



## Sexual and reproductive rights

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### Implementation of recommendations from the previous period

The recommendations to Colombia from the previous evaluation period regarding sexual and reproductive rights are focused on the actions of healthcare professionals in accordance with current legislation (New Zealand, 2013), ensuring full access to safe abortions (Denmark, 2018), and the adoption of concrete measures to reduce the high rates of maternal and infant mortality, especially in rural areas devastated by the conflict and with suitable attention for Indigenous women (Sri Lanka and Honduras, 2018). Although there have been important advances in the right to voluntary termination of pregnancy (VTP), access barriers persist, which are generally imposed by healthcare institutions, while maternal deaths have increased. This situation disproportionately affects Indigenous and Afro-descendant women.

### Current status

Access to voluntary termination of pregnancy (VTP). Since 2018, the most important advances regarding access to abortion have been the Constitutional Court's ratification that the right to abortion belongs to the category of reproductive rights (2018); the decriminalization of abortion up to 24 weeks of pregnancy, codified as a crime in Article 122 of the Penal Code; maintaining the three grounds for an abortion introduced in 2006 without a gestational age limit; (1) and the Ministry of Health and Social Protection's January 2023 adoption of a single regulation on comprehensive healthcare for VTP, (2) which established that compliance is mandatory for all entities responsible for the provision of healthcare services. Despite this progress, abortion continues to exist as a punishable offense in the Penal Code and there is a latent possibility that women and people who can become pregnant may be reported, investigated, and convicted for having an abortion. (3)

There are a series of barriers to access to abortions (4) that differentially impact women outside of the national capital, as well as those who experience specific vulnerabilities, such as:

- (i) health workers' ignorance of the new legal framework;
- (ii) disregard from healthcare entities on the right to information;
- (iii) the imposition of unnecessary requirements to access abortion services;
- (iv) no or late responses to VTP requests;
- (v) unconstitutional use of conscientious objection;
- (vi) restrictive interpretations of the new legal framework;
- (vii) inadequate internal care protocols in healthcare institutions; and
- (viii) failures in the medical referral system and violent or discriminatory treatment in healthcare services.

(1) Decision C - 055 of 2022 is the second most important jurisprudential milestone in the history of the right to abortion in Colombia, after C - 355 of 2006.

(2) Resolution 051 of 2023: Issued in compliance with the order from the Constitutional Court through Ruling SU - 096 of 2018.

(3) According to official data from the Attorney General's Office, in 2018 more than 437 cases related to the crime of abortion were opened, followed by in 2019: 326 cases, in 2020: 246 cases, in 2021: 217 cases, in 2022: 115 cases, and to date in 2023: 13 cases. (these figures can be consulted on the following page <https://www.fiscalia.gov.co/colombia/gestion/estadisticas/delitos/> by entering the criminal type, Article 122, and the selected year).

(4) Justa Causa Movement. First year of Ruling C - 055 of 2022 decriminalizing abortion up to 24 weeks. These barriers were identified as a result of the accompaniment provided by the Mesa por la Vida y la Salud de las Mujeres to 255 women. /<https://despenalizaciondelaborto.org.co/wp-content/uploads/2023/03/informe-primer-ano-del-fallo.pdf>

Maternal and infant mortality. The ratio of maternal deaths showed an upward trend, with 72 occurring in 2015 compared to 100.5 per 100,000 live births in 2020. In 2020, there was a 27% increase compared to 2019, going from 521 to 625 maternal deaths in the country. (5) Even though this last increase is tied to the health emergency caused by the pandemic, which reduced prenatal care, the steady increase in maternal deaths since 2015 is also due to persistent barriers that do not allow pregnant people to access safe abortions or comprehensive healthcare. In addition, the highest percentage of maternal deaths (72.3%) were due to direct causes, such as obstetric complications during pregnancy, childbirth, or postpartum, as well as interventions, omissions, or incorrect treatment, all of which are preventable. (6)

Maternal mortality is much higher in rural areas of Colombia. In terms of ethnicity, the highest percentage of maternal deaths occurs among Indigenous women, followed by Black, Afro-descendant, Raizal (Islander), and Palenque (NARP) women. (7) These figures show that women belonging to a [minority] ethnic group face a higher risk of death from maternal causes in Colombia due to their limited access to public services and healthcare.

## Recommendations

1. Implement the case law standards contained in the 25 Constitutional Court rulings and Ministry of Health guidelines (8) issued on comprehensive healthcare for abortion, as well as the technical standards that ensure this procedure is performed in a safe, timely, and quality manner.
2. Eliminate the crime of abortion from the Penal Code, in light of the recommendations from international human rights mechanisms. (9)
3. Take concrete measures to reduce the country's high maternal and infant mortality rates, especially in rural areas affected by the conflict and providing sufficient attention to Indigenous women.

(5) These figures correspond to total maternal deaths, in other words, the number of maternal deaths during pregnancy, childbirth, and up to one year after childbirth due to any cause related to or aggravated by the pregnancy itself, childbirth, or related care. DANE: [www.dane.gov.co/files/investigaciones/poblacion/informes-estadisticas-sociodemograficas/2021-12-20-mortalidad-materna-en-colombia-en-la-ultima-decada.pdf](http://www.dane.gov.co/files/investigaciones/poblacion/informes-estadisticas-sociodemograficas/2021-12-20-mortalidad-materna-en-colombia-en-la-ultima-decada.pdf)

(6) Ibid.

(7) Maternal deaths for Indigenous women peaked at 332.7 cases in 2020, reaching a figure that had not been recorded since 2014. Even though NARP deaths are quite high (169.2 in 2020), they are much lower compared to Indigenous women, and the rate for this population is much more stable since the DANE started collecting this data in 2009.

(8) Resolution 051 of 2023 and the Maternal Perinatal Care Roadmap.

(9) See, for example, the report on "The interaction between criminal laws and other legal restrictions on sexual and reproductive health and the right to health" by the UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health. A/66/254 (August 3, 2011), para. 65, h.