



NORTHERN  
I R E L A N D  
HUMAN  
RIGHTS  
COMMISSION

**Response to HM Government consultation on a  
new legal framework for abortion services in  
Northern Ireland - Implementation of the legal  
duty under section 9 of the Northern Ireland  
(Executive Formation etc) Act 2019**

**December 2019**

The Northern Ireland Human Rights Commission (NIHRC), pursuant to section 69(1) of the Northern Ireland Act 1998, reviews the adequacy and effectiveness of law and practice relating to the protection of Human Rights. The NIHRC also has a role, under section 69(3), to advise the Secretary of State and the Executive Committee of the Assembly of legislative and other measures which ought to be taken to protect human rights. In accordance with these functions, the following advice is submitted to the Northern Ireland Office in respect of the duties placed on it by the Northern Ireland (Executive Formation etc.) Act 2019.

The NIHRC bases its advice on the full range of internationally accepted human rights standards, including the European Convention on Human Rights as incorporated by the Human Rights Act 1998 and the treaty obligations of the Council of Europe (CoE) and United Nations (UN) systems. The relevant international treaties in this context include:

- European Convention on Human Rights 1950 (ECHR);<sup>1</sup>
- International Covenant on Economic, Social and Cultural Rights 1966 (ICESCR);<sup>2</sup>
- International Covenant on Civil and Political Rights 1966 (ICCPR);<sup>3</sup>
- UN Convention on the Elimination of All Forms of Discrimination Against Women 1979 (UN CEDAW);<sup>4</sup>
- UN Convention against Torture 1987 (UN CAT);<sup>5</sup>
- UN Convention on the Rights of the Child 1989 (UN CRC);<sup>6</sup>
- Charter of Fundamental Rights of the European Union 2000 (CFR);<sup>7</sup>
- UN Convention on the Rights of Persons with Disabilities 2006 (UN CRPD);<sup>8</sup>

The UK Government is subject to the obligations contained within these international treaties by virtue of its ratification of these instruments.<sup>9</sup>

<sup>1</sup> Ratified by the UK in 1951. Further guidance is also taken from the body of case law from the European Court of Human Rights (ECtHR).

<sup>2</sup> Ratified by the UK in 1976.

<sup>3</sup> Ratified by the UK in 1976.

<sup>4</sup> Ratified by the UK in 1981.

<sup>5</sup> Ratified by the UK in 1988.

<sup>6</sup> Ratified by the UK in 1991.

<sup>7</sup> Ratified by the UK in 2000.

<sup>8</sup> Ratified by the UK in 2009.

<sup>9</sup> The UK Mission at Geneva has stated, 'The UK's approach to signing international treaties is that we only give our signature where we are fully prepared to follow up with ratification in a

This is a response to the consultation paper issued by HM Government, in respect of the new legal framework for abortion services in Northern Ireland, to implement the legal duty under section 9 of the Northern Ireland (Executive Formation etc) Act 2019. The law on termination in Northern Ireland was reformed under this legislation as a result of the findings of the CEDAW Committee's Inquiry<sup>10</sup> that the previous legal framework amounted to grave and systemic violations of the rights of women and girls under the CEDAW treaty.<sup>11</sup>

The Commission has previously provided statutory advice to the Secretary of State for Northern Ireland in respect of termination of pregnancy.<sup>12</sup>

The Commission's responses to the queries in the consultation are supplementary to its original advice and should therefore be read alongside this document.

Whilst there are many practical issues in the consultation that are matters for the Secretary of State to consider, the Commission has sought to highlight relevant human rights standards and principles where they may be of assistance in developing new services. Some queries have been grouped where the Commission's answer to those queries would be the same.

**Question 1: Should the gestational limit for early terminations of pregnancy be either up to 12 weeks gestation or up to 14 weeks gestation?**

Under Article 12 ICESCR, everyone has the right to the highest attainable standard of physical and mental health. The ICESCR Committee has advised that this right includes the right to control one's health and body, including sexual and reproductive freedom.<sup>13</sup> The Committee has further advised that under this

short time thereafter.' See, UK Mission at Geneva, 'Universal Periodic Review Mid-term Progress Update by the United Kingdom on its Implementation of Recommendations agreed in June 2008' (March 2010) on recommendation 22 (France).

<sup>10</sup> CEDAW Committee, 'Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women,' 23 February 2018

<sup>11</sup> Ibid, para 83.

<sup>12</sup> NIHRC, 'Advice of the Northern Ireland Human Rights Commission to the Northern Ireland Office in respect of the NI (Executive Formation etc.) Act 2019 - Termination of Pregnancy,' September 2019

<sup>13</sup> CESCR General Comment No. 14, 'The Right to the Highest Attainable Standard of Health (Art. 12),' E/C.12/2000/4, 11 August 2000, para 8.

right, healthcare services must be available,<sup>14</sup> accessible<sup>15</sup> and of sufficient quality.<sup>16</sup>

As regards specific gestational time limits, this is a matter for the Secretary of State to decide.

In the Commission's view, either the 12 week or 14 week gestational time limit would be compliant with international human rights standards. This is based on the proviso that reproductive health services in Northern Ireland, including information and resources available to women and girls, are of the accessibility and quality, necessary to assist women and girls with making early and informed choices.

Therefore, where an early termination time limit is imposed, the Commission advises that the full spectrum of the National Institute of Clinical Excellence (NICE) guidance regarding pregnancy should be implemented in Northern Ireland. In particular, the NICE guidance<sup>17</sup> regarding screening for fetal abnormalities should be complied with fully.

In particular, screening for structural abnormalities and the 'combined test'<sup>18</sup> should be offered at the NICE recommended number of weeks' gestation - between 18 weeks 0 days and 20 weeks 6 days for structural abnormalities and between 11 weeks 0 days and 13 weeks 6 days for the 'combined test'.

The Commission advises that failure to fully implement the NICE guidance regarding pregnancy may render the introduction of a time limit incompatible with international human rights standards.

Following the conclusion of this consultation, the commitment to implement the NICE guidance should be made clear.

<sup>14</sup> Ibid, para 12(a) – defined as 'available in sufficient quantities' within State parties.

<sup>15</sup> Ibid, para 12(b) – defined as 'accessible to everyone without discrimination'.

<sup>16</sup> Ibid, para 12(d) – defined as 'scientifically and medically appropriate and of good quality'.

<sup>17</sup> NICE guidance, Antenatal care for uncomplicated pregnancies, Clinical guideline [CG62], March 2008, section 1.7. Accessed at: <https://www.nice.org.uk/guidance/cg62/chapter/1-guidance#screening-for-fetal-anomalies>

<sup>18</sup> nuchal translucency, beta-human chorionic gonadotrophin and pregnancy-associated plasma protein-A.

Additionally, the Commission notes the requirement, under the CEDAW Inquiry recommendations, that victims of sexual crime are able to access terminations.<sup>19</sup> The imposition of any time limit by the Secretary of State should not prohibit such victims from accessing these services. The Commission therefore recommends that the Secretary of State works with service providers and support organisations, experienced in this area, to ensure that the needs of such victims are addressed appropriately.

**Question 2: Should a limited form of certification by a healthcare professional be required for early terminations of pregnancy?**

**Question 9: Do you think that a process of certification by two healthcare professionals should be put in place for abortions after 12/14 weeks gestation in Northern Ireland? Alternatively, do you think that a process of certification by only one healthcare professional is suitable in Northern Ireland for abortions after 12/14 weeks gestation?**

The Commission is aware that certification is a feature of access to terminations in Ireland but would note that, as the law was only enacted in 2018, it may be too soon to assess the implications of certification.

The Commission is concerned that requiring certification by a healthcare professional would become a barrier to access to terminations, particularly in rural areas where lack of required healthcare professionals may be an issue. Where a conscientious objection exemption is introduced, it is foreseeable that an entire doctor's surgery may refuse to perform terminations, leaving women or girls in particular areas without access to services.

The Commission notes the CEDAW Inquiry's finding that the 'concentration of sexual and reproductive services in Belfast', amongst other issues, amounted to a violation of the treaty for UK's dereliction of its public health duties.<sup>20</sup> In this light, and given that human rights must be practical and effective, not theoretical and illusory,<sup>21</sup> the Commission notes that requiring certification may simply lead to more human rights issues by creating procedural, time or travel barriers to access to terminations and would advise an approach that avoids creating unnecessary barriers.

<sup>19</sup> CEDAW Committee, 'Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women,' 23 February 2018, para 85(b)(ii).

<sup>20</sup> Ibid, para 72(d).

<sup>21</sup> Airey v Ireland, Application no. 6289/73, para 24.

Where a process of certification is put in place, the Secretary of State must provide an assurance that certification will not become a barrier to access in order to ensure compliance with international human rights standards.

**Question 3: Should the gestation time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be 22 weeks or 24 weeks?**

Please see answer to question 1.

**Question 4: Should abortion without time limit be available for fetal abnormality where there is a substantial risk that the fetus would die in utero (in the womb) or shortly after birth/ the fetus if born would suffer a severe impairment, including a mental or physical disability which is likely to significantly limit either the length or quality of the child's life.**

As noted in the Commission's previous advice to the Secretary of State, the terms used by the human rights treaty bodies are not necessarily medical terms, and therefore appropriate definitions cannot be derived from this body of jurisprudence.

The views of representative bodies of clinicians should be taken into consideration by the Secretary of State when considering how to provide services in cases of serious fetal abnormality, including fatal fetal abnormality. The resulting regulations and subsequent guidance should also leave appropriate scope for clinician's judgment in deciding if the required criteria has been met.

## **UNCRPD**

The Commission is aware of the queries that have arisen as a result of a Concluding Observation on the United Kingdom from the UNCRPD Committee in July 2017.<sup>22</sup> Unlike previous CEDAW Committee concluding observations, the UNCRPD Concluding Observation did not specifically address access to terminations in Northern Ireland, but rather, was focussed on the UK as a whole.

<sup>22</sup> CRPD, Concluding Observations on the UK (29 August 2017) CRPD/C/GBR/CO/1.

In this Concluding Observation, the Committee expressed concerns regarding the termination of pregnancy at any stage on the basis of fetal impairment.<sup>23</sup> Given the issues with this statement and the express requirement to provide access in cases of serious fetal abnormality under CEDAW, both Committees subsequently released a joint statement<sup>24</sup> to offer a consistent view from the two treaty monitoring bodies and clarify any perceived incompatibility.

In this statement, the Committees reiterated that:

*"In order to respect gender equality and disability rights, in accordance with the CEDAW and CRPD Conventions, States parties should decriminalize abortion in all circumstances and legalize it in a manner that fully respects the autonomy of women, including women with disabilities. In all efforts to implement their obligations regarding sexual and reproductive health and rights, including access to safe and legal abortion, the Committees call upon States parties to take a human rights based approach that safeguards the reproductive choice and autonomy of all women, including women with disabilities."*<sup>25</sup>

For the purposes of human rights standards, the Commission advises that the joint statement was released in August 2018 and therefore updates and provides significantly greater detail than the earlier UNCRPD concluding observation from July 2017. The Commission further notes that the statement focusses on key human rights principles, including bodily autonomy of women and girls and reproductive choice.

Additionally, in March 2018 the Commission, as the National Human Rights Institution for Northern Ireland, met with the UNCRPD Committee to discuss Northern Ireland's restrictive laws on access to terminations of pregnancy and the issue of access in cases of serious fetal abnormality. The Commission would advise that the above joint statement was made in full knowledge of Northern Ireland's unique circumstances regarding terminations and should therefore be regarded as the definitive statement on the issue from both Committees.

<sup>23</sup> Ibid, para 12.

<sup>24</sup> CRPD & CEDAW, *Guaranteeing sexual and reproductive health and rights for all women, in particular women with disabilities*

*Joint statement by the Committee on the Rights of Persons with Disabilities (CRPD) and the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), (29 August 2018).*

<sup>25</sup> Ibid.

In line with the above statement, in its inquiry report the CEDAW Committee advised:

*“In cases of severe foetal impairment, the Committee aligns itself with the Committee on the Rights of Persons with Disabilities in the condemnation of sex-selective and disability-selective abortions, both stemming from the need to combat negative stereotypes and prejudices towards women and persons with disabilities. While the Committee consistently recommends that abortion on the ground of severe foetal impairment be available to facilitate reproductive choice and autonomy, States parties are obligated to ensure that women’s decisions to terminate pregnancies on this ground do not perpetuate stereotypes towards persons with disabilities. Such measures should include the provision of appropriate social and financial support for women who choose to carry such pregnancies to term.”<sup>26</sup>*

**Question 5: Do you agree that provision should be made for abortion without gestational time limit where there is a risk to the life of the woman or girl greater than if the pregnancy were terminated/termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman or girl?**

The Commission advises that access to terminations in both of the above cases is required to ensure the new service compliant with international human rights standards.

**Question 6: Do you agree that a medical practitioner or any other registered healthcare professional should be able to provide terminations provided they are appropriately trained and competent to provide the treatment in accordance with their professional body’s requirements and guidelines?**

**Question 7: Do you agree that the model of service delivery for Northern Ireland should provide for flexibility on where abortion procedures can take place and be able to be developed within Northern Ireland?**

**Question 8: Do you agree that terminations after 22/24 weeks should only be undertaken by health and social care providers within acute**

<sup>26</sup> CEDAW Committee, ‘Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women,’ 23 February 2018, para 62



## **sector hospitals?**

Regarding the above questions, the Commission would note that the specifics of the provision of terminations in Northern Ireland are matters for the Secretary of State.

Nevertheless, the Commission would advise that the following should be features of the service provision in order to ensure it is human rights compliant:

- Access to terminations of pregnancy should be facilitated and made as straightforward as possible;<sup>27</sup>
- Procedural barriers to access to terminations should be minimal and kept under review to ensure no one is unduly denied;<sup>28</sup>
- Consideration must be given to women and girls who reside in rural areas where healthcare services or practitioners may be less readily available. Any provision of termination services must ensure that women and girls in these areas are able to access terminations on the same basis as those in other areas of NI;<sup>29</sup>
- Any termination service that places undue barriers to access for women and girls may give rise to human rights breaches.

Additionally, women and girls can currently access termination medication over the internet from non-state providers<sup>30</sup> and in other parts of the UK, can take termination medication at home.<sup>31</sup> Any regulations or policies put in place by the Secretary of State should have sufficient flexibility to allow for consideration and implementation of best practice from England, Scotland and Wales in this context.

### **Question 10: Do you consider a notification process should be put in place in Northern Ireland to provide scrutiny of the services provided, as well as ensuring data is viable to provide transparency around access to services?**

The Commission recommends that a notification process, as described above, is put in place in Northern Ireland. The Commission advises that this is required under international human rights standards as part of a human rights based

<sup>27</sup> Ibid, para 86(b) and 86(c)

<sup>28</sup> Ibid, para 85(b) and 86(c)

<sup>29</sup> Ibid, para 72(d)

<sup>30</sup> Belfast Telegraph, Challenge over prosecution of mother who obtained abortion pills to be heard, 6 November 2018

<sup>31</sup> BBC News, Judge throws out challenge to Scots abortion pill move, 15 August 2018

approach which facilitates public participation.<sup>32</sup> The resulting data should be publicly available, accessible and utilised to ensure better provision of services to women and girls. The data should also be used to scrutinise barriers to access to terminations with subsequent steps taken to remove any unnecessary impediments.

**Question 11: Do you agree that the proposed conscientious objection provision should reflect practice in the rest of the United Kingdom, covering participation in the whole course of treatment, but not associated ancillary, administrative or managerial tasks.**

In respect of the above question, the Commission would reiterate the need to ensure that there are sufficient healthcare providers of termination in Northern Ireland and particularly in rural areas to ensure that women and girls in these areas are able to readily access treatment. The health and well-being of women seeking access to termination services is paramount in this context.

The Commission notes the previous advice and recommendations it has provided to the Secretary of State in respect of the issue of conscientious objection.<sup>33</sup> As noted in this advice, the issue of staff objections to performing associated ancillary, administrative or managerial tasks in the course of treatment was considered by the Supreme Court in 2014.<sup>34</sup>

To answer the above question, the Commission advises that freedom of thought, conscience and religion, as protected by Article 9 ECHR,<sup>35</sup> is an absolute right. However, the right to manifest a belief is qualified and may be restricted where this is prescribed by law, necessary in a democratic society, done for a legitimate aim and where the restriction is proportionate to that aim. The ECtHR has noted that the reason behind the qualification of the right to manifest a belief is the possibility for an individual's practise of their beliefs to impact on others.<sup>36</sup>

There is no definition of religion in the text of the ECHR or the case law of the

<sup>32</sup> ICCPR Article 25, ICESCR Articles 13.1 and 15.1, CEDAW Article 7, UNCRC Article 12 & UNCRPD Article 29.

<sup>33</sup> NIHRC, 'Advice of the Northern Ireland Human Rights Commission to the Northern Ireland Office in respect of the NI (Executive Formation etc.) Act 2019 - Termination of Pregnancy,' September 2019, paras 3.44 – 3.50.

<sup>34</sup> Greater Glasgow Health Board (Appellant) v Doogan and another (Respondents) (Scotland) [2014] UKSC 68

<sup>35</sup> As well as Article 18 ICCPR, Article 14 UNCRC and Article 10 CFR

<sup>36</sup> Eweida and Others v. the United Kingdom, Applications nos. 48420/10, 59842/10, 51671/10 and 36516/10, para 80.

ECtHR although for any personal conviction to attract protection by this right, it must have attained a certain level of cogency, seriousness, cohesion and importance.<sup>37</sup>

Although not every act inspired by belief will reach the level of a 'manifestation', the European Commission has previously ruled that opposition to abortion is a manifestation of belief which will engage Article 9 ECHR.<sup>38</sup>

In respect of the proposed conscientious objection provision, the Commission is of the view that the exclusion of ancillary, administrative and managerial tasks, represents a proportionate restriction on Article 9 ECHR and is in keeping with the Supreme Court's 2014 ruling. The Commission is of the view that allowing a conscientious objection provision in respect of termination *treatment* alone is sufficient to safeguard Article 9 ECHR and reflects the position taken in the rest of the UK.

**Question 12: Do you think any further protections or clarifications regarding conscientious objection is required in the regulations?**

The Commission is of the view that the law is clear as it stands.

**Question 13: Do you agree that there should be a provision for powers which allow for an exclusion or safe zone to be put in place?**

Under the recommendations of the CEDAW Inquiry, the UK Government is required to:

*...protect women from harassment by anti-abortion protestors by investigating complaints, prosecuting and punishing perpetrators.*<sup>39</sup>

In previous advice to the Secretary of State, the Commission noted the issue of exclusion zones and advised that "legislative provision should be made for buffer zones where this is not already possible under the existing law."<sup>40</sup>

<sup>37</sup> Bayatyan v. Armenia [GC], Application no. 23459/03, § 110, ECHR 2011.

<sup>38</sup> Knudsen v. Norway, Application no. 11045/84

<sup>39</sup> CEDAW Committee, 'Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women,' 23 February 2018, para 86(g).

<sup>40</sup> NIHRC, 'Advice of the Northern Ireland Human Rights Commission to the Northern Ireland Office in respect of the NI (Executive Formation etc.) Act 2019 - Termination of Pregnancy,' September 2019, para 3.65.

In line with this advice, the Commission would therefore answer 'yes' to the above question.

The Commission notes the proposal for a consultation process in respect of individual exclusion zones and the right to appeal the introduction of any such zone.<sup>41</sup> While these measures are proportionate in light of the human rights engaged by restrictions on freedom of assembly or freedom of expression, the Commission is concerned that they may lead to undue delay in the protection of women and girls accessing termination services. The Commission notes the recent judgment from the Court of Appeal in England and Wales,<sup>42</sup> which considered the imposition of a Public spaces protection order (PSPO) outside a Marie Stopes Centre. The judgment provides details of the extensive consultation undertaken by the local authority when determining whether to put a PSPO in place, including a 40 page report produced on the basis of the consultation.<sup>43</sup> The Commission notes that the initial petition to ban the protestors was dated 2017 however the PSPO only came into force on 23 April 2018.<sup>44</sup>

The Commission further notes that the relevant PSPO legislation<sup>45</sup> in the above case gives substantial latitude to local authorities when undertaking the necessary consultation. No time frame on consultation is imposed and the local authority is free to consult with 'whatever community representatives' it thinks appropriate.<sup>46</sup>

The Commission advises that the protection of women and girls seeking access to services must be paramount in any consideration of exclusion zones in Northern Ireland. When putting in place any regulations for exclusion zones in NI, the Secretary of State must ensure that any consultation on exclusion zones is focussed, carried out within an expedited and clear time frame and that the process itself cannot be unduly frustrated.

**Question 14: Do you consider there should also be a power to designate a separate zone where protest can take place under certain conditions?**

<sup>41</sup> HM Government, 'A new legal framework for abortion services in Northern Ireland – Implementation of the legal duty under section 9 of the Northern Ireland (Executive Formation etc) Act 2019', Government Consultation, 4 November 2019, pg 28.

<sup>42</sup> *Dulgheriu & Anor v The London Borough of Ealing* [2019] EWCA Civ 1490 (21 August 2019)

<sup>43</sup> *Ibid*, para 14.

<sup>44</sup> *Ibid*, para 15.

<sup>45</sup> Anti-social Behaviour, Crime and Policing Act 2014

<sup>46</sup> *Ibid*, section 72(4)(b)

In case noted above,<sup>47</sup> the court considered the impact of exclusion zones on protestors' and their rights under Articles 9, 10, 11 and 14 ECHR. The court ruled that the imposition of an exclusion zone was 'necessary in a democratic society'<sup>48</sup> and therefore not a breach of these rights. The court further noted the striking impact of the behaviour of protestors on the centre's service users<sup>49</sup> and found that the trial Judge had been entitled to come to the conclusion that the Article 8 ECHR rights of the service users outweighed the rights of the protestors.<sup>50</sup>

In line with the above judgment and the general principle that any restriction on rights should be the least intrusive possible, the Commission advises that a power to designate a separate zone for protest regarding terminations only, is compliant with human rights standards provided that women and girls attending clinics or other healthcare settings are not traumatised by protestors in any way or prevented from accessing services readily.

To that end, any designated zone should be a sufficient distance away from the exclusion zone to ensure that service users and employees are not subject to harassment or other unwanted behaviour. Designated zones should be regularly reviewed, with feedback taken from service users, to confirm that the zones are being appropriately utilised and are fit for purpose.

**Question 15: Have you any other comments you wish to make about the proposed new legal framework for abortion services in Northern Ireland?**

In providing the above advice, the Commission would highlight the recommendations made by the CEDAW Committee in respect of sexual and reproductive health rights and services in Northern Ireland.<sup>51</sup>

The Committee made a number of recommendations, now binding by virtue of section 9 of the Northern Ireland (Executive Formation etc) Act 2019. These recommendations include scientifically sound, rights based counselling on sexual and reproductive services;<sup>52</sup> accessible and affordable sexual and reproductive

<sup>47</sup> [Dulgheriu & Anor v The London Borough of Ealing \[2019\] EWCA Civ 1490 \(21 August 2019\)](#)

<sup>48</sup> [Ibid](#), para 97

<sup>49</sup> [Ibid](#), para 49

<sup>50</sup> [Ibid](#), para 95.

<sup>51</sup> CEDAW Committee, 'Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women,' 23 February 2018, para 86.

<sup>52</sup> [Ibid](#), para 86(a)

health services and products;<sup>53</sup> high-quality abortion and post-abortion care<sup>54</sup> and compulsory age-appropriate, comprehensive and scientifically accurate education for adolescents on sexual and reproductive health and rights.<sup>55</sup>

As per its previous advice to the Secretary of State,<sup>56</sup> the Commission reiterates that, as the Act requires full implementation of the CEDAW Report recommendations, these related issues must be also be addressed in any action taken by the Secretary of State. The Commission recommends that the recommendations of the CEDAW Inquiry in respect of sexual and reproductive health rights and services are fully taken forward.

<sup>53</sup> Ibid, para 86(b)

<sup>54</sup> Ibid, para 86(c)

<sup>55</sup> Ibid, para 86(d)

<sup>56</sup> NIHRC, 'Advice of the Northern Ireland Human Rights Commission to the Northern Ireland Office in respect of the NI (Executive Formation etc.) Act 2019 - Termination of Pregnancy,' September 2019, paras 3.52 & 3.53.