

United Nations Commission on the Status of Women

Background guide



SNISMUN 2025

**Agenda: Discussing the Global Impact of the
Overturning of Roe v. Wade and the Future of Women's
Reproductive Rights and Bodily Autonomy**

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Letter from the Executive Board

Greetings Delegates,

It is our utmost pleasure to welcome you to the United Nations Commission on the Status of Women or UNCSW at SNISMUN 2025. The committee you will be a part of will be discussing “Abortion Rights and the effect felt by the overturning of Roe v. Wade across the world”. During this 2-day conference, you shall all be representing different countries and hopefully coming to a solution to this pressing issue.

To help guide you through your research, we have prepared this background guide. It shall provide you with the basic information to get familiar with the agenda, and the basis for your further research. We hope you all research further than this alone and are able to understand and bring forth the nuances of this multi-faceted issue.

It is an honour for us to be serving on the Executive Board of the UNCSW, and look forward to having you in our committee. For any further clarifications, please feel free to reach out and get in touch with us. We are all excited, and looking forward to having an interesting committee at SNISMUN, debating such a hot topic that affects millions globally.

Sincerely,

Chairperson of the UNCSW,
Aarav Jhunjhunwala

1. The UN Commission on the Status of Women (UNCSW)

Mandate and Functions:

The UN Commission on the Status of Women (UNCSW) was established in 1946 as a functional commission of the UN Economic and Social Council (ECOSOC) to promote gender equality and the empowerment of women. It prepares recommendations, drafts multilateral conventions, monitors implementation of the Beijing Declaration and Platform for Action, and negotiates “Agreed Conclusions” that set global policy norms on women’s rights.

UNCSW’s annual sessions review progress, identify emerging issues, and galvanise international action. Resolutions often inform General Assembly debates and guide UN-system programming.

Historical Impact:

Key milestones include: adoption of the 1967 Declaration on the Elimination of Discrimination against Women, contribution to drafting the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) , and shepherding the 1995 Beijing Platform for Action that framed women’s rights as human rights. Over seven decades, UNCSW has evolved from a norm-setting body to a forum that links grassroots movements with inter-governmental negotiations.

2. Roe v. Wade (1973)

Decision & Constitutional Foundations:

The U.S. Supreme Court held that the 14th Amendment’s Due Process Clause protects a woman’s liberty to terminate a pregnancy, grounding the right in a broader constitutional “right to privacy.” The Court adopted a trimester framework balancing state interests with individual autonomy.

Global Resonance:

Roe influenced jurisprudence in Canada (*R. v. Morgentaler*), India (interpretation of Article 21 right to life), and several Latin-American constitutional courts, becoming a reference point for pro choice advocacy worldwide.

3. Dobbs v. Jackson Women’s Health Organization (2022)

Legal Reasoning:

The Supreme Court overturned *Roe*, holding that the Constitution confers no right to abortion; regulation is returned to elected representatives. The majority critiqued *Roe*’s historical analysis and viability standard, while the dissent warned of threats to bodily autonomy and precedent.

Key Actors & Political Climate:

Mississippi’s 15-week ban served as the test case. Amicus briefs mobilised religious groups, medical associations, and 228 members of Congress on opposing sides. The decision reflected decades of strategic litigation by U.S. anti-abortion movements and rising judicial conservatism.

4. Evolution of Reproductive Rights in International Norm-Setting

Instrument	Core Provisions	Relevance to Bodily Autonomy
CEDAW (1979)	Article 12 mandates access to family-planning and healthcare; General Recommendation 24 links reproductive choice to discrimination.	Legally binding on 189 States Parties.
ICPD Programme of Action (1994)	Defines reproductive health and acknowledges women’s right to make decisions concerning reproduction free of discrimination, coercion, and violence.	Shifted discourse from population control to rights-based autonomy.
WHO SRH Guidelines (updated 2023)	Recommend decriminalisation, removal of gestational limits, and protection of confidentiality to achieve the highest attainable standard of health.	Used by States to align domestic law with evidence-based care.

5. Global Impact of Overturning *Roe*

5.1 Jurisdictions Tightening Abortion Laws

Country	Post- <i>Dobbs</i> Development
Poland	The Constitutional Court banned abortion for fetal anomalies (2020) and resisted liberalisation despite EU pressure .
U.S. sub-national	14 states adopted near-total bans; others enforced “heartbeat” laws .
Nigeria & Uganda	Rights discourse used by legislators to advance restrictive reproductive and LGBTQI+ bills, citing U.S. precedent .

5.2 Jurisdictions Strengthening Rights

Country	Reform (Year)	Drivers
Argentina	Legalised abortion to 14 weeks (2020) .	Feminist “Green Wave”, presidential support, data on unsafe abortion.
Mexico	The Supreme Court decriminalised abortion nationwide (2023) .	Strategic litigation (GIRE), regional rights momentum.
France	Constitutional amendment guaranteeing abortion (2024) .	Reaction to <i>Dobbs</i> , public opinion, parliamentary consensus.
India	MTP Amendment Act extended time limits to 24 weeks for specified categories (2021) .	Maternal mortality concerns, Supreme Court’s gender-equality jurisprudence.
Australia	Complete decriminalisation across all states with WA reform (2023) .	Public health framing, bipartisan support.

5.3 Aid, Funding and Advocacy

Some U.S. states now restrict public funds for NGOs referring for abortion overseas, complicating USAID programming. European donors (France, Netherlands, Norway) increased contributions to UNFPA Supplies and IPPF to offset potential U.S. shortfalls. NGOs report “chilling effects” on cross-border telemedicine services for medication abortion due to legal uncertainty.

6. Bodily Autonomy under International Law

Bodily autonomy—the power to make decisions about one’s own body, free from coercion or discrimination—is a foundational principle in international human rights law. This right is not absolute or found in a single treaty, but emerges at the intersection of rights to health, privacy, dignity, self-determination, and non-discrimination as codified by key global instruments:

- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Convention on the Rights of Persons with Disabilities (CRPD).

Bodily Autonomy Defined:

The United Nations Population Fund (UNFPA) defines bodily autonomy as “my body is for me; my body is my own”—which means having the power, agency, and freedom to make choices about one’s own body with dignity and without fear or external interference. This includes decisions on sexual activity, contraception, continuing or terminating a pregnancy, and access to reproductive health services. UNFPA views bodily autonomy as “mission critical” to gender equality, health, and development:

“Bodily autonomy means being able to determine one’s life and future, and having the information, services, and means to do so, free from discrimination, coercion, and violence.” (UNFPA)

Treaty¹⁵ Provisions:

- ICCPR & ICESCR: Safeguard rights to life, liberty, security of person, privacy, and health, while prohibiting discrimination on various grounds including sex or gender.
- CEDAW: Obligates states to take measures to eliminate discrimination against women in health care, including ensuring access to family planning and reproductive health as part of equality in health.
- CRPD: Affirms the equal right to bodily integrity, reproductive choice, and freedom from coercive practices for persons with disabilities.

OHCHR on Abortion, Torture, and Ill-treatment:

The Office of the High Commissioner for Human Rights (OHCHR) and UN special procedures have clarified that denial of access to safe abortion may, under certain circumstances, amount to torture, or cruel, inhuman, or degrading treatment—especially where such denial leads to severe pain, suffering, or the risk of death or long-term harm. This is particularly salient in cases involving rape, incest, or threats to a woman’s health. International courts and treaty bodies have found that criminalizing abortion or refusing necessary healthcare violates the right to be free from torture and degrading treatment, as enshrined in ICCPR Article 7 and the Convention Against Torture (CAT):

“...the denial of abortion services may amount to torture and/or cruel, inhuman and degrading treatment. This pain can be physical or mental, and in certain cases is foreseeable” (OHCHR).

Jurisprudence—such as the *K.L. v. Peru* and *L.C. v. Peru* cases—established that the refusal of therapeutic abortion, especially in cases of severe fetal impairment or threat to health, constitutes a breach of the right to be free from torture and degrading treatment under international law.

Balancing Rights: “Right to Life” v. Bodily Autonomy:

Opponents of abortion frequently invoke the right to life of the unborn, citing ICCPR Article 6. Article 6(1) states that “every human being has the inherent right to life.” However, UN treaty bodies almost unanimously interpret this as protecting persons after birth, and have ruled that the right to life must be weighed in balance with women’s rights to health, privacy, and autonomy:

- The UN Human Rights Committee (HRC) and other treaty bodies consistently clarify that the right to life does not extend to the prenatal period in a manner that prohibits abortion.
- The “conception proposal”—to accord right-to-life protection from conception during drafting of the ICCPR—was explicitly rejected by the majority of states, reflecting the consensus that Article 6 does not create fetal personhood rights overriding those of pregnant women.

Treaty bodies have repeatedly directed states to ensure that women have safe, legal, and effective access to abortion, especially when pregnancy endangers the woman’s life or health, or results from rape or incest, and to decriminalize abortion to safeguard women’s human rights. Barriers to abortion that endanger lives, health, or cause severe suffering have been found incompatible with rights to life, dignity, health, and non-discrimination.

Summary Table: Key International Legal Bases

Instrument	Key Principle for Bodily Autonomy	Impact for Reproductive Rights
ICCPR	Right to life, liberty, privacy, non discrimination, freedom from torture	Rights strictly interpreted post-birth; denial of abortion may violate privacy and freedom from inhuman treatment
ICESCR	Right to highest attainable standard of health, non-discrimination	Affirmed necessity of access to reproductive healthcare as core health entitlement
CEDAW	Equality in health, explicit mention of reproductive rights and family planning	States must eliminate all discrimination in reproductive health and decision-making
CRPD	Non-discrimination and bodily autonomy for persons with disabilities	Protects right to bodily integrity regardless of disability

7. Regional Case Studies

Africa:

Africa presents a complex landscape, marked by both significant liberalization and continued severe restrictions. The region is home to the greatest number of countries that have liberalized abortion since 1994, with 25 nations easing restrictions. Notably, Chad, Benin, Central African Republic, Rwanda, and Angola have liberalized their laws more than once, introducing or expanding legal grounds for abortion such as rape or incest. South Africa stands out as one of only a handful on the continent permitting abortion on request.

Examples:

- South Africa: The 1996 Choice on Termination of Pregnancy Act established abortion on request up to 12 weeks, with broader grounds up to 20 weeks. This significantly reduced maternal mortality rates associated with unsafe abortions.
- Benin: In 2022, Benin liberalized its law further, allowing abortion up to 12 weeks for broad health, economic, or social reasons if pregnancy causes "material, educational, professional or moral distress."
- Nigeria and Senegal: These countries still prohibit abortion except to save the pregnant person's life. Around 12% of women of reproductive age in Africa live in countries with outright bans, among the highest global rates.
- Zambia: Despite a theoretically liberal law permitting abortion for socio-economic reasons, practical barriers—including provider shortages and rural inaccessibility—prevent effective access. Roughly 30% of maternal deaths result from abortion complications.

The U.S. reversal of *Roe v. Wade* had ripple effects, emboldening anti-abortion NGOs and policymakers lobbying in Africa. For instance, Family Watch International has reportedly lobbied for restrictions in more than 20 African nations, fueling renewed legislative debates. However, countries such as Sierra Leone and Benin bucked this trend, moving to protect or expand abortion access in the wake of *Dobbs* as a counterweight to global regression.

Asia:

Asia is vast and diverse, encompassing highly restrictive regimes and robust liberalizations. Over 70% of women in Asia reside in countries where abortion is legal on request or broad grounds. Examples:

- India: The Medical Termination of Pregnancy Act (amended in 2021) allows abortion on broad grounds up to 24 weeks, with new provisions reducing discrimination against unmarried women.
- Nepal and South Korea: Nepal overhauled its total ban in 2002, and South Korea's Constitutional Court struck down its abortion ban in 2019, enabling decriminalization beginning in 2021.
- Japan: Abortion has been accessible since the postwar period, though spousal consent is formally required, and social pressures remain.
- Philippines and Iraq: Abortion is comprehensively prohibited, leading to high rates of unsafe abortion; the Philippines in particular is influenced by religious doctrine.

Despite progress, 20% of women in Asia live under total bans or severely restrictive laws translating into over 237 million people. Particularly in conservative and conflict-affected countries, access remains perilous. Nevertheless, the regional trend, accelerated by legal advocacy and rulings in South and Southeast Asia, is toward cautiously expanding grounds for legal abortion and emphasizing rights-based healthcare.

Europe:

Europe leads globally in ensuring abortion access, though conservative pushback has created regression pockets. 85% of women in Europe live where abortion is permitted on request. Examples:

- France: Following the Dobbs decision, France in 2024 became the first country to enshrine abortion rights in its constitution. Originally legalized in 1975, access was extended to 14 weeks in 2022. Constitutional reform followed robust public support, signaling a proactive response to global setbacks.
- Ireland: Formerly among the world's strictest, Ireland liberalized abortion after a 2018 referendum repealed the Eighth Amendment, legalizing abortion up to 12 weeks.
- Poland: In stark contrast, Poland's 2020 Constitutional Tribunal ruling removed fetal anomaly as grounds for abortion, imposing a near-total ban. The move—invoking traditional “right to life” arguments—provoked mass

protests domestically and drew international criticism. The European Court of Human Rights subsequently found the ruling violated private life rights, and new government pledges may yet reverse the ban.

- Malta and Andorra: Malta's 2023 amendment barely softened its absolute ban; Andorra continues to prohibit abortion under any circumstance.

Persistence of restrictive laws in Eastern Europe and among smaller states stands in contrast to continued liberalization elsewhere, with the Dobbs decision cited both by conservative policymakers (as justification) and by reformers in Western Europe (as a warning).

Latin America & the Caribbean:

Latin America and the Caribbean (LAC) are at the forefront of a global wave of liberalization, although deep divides exist. The region's "Green Wave" social movement has driven dramatic legal advances for reproductive rights.

Examples:

- Argentina: In 2020, Argentina legalized abortion on request up to 14 weeks, a milestone for the region.
- Colombia: In 2022, Colombia's Constitutional Court decriminalized abortion up to 24 weeks, building on earlier piecemeal reforms for health or criminal grounds.
- Mexico: A 2021 Supreme Court decision invalidated criminal penalties for abortion, with subsequent 2023 rulings removing federal abortion prohibitions; 40% of states now comply, but full implementation is pending.
- El Salvador and Nicaragua: These nations imposed total abortion bans (El Salvador in 1998, Nicaragua in 2006), criminalizing all abortion and resulting in prosecutions and high maternal morbidity/mortality.
- Honduras: In 2021, Honduras enshrined a constitutional ban, requiring a three-quarters majority to amend; tens of thousands of unsafe abortions occur each year.

Despite progressive winds, over half of women in the region remain under total bans or severe restrictions, and enforcement is often entangled with inequality and criminal justice outcomes.

Oceania:

Oceania is marked by contrasts between liberalized abortion access in developed nations and extreme restriction in Pacific Island states.

Examples:

- Australia: All states and territories decriminalized abortion between 2002 and 2021, with most now providing abortion on request, although gestational limits and regional variations persist.
- New Zealand: The 2020 Abortion Legislation Act allows abortion on request up to 20 weeks; post-20 weeks, abortion requires the approval of a health practitioner.
- Papua New Guinea and Fiji: Abortion remains highly restricted, permitted only to save the life of the woman, leading to high rates of unsafe procedures and significant health risks.
- Pacific Islands: Most maintain highly restrictive policies, with limited legal exceptions and profound access barriers due to stigma, resource scarcity, and lack of trained providers.

The overturning of *Roe v. Wade* has had less direct effect in Oceania, but advocates cite it as a reminder of the fragility of rights, strengthening calls for legislative protections and proactive reform, especially in Australia and New Zealand.

8. Key Stakeholders and Stated Positions

Stakeholder	Position on Agenda
UN Bodies (UNFPA, WHO, OHCHR)	Advocate decriminalisation, universal access, data protection .
Progressive Governments (France, Argentina, Mexico, Canada, South Africa)	Support rights-based approaches, funding for SRHR abroad .
Conservative Governments (Poland, Saudi Arabia, Nigeria, Russia, U.S. sub-national coalitions)	Emphasise fetal right to life, national sovereignty, or religious doctrine .
NGOs & Networks	IPPF, Center for Reproductive Rights, MSI Reproductive Choices champion access; Alliance Defending Freedom and regional faith coalitions oppose liberalisation .
Religious Leaders	Catholic Church and evangelical alliances lobby against liberalisation in Latin America and Africa ; progressive faith groups endorse autonomy frameworks.

9. Current Challenges

Inequitable Access – 45% of global abortions remain unsafe, concentrated in low-income regions where legal restrictions intersect with provider shortages.

Digital Surveillance – Location data, menstrual-tracking apps and ad-tech can be subpoenaed; calls to close health-data loopholes.

Criminalisation – 90 countries retain punitive abortion laws; studies link penalties to higher maternal mortality.

Humanitarian Settings – Conflict and climate crises disrupt supply chains for SRH commodities, heightening unsafe abortion risk.

10. QARMA (Questions a Resolution Must Answer)

1. How can UNCSW encourage harmonisation of domestic laws with ICPD and WHO guidelines while respecting state sovereignty?
2. What mechanisms ensure equitable funding for SRHR in light of donor volatility post *Dobbs*?
3. How should states balance data-protection obligations with law-enforcement requests related to abortion?
4. What accountability frameworks address criminalisation that contravenes treaty obligations?
5. How can UNCSW strengthen support for comprehensive sexuality education to prevent unintended pregnancies?
6. In what ways can international cooperation mitigate service gaps in humanitarian and rural contexts?

11. Bloc Positions and Voting Tendencies

Bloc	Typical Members	Recent Voting Behaviour on SRHR Resolutions
Progressive / Feminist Foreign Policy	France, Netherlands, Mexico, Argentina, Canada, Australia, South Africa	Co-sponsored 2024 GA Resolution on Sexual and Reproductive Health and Rights (A/RES/79/137); voted in favour of references to “safe abortion” .
Moderate	Germany, Japan, India, Brazil	Support SRHR language but negotiate qualifiers; abstained on explicit “abortion” clauses in 2023 Third Committee vote .
Conservative / Sovereigntist	Poland, Hungary, Nigeria, Saudi Arabia, Russia	Tabled amendments deleting “bodily autonomy” terminology; voted against expanded SRHR references in 2024 CSW Agreed Conclusions .