

HOW WOMEN’S ORGANIZATIONS ARE CHANGING THE LEGAL LANDSCAPE OF REPRODUCTIVE RIGHTS IN LATIN AMERICA

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I. INTRODUCTION

As the home of five of the seven countries that completely ban abortion, most people perceive Latin America as the region in the world with the most stringent abortion laws.¹ Yet, most Latin American countries permit abortion under a specific set of circumstances: if the woman’s life or health are in danger, if the pregnancy is a result of sexual assault, and/or when there is a fetal

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¹ Cora Fernandez Anderson, *The Politics of Abortion in Latin America*, RH REALITY CHECK (July 17, 2013, 2:01 AM), <http://rhrealitycheck.org/article/2013/07/17/the-politics-of-abortion-in-latin-america/> [http://perma.cc/JJE2-9MHH].

abnormality that is incompatible with life.² While most reproductive rights advocates would prefer complete decriminalization, other possibilities exist for women to access a legal abortion in Latin America. Unfortunately, women do not know about these opportunities and political will to implement these laws is also scarce. Such enforceability means that for several decades women in Latin America sought unsafe ways to terminate their pregnancies when they had the complete right to access abortion care.³ All is not lost, however. An empowered and diverse community of activists and professionals are making headway by raising awareness about these legal possibilities, slowly decriminalizing abortion, and working on regulatory norms that put these laws into practice.

The emergence of new legal possibilities for abortion access would not occur without an energetic feminist movement that is both diverse and young. Latin America holds one of the most rapidly evolving women's rights movements that is now focused in advancing reproductive rights.⁴ This conglomerate of activists includes grassroots supporters, youth leaders, and allies in decision-making spaces, like parliaments and ministries, and advocacy institutions.⁵ Critical to this movement has been the involvement of allied attorneys who litigate cases in favor of abortion rights in national and international tribunals.⁶ Through innovative advocacy strategies and sound legal arguments, the Latin American women's movement inserts a human rights framework and a gender perspective in public policy that impacts abortion access.⁷ Adding to their remarkability, Latin American reproductive rights advocates have achieved these legal successes while encountering a growing and well-funded sector of reproductive rights opponents.⁸

This article's objective is twofold: (1) To shift the legal discourse regarding the conceptualization of abortion in Latin

² See GUTTMACHER INST., FACTS ON ABORTION IN LATIN AMERICA AND THE CARIBBEAN (Jan. 2012), https://www.guttmacher.org/pubs/IB_AWW-Latin-America.pdf [<https://perma.cc/TP7Y-2ZA8>].

³ See *id.*

⁴ See Anderson, *supra* note 1.

⁵ See JOAN CAIVANO & JANE MARCUS-DELGADO, CTR. FOR WOMEN POLICY STUDIES, Time for Change: Reproductive Rights for Latin America in the 21st Century 17 (May 2012), http://www.academia.edu/15110689/Time_for_Change_Reproductive_Rights_in_Latin_America_in_the_21st_Century [<http://perma.cc/PT7J-6W7J>].

⁶ Examples of organizations where these allied attorneys work include the Center for Reproductive Rights, Promsex, GIRE, and Women's Link Worldwide.

⁷ See, e.g., HUMAN RIGHTS WATCH, INTERNATIONAL HUMAN RIGHTS LAW AND ABORTION IN LATIN AMERICA (July 2005), <http://www.hrw.org/legacy/backgrounder/wrd/wrd0106/wrd0106.pdf> [<https://perma.cc/7PHU-TPKT>].

⁸ See Anderson, *supra* note 1.

America in order to demand more access; and (2) To demonstrate that feminist organizations are taking steady steps to successfully increase access to legal abortion in Latin America. This analysis proceeds in three parts: the first section describes how international and regional jurisprudence is preparing the ground for recognizing a legal right to abortion. The second section demonstrates how this jurisprudence has influenced, or at the very least, coincided with more progressive national legislation on abortion in Latin America. The third section examines how regulations simplify old laws by setting out clear instructions on how to make abortion more available to women.

II. ABORTION AS A HUMAN RIGHT IN INTERNATIONAL HUMAN RIGHTS SPACES

To speak about abortion as a human right, one must analyze how the concept of reproductive and sexual rights was developed in modern human rights law. In this sense, human rights are defined as “freedoms, immunities, and benefits . . . all human beings should be able to claim as a matter of right[.]”⁹ According to the Office of the High Commissioner on Human Rights at the United Nations, human rights are guarantees to be enjoyed by all persons, independent of their nationality, place of residence, sex, national or ethnic origin, sexual orientation, religion, or other status.¹⁰ As part of international law, human rights are expressed both in hard law, in the forms of treaties and cases, as well as in soft law through customary international law, expert commentary, general principles, or other sources that the State has a duty to respect, protect, and guarantee.¹¹

As human rights are always interdependent and interrelated, reproductive rights encompass various guarantees that relate to and build from one another, like the rights to health, life, autonomy, privacy, information, and freedom from torturous, cruel and inhumane treatment, among others.¹² And while the Tehran Conference on Human Rights discussed women’s rights back in the 1960s,¹³ it was not until the 1994 International Conference on Pop-

⁹ *Human Rights*, BLACK’S LAW DICTIONARY (10th ed. 2014).

¹⁰ See *What are Human Rights?*, UNITED NATIONS, OFFICE OF THE HIGH COMM’R FOR HUMAN RIGHTS, <http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx> [<http://perma.cc/UCG3-9SJQ>].

¹¹ See *The Foundation of International Human Rights Law*, UNITED NATIONS, THE UNIVERSAL DECLARATION OF HUMAN RIGHTS.

¹² *What are Human Rights?*, *supra* note 10.

¹³ See generally *The Int’l Conference on Human Rights*, Teheran, April 22-May 13,

ulation and Development in Cairo and the 1995 Fourth World Conference on Women in Beijing that reproductive health was defined and unequivocally recognized as a human right, conceptualizing the term reproductive health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”¹⁴ Furthermore, the manuscripts that were produced in these conferences included clear references to abortion as a type of care that is needed to alleviate public health concerns like maternal mortality and morbidity.¹⁵ The Cairo and Beijing conferences are also significant because they gathered women leaders from all over the world, who contributed from their own experiences to the conferences’ manuscripts, which advocates currently use when seeking further access to abortion in their countries.¹⁶

Like other human rights, reproductive rights are developed through the creation and recognition of treaties. Most Latin American countries have ratified international human rights treaties, meaning that their content becomes immediately applicable in their national legal frameworks.¹⁷ For this region, two human rights systems are particularly pertinent in defending reproductive rights: the universal or United Nations (“U.N.”) instruments, and the regional or the Organization of American States (“O.A.S.”) instruments.¹⁸

Several U.N. treaties advance reproductive rights, but the most applicable are the International Covenant on Civil and Political

1968, *Final Act of the International Conference on Human Rights*, U.N. Doc. A/CONF.32/41 (1968), http://legal.un.org/avl/pdf/ha/fatchr/Final_Act_of_TehranConf.pdf [<http://perma.cc/HX44-6P78>].

¹⁴ The Int’l Conference on Population and Dev., Cairo, Sep. 5-13, 1994, *Report of the International Conference on Population and Development*, ¶ 7.2, A/CONF.171/13/Rev.1 (1995), https://www.unfpa.org/sites/default/files/event-pdf/icpd_eng_2.pdf [<https://perma.cc/5U2F-C8SG>] (calling upon States to address the consequences of rampant unsafe abortion rates); Fourth World Conference on Women, Beijing, Sep. 4-15, 1995, *Report of the Fourth World Conference on Women*, ¶ 94, A/CONF.177/20/Rev.1 (1996), <http://www.un.org/esa/gopher-data/conf/fwcw/off/a—20.en> [<http://perma.cc/MG48-89YK>].

¹⁵ See *Report of the Fourth World Conference on Women*, *supra* note 14, ¶ 97.

¹⁶ See Mona Zulficar, *From Human Rights to Program Reality: Vienna, Cairo and Beijing in Perspective*, 44 AM. U. L. REV. 1017, 1029-30 (1995), <http://www.amulrev.com/pdfs/44/44-4/zulficar.pdf> [<http://perma.cc/J278-CBZ9>].

¹⁷ See JUAN E. MENDEZ & JAVIER MARIEZCURRENA, HUMAN RIGHTS IN LATIN AMERICA AND THE CARIBBEAN: A REGIONAL PERSPECTIVE (Nov. 1999), <http://core.ac.uk/download/pdf/6248904.pdf> [<http://perma.cc/AWB4-XJS3>].

¹⁸ See *id.*

Rights (“I.C.C.P.R.”),¹⁹ the International Covenant on Social, Economic, and Cultural Rights (“I.C.E.S.C.R.”),²⁰ the International Convention on the Elimination of All Forms of Discrimination Against Women (“C.E.D.A.W.”),²¹ the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (“C.A.T.”),²² and the Convention on the Rights of the Child (“C.R.C.”).²³ At the U.N., committees monitor States’ compliance with treaties by issuing “General Comments” or recommendations that guide States’ efforts to implement a specific treaty.²⁴ U.N. Committees also publish country specific “Concluding Observations” after a State reports on its efforts to fulfill the treaty’s mandate.²⁵ Some U.N. human rights committees adopt a quasi-judicial role by receiving individual complaints of treaty violations in order to issue recommendations.²⁶ In sum these General Comments, Concluding Observations, and case decisions become jurisprudence that guide countries in their compliance with the treaties, while providing civil society with advocacy tools to continue to pressure their governments.²⁷

Similar to the U.N. mechanisms, the Organization of American States (“O.A.S.”) has created two bodies that monitor the compliance of regional human rights treaties.²⁸ The first is the Inter-

¹⁹ International Covenant on Civil and Political Rights, *opened for signature* Dec. 16, 1966, 999 U.N.T.S. 171 (entered into force Mar. 23, 1976).

²⁰ International Covenant on Economic, Social and Cultural Rights, *opened for signature* Dec. 16, 1966, 993 U.N.T.S. 3 (entered into force Jan. 3, 1976).

²¹ Convention on the Elimination of All Forms of Discrimination Against Women, Dec. 18, 1979, 1249 U.N.T.S. 13.

²² Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Dec. 10, 1984, 1465 U.N.T.S. 85.

²³ Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 3 [hereinafter CRC].

²⁴ See, e.g., *Human Rights Treaty Bodies - General Comments*, UNITED NATIONS, OFFICE OF THE HIGH COMM’R FOR HUMAN RIGHTS, <http://www.ohchr.org/EN/HRBodies/Pages/TBGeneralComments.aspx> [<http://perma.cc/MNZ5-3BUS>].

²⁵ On average, this occurs every four-to-five years. See *What Are Concluding Observations?*, DEUTSCHES INSTITUT FÜR MENSCHENRECHTE, <http://www.institut-fuer-menschenrechte.de/en/topics/development/frequently-asked-questions/8-what-are-concluding-observations/> [<http://perma.cc/RH6V-NQQK>].

²⁶ A similar process that will not be thoroughly discussed in this note is the Universal Periodic Review, where countries offer recommendations to one another on their role to fulfill their human rights obligations.

²⁷ See, e.g., U.N. Chairpersons of the Human Rights Treaty Bodies, *Follow-up to the Recommendations of the Twenty Fifth Meeting of Chairpersons of the Human Rights Treaty Bodies, Including Harmonization of the Working Method*, June 24-28, 2013, HRI/MC/2013/3 (Apr. 22, 2013).

²⁸ American Convention on Human Rights, *opened for signature* Nov. 22, 1969, 9 I.L.M. 673 (entered into force July 18, 1978) [hereinafter American Convention].

American Commission on Human Rights (“Inter-American Commission”), which was created in 1959 to serve as the primary human rights organ of the O.A.S. and was granted the authority to examine the compliance with human rights agreements like the American Declaration of the Rights and Duties of Man (“The American Declaration”)²⁹ and the American Convention on Human Rights (“The American Convention”).³⁰ The American Convention created the Inter-American Court on Human Rights, the second O.A.S. human rights monitoring body, which took on a more judicial role than the Inter-American Commission, since its decision-makers are judges who only adjudicate over human rights violations or issue provisional measures.³¹ There are various O.A.S. treaties that could be interpreted to support access to legal abortion, like the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (“Convention of Belém do Pará”)³² and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights (“Protocol of San Salvador”).³³ A unique feature of the Inter-American system, in particular in its defense of women’s rights, is its recent creation of the Follow-up Mechanism to the Belém do Pará Convention (“MESECVI”), which is taking various measures to protect reproductive rights through its analysis and interpretation of the American Convention and the Convention of Belém do Pará.³⁴

A. *Abortion Access as a Human Right in the U.N. Human Rights System*

Various U.N. Committees, principally the CEDAW Committee and the Human Rights Committee, have asked countries to guarantee access to abortion when it is legal,³⁵ coming close to recog-

²⁹ American Declaration on the Rights and Duties of Man, May 2, 1948, OAS/Ser.L/V/I.4, Rev. 9.

³⁰ American Convention, *supra* note 28.

³¹ *Id.*

³² Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, Mar. 5, 1995, 33 I.L.M. 1534 (1994) [hereinafter Convention of Belém do Pará].

³³ Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights, Nov. 17, 1988, O.A.S.T.S. No. 69 [hereinafter Protocol of San Salvador], <https://www.cidh.oas.org/Basicos/English/basic5.Prot.Sn%20Salv.htm> [<https://perma.cc/8Q7K-Y5KF>].

³⁴ Declaration on Violence Against Women, Children and Adolescents and their Sexual and Reproductive Rights, Sept. 19, 2014, OEA/Ser.L/II.7.10, <http://www.oas.org/en/mesecvi/docs/CEVI11-Declaration-EN.pdf> [<http://perma.cc/82D6-Z7GJ>].

³⁵ See, e.g., Comm. on the Elimination of Discrimination against Women, *General*

nizing the human right to abortion as a way to eliminate discrimination against women's rights to life and health care.³⁶ U.N. human rights committees also expressed concern over adolescent girls' access to safe abortion services,³⁷ and have asked States to review legislation that makes abortion illegal.³⁸ Committees have also discouraged States from prosecuting women for committing the alleged crime of abortion.³⁹ And when countries have amended restrictive abortion laws to allow more access, some U.N. human rights committees have been congratulated for making these efforts.⁴⁰ The basis for this recognition has primarily fallen on the woman's or the adolescent's right to life and health.⁴¹

When it comes to case law, two emblematic cases against Peru establish that access to legal and safe abortion intrinsically involves the guarantee of the rights to life, health, autonomy, privacy, and to be free from cruel, torturous, and unusual punishment.⁴² Start-

Recommendation 24: Women and Health, ¶ 11, U.N. Doc. HRI/GEN/1/Rev.5 (2001); Human Rights Comm., *Concluding Observations of the Human Rights Committee: Chile*, ¶ 15, U.N. Doc. CCPR/C/79/Add.104 (1999).

³⁶ *Information Series on Sexual and Reproductive Health and Rights, Abortion*, UNITED NATIONS, OFFICE OF THE HIGH COMM'R FOR HUMAN RIGHTS, http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf [<http://perma.cc/A4LJ-G8KJ>].

³⁷ See, e.g., CRC, *supra*, note 23, at 328, ¶ 27.

³⁸ See, e.g., Comm. on the Elimination of Discrimination Against Women, *Report of the Committee on the Elimination of Discrimination Against Women*, 53rd Sess., ¶¶ 340, 394, U.N. Doc. A/53/38/Rev.1 (1998); Comm. on the Elimination of Discrimination Against Women, *Concluding Comments of the Committee on the Elimination of Discrimination Against Women: Chile*, 36th Sess., Aug. 7-25, 2006, ¶¶ 19-20, U.N. Doc. CEDAW/C/CHI/CO/4 (2006); U.N. Human Rights Comm., *Concluding Observation of the Human Rights Committee: Nicaragua*, 94th Sess., Oct. 13-31, 2008, ¶ 13, CCPR/C/NIC/CO/3 (2008).

³⁹ Comm. on the Elimination of Discrimination Against Women, *Concluding Observations on the Combined Seventh and Eighth Period Reports of Peru*, July 1, 2014, ¶ 36, U.N. Doc. CEDAW/C/PER/CO/7-8 (2014); Comm. on the Elimination of Discrimination Against Women, *Statement of the Committee on the Elimination of Discrimination Against Women on Sexual and Reproductive Health and Rights: Beyond 2014 ICPD Review*, 57th Sess., Feb. 10-28, 2014.

⁴⁰ E.g., Comm. on the Elimination of Discrimination Against Women, *Report of the Committee on the Elimination of Discrimination Against Women*, May 9, 1996, ¶ 181, U.N. Doc. A/51/38 (1996).

⁴¹ E.g., U.N. Human Rights Comm., *Concluding Observations of the Human Rights Committee, Chile*, ¶ 15, U.N. Doc. CCPR/C/79/Add.104 (Mar. 30, 1999).

⁴² U.N. Human Rights Committee, *Huaman v. Peru (K.L. v. Peru)* (Communication no. 1153/2003), U.N. Doc. CCPR/C/85/D/1153/2003, <https://www1.umn.edu/humanrts/undocs/1153-2003.html> [<https://perma.cc/WP7G-XBBU>]; U.N. Comm. on the Elimination of All Forms of Discrimination Against Women, *L.C. v. Peru*, (Communication no. 22/2009), U.N. Doc. CEDAW/C/50/D/22/2009, http://www.ohchr.org/Documents/HRBodies/CEDAW/Jurisprudence/CEDAW.C.50.D.22.2009_en.pdf [<http://perma.cc/K7V8-NFRZ>].

ing in 2005, the Human Rights Committee decided the landmark case *K.L. v. Peru*, concluding that the Peruvian State had violated various articles of the International Covenant on Civil and Political Rights when it denied a young woman access to legal abortion.⁴³ K.L. was 17 years old when she became pregnant with an anencephalic fetus, which is a fetus without a complete brain that is incapable of surviving outside of the womb.⁴⁴ Her doctors concluded that continuing to carry this fetus to term put K.L.'s life and health at risk.⁴⁵ Although Peruvian law allows abortion when the pregnant woman's life or health is in danger, the hospital director denied such medical treatment.⁴⁶ K.L. was therefore forced to give birth to a baby that had no chance of surviving and was also forced to breastfeed during the four days it was alive.⁴⁷ The CEDAW Committee observed that K.L. was subject to severe trauma by having to endure such an unhealthy pregnancy, knowing about the fetus's condition, and then the baby's death.⁴⁸ It was no surprise that she became severely depressed and required psychiatric help. In ruling in favor of K.L., the Human Rights Committee pointed out that:

The fact that [K.L.] was obliged to continue with the pregnancy amounts to cruel and inhuman treatment, in her view, since she had to endure the distress of seeing her daughter's marked deformities and knowing that her life expectancy was short. She states that . . . she was subjected to an "extended funeral" for her daughter, and sank into a deep depression after her death.⁴⁹

The Committee found Peru to be in breach of K.L.'s right to be free from torture and cruel, inhumane, and degrading treatment, her right to privacy, and her right to be protected in her special condition as a minor.⁵⁰ K.L.'s inability to access therapeutic abortion, the Human Rights Committee argued, constituted a de facto ban on her right to her physical and mental health.⁵¹ Similarly, the Committee Against Torture in its 2006 *Conclusions and Recommendations* for Peru commented that States should consider revising laws severely restricting abortion and must "take steps to

⁴³ U.N. Human Rights Committee, *Huaman v. Peru (K.L. v. Peru)* (Communication no. 1153/2003), U.N. Doc. CCPR/C/85/D/1153/2003, <https://www1.umn.edu/humanrts/undocs/1153-2003.html> [<https://perma.cc/WP7G-XBBU>].

⁴⁴ *Id.* ¶ 2.7.

⁴⁵ *See id.*

⁴⁶ *Id.* ¶ 2.3.

⁴⁷ *Id.* ¶ 2.6.

⁴⁸ *Id.* ¶ 3.3.

⁴⁹ *Id.* ¶ 3.4.

⁵⁰ *Id.* ¶ 3.4.

⁵¹ *See id.* ¶ 6.3.

prevent acts that put women's physical and mental health at grave risk and that constitute cruel and inhuman treatment."⁵²

In 2011, the CEDAW Committee adjudicated another case relating to access to legal abortion.⁵³ L.C. was a teenager who became pregnant as a result of sexual assault, and then attempted to commit suicide by jumping from a building.⁵⁴ She needed emergency surgery to address the injury to her spine, but the public hospital refused to perform this procedure because it allegedly posed a risk to the fetus.⁵⁵ L.C. endured a miscarriage months later and only then underwent surgery.⁵⁶ The delay damaged her spine to the point that she became permanently paraplegic.⁵⁷ Similar to the Human Rights Committee's K.L. case six years earlier, the CEDAW Committee concluded that Peru's failure to provide L.C. with a legal abortion violated her right to her health, integrity, bodily autonomy, and equal treatment under the law.⁵⁸ As such, the CEDAW Committee urged the Peruvian State to adopt measures that guarantee access to therapeutic abortion for women like L.C.⁵⁹ Among these various measures, the State was asked to publish a therapeutic abortion protocol to provide Peruvian medical professionals with clear instructions on how to facilitate this care for women.⁶⁰ Three years later, largely due to the persistence of various advocacy organizations, the Peruvian Ministry of Health and the Ministry of Women and Vulnerable Populations published the first national protocol on therapeutic abortion.⁶¹

B. Abortion Access as a Human Right in the Inter-American Human Rights System

The Inter-American Commission was an international institutional pioneer in examining whether the human right to life began

⁵² U.N. Comm. Against Torture, *Conclusions and Recommendations of the Committee Against Torture, Peru*, 36th Sess., May 1-19, 2006, ¶ 23, U.N. Doc. CAT/C/PER/CP/4 (2006).

⁵³ U.N. Comm. on the Elimination of All Forms of Discrimination Against Women, *L.C. v. Peru*, (Communication no. 22/2009), U.N. Doc. CEDAW/C/50/D/22/2009.

⁵⁴ *Id.* ¶ 2.1.

⁵⁵ *Id.* ¶ 2.5.

⁵⁶ *Id.* ¶¶ 2.9-2.10.

⁵⁷ *Id.* ¶ 8.12.

⁵⁸ *Id.* ¶¶ 8.15-8.16.

⁵⁹ *Id.* ¶ 9.2(a).

⁶⁰ *Id.* ¶ 9(b).

⁶¹ Jessie Clyde, *After 90-Year Delay, Peru Releases Protocols for Legal Abortion Services*, INT'L WOMEN'S HEALTH COAL. (July 1, 2014), <http://iwhc.org/2014/07/90-year-delay-peru-releases-protocols-legal-abortion-services/> [<http://perma.cc/C54F-GMG7>].

from the moment of conception, a point of contention among supporters and opponents of abortion access.⁶² In the 1970s, the petitioners in *White v. United States*, also known as the “Baby Boy case,” argued before the Inter-American Commission that the acquittal of a doctor who performed an abortion meant that the State had violated that fetus’s right to life.⁶³ The petitioning organization, Catholics for Christian Political Action, claimed that the American Declaration on the Rights of Duties of Man, which was signed by the United States, protected the right to life and could be interpreted in conjunction with Article 4 of the American Convention on Human Rights.⁶⁴ Article 4 establishes that the right to life “shall be protected by law and, in general, from the moment of conception,” which according to the petitioners meant that protection for life begins during conception.⁶⁵

The Inter-American Commission, by first examining the text and history of the American Declaration, clarified that the drafters of the American Declaration intentionally rejected the language that included the right to the unborn and instead opted to include the *right to life* in order to link it afterwards with the liberty and security of the *person*.⁶⁶ Thus, the Commission held that the petitioners were incorrect in interpreting the American Declaration’s right to life from the moment of conception.⁶⁷

In analyzing the American Declaration’s Working Papers, the Inter-American Commission also clarified that its drafters decided to leave open the possibility for States to adopt “the most diverse cases of abortion” by possibly allowing in a later convention the right to abortion.⁶⁸ The Commission thus held that the petitioners had an overly narrow interpretation of the American Convention and that the right to life was never intended to begin from the moment of conception. This became clear when the drafters of the American Convention added the clause “in general,” when referring to the right to life from the moment of conception, evidencing that the right to life was not meant to be absolute.⁶⁹

Around the same time that U.N. human rights bodies were

⁶² *White v. United States*, Case 2141, Inter-Am. Comm’n H.R., Report No. 23/81, OEA/Ser.L/V/II.54, doc. 19 rev.1 (1981).

⁶³ *Id.*

⁶⁴ *Id.* ¶ 3(b).

⁶⁵ American Convention, *supra* note 28.

⁶⁶ *White*, Case 2141, ¶ 14(a) (emphasis added).

⁶⁷ *Id.*

⁶⁸ *Id.* ¶ 14(c)

⁶⁹ *Id.*

paving the way to recognizing various rights that support abortion access, similarly-themed cases also emerged in the Inter-American system, like *Paulina Ramirez Jacinto v. Mexico*.⁷⁰ Paulina was thirteen years old when she was sexually abused by a burglar who broke into her sister's home in the Mexican state of Baja California. Paulina found out that she became pregnant as a result of this rape when she visited a doctor three weeks after the assault. Although Baja California's penal code allowed abortion in cases of rape, public officials forcefully dissuaded Paulina from getting an abortion.⁷¹ For instance, they held her at the hospital for long intervals while they showed her videos of abortion procedures.⁷² They also directed Paulina and her mother to see a priest who threatened to excommunicate them if Paulina got the abortion.⁷³ Paulina was forced to proceed with a pregnancy that placed her life and health at risk because she was only fourteen years old. During a friendly settlement at the Inter-American Commission,⁷⁴ the Mexican government admitted that by denying Paulina access to legal abortion, it had violated her right to her health and privacy.⁷⁵ It also acknowledged that Paulina had a right to special protection because she was a young teenager and thus was under a special condition of vulnerability.⁷⁶ Although the Mexican government has yet to fulfill all the commitments it made during the settlement, the *Paulina Ramirez Jacinto* case is important because it has come the closest to recognizing abortion access as a human right in the Inter-American system.⁷⁷

The Inter-American Commission also acted in its consultative capacity when its Rapporteur on the Rights of Women sent a letter to the Nicaraguan government in 2006 expressing his concern for

⁷⁰ Paulina del Carmen Ramirez Jacinto v. Mexico, Case 161-02, Inter-Am. Comm'n H.R., Report. No. 21/07, Friendly Settlement (2007).

⁷¹ *Id.* ¶ 11.

⁷² *Id.* ¶ 12.

⁷³ Asjlynn Loder, *Human Rights May Weigh Mexican Abortion Case*, WOMEN'S E NEWS (Mar. 8, 2002), http://womensenews.org/story/the-world/020308/human-rights-court-may-weigh-mexican-abortion-case?_sm_au_=iVVsjrnn8SpFpLsR [http://perma.cc/8YCW-TRH4].

⁷⁴ *Id.*

⁷⁵ *Id.* ¶ 16.

⁷⁶ See American Convention, *supra* note 28, at art. 19 ("[Every child has] the right to the measures of the protection required by his condition."); Convention of Belém do Pará, *supra* note 32, at art. 9 (obliging the states to consider the vulnerability of women to violence, especially women subject to violence while pregnant, of minor age, who are socio-economically disadvantaged, or who have been deprived of their freedom).

⁷⁷ Paulina del Carmen Ramirez Jacinto, Case 161-02, ¶ 17.

Nicaragua's decision to get rid of the health exception to the criminalization of abortion and to impose a complete ban on abortion.⁷⁸ This letter indicated that therapeutic abortion—a medical procedure required to terminate a pregnancy to save the woman's life or health—has been recognized internationally as a health service for women, and that such denial endangers women's lives as well as their physical and psychological integrity.⁷⁹ Basing its analysis on the Human Rights Committee's *L.C. v. Peru* decision, this was one of the first times in which the Inter-American Commission acknowledged the right to therapeutic abortion.⁸⁰

The *Artavia-Murillo v. Costa Rica* case, which was heard in the Inter-American Court of Human Rights in 2012, built upon the *Baby Boy* case by confirming that life does not begin from the moment of conception, and as such abortion does not interfere with the right to life.⁸¹ In *Artavia-Murillo*, the Inter-American Court struck down Costa Rica's ban of in-vitro fertilization (IVF), which nine couples sought as an alternative way to have children.⁸² The Inter-American Court reasoned that every person has a right to privacy when it comes to his or her reproductive autonomy and access to reproductive health services; hence, any ban on IVF is discriminatory.⁸³ *Artavia-Murillo* was also significant in confirming what the *Baby Boy* case had established forty years before: that an embryo cannot enjoy the same rights as a person, and the right to life per Article 4 of the American Convention is not absolute.⁸⁴ Another transcendental conclusion that came out of *Artavia-Murillo* is the link that the Court established between the right to private life and personal integrity with the right to health. Although the case did not primarily touch on the subject of abortion, its reasoning supports the rights to reproductive autonomy, reproductive health, equality, and non-discrimination over any alleged rights of the embryo.⁸⁵

⁷⁸ Letter from Victor Abramovich, Rapporteur, Org. of American States, and Canton, Executive Secretary, Org. of American States, to Norma Calderas Cardenal, Minister of Foreign Affairs, Nicaragua (Nov. 10, 2006), http://www.radiofeminista.net/dic06/notas/index_nicaragua_spanish.pdf.

⁷⁹ *Id.*

⁸⁰ *Id.*

⁸¹ *Murillo v. Costa Rica*, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 257 (Nov. 28, 2012).

⁸² *Id.*

⁸³ *Id.* ¶ 146.

⁸⁴ *Id.* ¶ 220.

⁸⁵ *See id.* ¶ 316.

III. ADVANCING NATIONAL LAWS THAT SUPPORT THE RIGHT TO ABORTION

At the same time that legal activists were laying the groundwork for an international legal recognition of the right to abortion, various Latin American countries were using these new legal instruments to seek advances in their domestic legislation.⁸⁶ The first major legal victory occurred in Mexico City in 2007 when its Legislative Assembly legalized abortions under any circumstances for the first twelve weeks of a pregnancy, a law that was later upheld by the Mexican Constitutional Tribunal.⁸⁷ Five years later, Uruguay also legalized abortion for the first twelve weeks of gestation, expanding the allowance to fourteen weeks if the woman became pregnant as a result of rape, and anytime thereafter if the pregnancy posed a grave risk to her life or health, or if the fetus had a condition that was incompatible with life.⁸⁸

While not completely legalizing abortion as in Mexico City or Uruguay, other legal reforms took place in Latin America that permitted more access to abortion. In 2006, the Colombian Constitutional Tribunal issued an opinion in the Case C-355, which reformed the country's complete ban on abortion.⁸⁹ This ruling legalized abortion under the three most common circumstances: when the woman's life or health is in danger, in cases of rape or incest, or if the fetus has serious malformations that would make it impossible to survive outside the uterus.⁹⁰ Argentina's highest court also opened the way to allow more access to abortion in 2012 through the F.A.L. case.⁹¹ In this decision, the Supreme Court reviewed Argentina's Penal Code, which only allowed abortion access to women who had been raped if they also had a mental disability. The Court extended the grounds to allow all women the right to obtain an abortion in cases of rape, basing its decision on jurispru-

⁸⁶ Mandy Van Deven, *Latin America Takes Action to Decriminalize Abortion*, GLOBAL POST (Jan. 20, 2013, 9:00 AM), <http://www.globalpost.com/dispatches/globalpost-blogs/commentary/latin-american-abortion-progress> [<http://perma.cc/LX2Q-ADUX>].

⁸⁷ See *id.*

⁸⁸ Simon Romero, *Uruguay Senate Approves First-Trimester Abortions*, N.Y. TIMES, Oct. 17, 2012, at A6.

⁸⁹ See Corte Constitucional [C.C.] [Constitutional Court], Mayo 10, 2006, Jaime Araujo Rentería, Sentencia C- 355/06 (Colom.).

⁹⁰ *Id.*

⁹¹ Press Release, La Corte Suprema Preciso el Alcance del Aborto no Punible y Dijo que Estos Casos no Deben ser Judicializados, CENTRO DE INFORMACIÓN JUDICIAL (Mar. 13, 2012), <http://www.cij.gov.ar/nota-8754-La-Corte-Suprema-preciso-el-alcance-del-aborto-no-punible-y-dijo-que-estos-casos-no-deben-ser-judicializados.html> [<http://perma.cc/WU2J-SUPM>].

dence developed by the U.N. Committees on Human Rights and the Rights of Children.⁹² At the same time that cases like *F.A.L.* were being considered, the Argentinian Ministry of Health enacted a therapeutic abortion protocol.⁹³

These victories all happened under a combination of well-prepared as well as unforeseen circumstances. Activists—through marches, lobbying, popular education, research, and other tactics—worked arduously for several years to gain the support of allies in decision-making spheres and took on opportunities as they presented themselves. During this critical time, international jurisprudence became a tool and an example for how to interpret human rights as a basis to support abortion access. Case law, observations, and recommendations from international human rights bodies were cited in domestic legislation and/or set the momentum for considering a shift in the way that abortion was legally perceived. One clear example is the way in which *K.L.*, *L.C.*, *Paulina Ramirez Jacinto* and others discussed the rights to life and health, in addition to their right to privacy, autonomy, and reproductive liberty.⁹⁴ As the next section will demonstrate, these arguments were later featured in new national laws and cases.

IV. NEW LEGAL VEHICLES TO ENSURE ACCESS TO LEGAL ABORTION

Since abortion in most Latin American countries is allowed when the woman's life or health is in danger, the adoption of these legal conditions is needed at the regulatory level to create a demand among women who need this care. Ministerial protocols and guidelines are also necessary to provide health professionals with the technical guidance that can contribute to their understanding of these various legal requirements and consequently to secure

⁹² See Paola Bergallo, *The Struggle Against Informal Rules on Abortion in Argentina*, in *ABORTION LAW IN TRANSNATIONAL PERSPECTIVE: CASES AND CONTROVERSIES* 143-65 (Rebecca J. Cook et al. eds., 2014).

⁹³ MINISTERIO DE SALUD DE LA NACIÓN DE ARGENTINA, PROTOCOLO PARA LA ATENCIÓN INTEGRAL DE LAS PERSONAS CON DERECHO A LA INTERRUPCIÓN LEGAL DEL EMBARAZO (2015), <http://www.msal.gob.ar/images/stories/bes/graficos/0000000690cnt-Protocolo%20ILE%20Web.pdf> [<http://perma.cc/6V37-N5SJ>].

⁹⁴ See U.N. Human Rights Committee, *Huaman v. Peru* (*K.L. v. Peru*) (Communication no. 1153/2003), U.N. Doc. CCPR/C/85/D/1153/2003; U.N. Comm. on the Elimination of All Forms of Discrimination Against Women, *L.C. v. Peru*, (Communication no. 22/2009), U.N. Doc. CEDAW/C/50/D/22/2009; *Paulina del Carmen Ramirez Jacinto v. Mexico*, Case 161-02.

their implementation.⁹⁵ Rather than portraying abortion as a criminal issue, these regulatory norms are also important because they conceptualize abortion within a framework of preservation and promotion of health.⁹⁶ This section will study how these guidelines were issued as part of the work of Planned Parenthood's partners as legal analysts and strategists, as well as services providers.

Planned Parenthood Global ("P.P. Global"), the international division of Planned Parenthood Federation of America ("P.P.F.A."), was created more than forty years ago "to ensure that women, men, and young people in some of the world's most neglected areas have access to the health they need to control their bodies and their futures."⁹⁷ Drawing from almost one hundred years of experience in the United States, this P.P.F.A. department provides technical assistance to organizations from Latin America and Africa.⁹⁸ These include organizations comprised of advocates, lawyers, youth collectives, professional associations of medical providers, grassroots activists, researchers, communicators, law enforcers, artists, and others.⁹⁹

On the advocacy side, P.P. Global aims to support strategies that contribute to a favorable social, legal, and political environment that allows for access to safe and legal abortion.¹⁰⁰ P.P. Global's staff works hand-in-hand with these partners to promote and improve laws and policies in a wide range of ways, including providing expert opinions on bills and regulations that impact sexual and reproductive health.¹⁰¹ Working in multiple countries and over many years has allowed P.P. Global to acquire a bird's-eye view of trends, developments, and opportunities regionally and worldwide, as well as the ability to document and share models of effective and sustainable advocacy on sexual and reproductive health services and rights.

P.P. Global's partners work to enact and implement laws and

⁹⁵ See, e.g., Rachel Rebouché, *A Functionalist Approach to Comparative Abortion Law*, in ABORTION LAW IN TRANSNATIONAL PERSPECTIVE, *supra* note 92, at 98.

⁹⁶ See, e.g., Rebecca Cook, *Stigmatized Meanings of Criminal Abortion Law*, in ABORTION LAW IN TRANSNATIONAL PERSPECTIVE, *supra* note 92, at 347, 354.

⁹⁷ *About Us*, PLANNED PARENTHOOD GLOBAL, <http://plannedparenthood.org/about-us/planned-parenthood-global/> [https://perma.cc/ES4L-2U38].

⁹⁸ *Id.*

⁹⁹ *See HEALTH HAS NO BORDERS*, PLANNED PARENTHOOD GLOBAL (2013), https://www.plannedparenthood.org/files/2614/2360/2051/PPGlobal_042114_Brochure_vF_rev3_4.pdf [https://perma.cc/37ZZ-Z696].

¹⁰⁰ *See How we work*, PLANNED PARENTHOOD GLOBAL, <https://www.plannedparenthood.org/about-us/planned-parenthood-global/how-we-work> [https://perma.cc/85U7-DQX6].

¹⁰¹ *See id.*

policies that support access to sexual and reproductive health, including expanding and maintaining the grounds for legal abortion.¹⁰² With the support of P.P. Global's technical team, P.P. Global's partners seek to hold governments accountable for adopting guidelines that make abortion care more accessible to women.¹⁰³ As was done in Mexico, Uruguay, Colombia, and Argentina, P.P. Global advocates in Peru, Ecuador, and Guatemala have taken from the jurisprudence developed at the U.N. and in the Inter-American system to improve national laws and norms.¹⁰⁴ P.P. Global's partners have succeeded in inserting human rights within new regulatory norms that impact sexual and reproductive health.¹⁰⁵ When needed, P.P. Global staff trains these partners on strategic litigation to leverage these human rights instruments, particularly when they include measures that their countries are asked to adopt.¹⁰⁶

One of P.P. Global's major successes has been working with partners and allies—lawyers, medical providers, activists, and decision-makers—in shepherding the publication and adoption of protocols that guide the provision of safe abortion.¹⁰⁷ P.P. Global staff, partners, and allies have relied on the human rights instruments as well as the publications of respectable public health agencies like the World Health Organization to ensure access to therapeutic abortion when the pregnant woman's life or health is in danger.¹⁰⁸ Such efforts materialized when P.P. Global's focus countries enacted guidelines that facilitated safe and legal abortion care.¹⁰⁹

The instructions of human rights bodies were critical in the

¹⁰² See *About Us*, *supra* note 97.

¹⁰³ See HEALTH HAS NO BORDERS, *supra* note 99.

¹⁰⁴ Ministerio de Salud Pública, *Guía de Práctica Clínica "Atención del Aborto Terapéutico"*, Adoptada por la Dirección Nacional de Normatización Registro Oficial 00005195 (12 Dic. 2014) (Ecuador) [hereinafter *Clinical Practice Guide for Therapeutic Abortion*].

¹⁰⁵ *Id.*

¹⁰⁶ Planned Parenthood Global, *Strategic Plan Narrative* (2013-2017).

¹⁰⁷ See HEALTH HAS NO BORDERS, *supra* note 99.

¹⁰⁸ See, e.g., WORLD HEALTH ORG., *SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS* (2d ed. 2013), http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf [<http://perma.cc/F929-3ES2>].

¹⁰⁹ *Clinical Practice Guide for Therapeutic Abortion*, *supra* note 104; Ministerio de Salud Pública de la República de Guatemala, *Guía para la Atención Integral de la Hemorragia del Primer y Segundo Trimestre y del Post-Aborto y sus Complicaciones*, 1ra ed. (2011); *Guía Técnica Nacional para la Estandarización del Procedimiento de la Atención Integral de la Gestante en la Interrupción Voluntaria por Indicación Terapéutica del Embarazo Menor de 22 Semanas con Consentimiento Informado en el Marco de lo Dispuesto en el Artículo 199 del Código Penal*, *El Peruano*, Resolución Ministerial No. 486-2014/MINSA (June 28, 2014).

development of these regulatory policies. For example, a P.P. Global partner—which brought the *L.C.* case—worked with other allies for more than eight years to pressure the Peruvian Ministry of Health and the Ministry of Women and Vulnerable Populations to publish the Peruvian Therapeutic Abortion Protocol requested by the CEDAW Committee.¹¹⁰ This collective used various approaches like developing relationships with key ministries and Congressional members, as well as launching a media campaign that called for the promulgation of the Therapeutic Abortion Protocol.¹¹¹ The contents of the campaign were built from the jurisprudence developed by the *L.C.* and *K.L.* cases against Peru.¹¹² Critical to this push was the role played by the medical associations who testified before Congress and sent their recommendations to the relevant ministries.¹¹³ While advocating for national guidelines, the P.P. Global partner also worked with various hospitals in different regions in Peru who were working to design their own therapeutic abortion protocols. At the invitation of these hospitals, the P.P. Global partner provided the draft language of these hospital protocols and trained their staff so that they could deliver their services with a gendered perspective and a human rights framework. This example clearly demonstrates how international jurisprudence helps P.P. Global partners hold their governments accountable for adopting and implementing guidelines.

Drawing from the lessons in Peru, advocates in Ecuador scored a similar victory at the end of 2014 when the Ecuadorian government published the Basic Practice Guidelines for Therapeutic Abortion.¹¹⁴ P.P. Global supported Ecuadorian advocates by periodically sharing information and liaising between international experts from Peru and Argentina. These medical and legal experts

¹¹⁰ See *Promsex, el CDR y PPFA dan la Bienvenida a las Recomendaciones de la ONU al Estado Peruano Sobre Ampliación del Acceso al Aborto Legal*, PLANNED PARENTHOOD GLOBAL (Aug. 11, 2014), <https://www.plannedparenthood.org/esp/sobre-nosotros/sala-de-prensa/noticias-nacionales/promsex-el-cdr-y-ppfa-dan-la-bienvenida-a-las-recomendaciones-de-la-onu-al-estado-peruano-sobre-ampliacion-del-acceso-al-aborto#sthash.apnVNrUb.dpuf> [<https://perma.cc/6QVZ-5CBC>].

¹¹¹ Promsex advocated before the Health's and Women's Ministries, as well as the Ministry of Justice, which also published its support and encouraged the publication of the Therapeutic Abortion Protocols.

¹¹² *Presidente Humala, ¡cumpla sus promesas!*, PATAS PERÚ (Oct. 22, 2015), <http://patasperu.blogspot.com> [<http://perma.cc/56SP-P4ET>].

¹¹³ See Letter from Liesl Gerntholtz, Dir. Women's Rights, Division, Human Rights Watch, to Midori Musme Cristina De Habich, Minister of Health, Peru (Apr. 11, 2014), <https://www.hrw.org/es/news/2014/04/11/peru-es-necesario-adoptar-una-ley-tecnica-nacional-de-aborto-legal> [<https://perma.cc/894T-KZNF>].

¹¹⁴ Clinical Practice Guide for Therapeutic Abortion, *supra* note 104.

delivered a workshop on reproductive rights before seventy civil society members from Ecuador, as well as presented on this subject before the Health Committee of the Ecuadorian Assembly.¹¹⁵ During a meeting with the Ministry of Health, an Argentinian public health expert recounted how international jurisprudence contributed to her country's judicial and ministerial successes, in particular in influencing how the Argentinian Ministry of Health drafted and then published an edited version of the Non-Punitive Abortion Protocol that provides guidance on therapeutic abortion.¹¹⁶ She also shared how the framing of the protocol in her country was founded on the fact that this was a procedure that had actually been legal for several decades, as was the case in Ecuador.¹¹⁷ Following this series of events, the Ecuadorian government asked P.P. Global allies and partners to be part of the expert committee that validated the Guidelines.¹¹⁸ P.P. Global staff accompanied the Latin American partners every step of the way. Such strategic yet nimble tactics demonstrate that P.P. Global goes beyond providing policy analysis, and takes on opportunities to gather and link key actors to increase the impact of their strategies.

The results of P.P. Global partners' work in drafting and publishing the Therapeutic Abortion Guidelines in Ecuador could not have been better. This norm includes the definition of health that was established by the World Health Organization and validated by human rights bodies.¹¹⁹ This comprehensive definition of health is important because, as established in various cases like *L.C. v. Peru*, *K.L. v. Peru*, and *Paulina Ramirez Jacinto v. Mexico*, women have the right to access legal abortion when any aspect of their health is in danger. In this vein, it is also an accomplishment that the Ecuadorian Guidelines are not limited to a certain number of diseases, which could dissuade medical professionals from performing a procedure when they do not find the woman's condition among the list of pathologies.¹²⁰ Also following its duty to promote, respect, and guarantee human rights, Ecuador must ensure that both public and private actors perform these medical interventions when women need and request it. Hence, therapeutic abortion in

¹¹⁵ Information on file with the author who personally attending these meetings in June 2014.

¹¹⁶ *Id.*

¹¹⁷ *Id.*

¹¹⁸ See Clinical Practice Guide for Therapeutic Abortion, *supra* note 104.

¹¹⁹ See *id.*; see also Constitution of the World Health Organization, *opened for signature* July 22, 1946, 14 U.N.T.S. 185, (entered into force Apr. 7, 1948), http://www.who.int/governance/eb/who_constitution_en.pdf [<http://perma.cc/Q6S7-48V7>].

¹²⁰ Clinical Practice Guide for Therapeutic Abortion, *supra* note 104.

accordance with the Guidelines is mandatory for all medical personnel in Ecuador. Consistent with the holding in *LC. v. Peru*, the Ecuadorian State cannot unnecessarily delay therapeutic abortion procedures, and should therefore perform them within six calendar days from the moment the woman requests it.¹²¹ Also drawing from the human rights to autonomy, integrity and privacy, the woman in Ecuador makes the ultimate decision if she wants to move forward with her wish to get a therapeutic abortion. In contrast to the events in the *Paulina Ramirez Jacinto v. Mexico* case, a health official in Ecuador may not deny a pregnant woman an abortion procedure because of his or her religious beliefs.¹²² For those circumstances, and during the absence of a trained medical professional who can perform an abortion, a referral process must be put in place so that the woman may get an abortion no matter what.

V. CONCLUSION - NEXT STEPS

The reproductive rights movement in Latin America should savor these victories as more women have legal access to abortion. These laws, cases, regulations, and other norms are critical in safeguarding women's sexual and reproductive health, including abortion care. In the last decade, the movement has learned to advance different legal models of how human rights can be practiced domestically. One such mechanism is the creation of regulations and guidelines that reiterate and deconstruct old and esoteric penal laws by explaining how medical professionals have a duty to protect women's rights. This deconstruction also allows the woman to know about her rights and demand them from the moment she sees her doctor. Protocols and guidelines help create that demand.¹²³ This is not the end. Although medical guidelines unpack complicated laws and describe them in terms that are more comprehensible to women and service providers, they are only as good as the political will of the governments to enforce them. Legislative or normative action sets the foundation for promoting equality, but legitimacy dissipates without adequate enforcement.

P.P. Global and allies must continue to foster collaboration between activists, the medical community, and the legal community to ensure that enforcement of laws and norms take place. For instance, they can follow the example of the Colombian Ministry of Health's Decree 4444/2006, which mandated that all medical

¹²¹ *Id.*

¹²² *Id.*

¹²³ See, e.g., Bergallo, *supra* note 92, at 151.

schools incorporate techniques recommended in the *World Health Organization's Technical Guidelines to Perform Abortions*.¹²⁴

As we are raising awareness about the existence of these legal tools, it is critical that their interpretation be performed in accordance with an understanding of the human rights framework. These norms are not only guidelines, they are founded on the rights to autonomy, dignity, privacy, and liberty, which both the woman and the medical provider must understand. It is important that we instill in all actors the understanding that this is a health issue, and that the woman as well as the medical provider should feel empowered to access and provide this legal recourse. Equally as important as training medical professionals, women should be supported since they have historically experienced stigma when thinking about accessing this procedure. By the same token, activists can and should continue using the international human rights framework to promote the enactment of other regulations that protect sexual and reproductive rights.

¹²⁴ D. 4444, Diciembre 13, 2006, MINISTERIO DE LA PROTECCION SOCIAL (Colom.).