS_-Delatando-a-las-mujeres-serv-salud.pdf

¹⁴ Mexican Official Norm NOM-004-SSA3-2012, DEL EXPEDIENTE CLINICO.

¹⁵ Observatorio de Mortalidad Materna, *Numeralia* 2016.

¹⁶ Guttmacher Institute, *Unintended Pregnancy and Induced Abortion in Mexico*, November 2013. Available at <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-induced-abortion-mexico>

¹⁷ Encuesta Nacional de la Dinámica Demográfica ENADID 2014, Instituto Nacional de Estadística y Geografía, 2017.

of ten victims are women and four out of ten are under 15 years of age. 60% of the time, the aggressors are relatives or people known by the victim's family.¹⁸

In addition, in 2018, the General Health Law was reformed to recognize the right to medical conscientious objection in Mexico. The bill is limited to medical staff and nurses to refuse participation in the provision of the healthcare services regulated by the Law, including abortion care. The Law establishes that conscientious objection could not be argued when the patient's life is at risk or requires emergency care.¹⁹ However, it does not recognize the obligation of the medical personnel to inform the patient about its medical state or to refer them to a doctor who can meet their needs. Therefore, it is concerning that the Law does not clearly ensure that women seeking abortion are still able to access treatment.

In its 6th report to the HRCttee the State has failed to provide updated information requested by the HRCttee in relation to legal abortion in Mexico. The List of Issues in relation to the report requested the State to provide information on the adopted measures to harmonize abortion legislation across all federative entities, in accordance to the Covenant, and to secure women's access to legal abortion services. The State was also requested to report statistical information on the number of legal abortions provided and those denied providing the reasons for the refusal.²⁰ However, in its report the State only described the content of abortion legislation in the country and enlisted a series of reproductive health initiatives and actions implemented to create awareness on sexual and reproductive health care services.²¹

2. Recommendations to the Mexican State by Human Rights Bodies on safe and legal abortion and the UPR

The HRCttee has explicitly recognized that restrictive abortion laws lead to unsafe abortion and undermine compliance with Articles 1, 2, 3, 6, 7, 9, 17 and 26 of the Covenant.

This HRCttee has long recognized the link between restrictive abortion laws, unsafe abortion, and high rates of maternal mortality.²² The HRCttee has stated in General Comment 28 that "State parties should give information on any measures taken by the State to help women prevent unwanted pregnancies, and to ensure that they do not have to undergo life-threatening clandestine abortions."²³ Numerous decisions on individual complaints from this HRCttee demonstrate restrictive abortion laws' harmful impacts and the chilling effect of these laws have on preventing women and girls from accessing abortion on the limited grounds in which it is legal, finding

¹⁸ Comisión Ejecutiva de Atención a Víctimas, Cartilla de Derechos de las Víctimas de Violencia Sexual Infantil. Available at <http://www.ceav.gob.mx/wp-content/uploads/2016/06/cartilla.pdf> en Grupo de Información en Reproducción Elegida, Violencia sin Interrupción, 2017.

¹⁹ Article 10BIS, General Health Law.

²⁰ HRCttee, List of Issues prior to Mexico's Sixth Periodic Report, Voted by the Committee during its 111^o session, 7th to 25th July 2014, question 11.

²¹ HRCttee, Sixth periodic report submitted by Mexico under article 40 of the Covenant pursuant to the optional reporting procedure, due in 2015, June 2018, CCPR/C/MEX/6, question 11.

²² See e.g., Bolivia, 01/04/97, U.N. Doc. CCPR/C/79/Add.74, par. 22; Chile, 30/03/99, U.N. Doc. CCPR/C/79/Add.104, par. 15; Mongolia, 25/05/2000, U.N. Doc. CCPR/C/79/Add.120, par. 8(b); Sudan, 19/11/97, U.N. Doc. CCPR/C/79/Add.85, par. 10; Zambia, 03/04/96, U.N. Doc. CCPR/C/79/Add.62, par. 9.

²³ HRCttee, General Comment 28: Art. 3 (68th Sess., 2000), in Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 228, U.N. Doc. HRI/GEN/1/Rev. 9 (2008).

violations of many rights, including the right to be free from inhumane and degrading treatment, the right to privacy, and the right to non-discrimination.²⁴

The HRCtte has criticized legislation that criminalizes or severely restricts access to abortion in many sets of concluding observations, often referring to such legislation as violating the right to life and the right to privacy. It has specifically recommended to State parties that they review or amend legislation criminalizing abortion, calling on states parties to decriminalize abortion, ensure access to abortion at least on grounds of health and life, fetal impairment and when pregnancy is a result of sexual assault.²⁵ The HRCtte has also acknowledged that restrictive abortion laws have a discriminatory and disproportionate impact on poor, rural women.²⁶

The Committee on the Elimination of Discrimination against Women (CEDAW) has reiterated its previous concerns to the State about provisions in criminal legislation at the state level that restrict access to legal abortion and that continue to force women and girls to resort to unsafe abortion at the risk of their health and life; inconsistencies between the state criminal codes that hinder the effective implementation of article 35 of the General Victims Act and Mexican official standard NOM-046-SSA2-2005 on domestic and sexual violence and violence against women, which legalizes abortion in case of rape and amendments made in 2018 to the General Health Act that provide for conscientious objection by health personnel and may constitute barriers for women in gaining access to safe abortion and emergency contraception, especially in rural and remote areas.²⁷

In this regard, the CEDAW has recommended the State to increase efforts to accelerate the harmonization of federal and state laws and protocols on abortion, with a view to guaranteeing access to legal abortion and ensuring access to post-abortion care services irrespective of whether abortion has been legalized; harmonize relevant federal and state laws with the General Victims Act and Mexican official standard NOM-046-SSA2-2005 on domestic and sexual violence and violence against women and adequately inform and train medical personnel so as to ensure

²⁴ See, e.g., *LMR v. Argentina*, H.R. Committee, Commc'n No. 1608/2007, U.N. Doc. CCPR/C/101/D/1608/2007; *Mellet v. Ireland*, Communication No. 2324/2013, UN Doc. CCPR/C/116/D/2324/2013 (2016); *K.L. v Peru*, Communication No. 1153/2003, UN Doc. CCPR/C/85/D/1153/2003; See also European Court of Human Rights jurisprudence, *Tysiac v. Poland* No. 5410/03, Eur. Ct. H. R. (2007), *RR v. Poland* No. 27617/04, Eur. Ct. H. R. (2011); *P and S v Poland* No. 57375/08 (2012).

²⁵ See e.g., *Argentina*, U. N. Doc. CCPR/C/ARG/CO/5 (2016), paras. 11-12; *Ireland*, UN Doc CCPR/C/IRL/CO/4 (2014); *Ireland*, UN Doc CCPR/C/IRL/CO/3 (2008), para. 13; *Ireland*, UN Doc. A/55/40 (2000), , paras. 444-445; *Jamaica*, UN Doc. CCPR/C/JAM/CO/4 (2011), paras 25- 26; *Poland*, U.N. DOC. CCPR/CO/82/POL (2004), para. 8; *El Salvador*, CCPR/C/SLV/CO/6 (2010), para. 10; CCPR/C/JAM/CO/3 (2011), para. 14; *Honduras*, U.N. Doc. CCPR/C/HND/CO/1 (2006), para. 8; *Paraguay*, U.N. Doc. CCPR/C/PRY/CO/2 (2006), para. 10; *Dominican Republic*, U.N. Doc. CCPR/C/DOM/CO/5 (2012), para. 15; *Malta*, U.N. Doc. CCPR/C/MLT/CO/2 (2014), para. 13; *Sierra Leone*, U.N. Doc. CCPR/C/SLE/CO/1 (2014), para. 14; *Philippines*, U.N. Doc. CCPR/C/PHL/CO/4 (2012), para. 13; *Chile*, U.N. Doc. CCPR/C/CHL/CO/5 (2007); *Nicaragua*, U.N. Doc. CCPR/C/NIC/CO/3 (2008), para. 13; *Argentina*, 03/11/2000, U.N. Doc. CCPR/CO/70/ARG, par. 14; *Chile*, 30/03/99, U.N. Doc. CCPR/C/79/Add. 104, par. 15; *Peru*, 15/11/2000, U.N. Doc. CCPR/CO/70/PER, par. 20; *United Republic of Tanzania*, 18/08/98, U.N. Doc. CCPR/C/79/Add. 97, par. 15; *Venezuela*, 26/04/2001, U.N. Doc. CCPR/CO/71/VEN, par. 19.

²⁶ See e.g., *Mellet v. Ireland*, Communication No. 2324/2013, UN Doc. CCPR/C/116/D/2324/2013 (2016); *Argentina*, 03/11/2000, U.N. Doc. CCPR/CO/70/ARG, par. 14.

²⁷ CEDAW, Concluding observations on the ninth periodic report of Mexico, CEDAW/C/MEX/CO/9, 25 July 2018.

specialized attention for women and girls who are victims of sexual violence, including the provision of essential services for emergency contraception and abortion.²⁸

The Committee on Economic, Social and Cultural Rights (CESCR) has also expressed its concern that legislation on the voluntary termination of pregnancy varies from one federative entity to the next, giving rise to serious differences in terms of access that disproportionately affects women on lower incomes who belong to the most disadvantaged and marginalized groups and that, even though some federative entities permit the voluntary termination of pregnancy in certain circumstances, there continue to be challenges in terms of effective access. It also noted with concern the lack of adequate high-quality sexual and reproductive health services and information, as well as the persistently high rates of teenage pregnancy in Mexico. On this regard, the CESCR recommended the State to harmonize legislation on the voluntary termination of pregnancy and do away with the criminalization of women in the federative entities where abortion is a crime in order to make the legislation compatible with other women's rights, including the right to health, with a view to ensuring that all women have equal access to sexual and reproductive health services, particularly the voluntary termination of pregnancy; to adopt the necessary measures to guarantee access to the voluntary termination of pregnancy in permitted circumstances; to intensify its efforts to ensure that appropriate high-quality sexual and reproductive health information and services are available to all women and adolescents in all the federative entities, especially in remote rural areas and to redouble its efforts to prevent teenage pregnancy.²⁹

In previous reviews of Mexico's compliance with the Covenant, the HRCte has recommended the State party to bring the abortion laws in all states into line with the Covenant; to ensure the application of the Federal Norm NOM-046 throughout its territory and take measures to help women avoid unwanted pregnancies so that they do not have to resort to illegal or unsafe abortions that could put their lives at risk (article 6 of the Covenant).³⁰

This HRCte has also noted that, "in cases where abortion procedures may lawfully be performed, all obstacles to obtaining them should be removed."³¹ The HRCte has recommended "to eliminate all procedural barriers that would lead women to resort to illegal abortions that could put their lives and health at risk."³² It has also expressed concern about the impact of the exercise of conscientious objection and have urged States that permit the practice to adequately regulate it to ensure that it does not limit women's access to abortion services.³³

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²⁸ *Ibidem*.

²⁹ CESCR, Concluding observations on the combined fifth and sixth periodic reports of Mexico, E/C.12/MEX/CO/5-6, 17 April 2018.

³⁰ HRCte, Concluding observations of the Human Rights Committee, Consideration of reports submitted by States Parties under article 40 of the Covenant, Mexico, Ninety-eight session, New York, 8-26 March 2010, CCPR/C/MEX/CO/5, para. 10.

³¹ Argentina, U.N. Doc. CCPR/CO/70/ARG (2000), para. 14.

³² The Former Yugoslav Republic of Macedonia, para. 11, U.N. Doc. CCPR/C/MKD/CO/3 (2015).

³³ Poland, para. 12, U.N. Doc. CCPR/C/POL/CO/6 (2010).

³⁴ *Ibidem*.

In this regard, the CEDAW has recommended the State to develop the necessary protocols for the implementation of the amendments to the General Health Act, which permit conscientious objection as long as it doesn't place the life of the mother at risk and does not impede women and girls from gaining access to legal abortion, and ensure that in such cases women and girls are referred to another appropriate provider.³⁵

UPR

(Third cycle - 2018) The Mexican State accepted 262 recommendations³⁶ which include guarantee equal access to legal abortion, at least in cases of danger to life or health, to all women in all the Mexican states; guarantee access to safe, timely and high-quality sexual and reproductive health services to all people throughout the country, without discrimination; harmonize federal and state legislation to decriminalize abortion and guarantee access to legal and safe abortion at least in cases of rape, incest or danger to the life or health of the girl and modify legislation, policies and practices that discriminate against women and girls, especially to provide legal and safe abortion.³⁷

(Second cycle - 2013) The Mexican State compromised to pay attention to recommendations on sexual and reproductive health³⁸ that includes strengthening sexual and reproductive health services in order to ensure that women who meet the requirements for legal abortion can access safe, timely, quality and free services in all states of Mexico and to intensify the efforts to guarantee universal access to health services, information and education about sexual and reproductive health and rights, particularly to adolescents.

3. Suggested recommendations

We kindly request to this HRCtte to recommend the Mexican State to:

- **Approve abortion law at the national level according to the highest standard of protection of women's human rights and, consequently, decriminalizes abortion until the twelfth week of gestation and legalizes abortion when the health and life of women are at risk throughout the country.**

- **Guarantees the provision of safe and legal abortion services in Mexico with respect for girls and women's human rights.**

³⁵ *Ibíd.*

³⁶ Consejo de Derechos Humanos, Grupo de Trabajo sobre el Examen Periódico Universal, México, Observaciones sobre las conclusiones y/o recomendaciones, compromisos voluntarios y respuestas del Estado examinado, Doc. de la ONU A/HRC/40/8/Add.1, (2019).

³⁷ Consejo de Derechos Humanos, Informe del Grupo de Trabajo sobre el Examen Periódico Universal, México, párrafos 132.175- 132.178, 132.193, Doc. de la ONU A/HRC/40/8, (2018).

³⁸ Consejo de Derechos Humanos, Informe del Grupo de Trabajo sobre el Examen Periódico Universal, México, Opiniones sobre las conclusiones y/o recomendaciones, compromisos voluntarios y respuestas del Estado examinado, párrafos 148.153- 148.154, Doc. de la ONU A/HRC/25/7/Add.1, 2013.

- **To guarantee to all women in Mexico access to legal abortion healthcare services when women's mental, physical and/or social health is at risk in accordance to the criteria of the Supreme Court of Justice of the Nation.**
- **Take the necessary measures to inform medical providers and, in general, the health personnel involved in abortion and post-abortion services that local constitutional reforms to recognize the right to life do not mean a total abortion ban.**
- **Take the necessary measures to guarantee the confidentiality of women's personal and medical information when requesting post-abortion emergency medical care services and abortion services.**
- **To develop the protocols to implement the amendments to the General Health Law on conscientious objection so the reform does not represent a risk to women's health and life and prevent women from accessing legal abortion services.**

4. Conclusions

Restrictions on access to abortion undermine numerous rights under the Covenant, including Articles 1, 2, 3, 6, 7, 9, 17 and 26. Abortion restrictions discriminate against women by criminalizing a health care procedure that only women need, and the impact of these restrictions are primarily felt by women who must carry the burden of unwanted pregnancy or else risk her life and health by seeking an unsafe abortion.

The State should strongly urged to remove legal restrictions on abortion and ensure that services are safe and accessible to all women who need them, and the government should ensure that this occurs in a timely manner.

We hope that this information will be useful for your review of Mexico in compliance with the Covenant.

Very Sincerely,

Fernanda Díaz de León
Program Manager
Ipas Mexico