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FACT SHEET

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# The Center for Reproductive Rights: A Liability to the World Health Organization

By C-Fam Staff

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The Center for Reproductive Rights is a global abortion and sexual rights law firm.

## INTRODUCTION

The World Health Organization (WHO) is considering entering a formal relationship with the Center for Reproductive Rights (CRR), a global law firm that promotes abortion and sexual rights, including comprehensive sexuality education, homosexual/transgender policies, and other sexual rights issues. While there is no international human right to abortion or sexual rights, CRR has been working for decades to establish such rights, eroding trust in global human rights institutions in the process. Giving special status to the Center for Reproductive Rights will further fuel the culture wars within international organizations, undermining the WHO's mission to tackle health issues. It will undermine trust in global health and erode political support for the WHO.

## What is the Center for Reproductive Rights?

The Center for Reproductive Rights is a global abortion and sexual rights law firm. CRR advances its controversial policy goals through strategic litigation in domestic and international courts, submissions to UN mechanisms, and lobbying in domestic legislative debates. CRR boasts that since its founding, it has "strengthened reproductive laws and policies in more than 65 countries."<sup>1</sup>

## CRR deliberately misrepresents international law

The Center for Reproductive Rights promotes abortion and other controversial social policies, including comprehensive sexuality education, homosexual/transgender policies, and other sexual rights issues all under the guise of promoting *binding* human rights obligations pertaining to "sexual and reproductive health and rights" (See Annex I and Annex II below). In fact, no UN human rights treaty mentions abortion, homosexual/transgender issues, and other controversial sexual rights, or could reasonably be interpreted as including such issues as rights.

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## CRR manipulates international human rights mechanisms

CRR has been at the heart of attempts to impose human rights to abortion and homosexual/transgender issues through customary international law without the consent or scrutiny of UN member states. In 2003, internal strategy documents from CRR were leaked by a whistleblower to the U.S. Congress. They showed an elaborate plan to influence UN treaty bodies adopt controversial recommendations concerning abortion and sexual rights, and then elevate these recommendations as binding through national and international courts.<sup>2</sup> The purpose of the CRR strategy is to establish controversial social policies as obligations under customary international law without scrutiny or political debate. The CRR strategy describes this as "achieving incremental recognition of values without a huge amount of scrutiny from the opposition" in order to arrive at a "strong position to assert a broad consensus around our assertions."<sup>3</sup> The strategy was developed by CRR, together with sexual rights activists and UN staff from agencies and the secretariat, in order to bypass the General Assembly, which famously rejected the notion of a human right to abortion as well as homosexual/transgender issues at the International Conference on Population and Development and the 1995 Fourth World Conference on Women in Beijing.<sup>4</sup>

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CRR does not promote any of the well-known measures to improve maternal health emergency obstetric care, skilled birth attendants, access to medical facilities, education, nutrition and sanitation.

## CRR lies about how countries can improve reproductive & maternal health

One of the main claims in CRR submissions to UN treaty bodies is that legal abortion is necessary to achieve improvements in maternal health. This is a calculated lie. Many countries that are leaders in maternal health throughout the world were leading before and after changes in their abortion laws. Legalizing abortion does not improve maternal health measures needed to save lives. The measures that are needed to improve maternal health in countries are well known, and have been well known

for decades. CRR does not promote any of the well-known measures to improve maternal health emergency obstetric care, skilled birth attendants, access to medical facilities, education, nutrition and sanitation. They only promote legal changes to the status of abortion.

### **CRR uses law as a weapon against children and families**

Almost every UN human rights treaty body has been captured by CRR and its allies to promote abortion and sexual rights into their treaty interpretations, including promoting the recognition of homosexual marriage, homosexual adoption, transgender treatments for minors and other controversial issues as if they were binding human rights obligations. Meanwhile, activist courts in some countries have cited these nonbinding treaty body opinions when changing their laws. In Colombia and Mexico, the Constitutional Courts overturned the abortion laws, reasoning that it was bound by the recommendations of UN treaty bodies. Recently, the Inter-American Court of Human Rights issued an opinion citing UN treaty bodies as sources of human rights obligations to homosexual marriage, and gender identity change based on self-identification, including for children.<sup>5</sup> CRR has brought numerous cases in countries with pro-life and pro-family laws.<sup>6</sup> As of 2024, CRR claims that it has influenced laws in seventeen countries in the last five years, and that because of its work, 1.7 billion people live in countries whose laws have become more favorable to abortion due to CRR's efforts.<sup>7</sup>

### **CRR politicizes global health**

The WHO has been promoting abortion aggressively as a right for many years, most notably through its 2022 "abortion care" guideline which credits a CRR employee as its "human rights adviser."<sup>8</sup> In an annex outlining the legal basis for its positions on abortion, the WHO relies on the reasoning of the treaty bodies and other independent human rights experts operating under the Office of the High Commissioner for Human Rights—the chief architects, along with CRR, of the "rights by stealth" campaign to insinuate a right to abortion into existing negotiated treaty texts. The WHO has already worked extensively with members of CRR to promote abortion, and has a prior formal relationship with the International Planned Parenthood Federation, which is a permanent member of the multi-agency Human Reproduction Programme housed within WHO.<sup>9</sup> If the WHO establishes a formal relationship with CRR, as it has proposed to do,<sup>10</sup> it will only further politicize the organization and erode its credibility as a leader on global health for all countries, many of whom

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legally restrict abortion within their own borders and push back on attempts to create a right to abortion in multilateral negotiations.

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CRR promotes access to assisted reproduction for same-sex couples

### CRR promotes "sexual rights" and gender ideology

CRR promotes access to assisted reproduction for same-sex couples and single individuals, equating medical issues causing infertility with situations in which natural fertility is impossible. They refer to a lack of a partner or homosexuality as "social infertility," and suggest that those categories be part of an inclusive definition of "infertility." To the extent that assisted reproduction is available at all, they argue that it must be made available to persons in these situations. Their position is that every individual (not couple) "has the right to make autonomous decisions about their reproductive life, including whether to have children," including a right to assisted reproduction techniques such as IVF.<sup>11</sup>

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CRR advocates for comprehensive sexuality education (CSE) and the removal of all legally mandated parental involvement in abortion, contraception, transgender medical treatment for adolescent girls.

### CRR promotes comprehensive sexuality education and attacks parental rights and conscience

CRR advocates for comprehensive sexuality education (CSE) and the removal of all legally mandated parental involvement in abortion, contraception, transgender medical treatment for adolescent girls. In 2020, CRR used the COVID-19 pandemic as an opportunity to advance these issues as a matter of urgency.<sup>12</sup> CRR has also urged governments to limit or eliminate conscientious objection by health care providers who for religious or other reasons refuse to participate in abortions or the provision of "gender-affirming" transgender medical procedures.<sup>13</sup>

### Overview of CRR's global impact through litigation

According to CRR's website, 89% of the organization's 115 U.S.-based cases and 55% of its international cases were to expand legal access to abortion.<sup>14</sup>

Internationally, CRR has litigated on abortion in Latin America since 2002, in Peru, Mexico, Nicaragua, Colombia, El Salvador, Ecuador, and Guatemala. In 2004, CRR sued Poland in the European Court of Human Rights for the first of four times. Other cases have been brought in Nepal, Ireland, Moldova, India, Kenya, and Malawi.

CRR's focus in Africa has increased since 2012. Among CRR's recent international legal victories on abortion are<sup>15</sup>:

- In 2022, the Kenyan high court affirmed that abortion was a constitutional right and directed the Kenyan parliament to create laws and policies reflecting that.
- In 2022, the Constitutional Court of Colombia ruled to decriminalize abortion up to 24 weeks of gestation.
- In 2012, the Inter-American Court of Human Rights found El Salvador responsible for the death of a woman convicted of having an abortion in violation of El Salvador's laws.

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Granting the Center for Reproductive Rights and official status within the WHO framework would harm the credibility of the WHO and runs counter to the principles of the WHO Framework of Engagement with Non-State Actors.

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CRR has shown itself incapable of providing accurate legal information and has repeatedly compromised scientific evidence in its advocacy materials in favor of its preferred policy outcomes.

### The WHO Executive Board must protect WHO from CRR

The WHO Executive Board has a responsibility to protect the integrity and effectiveness of the WHO. Granting the Center for Reproductive Rights and official status within the WHO framework would harm the credibility of the WHO and runs counter to the principles of the WHO Framework of Engagement with Non-State Actors.

The WHO Framework of Engagement with Non-State Actors recognizes that when the WHO Executive Board grants a non-state actor official relations with the organization it is in fact "conferring an endorsement of the non-State actor's name, brand, product, views or activity" (WHA69.10, paragraph 7). It would seriously impair the WHO's credibility to be associated the manipulative working methods and legal misrepresentations of CRR.

Moreover, the WHO Framework of Engagement with Non-State Actors requires the WHO Executive Board to consider if entering into official relations with a non-state actor may "compromise WHO's integrity, independence, credibility, and reputation" the (WHA69.10, paragraph 5). This is squarely the case with CRR. CRR has shown itself incapable of providing accurate legal information and has repeatedly compromised scientific evidence in its advocacy materials in favor of its preferred policy outcomes.

# ANNEX I: Controversial Submissions by CRR to the CEDAW Committee (2024 – 2020)

Below are some recent examples of the more controversial legal recommendations of the Center for Reproductive Rights to the CEDAW Committee concerning issues like abortion, comprehensive sexuality education (CSE), homosexual and transgender issues, and sexual autonomy for minors. If the Center for Reproductive Rights is granted special status within the World Health Organization, these are the kinds of legal opinions that will be elevated and integrated officially in the work of the agency.

Turkmenistan	Malawi
<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Make abortion available on request, remove third party authorization requirements and parental written consent for minors;</li> <li>• Allow abortion outside state medical institutions and lift provider restrictions, enable self-abortion;</li> <li>• Challenge gender stereotypes ("pro natalist propaganda") and conduct trainings in schools, government, and health offices to promote abortion and address negative attitudes on abortion.</li> </ul>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Decriminalize consensual sexual activity among minors + address stigmatization of adolescent sexuality, and ensure access to CSE;</li> <li>• Ensure access to safe and legal abortion to the full extent allowed by law;</li> <li>• Address stereotypical notions among police, prosecutors, judicial officers, healthcare providers, etc... regarding acts or omissions that amount to gender-based violence (i.e. LGBT prejudice).</li> </ul>
Philippines	Peru
<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Ensure access to gender-responsive CSE (respecting adolescents' right to privacy)</li> </ul> <p><b>2022</b></p> <ul style="list-style-type: none"> <li>• Decriminalize abortion, remove third-party consent + promote access to the full range of contraceptive information and services;</li> <li>• Integrate CSE in all subjects and combat religious refusals of abortion;</li> <li>• Criticized that there is no codified protection against discrimination at the national level for LGBT persons.</li> </ul>	<p><b>2022</b></p> <ul style="list-style-type: none"> <li>• Decriminalize abortion in all cases and legalize in cases of rape, incest threats to life/health;</li> <li>• Access to CSE, implement 2016-2021 National Plan Against Gender-Based Violence;</li> <li>• Take actions to combat misinformation, fears and stigma regarding SRH, including information, goods and services.</li> </ul>

Uganda	Colombia
<p><b>2021</b></p> <ul style="list-style-type: none"> <li>• Enshrine the provision of safe abortion services.</li> </ul> <p><b>2020</b></p> <ul style="list-style-type: none"> <li>• Criticized that the National Sexuality Education Framework (2018) promotes "God Fearing" idea and only makes reference to male and female and relations between male and female;</li> <li>• Decriminalize consensual sexual activity between adolescents;</li> <li>• Ensure universal access to SRH services for adolescents.</li> </ul>	<p><b>2021</b></p> <ul style="list-style-type: none"> <li>• Allow a woman to access an abortion in all cases, remove third-party authorization requirement.</li> <li>• Restrict conscientious objection for medical providers who object to performing abortions.</li> </ul>
Nepal	Denmark
<p><b>2021</b></p> <ul style="list-style-type: none"> <li>• Decriminalize abortion in all cases.</li> </ul>	<p><b>2021</b></p> <ul style="list-style-type: none"> <li>• "Failing to ensure undocumented migrant women can enjoy the right to health [particularly antenatal care]"</li> </ul>
Slovakia	Bulgaria
<p><b>2020</b></p> <ul style="list-style-type: none"> <li>• Repeal the 24 hour wait period for abortion and third-party authorization;</li> <li>• Critique that rights-based CSE is not mandatory subject in Slovak schools; The existing curriculum called Education to Parenthood and Matrimony is outdated (lack of diversity etc);</li> <li>• Raise awareness to eliminate stigmatization related to SRHR and ensure conscience objections do not delay or impede access to SRH</li> </ul>	<p><b>2020</b></p> <ul style="list-style-type: none"> <li>• Ensure undocumented migrant women's access to affordable maternal health care throughout pregnancy, including antenatal care.</li> </ul>
Latvia	Pakistan
<p><b>2020</b></p> <ul style="list-style-type: none"> <li>• Ensure undocumented migrant women's access to maternal health care throughout pregnancy, including antenatal care.</li> </ul>	<p><b>2020</b></p> <ul style="list-style-type: none"> <li>• Make safe abortion legal;</li> <li>• Ensure adolescent access to CSE;</li> <li>• Address social and cultural taboos that prevent adolescents from assessing SRH without parental consent</li> </ul>

# ANNEX II: CRR CCPR Submissions 2024 - 2020

Below are some recent examples of the more controversial legal recommendations of the Center for Reproductive Rights to the Human Rights Committee concerning issues like abortion, comprehensive sexuality education (CSE), homosexual and transgender issues, and sexual autonomy for minors. If the Center for Reproductive Rights is granted special status within the World Health Organization, these are the kinds of legal opinions that will be elevated and integrated officially in the work of the agency.

Croatia	India
<p><b>2024</b></p> <ul style="list-style-type: none"> <li>• Ensure migrant women's access to maternal and SRH</li> </ul>	<p><b>2024</b></p> <ul style="list-style-type: none"> <li>• Decriminalize abortion (including self-managed) and allow for legal termination of pregnancy when the pregnant woman's life or physical or mental health is at risk, abortion on request before 12 weeks;</li> <li>• Allow for abortion with just one provider's opinion throughout pregnancy and increase the number of providers who can legally perform abortions;</li> <li>• Adolescents should be able to access abortion without mandatory reporting requirement.</li> </ul>
Pakistan	Chile
<p><b>2024</b></p> <ul style="list-style-type: none"> <li>• Liberalize the legal framework on access to abortion services according to the 2022 WHO guidelines;</li> <li>• Introduce CSE in schools in Pakistan.</li> </ul>	<p><b>2024</b></p> <ul style="list-style-type: none"> <li>• SP Version</li> </ul>



USA	Brazil
<p><b>2024</b></p> <ul style="list-style-type: none"> <li>• Access to abortion with no restriction as to reason, no waiting periods, no third-party authorization, and no gestational limits and repeal Hyde Amendment;</li> <li>• Patient privacy laws should prohibit reporting and disclosure of patient information in cases involving abortion;</li> <li>• Legislatures should explicitly prohibit criminal penalties or punishment for abortion;</li> <li>• Access to abortion for transgender persons ("People with the capacity to become pregnant have meaningful access to abortion")</li> </ul>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Ensure abortion access and making early medical abortion available outside of health facilities and ensure access to abortion care through telemedicine;</li> <li>• Provide the judicial and educational systems on gender stereotypes on a regular basis and address structural intersectional discrimination;</li> <li>• Remove the unnecessary barriers of doctors having to inform women of the possibility of seeing the fetus via ultrasound.</li> </ul> <p><b>2022</b></p> <ul style="list-style-type: none"> <li>• Ensure abortion access and making early medical abortion available outside of health facilities and ensure access to abortion care through telemedicine;</li> <li>• Criticized the very restrictive regulation of misoprostol;</li> <li>• Gender identity [...] and sexual orientation can affect whether women have access to maternal health care; Addressing the roots of maternal mortality...structural intersectional discrimination [...].</li> </ul>
Colombia	Uganda
<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Criticized that women who need an abortion in a gestational age over 24 weeks of pregnancy will still face criminal law regulations;</li> <li>• Require all healthcare practitioners to fully comply with their obligation to provide impartial, accurate and timely information on voluntary termination of pregnancy (VTP).</li> </ul> <p><b>2022</b></p> <ul style="list-style-type: none"> <li>• Advocated for the inclusion of the reproductive violence concept in decisions to make visible the impact of this type of violation on the life projects of women and girls by the Colombia Truth Commission.</li> </ul>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Develop and implement a CSE curriculum and access to safe, legal abortion in accordance with the Constitution of Uganda;</li> <li>• Challenges negative and discriminatory gender stereotypes.</li> </ul> <p><b>2022</b></p> <ul style="list-style-type: none"> <li>• There is little access to adequate SRH information (including on safe abortion)[...]taking into account sexual orientation, gender identity and intersex status;</li> <li>• Students are not provided with neutral CSE because the current curriculum promotes the "principle of being God fearing", of being "born in the image of God" and because it teaches abstinence; Stigmatize non-heteronormative relationships</li> <li>• The right to privacy is also breached by laws and practices that require doctors to report women who have sought abortion services + requiring adolescents to seek third-party authorization to access SRH.</li> </ul>

Peru	Zambia
<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Ensure "full access to abortion services";</li> <li>• Ensure comprehensive health programs and counseling protocols that consider practices other than heterosexual ones, sanctioning of conversion therapies and prosecution in cases of violence and discrimination against LGBTI people;</li> <li>• Guarantee the implementation of the National Education Curriculum in times of health emergency and, thus, work to eradicate multiple forms of discrimination, stereotypes, and gender roles through an educational policy.</li> </ul>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Decriminalize provision of and access to abortion;</li> <li>• To appoint commissioners to the Gender Equity and Equality Commission and allocate funds to the Anti-Gender-Based Violence Fund to benefit of victims of SGBV;</li> <li>• Decriminalize consensual, non-coercive, non-exploitative sexual activity among adolescents and review and amend the CSE Framework for in-school adolescents.</li> </ul> <p><b>2021</b></p> <ul style="list-style-type: none"> <li>• Review and amend the CSE Framework for adolescents and ensure access to information about SGBV;</li> <li>• Decriminalize abortion and consensual, non-coercive, non-exploitative sexual activity among adolescents;</li> <li>• Removing the requirement for parental involvement in order for adolescents to access safe and legal abortion services.</li> </ul>
Philippines	Kenya
<p><b>2022</b></p> <ul style="list-style-type: none"> <li>• Fully decriminalize abortion and prohibit refusals of abortion care based on religion or beliefs by hospitals and other institutions;</li> <li>• Repeal third-party authorizations i.e., parental or spousal consent requirements for married women and minors and arbitrary restrictions on who can provide and manage abortion (self-management of abortion );</li> <li>• Provide CSE and those ensuring social protection measures for adolescents who are pregnant or have given birth and their partners.</li> </ul>	<p><b>2021</b></p> <ul style="list-style-type: none"> <li>• Ensure access to safe and legal abortion and formal CSE;</li> <li>• Ensure adolescents are not criminalized for non-coercive sexual conduct and that they do not end up with permanent criminal record.</li> </ul> <p><b>2020</b></p> <ul style="list-style-type: none"> <li>• Ensure access to safe and legal abortion and post-abortion services;</li> <li>• Take efforts to eliminate gender stereotypes about women in the family and society;</li> <li>• Ensure that adolescents are not criminalized for non-coercive sexual conduct.</li> </ul>

## Endnotes

1 <https://reproductiverights.org/about-us/>

2 Sylva, Douglas A. and Yoshihara, Susan. Rights by Stealth: The Role of the UN Human Rights Treaty Bodies in the Campaign for an International Right to Abortion. International Organizations Research Group. (2nd ed. 2009). [https://c-fam.org/white\\_paper/rights-by-stealth-the-role-of-un-human-rights-treaty-bodies-in-the-campaign-for-an-international-right-to-abortion-2/](https://c-fam.org/white_paper/rights-by-stealth-the-role-of-un-human-rights-treaty-bodies-in-the-campaign-for-an-international-right-to-abortion-2/)

3 The CRR documents were introduced in the House of Representatives by the Hon. Christopher H. Smith of New Jersey. "Documents Reveal Deceptive Practices by Abortion Lobby," 108 Cong., 1st sess., Congressional Record 149, no. 175, extensions of remarks (December 8, 2003), E2534-E2547, <https://www.congress.gov/congressional-record/volume-149/extensions-of-remarks-section/page/E2534>.

4 United Nations Population Fund, United Nations High Commissioner for Human Rights, United Nations Division for the Advancement of Women. Round Table of Human Rights Treaty Bodies on Human Rights Approaches to Women's Health, with a Focus on Sexual and Reproductive Health and Rights. 1996. <https://s3.amazonaws.com/cfam/wp-content/uploads/40891030-Glencove-Roundtable-SRHR.pdf>

5 INTER-AMERICAN COURT OF HUMAN RIGHTS ADVISORY OPINION OC-24/17 OF NOVEMBER 24, 2017, available at: [https://www.corteidh.or.cr/docs/opiniones/seriea\\_24\\_eng.pdf](https://www.corteidh.or.cr/docs/opiniones/seriea_24_eng.pdf).

6 Sylva and Yoshihara, *ibid.*

7 <https://reproductiverights.org/our-impact/>

8 <https://www.who.int/publications/i/item/9789240039483>

9 [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/human-reproduction-programme/cosponsors](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/human-reproduction-programme/cosponsors)

10 [https://apps.who.int/gb/ebwha/pdf\\_files/EB154/B154\\_37-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_37-en.pdf)

11 Center for Reproductive Rights. Ensuring Equitable Access to Infertility Care in the United States. July 13, 2011. <https://reproductiverights.org/ensuring-equitable-access-to-infertility-care-in-the-united-states-guiding-principles-for-policies-mandating-insurance-coverage/>

12 Center for Reproductive Rights. Youth Reproductive Rights and the COVID-19 Response. May 27, 2020. <https://reproductiverights.org/youth-reproductive-rights-and-the-covid-19-response/>

13 <https://reproductiverights.org/wp-content/uploads/2023/08/CRR-Comment-on-proposed-rule-RIN-0945-AA18.pdf>

14 <https://reproductiverights.org/cases/>

15 <https://reproductiverights.org/our-work/landmark-cases/>

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