



ADF INTERNATIONAL

**32<sup>nd</sup> Session of the Human Rights Council**  
**Interactive Dialogue with the Special Rapporteur on the Right to Health**  
**(A/HRC/32/32)**  
**Item 3**

Mr. President,

ADF International welcomes Mr. Dainius Pūras, taking note of his recent report on the right to Health.<sup>1</sup>

ADF International shares the view of the Special Rapporteur that all people, regardless of age, sex, nationality, or other social status, must have access to the highest attainable standard of physical and mental health. We join the Special Rapporteur in recognising the importance of access to quality health care services, including for reproductive health, especially in light of the HIV/AIDS pandemic currently ravaging vast swathes of the globe.

ADF International notes with concern, however, the emphasis placed on abortion, as well as the *de facto* creation of specifically-protected classes along the lines of “sexual orientation and gender identity” as opposed to a general program aimed at maximising the health and wellbeing of all adolescents.

The first issue to which ADF International would like to draw attention is the fact that many Member States affected by the health issues in question would more greatly appreciate direct and much-needed medical and maternal health care than attempts to push for abortion and contraceptive reform. The legal regime surrounding these topics falls well within the sphere of state sovereignty and is usually based on deeply-held moral beliefs about the nature and value of human life. It is not sufficient to simply recommend the wholesale decriminalisation of abortion in societies that value and protect the inherent dignity of all human beings.

At this year’s Commission on the Status of Women, Obianuju Ekeocha from the Culture of Life Africa told 400 attendees at the “Best Practices for Maternal Health Care in Africa” side event that the pressure from larger countries providing aid to the developing world constitutes a new form of colonisation in the social and moral sphere, and that what is truly needed is “access to real prenatal health care ... skilled birth ... [and] care and support after birth.”<sup>2</sup>

In almost every nation on the planet, the termination of a pregnancy as the result or a necessary condition of administering life-saving medical treatment to the mother is already legal in some form. Developed nations that have strict legal restrictions on abortion<sup>3</sup> have maternal death rates comparable to or even better than other developed countries,<sup>4</sup> as well as rates far better than developing countries with much

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<sup>1</sup> A/HRC/32/32

<sup>2</sup> <http://webtv.un.org/watch/best-practices-for-maternal-health-care-in-africa-csw60-side-event/4807036245001>

<sup>3</sup> Such as Poland, Malta, and the Republic of Ireland (and in the case of Malta the procedure is banned entirely)

<sup>4</sup> Such as the United States, New Zealand, and France,



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laxer abortion laws.<sup>5</sup> A far greater priority than forcing ideological shifts on questions of abortion and life within the political theatre of developing nations, therefore, is aiding the Member States in building up their healthcare infrastructure, providing effective and necessary maternal health care, and raising their respective Human Development Index scores.

ADF International would kindly ask the Special Rapporteur to clarify what he means in paragraph 92 of his report when he states that “States are strongly encouraged to decriminalise abortion, in accordance with international human rights norms, and adopt measures to ensure access to legal and safe abortion services,” and whether or not it is his intent to recommend that abortion be available on demand globally. It is appreciated that attention is being paid to the plight of women and girls who are victims of rape or incest and who may feel the need to resort to unsafe or life-threatening methods of abortion where a legal method is not available to them. In these difficult situations, it is crucial that we work to ensure that women and girls have access to the prenatal medical and psychological care that they need, instead of infringing on state sovereignty by advancing a deeply controversial and polarising moral issue.

Finally, ADF International agrees with the Special Rapporteur that “healthy sexual development requires not only physical maturation but an understanding of healthy sexual behaviours.” It is therefore necessary for all involved parties to encourage age-appropriate education relating to sexual and reproductive health and the prevention of sexually-transmitted diseases, particularly of HIV/AIDS, with the full collaboration of parents in addition to community and religious leaders. It is not conceded, however, that the best way in which this should be done is by affirmation of early sexual initiation of adolescents and the tacit encouragement of this via the indiscriminate distribution and normalisation of contraceptive devices or medications. It is much more important to come up with long-term resolutions that occur in tandem with an overall rise in human development than it is to make use of a band-aid solution which does not help reduce harmful social and sexual behaviours. ADF International recognises that adolescents carry with them the vast potential for a bright future, and that it is our duty to educate them in a way that fosters responsible decision-making and affirms an awareness and respect for their inherent dignity and self-worth.

Thank you, Mr. President.

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<sup>5</sup> <http://data.worldbank.org/indicator/SH.STA.MMRT>