

ATUMUN SOMMERCAMP 2026

United Nations Human Rights Council

UNHRC



Study Guide

Abortion as a human right

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Welcome from the secretariat

Esteemed delegates,

We are delighted to welcome you to this year's Sommercamp MUN, and the United Nations Human Rights Council!

We are looking forward to discussing how the UN should treat the question of abortion. Abortion is a contentious topic in many countries, and there it is treated very differently in different parts of the world. In this committee the goal is to determine how abortion should be treated, and how the rights granted by the United Nations Human Rights Council can be protected.

We are looking forward to discussing how journalists best can be safeguarded throughout the world. Journalists and journalism is under pressure from multiple sides, both physically in areas of conflict but freedom of the press is also increasingly lowered in parts of the world. We are looking forward to establishing how journalists can best be safeguarded from state- as well as nonstate-actors.

This study guide will provide an introduction to the committee's topic - Abortion as a human right - as well as a quick overview of the key issues regarding this topic.

We do, however, strongly encourage you to do further research to fully understand and comprehend the various aspects of this topic. Furthermore, doing your own research will make sure you are as well prepared as possible for the session. Feel free to utilise the resources provided in the Further Reading section.

We hope you find this study guide helpful and are as excited for the MUN sessions as we are. If you have any questions regarding the committee, the topic, or a similar matter, we will be in the Sommercamp Facebook groups, where you are more than welcome to post your questions. We will also be answering questions at atumunsekretariat@gmail.com.

We are looking forward to meeting all of you and to a wonderful debate!

Sincerely, your secretariat,

Dicte Havmøller Møberg, Lucca Dybtved Kjærgaard, Nicoline Meng Aagaard Andersen,
and Simon Mosgaard Jørgensen

Table of contents

Welcome from the secretariat	2
Table of contents	3
Abbreviations	4
Key definitions	4
Introduction to the committee	5
Introduction to the topic	6
The current state of Abortion and Women’s reproductive health	7
Timeline of events	9
Key issues	10
Major bloc positions	10
Countries where abortion is completely illegal	11
Countries which have adopted mixed positions	11
Countries in which abortion is legal upon request	12
Questions a resolution should answer	13
Further Reading	14
References	14

Abbreviations

OHCHR - Office of the High Commissioner of Human Rights

SDGs - the Sustainable Development Goals created by the United Nations

UN - the United Nations

UNCHR - United Nations Commission on Human Rights

UNHRC - United Nations Human Rights Council

WHO - World Health Organisation

Key definitions

Abortion - Medical procedure for the termination of a pregnancy

Abortionist - Someone who performs and/or favors the legalisation of abortions

Gestational limit - How many weeks into a pregnancy an abortion is legally allowed

Quickening - When the mother can feel the foetus' movement

Introduction to the committee

The United Nations Human Rights Council (henceforth referred to as the UNHRC) is an intergovernmental organisation within the UN established for the protection and promotion of human rights across the world. The council was established in 2006 to replace the former UN Commission on Human Rights (UNCHR) and consists of 47 member states elected by the General Assembly, based on predetermined geographic groupings. The council works closely with the Office of the High Commissioner for Human Rights (OHCHR). [UNHRC, n.d.]

The UNHRC is the main UN body concerning human rights, and it is “*responsible for strengthening the promotion and protection of human rights around the globe.*” [UNHRC, n.d.] Between 2006 and 2023, the council adopted 1.481 resolutions, and 123 out of the 193 UN member states had served on the council thus far. [UNHRC, n.d.]

As can be seen in their numerous resolutions, UNHRC focuses on human rights in general, but they have also numerous resolutions concerning technical assistance and capacity-building for countries in need, as well as protecting civilians in war zones. [UN Watch 2026]

Introduction to the topic

Abortion is an extremely old practice with the oldest practices largely relying on herbal abortifacients (a drug to cause abortion) or mechanical abortion (inserting an object into the uterus to terminate the pregnancy). [Potts and Campbell 2009] In general, these practices were either ineffective, dangerous, or both. By the 19th century, abortion had become a much more common practice and a 1845-46 survey of women at a Manchester hospital reported that more than a third had had at least one abortion performed [Potts and Campbell 2009] At this time, abortionists were frequently persecuted, but the threat of legal action was not sufficient to prevent them from advertising publicly. [Potts and Campbell 2009]

Modern abortion can generally be divided into two categories; medical and surgical. [National Health Service 2024] A medical abortion involves taking medicine that causes the pregnancy sac to pass along with blood clots through the vagina in a process that can in some ways be compared to an unusually heavy menstruation. Medical abortion can sometimes be performed by oneself at home and is at other times performed at a hospital. Medical abortion can involve varied and sometimes severe side effects.

Surgical abortion manually removes the embryo from the uterus and is usually performed under a variety of sedative anaesthetic conditions. Under safe conditions, this is generally a very low-risk operation with a low rate of complications. [MedlinePlus 2024]

Abortion still holds a contentious position in many legal systems and in international law. In some member states it is outright illegal, and in many more access is limited. For instance, abortion may only be legal to protect the health of the mother or the fetus. [Center for Reproductive Rights, n.d., 1] The many restrictions on access to abortion and the still limited quality of care available in many countries has led to approximately 19 million unsafe abortions being performed globally in 2006, [Grimes et al. 2006] with that number rising to approximately 24 million by 2014. [Ganatra et al. 2017] The vast majority of those were performed in developing countries. Additionally, research has shown that the highest rates of unsafe abortions occur in the countries with the most restrictive legislation. [Grimes et al. 2006] [Ganatra et al. 2017]

The access to abortion has in general been getting more liberal across the world, with 60 countries liberalising abortion in the past 30 years and only 4 restricting abortion access [OHCHR 2020] - with the most prominent case being the United States Supreme Court decision *Dobbs v. Jackson Women's Health Organization* overturning *Roe v. Wade*, which had previously guaranteed reasonable access to abortion in the United States.

How abortion should be understood as a legal issue is also similarly contentious across the world. In many of the countries in which abortion is legalised it is treated as little more than a common medical procedure, and in countries under complete criminalisation it is treated as a crime. However, in most other states it lies somewhere between. UN expert committees have generally found that restrictive abortion legislation constitutes a violation of the human rights of pregnant people and promotes gender-based violence. [OHCHR 2020] These are based on

the *Universal Declarations of Human Rights article 25 section 1*, which guarantees, amongst others, access to decent medical care, and *section 2*, which acknowledges the special care entitled to motherhood and childhood.

The current state of Abortion and Women's reproductive health

Abortion remains a controversial issue due to societal stigma, religious beliefs, and ideological concerns. Both state- and non-state actors have an interest in restricting or promoting the right to abortion, a notable example being the European movement *My Voice, My Choice*, which gathered more than 1,12 million signatures in favour of an EU-wide solidarity-based reform to improve access to abortion care. [EP 2025] It is also worth noting the success of the campaign through social media in Malta, where abortion remains banned in all circumstances and is criminalised. [Dom 2026] As a result, the European Commission formally affirmed that the already existing EU budgetary system, *European Social Fund Plus*, can be used to provide safe abortion care. Some considered this a rejection of the initiative, as there was no dedicated fund created for it, while others considered the move an approval of the initiative that avoided the risk of a newly created law potentially being blocked by the European Council while still opening up funding. [Forys 2026]

According to WHO, around 45% of abortions performed worldwide are unsafe. Estimates from 2010-2014 demonstrate that one third of unsafe abortions were performed under the least safe conditions - meaning that they were performed by untrained persons using dangerous and invasive methods. [Ganatra et al. 2017] It is also worth noting that more than half of these unsafe abortions were performed in Asia (primarily in South and Central Asia). Additionally, approximately 3 out of 4 of all abortions performed in Latin America and Africa were unsafe, with almost half of all abortions in Africa occurring under the least safe circumstances. [WHO 2025] Compared to deaths from safe abortions, which are at less than 1 in 100.000, the death rates in regions where unsafe abortions are common are much higher, at more than 200 in 100.000. Adding to this figure, 7 million women per year were treated for complications from unsafe abortions in developing countries alone, according to estimates from 2012. [WHO 2025]

France, as the first country in the world, included the right to abortion in their constitution in 2024, and Luxembourg followed in early 2026, with Spain moving to take similar steps. [Grace 2026] [Algora 2026] Other countries, such as South Africa, include reproductive rights in the constitution but do not explicitly mention abortion - leaving space for different interpretations. [Pizzarossa and Perehudoff 2017] Explicitly recognizing abortion as a fundamental right in the constitution makes it very difficult to overturn, like in the case of the U.S., where abortion care became heavily regulated and completely banned in some states after the Supreme Court ruling of *Roe v. Wade* was overturned in 2022. [Springer and Slusky 2025] Countries where abortion is allowed based on court rulings or regulations that can be changed more easily are more likely to be affected by a change in public opinion or a new government - thus, including abortion as a right in the constitution sends a strong signal.

Multiple UN bodies, including UN Women and the OHCHR describe abortion as a human right, considering the right of health as well as the risk of discrimination based on sex and socio-economic status. [UN WOMEN 2022] The main barriers in abortion care can be considered to be either total or partial bans imposed by lawmakers - common exceptions include incest, rape, fetal impairment, and health risks, which may be physical or psychological risks to the pregnant person or the fetus. Geographical distance can be considered another barrier, as not everyone has the resources or ability to travel long distances to get an abortion. While travel costs can be high, so can the cost of the medical procedure and care itself, proving financial insecurity to be an obstacle for those seeking abortion care. In some countries, e.g. in Germany, Latvia, and Romania, abortion care on request is legal but not included in health insurance or the national health system. [Amnesty International 2025] Other barriers imposed by lawmakers are mandatory waiting periods, ultrasounds, and counseling, having to listen to the foetal heart beat, which is the case in Hungary, as well as medical professionals having the option to refuse to give abortion care, which is common in countries such as Italy and Croatia. In Türkiye, married women are legally required to obtain spousal consent to terminate a pregnancy. [Amnesty International 2025]

In many legislative systems, abortion is regulated through criminal law, meaning abortion is a crime - even if it in some countries is exempt from criminal liability under various specific circumstances like health risks, gestational limits, or rape. [Algora 2026] In other countries, such as Canada, abortion is regulated as a healthcare service like any other medical procedure. [Action Canada and LEAF, n.d.] [PHAC 2024]

Timeline of events

1803: *The Malicious Shootings or Stabbings Act* of 1803 in the United Kingdom became the first modern law to criminalise abortion. Prior, abortion had generally been legal up to quickening. The law punished performing later term abortions by death. [The Statutes Project 1803]

1920: The Russian Soviet Federative Socialist Republic becomes the first modern country to legalise abortion. [Semashko and Kurskii 1920]

1948: *The Universal Declaration of Human Rights* acknowledges both the right to decent medical care as well as the special care and assistance entitled to motherhood, but it does not explicitly mention abortion. [UN 1948]

1958: Dr.s Wu Yuntai and Wu Xianzhen of China invent and describe the practice of abortion by vacuum aspiration. [Wu and Wu 1958] The procedure is now the most common for the termination of pregnancy and recognised as one of the safest, although it would take several decades for the Dr.s Wu and Wu to receive recognition for their invention. [Coombes 2008]

1994: *The International Conference on Population and Development* recognises unsafe abortion as a major health concern. [UN 1995, Chapter VII]

2022: The Supreme Court of the United States overturned *Roe v. Wade*, leaving abortion law as a matter for the states. This has largely been seen as a regressive step on abortion rights. [Springer and Slusky 2025]

Key issues

Abortion as a human right

Lately, the debate regarding abortion has become a question of human rights. The UN Health Agency's acting director for *Sexual and Reproductive Health and Research*, said that "*being able to obtain a safe abortion is a crucial part of healthcare*". [UN 2022]

Safety is the key issue regarding abortion. Even in countries where abortion is illegal, the procedure is performed resulting in an estimate of 25 million unsafe abortions being performed worldwide. [OHCHR 2020] Complications and death are among the side effects of unsafe abortion, and especially people living in poverty and/or belonging to a marginalized community are affected. Roughly 8% of maternal deaths can be linked to unsafe abortions. WHO made an estimate that "*Every day in 2023, over 700 women died from preventable causes related to pregnancy and childbirth.*" [UN 2022]

However, human rights include every human. This includes a human's right to life. Abortion critics argue that the foetus has the right to life. [Easy Sociology 2024] Taking away an unborn child's opportunity for life can be viewed as a violation of its human rights. Beside that, religious arguments are often used as a moral argument against abortion. It is often viewed as the murder of an innocent child, which is unforgivable.

Along with the SDGs the UN has set a target to reduce the maternal mortality rate to less than 70 pr. year. This will require a reduction of about 15% from 2023 to 2030. [WHO 2025]

When is an abortion ethical?

There is no one answer to the question posed above. It is an individual evaluation, which might be the reason why the opinions on ethical abortions are so divided. Some believe that life is formed at conception and that an abortion is thus murder. On the contrary, there are people who believe that the pregnant person should decide for themselves whether they want to carry to term or not, because of the many consequences a pregnancy can cause.

For many, abortion is not only a question of right and wrong. For instance, several countries have legalised abortion for certain pregnancies, and about 21 countries maintain a complete ban with no legal exceptions. 45 countries will allow an abortion if the life of the pregnant person is at stake. This can also include socio-economic arguments. [LegalClarity 2026] Likewise, pregnancies as a result of rape or incest are frowned upon by many and can also be a factor when it comes to granting a person an abortion. Lastly, pregnancies where the fetus is not compatible with life can result in a legal termination of the pregnancy. [Felix, Sobel, and Salganicoff 2024] In countries like the United States of America, reproductive rights vary from state to state.

Major bloc positions

When defining the major bloc positions of states on this topic, a review of all data from [World Population Review 2026] has been used. This means that all categories used to define whether abortion is legal or not have been used as a whole to class states into different blocs,

and it is thus not solely a question of whether or not it is legal to request an abortion in the country in question.

It should be noted that the actual legal status of abortion within a member state is not the only consideration a state may have when formulating an opinion at the UN level, and considerations like alliances in other spheres should also be considered. In addition, abortion is often a topic of significant debate within a state, and the changing of governments can have a significant impact on how a state wishes to act on the topic.

Countries where abortion is completely illegal

States that have fully criminalised abortions have become the minority in the international community - with only seventeen states deeming every single abortion illegal. This includes conception by rape, impairment of the fetus, the pregnancy threatening the mother's life, and abortion as a life-saving procedure. [World Population Review 2026]

Countries in this bloc include Afghanistan, Egypt, Malta, Republic of Congo, and Iraq.

Countries which have adopted mixed positions

Many countries have adopted a mixed position on the legal status of abortion. Here access is meaningfully limited but not outright prevented. The actual limitations enforced are varied and not always consistently enforced, but the most common are to protect the life of the mother, to protect the health of the mother, when the child was conceived by incest or rape, when the mother for socio-economical reasons is unable to care for the child, or when the foetus has been diagnosed with a severe illness during pregnancy. Additionally, some member states might require authorisation or notification of a potential spouse or parent before a abortion is approved. [Center for Reproductive Rights, n.d., 1]

Countries in this bloc include most of Africa, such as the Democratic Republic of the Congo, Tanzania, Algeria, and Nigeria, much of Latin America (such as Brazil, Peru, Chile, and Venezuela), much of the Middle East (such as Iran and Saudi Arabia), and several other countries such as Indonesia and Bangladesh. This category can perhaps include countries where the legal status of abortion is very locally dependent, which is most notable in the US where many states have passed highly restrictive positions [Center for Reproductive Rights, n.d., 2] and the federal government has taken a largely hostile position. [Cullinan 2026]

Countries in which abortion is legal upon request

In this bloc, countries have legalised abortions, granting full access to the procedure upon request. Despite the countries in this bloc making access to abortions easy and legal, there are still some conditions - for example, it can be illegal to perform an abortion that may pose a threat to the pregnant person's physical health if it has not been requested by the patient. In most of these countries, a gestational limit has been placed on around 12 weeks whereafter it becomes illegal to perform an abortion, with the only exceptions being conditions such as rape, incest, and fetal impairment. These conditions vary from member state to member state, with restrictions on abortions being equally enforced for exceptional conditions.

This bloc consists of many European states like Denmark, Iceland, Belgium, Latvia, Greece, and Spain, as well as many Asian states (like Singapore, Mongolia, China, and Nepal), with only select North and South American and African states like Canada, Mozambique, South Africa, Guyana, and Argentina.

Questions a resolution should answer

- When should an abortion be legal, if at all?
- Which factors could contribute to a legal and ethical justification of the procedure? (Such as age, socioeconomic background, health issues etc.)
- How should abortion tourism, a form of circumvention tourism where a pregnant person travels to a state with more permissive abortion legislation, be understood and legislated?
 - What rights should a pregnant person travelling for an abortion have or be considered for?
 - What can be expected of the state to which the pregnant person is travelling for an abortion?
- Should special consideration or status be given to non-female-identifying people who are in need of an abortion?
- Should special funding structures be considered for abortion in areas where general medical care may not be freely provided?
- Should special consideration be given to communities which have a particular view on abortion because of e.g. cultural or religious beliefs?

Further Reading

These sources are recommended by our wonderful writers as being important and of great use if you wish to do some further research.

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