New York, April 8, 2017

**Human Rights Committee**

**Human Rights Treaties Division**

Office of the United Nations High Commissioner for Human Rights

Palais Wilson

52, rue des Pâquis

CH-1211 Geneva 10, Switzerland

**Re: Supplementary information on Peru, scheduled for review by the Human Rights Committee during its 120th Session.**

Distinguished Members of the Human Rights Committee (the “Committee”):

The Center for Reproductive Rights (the “Center”) is an independent international non-governmental organization that works to promote women’s equality by guaranteeing reproductive rights as human rights. The Center for the Promotion and Protection of Sexual and Reproductive Rights (“PROMSEX”) is an independent non-governmental organization headquarter in Lima, Peru, that works to promote sexual and reproductive rights in Peru. The Center and PROMSEX seek to contribute to the Committee’s work by providing independent information concerning Peru’s obligations to guarantee the rights protected under the International Covenant on Civil and Political Rights (the “Covenant” or “CCPR”). In light of Peru’s upcoming review by the Committee under the Covenant, this report will highlight Peru’s failure to comply with its obligations under the CCPR to respect, protect and fulfill women’s right to life, to live from free of torture and ill-treatment, to privacy and to equal protection before the law, by (1) criminalizing abortion in cases of sexual violence, and (2) failing to provide access to affordable sexual and reproductive health services, including emergency contraception without discrimination.

We want to thank you in advance for your prompt attention to this matter.

Respectfully,

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| C:\Users\apalacios\Pictures\FirmaCatalinaMartinez.jpg  **Catalina Martínez Coral**  Regional Director for Latin America and the Caribbean  Center for Reproductive Rights  cmartinez@reprorights.org  Carrera 6 No. 26-85, Piso 9. Bogotá, Colombia | **Sebastián Rodríguez Alarcón**  Program Manager for Latin America and the Caribbean  Center for Reproductive Rights  srodriguez@reprorights.org  199 Water St. 22nd Floor.  New York, NY, 10038 |  |

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**Re: Supplementary information on Peru, scheduled for review by the Human Rights Committee during its 120st Session.**

Distinguished Members of the Human Rights Committee (the “Committee”):

The Center for Reproductive Rights (the “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 Peru’s obligations to guarantee the rights protected under the International Covenant on Civil and Political Rights (the “Covenant” or “CCPR”).[[1]](#endnote-1)

In light of Peru’s upcoming review by the Committee under the Covenant, this letter will highlight Peru’s failure to comply with its obligations to respect, protect and fulfill women’s right to life, to live free of torture and ill-treatment, to privacy and to equal protection before the law by: (1) criminalizing of abortion in cases of sexual violence and (2) failing to provide access to affordable sexual and reproductive health services, including emergency contraception without discrimination.

This letter is divided into three parts: First, it examines the consequences of Peru’s restrictive access to abortion services for adolescent victims of sexual violence. Second, it examines the hardships faced by adolescents of lower socioeconomic status in accessing sexual and reproductive health services, by restricting the free distribution of emergency contraception by the public health system. Third, it argues that Peru has failed to reform this restrictive reproductive laws and policies despite the numerous calls made by international human right bodies, such as the Human Rights Committee (“CCPR”) that has recommended for the State to review its abortion legislation and to ensure the provision of emergency contraception[[2]](#endnote-2).

**I. The Right to Safe and Legal Abortion Services for Victims of Sexual Violence**

1. Peru’s Penal Code imposes prison sentences on victims of sexual violence who seek abortion services.

Abortion in Peru is criminalized under Article 114 of the Penal Code of 1924 (as amended, the “Penal Code”).[[3]](#endnote-3) The Penal Code provides a limited exception where abortion is necessary to prevent the death or serious injury of the woman (commonly referred to as “therapeutic abortion”), however no exception is available for pregnancies resulting from non-consensual sex or insemination, rape or incest.[[4]](#endnote-4) A woman who terminates a pregnancy through abortion may receive a prison sentence of up to two years.[[5]](#endnote-5) Since 1991, a reduced sentence of three months has been available for certain victims of rape, however to qualify for the reduced sentence the rape must be (1) outside of marriage and (2) reported to the police.[[6]](#endnote-6) Women who experience marital rape or who, as is common, fail to report their rape to police[[7]](#endnote-7), are subject to the full two-year penalty under the Penal Code. Doctors who perform an illegal abortion, regardless of the circumstances, face a prison term of one to four years.[[8]](#endnote-8)

2. Criminalizing abortion in cases of sexual violence creates significant health risks for women and girls

Peru’s criminalization of abortion fails to respond adequately to hundreds of women who are victims of sexual violence every year, rather, it aggravates the serious health risks, including death, that can result from denying safe and legal abortion services for these victims. In accordance with the National Demographic and Family Health Survey (*Encuesta Demográfica y de Salud Familiar* -ENDES 2015-), 7.2% of the women who have been once coupled where obliged to have intercourse by their partners at some point during their relationships. This percentage increases significantly when speaking about Peruvian women who live in rural areas, such as Apurímac (17,8%), Cusco (12,5%) or Puno (11,4%)[[9]](#endnote-9). In 2014, the National Police of Peru reported at least 5,201 complaints in relation to sexual violence, from which 71% these, victims where underage. From these complaints, the prevalence of age of the victims was between 14 and 17 years old, followed by girls between 7 to 9 years old. [[10]](#endnote-10)

Peru has a high rate of sexual violence with 34,966 reported cases of rape between 2007 and 2014.[[11]](#endnote-11) Eight in ten of those victims are minors.[[12]](#endnote-12) According to information provided by the Peruvian Ministry of Health and the United Nations Population Fund (“UNFPA”), approximately 34% of girls between 10 and 19 who were victims of sexual violence become pregnant as a result of the episode experienced.[[13]](#endnote-13) Because children who are victims of sexual violence cannot legally access safe abortion services (and because, as discussed in Section II below, they cannot access emergency contraception), these children are forced to continue with their unwanted pregnancies, or must choose between having an unsafe clandestine abortion or the spectrum of health risks that come as a result of an adolescent pregnancy.

*a. Health risks from unsafe abortions.*

As repeatedly recognized by the World Health Organization (“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.[[14]](#endnote-14) In accordance to the researcher Delicia Ferrando, of Pathfinder International, approximately 376,000 unsafe abortions are performed each year in Peru.[[15]](#endnote-15) That is over 1000 abortions a day. Having an unsafe abortion is one of the five main causes of pregnancy-related death in Peru.[[16]](#endnote-16) In rural areas, almost half (44%) of women and girls who seek an abortion are at risk of complications, and for low-income women and girls who live in urban areas, almost two thirds (63%) reported to be at risk.[[17]](#endnote-17) Other social factors, such as a desire to hide the pregnancy from their family and an initial period of denial, result in young women and minors often seeking termination at an advanced stage in the pregnancy when complications are more likely to occur.[[18]](#endnote-18) Approximately 26.3% of Peruvian women hospitalized for unsafe abortions are under 24 years old.[[19]](#endnote-19)

*b. Health risks from carrying a pregnancy to term.*

The health risks of unwanted pregnancies disproportionately affect girls and adolescents, who suffer severe physical and psychological consequences and are often not physically capable of carrying a pregnancy to term. The WHO reports that adolescent pregnancies are dangerous both for the mother and the child, and have adverse effects on the communities. Being pregnant for underage women poses significant physical health risks, including death, as it exposes women to higher risks of pregnancy complications such as anemia, malaria, HIV, and other sexually transmitted infections, postpartum hemorrhages, mental disorders and maternal deaths[[20]](#endnote-20). As explained before, adolescent pregnancy also poses risks to the life and health of the born child, as risk of stillbirth and death are considerately higher among babies born to mothers younger than 20 years[[21]](#endnote-21).

The Penal Code’s exception for therapeutic abortions is intended to allow a pregnancy to be terminated when the life and health of the woman is at risk. However, due to the limited comprehension of the human rights protection in the health system, health providers and other state agents ignore or apply restrictively the therapeutic exception, limiting the access for women whose health might be at risk by a broad range of factors[[22]](#endnote-22). **The interpretation given to the Penal Code sets a high bar, allowing therapeutic abortion only when “it is the only means to save the life of the woman or to avoid serious and permanent damage to her health.”[[23]](#endnote-23)** **Women and girls should not be forced to wait until potentially life-threatening complications develop to access legal abortion services.**

3. A national movement towards legalization of abortion in cases of rape and sexual violence is gaining support in Peru.

Despite Peru’s long history of restrictive reproductive rights, there is a growing national movement that supports expanding access to abortions in cases of rape and sexual violence. In June 2014, the Peruvian Government approved a national protocol to standardize accessibility to therapeutic abortion, spurred to act by the case of K.L, presented to the CCPR[[24]](#endnote-24) and the case of L.C., presented to the Committee on the Elimination of Discrimination against Women (“CEDAW Committee”).[[25]](#endnote-25) However, the government has recognized the lack of access to safe therapeutic abortions despite their legality and enacted a national protocol.[[26]](#endnote-26) Furthermore, as the protocol is designed for cases when the life or health of the woman is at risk because of the pregnancy it has being insufficient when providing access to abortion for victims of sexual violence.

In May 2015, a bill that proposed the legalization of abortion in the case of sexual violence or artificial insemination without consent, which had the support by women’s rights groups and the signatures of 64,200 citizens[[27]](#endnote-27), was tabled by the Peruvian Congress due to the strong opposition by the Catholic Church and conservative politicians.

In October, 2016, a new bill was proposed to the Peruvian Congress to reform the Penal Code to decriminalize abortion in cases when “the pregnancy is the result of an act of sexual violence, forced artificial insemination or forced embryo transfer”.[[28]](#endnote-28) This Bill has been supported by leading human rights organizations and activists in the country.[[29]](#endnote-29) The bill reaffirms that “all the institutions of the public and private health system shall comply with the obligation of providing services related to the abortions permitted under the law”,[[30]](#endnote-30) and considerate the creation of an annual report from the Ministry of Women to the Congress about the implementation of a National System to Prevent, Sanction and Eradicate Violence against Women.[[31]](#endnote-31) Unfortunately, civil society organizations have a general perception that the Congress will not approve the bill. A recommendation of the CCPR that supports the importance of decriminalizing abortion in cases of sexual violence – following the previous recommendations of other treaty bodies like the CEDAW Committee in the case L.C v. Perú[[32]](#endnote-32)- it’s decisive in this context.

**The upcoming consideration of the Bill by the Peruvian Congress is a significant opportunity to achieve meaningful change in the reproductive rights of Peruvian adolescents, particularly in cases of rape and sexual violence.**

**II. The Right to Sexual and Reproductive Health Information and Services**

1. Peruvian adolescents lack access to contraception, including emergency contraception.

As recommended by WHO, emergency contraception is the most effective contraceptive method in preventing pregnancy in cases of rape or sexual abuse.[[33]](#endnote-33) However, adolescents in Peru often lack access to the reproductive health information and services they need[[34]](#endnote-34), resulting in high rates of unplanned pregnancies and increasing the likelihood that sexual violence will result in pregnancy.

Peru has banned the free distribution of emergency contraception in the public healthcare system[[35]](#endnote-35), resulting in limited access to this essential medicine,[[36]](#endnote-36) including in cases of rape. In addition to the levels of sexual violence discussed in Section I above, a 2009 study by ENDES found that more than a third (39.2%) of Peruvian adolescents under the age of 18 are sexually active.[[37]](#endnote-37) Unplanned pregnancy rates for adolescents between the ages of 15 and 19 have steadily increased from 2000 to 2009. In 2009, 16.4% of adolescents had been pregnant or were pregnant for the first time and 11.1% were already mothers.[[38]](#endnote-38)

Disparate access to contraception is a driver of adolescent pregnancy.[[39]](#endnote-39) Access to emergency contraception is critical for adolescents, who may have difficulty negotiating condom use,[[40]](#endnote-40) experience higher failure rates for other forms of contraception,[[41]](#endnote-41) and who suffer high rates of sexual violence. The harmful effects of restricted access to reproductive health information and contraception also disproportionately impact adolescents because they are more likely to have limited financial resources. While modern contraceptive methods, including emergency contraception, are increasingly available through private health care suppliers, the cost of emergency contraction is significantly high for poor people. Given that Peru almost a quarter of the population in the country lives in extreme poverty and 68% of the population rely on the public health system[[42]](#endnote-42), it is paramount that Peru’s policies allow the free distribution of emergency in the public healthcare system.

2. Peru is failing to meet its obligation to guarantee adolescents access to contraceptive information and services.

Unfortunately, a series of contradictory actions by Peru’s Constitutional Court (the “Court”) and the Ministry of Health of Peru (“MINSA”) have put access to emergency contraception in jeopardy. In 2009, the Court declared the free distribution of emergency contraception to be unconstitutional as a violation of the right to life, based on the “reasonable doubt” that emergency contraception may work as an abortifacient.[[43]](#endnote-43) The Constitutional Court ruled in this sense despite the Pan-American Health Organization, the Peruvian Health College and the Peruvian Society of Obstetrics and Gynecology (among other domestic and international organizations) have all supported the classification of emergency contraception as a permitted form of contraception, not an abortifacient.[[44]](#endnote-44) The 2009 decision contradicted a 2006 Court decision which had found the most prevalent emergency contraceptive drug to only have contraceptive effects, not abortive effects, and therefore be permissible.[[45]](#endnote-45)

The 2009 decision by the Court casts a shadow of legal uncertainty over the development of “píldora del día siguiente,” a government program which had been designed to provide public health facilities with emergency contraception for free distribution. With the support of the Pan-American Health Organization, a 2010 report by the General Direction of Medicines, Supplies and Drugs, and a letter from the National Institute of Health, in early 2010 MINSA issued a resolution allowing the public distribution of emergency contraception.[[46]](#endnote-46) However, despite the widespread consensus in support of emergency contraception among public health authorities in Peru, a petition was filed with the Court to halt the free distribution of emergency contraception by MINSA on the grounds that it violated the Court’s 2009 decision. The Court granted the petition and MINSA subsequently reversed its previous resolution and in September 2010 it prohibited the free distribution of emergency contraception.[[47]](#endnote-47) Emergency contraception was substantially restricted to private health care suppliers, at prices which put it beyond the reach of most Peruvian women and girls of lower income. This legal framework constituted a discriminatory regime that discriminated girls and adolescents based on their socio-economic status.

In July 2014, the citizen Violeta Cristina Gómez filed an ‘*amparo*’ claim, so the MINSA would inform about levonorgestrel and distribute it freely at public health institutions. On August 2016, a constitutional lower court granted precautionary measures in favor of the Peruvian women, and **provisionally ordered to the MINSA the free distribution of emergency contraception.** A final decision is pending[[48]](#endnote-48), however the decision could face further allegations that might jeopardize the order by the Court.

Both the Committee on the Elimination of Discrimination against Women (“CEDAW Committee”) and the Committee on the Rights of the Child (“CRC”) have urged states parties to increase the availability of contraceptive services.[[49]](#endnote-49) In accordance with the standards set by United Nations Treaty Monitoring Bodies (“UNTMBs”), **the Peru’s Constitutional Court ruling that is still in force is in clear contravention with international human rights law standards.**

3. Peru is failing to meet its obligation to guarantee contraceptive information and services to women who have been infected with the Zika virus.

Women who are most affected by Zika are unable to access emergency contraception. In accordance with the Pan-American Health Organization, 1,957 suspected cases of Zika have been reported, from which 903 have been confirmed, most of these in rural areas.[[50]](#endnote-50) The Peruvian Government has identified that 18,434 of its citizens are currently in risk of being infected with the virus[[51]](#endnote-51).Among these potential cases, poor women who are pregnant or in reproductive age living in areas with low development conditions and unsanitary water conditions are the ones at higher risk.[[52]](#endnote-52)

The Peruvian Government has launched a National Zika Preparation and Response Plan (‘*Plan Nacional de Preparación y Respuesta Frente a la Enfermedad por el Virus Zika’*) which includes interinstitutional coordination, epidemiologic vigilance and laboratorial vigilance, to identify and provide care and information for these cases.[[53]](#endnote-53) As part of the activities planned within this strategy, the Government plans to create a clinical guide for the attention of Zika that considers pregnant women and newborns and to search for women in reproductive age that might be infected.[[54]](#endnote-54) However, to date, the National Plan does not include any reproductive health component that expand access to reproductive healthcare in light of the outbreak of the virus.

Due to the natural disasters caused by the heavy rainfall and the floods, on March 31 of 2017, the MINSA adopted a technical guideline for continuity of SRH services in the context of emergencies and disasters. The guideline includes the distribution of sexual and reproductive kits and mentions the institutions responsible to guarantee the provision of services to victims of sexual violence, pregnancy care and contraception. Nonetheless, the guidelines do not include specific information to address the risk and the cases related to the Zika virus[[55]](#endnote-55).

WHO advised Peru to inform to all patients about the potential risks of sexual transmission of Zika, and guarantee the distribution of contraceptive methods and safer sexual practices.[[56]](#endnote-56) Similarly, in 2016, the U.N. High Commissioner for Human Rights stated that upholding women’s human rights was essential to the response. It stated that governments should ensure women, men and adolescents have access to comprehensive and affordable quality sexual and reproductive health services and information, including emergency contraception, maternal healthcare and safe abortion services to the full extent of the law.[[57]](#endnote-57)

However, as abortion services continue to be criminalized when the pregnancy is the result of sexual violence, and the ban on the distribution of emergency contraception in the public health system has not been permanently revoked, **Peru is also failing to meet its obligation to guarantee reproductive health services, such as contraceptive information and services or abortion services to all women in the country**.

**III. Peru’s Failure to Reform Restrictive Reproductive Laws and Policies despite International Human Rights Bodies Recommendations.**

UNTMBs have recognized that restrictive abortion laws and limited access to sexual and reproductive health services violates the human rights of women under the CCPR and other human right treaties. Particularly, they have recognized that the criminalization of abortion violates the right to life, health and from living free from torture, and that states must permit abortion, at a minimum, in cases of rape or incest and where pregnancy poses a risk to the woman or a girl’s life or health. Furthermore, UNTMBs have repeatedly recommended Peru to reform its restrictive reproductive laws and policies as they expressly contravene the country’s international obligations.[[58]](#endnote-58)

Recently, the CEDAW Committee recommended to the State to extend the grounds for legalization of abortion in cases of rape, incest and severe fetal impairment and to ensure family planning services, particularly of emergency contraception, in rural areas and to develop the capacity of medical staff on sexual on reproductive health.[[59]](#endnote-59)

Similarly, in its latest recommendations, the Committee against Torture (“CAT”) recommended Peru to amend the general prohibition for cases of therapeutic abortion and pregnancy resulting from rape and incest and to legalize the distribution of emergency contraception to these victims.[[60]](#endnote-60)

The Committee on Economic, Social and Cultural Rights (“CESCR”) has also recommended the State to ensure the accessibility and availability of including emergency contraception, particularly in rural areas. The CESCR also recommended the State party to establish a domestic protocol for the performance of therapeutic abortions.[[61]](#endnote-61)

In 2016, the CRC recommended Peru to ensure children’s access to abortion and post-abortion care services, at least in the cases of rape, incest and serious impairment of the fetus, as well as in cases of risk to the life or health of the woman. Likewise, the CRC recommended the State to ensure the availability of modern forms of contraception, including free access to emergency contraception.[[62]](#endnote-62)

1. Peru’s failure to Guarantee Reproductive Rights under the International Convention on Civil and Political Rights.

In General Comment N° 28, the Committee has stated that when reporting the right to life (article 6), States 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”.[[63]](#endnote-63) Similarly, with regards to the right to live free of torture and ill-treatment (article 7) and the right of the child to a special protection (article 24), the Committee shall receive information on the access to safe abortion to women who have become pregnant as a result of rape and with regards to private life (article 17), the Committee has asked for information on the legal duty on health personnel to report women who have undergone abortions.[[64]](#endnote-64)

When studying the state of the mention rights in Peru, the Committee has consistently recommended the State to review its abortion legislation and establish exceptions to the punishment of abortion,[[65]](#endnote-65) particularly in the cases of pregnancy resulting from rape and incest. The Committee has also recommended the State to adopt a national protocol regulating the practice of therapeutic abortion[[66]](#endnote-66). With regards to emergency contraception, the Committee has recommended Peru “to increase its efforts to reduce adolescent pregnancy and maternal mortality, particularly in rural areas, and ensure adequate sexual and reproductive health services, which include emergency oral contraceptives and are accessible in all regions of the country”[[67]](#endnote-67) and to “increase and ensure the effective implementation of education and awareness-raising programs at the formal ( schools and colleges) and informal (mass media) levels on the importance of contraceptive use and on sexual and reproductive health rights.”[[68]](#endnote-68)

As exposed on Section I and Section II, Peru continues to criminalize women who practice abortion when their pregnancies have been a result of rape, incest or coerced fertilization. It also lacks a permanent legal framework that ensures the free access to emergency contraception for Peruvian women that use the public health system, **falling short of its international human rights obligations. As examined below, Peru’s failure to guarantee reproductive rights has violated several rights under the Convention.**

1. Peru’s failure to implement general reparations set by the CEDAW Committee in the case of *L.C. v. Peru.*

In accordance with the mentioned international standards in the previous section, in the *L.C. v. Peru* decision from the Committee on the Elimination of Discrimination Against Women (or CEDAW Committee)- when studying the case of a 13 year old girl who was continuously raped by an older man in her neighborhood- it was determined that the criminalization ofabortion in cases of sexual violence was a violation of women´s right tohealth without discrimination, and contravened the obligations ofthe State to adopt measures to eliminate gender stereotypes andto guarantee women’s sexual and reproductive rights.[[69]](#endnote-69) In order to provide general reparations, the CEDAW Committee recommended the State party to “review its legislation with a view to decriminalizing abortion when the pregnancy results from rape or sexual abuse” and to “include education and training programs to encourage health providers to change their attitudes and behavior in relation to adolescent women seeking reproductive health services and respond to specific health needs related to sexual violence.”[[70]](#endnote-70)

By maintaining the criminalization of abortion, particularly in cases of rape, incest and coerced fertilization, **Peru is failing to implement the general reparations established by the CEDAW Committee on the mentioned case.**

**IV. Conclusion**

We applaud the Human Rights Committee for its commitment to girls’ sexual and reproductive health and rights and the strong recommendations the committee has issued in the past, which stress the need to enact, implement, and monitor effective policies geared towards increasing these rights. We also applaud the great advancements the Peruvian Government has taken in the last years to protect reproductive rights. Particularly, we congratulate the Peruvian Government for introducing the Ministerial Resolution No. 486-2014/MINSA to enact a national protocol that aims to standardize procedures for comprehensive care of pregnant women in cases of therapeutic abortion. However, while the introduction of this resolution represents a significant step in the route towards achieving reproductive rights for all girls, the effects of this change of law has yet to be seen and there is more that can be done to protect women who become pregnant through experiencing rape and sexual violence. Considering the information provided above, we hope that this Committee will consider addressing the following questions to the government of Peru:

Regarding sexual violence:

* Women who have been victims of gender-based violence are more vulnerable to an unwanted pregnancy. What policies and/or programs are being taken by Peru to prevent sexual violence against women, especially with regards to girls and adolescents?
* What policies and/or programs are being taken by Peru to include integral and complete sexual education on education institutions?
* What policies and/or programs are being taken to prevent sexual violence in schools or communities?

Regarding emergency contraception:

* What measures are being taken by Peru to address the discriminatory regime of emergency contraception in the country that allows the free distribution in the private system but not in the public healthcare system?
* What measures is Peru undertaking or planning to undertake to provide contraceptive methods, information and services to vulnerable populations, including poor, rural, indigenous and adolescent women?

Regarding abortion:

* What measures is Peru taking to protect women from the risks of pregnancy, including the risks of unsafe abortions?
* What is the Peruvian government doing to ensure access to timely, quality and affordable post-abortion care and reproductive health counseling?
* What is the current official data with regards to the practice of unsafe abortions in Peru?

We believe that now more than ever, an explicit recommendation towards the decriminalization of abortion where women became pregnant from sexual violence is determinant for the recognition of the right to health without discrimination for adolescents. **We respectfully request the Human Rights Committee to consider addressing the following recommendations to the Peruvian government during its 120th Session:**

1. To rapidly approve legislation that would legalize abortion in all cases, at least, in cases when pregnancy is the result of sexual violence or forced insemination without the woman’s consent.
2. To resume permanently the free distribution of emergency contraception through the public health system.
3. To guarantee that women and girls have access to comprehensive information and advice on family planning, including their right to access to emergency contraception, based on evidence-based data and national or international legal standards.

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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| |  |  |  | | --- | --- | --- | | C:\Users\apalacios\Pictures\FirmaCatalinaMartinez.jpg  **Catalina Martínez Coral**  Regional Director for Latin America and the Caribbean  Center for Reproductive Rights  cmartinez@reprorights.org  Carrera 6 No. 26-85, Piso 9. Bogotá, Colombia | **Sebastián Rodríguez Alarcón**  Program Manager for Latin America and the Caribbean  Center for Reproductive Rights  srodriguez@reprorights.org  199 Water St. 22nd Floor.  New York, NY, 10038 | **C:\Users\dmoreno\Dropbox (CRR)\Firma Diana Moreno.png**  **Diana Carolina Moreno**  Legal Fellow for Latin America and the Caribbean  Center for Reproductive Rights  dmoreno@reprorights.org  Carrera 6 No. 26-85, Piso 9. Bogotá, Colombia | |  |

1. International Covenant on Civil and Political Rights (the “Covenant” or “CCPR”), adopted Dec. 16, 1966, G.A. Res. 2200A (XXI), UN GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966) (*entered into force* Mar. 23, 1976) [hereinafter Covenant or CCPR]. [↑](#endnote-ref-1)
2. Human Rights Committee, *Concluding Observations: Peru*, para. 14, U.N. CCPR/C/PER/CO/5 (2013) [↑](#endnote-ref-2)
3. PERU, PENAL CODE (1991), Art.114, 115, 119 and 120. [↑](#endnote-ref-3)
4. *Id.* [↑](#endnote-ref-4)
5. *Id.,* Art. 114. [↑](#endnote-ref-5)
6. *Id*., Art. 120. [↑](#endnote-ref-6)
7. For example, when studying the difficulties for reporting sexual violence in Huánuco, researchers have found that when the perpetrator is part of the family of the victim, especially if the victim is under aged, victims fail to report what has happened because of being economically dependent of the perpetrators. They are also particularly vulnerable to threats or economic incentives. Zevallos et al., *Problemas en los servicios de salud y justicia en la atención a víctimas de violación sexual en Perú: un estudio exploratorio sobre el departamento de Huánuco*, PROMSEX (2016). [↑](#endnote-ref-7)
8. *Id*., Art.114, 115, 119 and 120. [↑](#endnote-ref-8)
9. INSTITUTO NACIONAL DE ESTADÍSTICA. Encuesta Nacional y Demográfica Familiar- ENDES 2011. Lima [ National Demographics and Family Health Survey], INEI. (2012) [↑](#endnote-ref-9)
10. POLICÍA NACIONAL DEL PERÚ. Anuario Estadístico 2014. Lima, Ministerio de Interior (2015) [↑](#endnote-ref-10)
11. UNDOC. Total Sexual Violence at the national level, number of police-recorded offences. Data uploaded on April 13th, 2015. Available at: <https://www.unodc.org/unodc/en/data-and-analysis/statistics/crime.html> [↑](#endnote-ref-11)
12. *Id.* [↑](#endnote-ref-12)
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14. WORLD HEALTH ORGANIZATION (WHO), Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008 6-7 (Sixth Edition) (2011), *available at* http://apps.who.int/iris/bitstream/10665/44529/1/9789241501118\_eng.pdf; WORLD HEALTH ORGANIZATION (WHO), *Unsafe Abortion: The Preventable Pandemic* 4 (2006), *available at* http://www.who.int/reproductivehealth/topics/unsafe\_abortion/article\_unsafe\_abortion.pdf. [↑](#endnote-ref-14)
15. DELICIA FERRANDO, EL ABORTO CLANDESTINO EN PERÚ [CLANDESTINE ABORTION IN PERU] 33 (2006), *available at* http://www.inppares.org/sites/default/files/Aborto%20clandestino%20Peru.pdf. [↑](#endnote-ref-15)
16. Amnesty International (AI), Fatal Flaws: Barriers to Maternal Health in Peru 14 (2009), *available at*: https://www.amnesty.org/en/documents/AMR46/008/2009/en/. [↑](#endnote-ref-16)
17. DELICIA FERRANDO, *supra* note 12, at 22. [↑](#endnote-ref-17)
18. Warriner IK and Shah IH, eds., *Preventing Unsafe Abortion and its Consequences: Priorities for Research and Action*, New York: Guttmacher Institute, 2006 at 196-197. [↑](#endnote-ref-18)
19. *Id.*, at 30. [↑](#endnote-ref-19)
20. WORLD HEALTH ORGANIZATION (WHO), *Adolescent Pregnancy, Fact Sheet No. 364* (Sept. 2014), *available at* http://www.who.int/mediacentre/factsheets/fs364/en/. [↑](#endnote-ref-20)
21. *Id.* [↑](#endnote-ref-21)
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