Advocating for Girls' and Women's Health and Human Rights

Advocating for Girls' and Women's Health and Human Rights

How to Contribute to the UN's Selected Bodies for more Conducive Legislation, Regulations and Policies at Country Level

Editors

Chiara Benedetto
MD PhD FCNGOF FEBCOG FRCOG FACOG
Full Professor and Director
Department of Gynecology and Obstetrics
School of Specialization in Gynecology and Obstetrics, the University of Torino
Head, Department of Obstetrics and Gynecology I
Sant'Anna University Hospital
AOU—Città della Salute e della Scienza
Torino, Italy

Ludovica Poli
JD PhD
Researcher, International Rights
Department of Law
University of Torino
Torino, Italy

Contributing-Editors

Fulvio Borella MD
Trainee in Obstetrics and Gynecology
Department of Surgical Sciences
University of Torino
Sant'Anna University Hospital,
AOU—Città della Salute e della Scienza di Torino
Torino, Italy

Annalisa Tancredi MD
Consultant
Department of Obstetrics and Gynecology
Sant'Anna University Hospital
AOU—Città della Salute e della Scienza di Torino
Torino, Italy

Foreword

Professor CN Purandare

FIGO©
International Federation of Gynecology and Obstetrics
the Global Voice for Women's Health

For the FIGO Committee of Women's Health and Human Rights

JAYPEE

JAYPEE BROTHERS MEDICAL PUBLISHERS
The Health Sciences Publisher
New Delhi | London | Panama

Jaypee Brothers Medical Publishers (P) Ltd

Headquarters

Jaypee Brothers Medical Publishers (P) Ltd
4838/24, Ansari Road, Daryaganj
New Delhi 110 002, India
Phone: +91-11-43574357
Fax: +91-11-43574314
Email: jaypee@jaypeebrothers.com

Overseas Offices

J.P. Medical Ltd
83 Victoria Street, London
SW1H 0HW (UK)
Phone: +44 20 3170 8910
Fax: +44 (0)20 3008 6180
Email: info@jpmedpub.com

Jaypee-Highlights Medical Publishers Inc
City of Knowledge, Bld. 235, 2nd Floor
Clayton, Panama City, Panama
Phone: +1 507-301-0496
Fax: +1 507-301-0499
Email: cservice@jphmedical.com

Jaypee Brothers Medical Publishers (P) Ltd
Bhotahity, Kathmandu, Nepal
Phone: +977-9741283608
Email: kathmandu@jaypeebrothers.com

Website: www.jaypeebrothers.com
Website: www.jaypeedigital.com

Advocating for Girls' and Women's Health and Human Rights

First Edition: **2019**

ISBN: 978-93-5270-604-4

Printed at

FIGO Committee for Women's Health and Human Rights (WHHR)

Chiara Benedetto

Jan Elizabeth Christilaw

Seija Grenman

Pio Ivan Gomez

Shaimaa MJ Ibrahim

Silke Mader

Colleen Patricia McNicholas

Stephen Munjanja

Lesley Regan

Hemantha Senanayake

Rubina Sohail

Paulo Felipe Meade Trevino

Dedicated to

The girls and women of the world
who are all dear to us.

FIGO OFFICERS (2015-2018)

Professor CN Purandare (India)
President

Professor Seija Grenman (Finland)
Vice President

Dr Carlos Füchtner (Bolivia)
President Elect

Professor Gian Carlo Di Renzo (Italy)
Honorary Secretary

Dr Ralph W Hale (USA)
Honorary Treasurer

Dr Yirgu Gebrehiowot Ferede (Ethiopia)
Officer

Mr Johan Voss (Holland/UK)
Chief Executive (Ex-officio)

Foreword

This Handbook, which is long overdue, is an essential and invaluable resource for all those wishing to advocate for girls' and women's health and human rights. Indeed, applying a human rights-based approach to healthcare implies shifting away from the passive delivery of services to a culture of accountability for internationally recognized human rights.

The decision taken by the International Federation of Gynecology and Obstetrics (FIGO) and Women's Health and Human Rights (WHHR) Committee to meet the need for guidance in the field of advocacy to improve girls' and women's wellbeing is laudable.

I am particularly grateful to Professor Chiara Benedetto, the Chair of the Committee, for having found a way to turn the idea into reality by gathering together experts in the field of law and human rights, under the guidance of Carola Carazzone, and by producing a text that has found its momentum through the research and efforts of many.

There is little doubt that gynecologists and obstetricians are often witnesses of situations where girls' and women's human rights in the field of healthcare are infringed. They do their best to deal with these issues in a manner that complies with their duties. However, many of them feel that there is a paucity of detailed information that they can refer to when striving to make significant changes in social attitudes, behavior, and awareness.

This Handbook speaks primarily to them and is a tool for their empowerment. Its most immediate value resides in helping the reader to understand what rights-based advocacy and the United Nations mechanisms entail, if we are to implement a human rights-based approach to girls' and women's health. In addition, it gives an overview of the current situation for girls and women in Africa, The Americas, Asia, and Europe.

The editors set out to make the material accessible to the readers and list an important set of issues to consider when planning to take action. Despite the variety of processes and contexts, they deftly raise the practical issues and opportunities that should be considered and identify the core international bodies to interact with at each stage. They provide professional societies of obstetricians and gynecologists with a road map of how to improve women's health and rights and reduce disparities in health care available to women and newborns.

The chapter summary notes remind the readers of the main points to focus on so as to make a significant contribution to the implementation of the Sustainable Development Goals (SDGs) and follow-up processes. In addition, the Annexures make a clear outline of the links between the SDG targets relating to girls' and women's health and rights and corresponding international human rights obligations and provide a calendar of the Universal Periodic Review.

This Handbook clearly deserves to have a very wide readership if we are to meet the SDG and targets.

Professor CN Purandare
MD, MA Obst. (IRL), DGO, DFP, DOBST.RCPI (Dublin)
FRCOG (UK) FRCPI (Ireland), FACOG (USA)
FAMS, FICOG, FICMCH, PGD MLS (Law)
President FIGO
Mumbai, Maharashtra, India

Preface

The world is still struggling with how to best face discrepancies and inequalities in the access to quality health services and the defense of human rights for girls and women to meet the 2030 United Nations Sustainable Development Goals and Targets.

The International Federation of Gynecology and Obstetrics (FIGO) is in a unique position to contribute to the achievement of those Goals and Targets as it brings together professional societies of obstetricians and gynecologists on a global basis. Contributions can be made in various ways, amongst which advocacy has its role to play.

This is why our FIGO Committee for Women's Health and Human Rights decided to prepare this Handbook to help FIGO Member, National Societies of Obstetricians and Gynecologists engage in rights-based advocacy, prompting governments to take steps in achieving girls' and women's health and rights. More specifically, it provides a detailed description of how to effectively use selected United Nations human rights mechanisms to advance girls' and women's health and rights at national levels.

The Handbook project was made possible thanks to the human-rights expert, Carola Carazzone, having accepted the challenge to lead the members of the research team, from the Faculty of Law of the University of Torino, Italy, who dedicated themselves to the collection and analysis of the data. Silvia Mazzarelli and Ludovica Poli, two other experts in the field, also gave invaluable contributions. I am grateful to all of them for the passion they put into this feat.

Hopefully, this Handbook will become a user-friendly advocacy tool for FIGO Member Societies, who wish to contribute to the UN's selected Bodies for more conducive legislation, regulations, and policies to sustain girls' and women's health and human rights.

Professor Chiara Benedetto
MD PhD FCNGOF FEBCOG FRCOG FACOG
Chair
FIGO Committee for
Women's Health and
Human Rights

Acknowledgments

We thank the "Medicine Tailored to the Woman" Foundation NPO (Fondazione "Medicina a Misura di Donna" ONLUS), deeply involved in women's health and human rights advocacy, for the financial and professional support which enabled the work of researchers from the Department of Law of the University of Torino: Carola Bernardo, Andreina De Leo, Stefania Gerbaldo, Luca Imperatore, Livia Lainati, Pierre Mingozzi, Federica Sanna, and Stella Spatafora. To each of them goes our gratitude for their enthusiasm and dedication in collecting and analyzing the data.

We would like to thank Shri Jitendar P Vij (Group Chairman), Mr Ankit Vij (Managing Director), Ms Chetna Malhotra Vohra (Associate Director–Content Strategy), and all the staff of M/s Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, India, for their efforts and input enabling timely publication of the book.

Contents

Abbreviations

CAT:	Convention against Torture and other Cruel, Inhumane or Degrading Treatment of Punishment
CCPR:	Committee for Civil and Political Rights
CED:	Committee on Enforced Disappearances
CEDAW:	Committee on the Elimination of Discrimination against Women
CEFM:	Child, Early and Forced Marriage
CERD:	Committee for the Elimination of Racial Discrimination
CESCR:	Committee on Economic, Social and Cultural Rights
CMW:	Committee on Migrant Workers
CRC:	Committee on the Rights of the Child
CRPD:	Convention on the Rights of Persons with Disabilities
CSE:	Comprehensive Sexuality Education
FGM/C:	Female Genital Mutilation/Cutting
FIGO:	International Federation of Gynecology and Obstetrics
HRC:	Human Rights Council
ICPPED:	International Convention for the Protection of All Persons from Enforced Disappearance
ICCPR:	International Covenant on Civil and Political Rights
ICEDAW:	International Convention on the Elimination of Discrimination against Women
ICERD:	International Convention on the Elimination of All Forms of Racial Discrimination
ICESCR:	International Covenant on Economic, Social and Cultural Rights
ICMW:	International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
ICPD:	International Conference on Population and Development
MHM:	Menstrual Hygiene Management
NGO:	Nongovernmental Organization
NHRI:	National Human Rights Institutions
OHCHR:	Office of the United Nations High Commissioner for Human Rights
SDGs:	Sustainable Development Goals
SRHR:	Sexual and Reproductive Health and Rights
SuR:	State under Review
UPR:	Universal Periodic Review
UN:	United Nations
WHO:	World Health Organization

Introduction

Carola Carazzone, Silvia Mazzarelli and Chiara Benedetto

"Without women, the Global Goals won't see the light of the Day."
Dr Alaa Murabit, SDG Global Advocate

In September 2015, 193 countries from all over the world adopted **the new Agenda for Sustainable Development (Agenda)**, which **sets 17 goals** and **169 targets to be met by 2030**. The Sustainable Development Goals (SDGs) provide an unprecedented opportunity for the international community to work together toward a common vision of a better world that places people and the planet at the center and that advances human rights and gender equality for all, a better world in which "no one is left behind". [1]

Indeed, **the new Agenda** is **firmly grounded on international human rights** standards and puts the principles of nondiscrimination and equality for all in first place. The SDGs are universal and apply to all countries. They are linked to one another and mutually reinforcing.

A successful Agenda requires action from all stakeholders, ranging from Governments and United Nations (UN) agencies, to the private sector, civil society, and faith communities. Working in partnerships, including multi-stakeholders, is desirable, as it can accelerate the achievement of these shared goals and targets.

Although no one single goal is more important than another, countries pay more attention to some SDGs rather than others, depending on a variety of factors, including their national priorities, capacities, and political will.

According to Dr Alaa Murabit, UN High-Level Commissioner on Health Employment and Economic Growth and one of the 17 SDG Global Advocates appointed by the UN Secretary-General, there are **three thematic areas that underpin the entire 2030 Agenda** and that "when they intersect, can completely transform the world".[2] These areas are **education, health care**, and **gender equality**.

The International Federation of Gynecology and Obstetrics (FIGO), established in July 1954, **is the only organization that brings together professional societies of obstetricians and gynecologists on a global basis** and is dedicated to the improvement of women's health and rights and to the reduction of disparities in health care available to women and newborns, as well as to advancing the science and practice of obstetrics and gynecology.[3]

Therefore, FIGO and its 130 Member Societies of obstetricians and gynecologists worldwide[4] **can** significantly **contribute** to the thematic areas highlighted by Dr Murabit and,

particularly, **to the achievement of the SDGs and targets related to sexual, reproductive, maternal, and neonatal health**.

The Agenda contains two targets specifically addressing Sexual and Reproductive Health and Rights (SRHR) and access to health services.

- Target 3.7 provides: "*By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.*"
- Target 5.6 provides: "*Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.*"

It also contains the following two specific targets on maternal and neonatal health:

- Target 3.1 provides: "*By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.*"
- Target 3.2 provides: "*By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.*"

The Agenda for Sustainable Development also addresses other issues connected to these targets. Gender equality, for example, is embedded as a cross-cutting issue and also addressed in a stand-alone goal (Goal 5).

Other themes in the Agenda that cut across girls' and women's health include female genital mutilation/cutting, child marriage and other harmful practices, gender-based violence, discrimination, and poverty.

The International Federation of Gynecology and Obstetrics and its Member Societies can contribute to the achievement of these targets **in a variety of ways**, from producing and sharing **scientific information** on these issues, to raising **public awareness** and, last but not least, by **advocating for the promotion and protection of girls' and women's health and human rights**.

Indeed, Chapter 1 of this Handbook explores the opportunities open to FIGO and its Member Societies to engage in such advocacy processes.

Chapter 2 describes the human rights mechanisms of the UN human rights system and provides some advice and recommendations on how to effectively engage with them.

Chapter 3 analyzes the right to health from a human rights-based perspective and then applies a human rights-based and gender-transformative approach to girls' and women's health.

Chapter 4 provides an overview of the condition of girls' and women's health in each region of the world, identifies some of the main matters of concern highlighted in the documents on human rights mechanisms, and a selection of recommendations made by treaty bodies to the States under review.

Summary notes, recommendations, along with some useful tools in Annexures, are provided to be used by FIGO Member Societies to inform and develop their rights-based advocacy strategy.

REFERENCES

1. United Nations Sustainable Development Goals. About the Sustainable Development Goals. [online] Available from: http://www.un.org/sustainabledevelopment/sustainable-development-goals. [Accessed August, 2018].
2. United Nations Sustainable Development Goals. "Without women, the Global Goals won't see the light of day". Available from http://www.un.org/sustainabledevelopment/blog/2017/07/without-women-the-global-goals-wont-see-the-light-of-day/2017. [Accessed August, 2018].
3. FIGO. FIGO Vision, Mission and Commitments. [online] Available from https://www.figo.org/figo-vision-mission-and-commitments. [Accessed August, 2018].
4. FIGO. Our Members. [online] Available from: https://www.figo.org/our-members. [Accessed August, 2018].

CHAPTER 1

Rights-based Advocacy

Carola Carazzone, Silvia Mazzarelli

The Sustainable Development Agenda, despite having reached global consensus and being firmly grounded in international human rights standards, is not legally binding. Moreover, the existing mechanisms for monitoring its implementation by States are relatively weak.[1]

However, **under international human rights law, States are obliged to uphold numerous commitments**. Indeed, when a State ratifies an international treaty, it commits itself to protect, respect, and fulfill the obligations set out in that treaty.[2] To do so, **Governments have to implement domestic measures and legislative frameworks in accordance with their treaty obligations**.

Three types of State obligations:

1. *Respect*: Refrain from interfering directly or indirectly with the enjoyment of the rights set out in the treaty.
2. *Protect*: Prevent third parties from interfering with the rights set out in the treaty.
3. *Fulfill*: Adopt appropriate measures (legislative, administrative, judicial, etc.) to facilitate the enjoyment of the rights set out in the treaty.

To date, there are **nine core international human rights treaties**, also called *"the core human rights instruments".* Some of these treaties are **supplemented by** *"Optional Protocols",* **which provide additional substantive rights**. However, as these protocols are facultative, State parties to the treaty may decide not to ratify them. In addition, **other universal instruments** relating to human rights **are available online**.[3]

It is important to mention that some States have made reservations to various articles of the international human rights treaties. That is, they do not agree with some specific provisions, although they have ratified the treaty.

International human rights law defines the relationship between States that voluntarily accept the obligations in human rights treaties *as "duty-bearers"* **of human rights, and people** living in those States **as** *"rights-holders".* The primary responsibility to ensure the enjoyment of human rights by all rights-holders rests with the Government. As aforementioned, this is more than a responsibility; it is a legal obligation.

However, to ensure this happens, all rights-holders, especially the most vulnerable and marginalized, must be fully aware of their rights and be empowered enough to claim for them and to hold Governments accountable for breaches of human rights. Similarly, governments

need to understand what their obligations are and have the capacity to meet them. In doing so, they should be supported by other stakeholders, including those that share some level of responsibility with them. Society as a whole has a significant role to play in the implementation of human rights.

This is what is called a *"human rights-based approach"* **to development:** *"A conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights".*[4]

It is a **transformative approach** in as much as it is guided by human rights principles and addresses the inequalities, discriminatory practices, and unjust power relations that are at the heart of many of the world's major injustices. **With this approach, the duty-bearers and the rights-holders play an active role in development**.

It took decades for the **United Nations System** to get to a *"Common Understanding"*[5] **of the human rights-based approach to human development**. The World Conference on Human Rights in Vienna in 1993 was a turning point that accelerated the debates of the international community on the link between human rights and development.

Human rights-based approach UN common understanding:

1. All programs of development cooperation, policies, and technical assistance should further the realization of human rights, as laid down in the Universal Declaration of Human Rights and other international human rights instruments.
2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process.
3. Programs of development cooperation contribute to the development of the capacities of "duty-bearers" to meet their obligations and of "rights-holders" to claim their rights.

Although it was born within the United Nations System, nowadays, the human rights-based approach is the guiding framework for many other organizations, including multilateral and nongovernmental ones.[6]

As aforementioned, States' accountability is a core characteristic of this approach.

HOW ARE STATES' PARTIES LEGAL OBLIGATIONS MONITORED AND WHO IS RESPONSIBLE FOR THIS?

Monitoring and accountability takes place at different levels (national, regional, and international) and involves a variety of actors, including the State itself, national human rights institutions, civil society organizations, and international bodies. Civil society actors, in particular, can play a crucial role in the follow-up and implementation of human rights.

Indeed, **precise mechanisms have been established to monitor the implementation of each one of the nine core international human rights treaties implementation by State parties**.

When a Government ratifies a treaty, it agrees to be reviewed periodically and to be held accountable by these mechanisms. Noncompliance by a State party can negatively affect the State's reputation within the international community. **These mechanisms constitute the so-called** *"International Human Rights Protection System".*

Table 1.1 lists the nine core human rights instruments and their monitoring bodies.

In addition, **all Governments**, including those that have not ratified one or more human rights treaties, **regularly review each other's fulfillment of human rights, through a** *"peer review"* **mechanism,** known as the **Universal Periodic Review (UPR) of the Human Rights Council.**

Chapter 2 provides more details on the structure and functioning of these international mechanisms, especially on what opportunities there are for non-State actors' engagement to contribute to monitoring and accountability.

Many of the nine core human rights treaties contain legal obligations directly or indirectly relating to girls' and women's health. Ensuring that States protect, respect, and fulfill those obligations accelerates the achievement of the sustainable development goals (SDGs) and targets. **Non-State actors dedicated to the improvement of women's health and well-being can significantly contribute to strengthening States' accountability and hold Governments accountable** for breaches of girls' and women's human rights.

Table 1.1: The nine core human rights instruments and monitoring bodies.

Date of adoption	*International human rights instruments*	*International human rights treaty bodies (monitoring bodies)*
21 December 1965	International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)	Committee for the Elimination of All Forms of Racial Discrimination (CERD)
16 December 1966	International Covenant on Civil and Political Rights (ICCPR)	Committee for Civil and Political Rights (CCPR)
16 December 1966	International Covenant on Economic, Social and Cultural Rights (ICESCR)	Committee on Economic, Social and Cultural Rights (CESCR)
18 December 1979	International Convention on the Elimination of All Forms of Discrimination against Women (ICEDAW)	Committee on the Elimination of Discrimination against Women (CEDAW)
10 December 1984	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)	Committee against Torture (CAT) Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), established pursuant to the Optional Protocol of the Convention against Torture (OPCAT)
20 November 1989	Convention on the Rights of the Child (CRC)	Committee on the Rights of the Child (CRC)
18 December 1990	International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICMW)	Committee on Migrant Workers (CMW)
20 December 2006	International Convention for the Protection of All Persons from Enforced Disappearance (ICPPED)	Committee on Enforced Disappearances (CED)
13 December 2006	Convention on the Rights of Persons with Disabilities (CRPD)	Committee on the Rights of Persons with Disabilities (CRPD)

This is why, a global player like The International Federation of Gynecology and Obstetrics (FIGO), together with its Member Societies, should engage in international "rights-based advocacy" to make a difference at a country level.

To use the robust existing human rights mechanisms is potentially the most effective way to inform, support, and enforce the "nonbinding" Sustainable Development Agenda. By strategically aligning girls' and women's health-related SDG targets with legal obligations stipulated in human rights treaties, FIGO and its Member Societies can strengthen Governments' accountability in delivering the SDG commitments and protecting girls' and women's human rights.

Annexure 1 of this Handbook underlines the links between the SDG targets and the corresponding human rights obligations in the areas of sexual and reproductive health and rights, maternal and neonatal health, etc., that are most relevant to FIGO. The table can be used to inform and prepare advocacy strategies.

The **rationale for the engagement of FIGO and its Member Societies in international human rights-based advocacy** is based on the need for:

- Collaborative efforts to advance girls' and women's health and rights to reach the SDGs
- Organizations' commitment to apply the international human rights mechanism recommendations as powerful tools to support and shape local action[7]
- Actors like FIGO to provide independent, scientific, reliable information about the condition of girls' and women's rights related to health. FIGO and its Member Societies can also partner with other non-State actors and provide them with research material that can be used for evidence-based advocacy.

Indeed, FIGO can take advantage of its intellectual and scientific capital to obtain a higher level of respect, protection and fulfillment of girls' and women's sexual, reproductive, maternal health, and rights, **at global and national levels**.

REFERENCES

1. High-level Political Forum on Sustainable Development. [online] Available from: https://sustainabledevelopment.un.org/hlpf. [Accessed August, 2018].
2. OHCHR. [online] Available from http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx. [Accessed August, 2018].
3. OHCHR. [online] Available from: http://www.ohchr.org/EN/ProfessionalInterest/Pages/UniversalHumanRightsInstruments.aspx. [Accessed August, 2018].
4. Office of the United Nations High Commissioner for Human Rights, Frequently Asked Questions on a Human Rights-based Approach to Development Cooperation, United Nations, 2006.
5. The Human Rights-Based Approach to Development Cooperation. Towards a Common Understanding Among the United Nations Agencies. Second Inter-Agency Workshop, Stamford, United States of America, May 2003. [online] Available from: http://hrbaportal.org/the-human-rights-based-approach-to-development-cooperation-towards-a-common-understanding-among-un-agencies. [Accessed August, 2018].
6. Applying a HRBA to Developing Cooperation and Programming: A UNDP Capacity Development Resource, UNDP, September 2006.
7. Office of the High Commissioner for Human Rights (OHCHR), Civil Society Space and The United Nations Human Rights System: A Practical Guide for Civil Society, United Nations, October 2014.

CHAPTER 2

United Nations Human Rights Mechanisms

Carola Carazzone, Silvia Mazzarelli

INTRODUCTION

International human rights law obliges States to respect, implement, and enforce the treaty bodies they have ratified at a national level. **Mechanisms and bodies have been established within the United Nations' System to monitor the States' overall compliance with human rights law**. These UN bodies adopt findings, recommendations, and decisions aimed at closing human rights gaps and indicate how States, supported by other stakeholders, can move toward the full enjoyment of human rights.

Human rights can and should be enforced domestically through national human rights mechanisms or court systems, when these rights are incorporated into domestic law. However, in some cases, where domestic legal proceedings fail to address human rights violations, mechanisms and procedures for individual complaints or communications are available at regional and international levels.

The UN human rights **monitoring mechanisms** can be classified into **two main categories***:*

1. **UN Charter-based bodies and procedures** and
2. **Treaty-based bodies and procedures.**

The former derive from provisions in the Charter of the United Nations (UN); the latter are bodies created under international human rights treaties. **These two mechanisms complement each other.**

In general terms, human rights mechanisms work through **monitoring** and **accountability cycles** that can be summarized in the following **phases**: **Information gathering**; **reporting** to the human rights mechanism (UN Charter-based or Treaty-based), **dialogue** with the State involved, **recommendations** by the human rights body to the State, and the **implementation** of recommendations **and follow-up** by the State involved.[1]

The Office of the United Nations High Commissioner for Human Rights (OHCHR) has published various resources and practical guides on these mechanisms, including, among others: a guide on human rights monitoring and follow-up,[1] a fact sheet on the UN human rights treaty system,[2] a handbook for civil society engagement with human rights mechanisms,[3] and a practical guide on the universal periodic review (UPR).[4]

These resources, all **available online at the OHCHR webpage**, can help to build or strengthen the rights-based advocacy capacities of FIGO's Member Societies.

UNITED NATIONS CHARTER-BASED BODIES: THE HUMAN RIGHTS COUNCIL'S UNIVERSAL PERIODIC REVIEW AND SPECIAL PROCEDURES

The UN Charter-based bodies are the Human Rights Council (HRC) and its subsidiaries, and the special procedures.

The **Human Rights Council (the Council),** which replaced the Commission on Human Rights in 2006, is a **Charter-based body**, as it was established by General Assembly resolution, under the UN Charter.

The Council is an intergovernmental body, **made up of 47 elected UN Member States** who serve for an initial period of 3 years, and cannot be elected for more than two consecutive terms. The Council is **responsible for strengthening the promotion and protection of human rights worldwide** and **for addressing human rights violations and making recommendations on them**. It **meets in Geneva** in **regular sessions** three times per year, and in **special sessions** when the need arises. **It reports to the UN General Assembly**.

Universal Periodic Review

The **Universal Periodic Review** (UPR) is a unique process that involves a review of the human rights records of all UN Member States. The UPR **is a state-driven process, under the auspices of the Human Rights Council, which provides the opportunity for each State to declare what actions they have taken to improve the human rights situations in their countries and to fulfill their human rights obligations**.

The main principles inspiring the UPR are the need to promote universality, interdependence, and indivisibility of all human rights, as well as constructive, transparent, nonconfrontational accountability mechanisms. It also intends to ensure universal coverage and equal treatment of all States, as well as the participation of all relevant stakeholders, including nongovernmental organizations (NGOs), UN agencies, and National Human Rights Institutions (NHRIs). Therefore, **it creates a unique platform for policy dialogue** between Governments, civil society, and other relevant stakeholders.

The **outcomes of the review** are **a document with recommendations** made to the State under Review (SuR) by the reviewing States; the **response** of the SuR to the recommendations, as well as **any other voluntary commitment** by the State.

Currently, the UPR **operates on a 5-year review cycle**. Forty-two States are reviewed each year during three 2-week sessions of the HRC's UPR working group (14 States each session). The **UPR working group is made up of the 47 members of the Council. Each State review is assisted by** a group of **three States**, known as *"troika,"* who serve as **rapporteurs**.

Figure 2.1 shows the three stages of the UPR process: reporting, review, and implementation.[5]

Stage 1: Reporting

The process starts with the preparation of the **presession documents** by the SuR and other stakeholders.

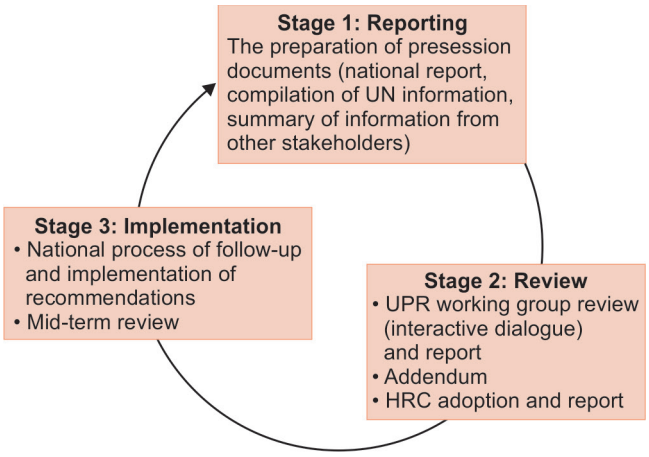

Fig. 2.1: The three stages of the universal periodic review (UPR) process. The UPR is a circular human rights monitoring process that promotes continuous accountability by member States.
(HRC: Human Rights Council)

- The **national report** prepared by the SuR
- The **compilation of UN information** prepared by OHCHR, which includes information from special procedures, human rights treaty body reports, and other relevant UN documentation
- The **summary of information** received from other stakeholders (including NHRIs, NGOs, and other civil society actors), also prepared by the OHCHR.

Stage 2: Review

The review **takes place during a meeting of the UPR Working Group**, chaired by the HRC President. It **starts with the SuR presenting the situation** of human rights in the country and is then **followed by an interactive discussion** (also called *"interactive dialogue"*) between the SuR and other UN Member States, which lasts 140 minutes. During the interactive dialogue, any UN member State can ask questions and make recommendations to the SuR.

After the interactive dialogue, the outcome report is prepared by the **troika**, with the participation of the SuR and assistance from the OHCHR. The outcome report includes **a summary of the review, recommendations by States**, and **voluntary commitments** presented **by the SuR**. Thirty minutes are allocated to adopt each outcome report by the working group session, during which time the SuR has the opportunity to indicate whether it supports the recommendations made by the member States or note them. It can also make voluntary pledges. Both accepted and noted recommendations are included in the report (the so-called *"addendum"* to the working group report).

The report and addendum then have to be adopted at a plenary session of the HRC. In the period between the working group session and the HRC plenary session, the SuR is expected to confirm which recommendations it accepts and which it does not. During the plenary session, an hour is allocated to the adoption of each document. The SuR can present replies to questions or issues not sufficiently addressed during the interactive dialogue, while

member states, NHRI and NGOs with Economic and Social Council (ECOSOC) status and other stakeholders can express their opinion and make general comments. **This is the only opportunity for civil society to take the floor during the review stage**.

Stage 3: Implementation

The implementation phase starts once the final outcome report has been adopted by the HRC. **States have the primary responsibility to implement the recommendations contained in the outcome document over the following 4 and a half years** and are encouraged to provide the council with a mid-term update on how they followed-up in order to meet the recommendations and voluntary commitments they accepted. This is feasible only if monitoring systems are in place at a national level.

Nongovernmental organizations can contribute to each of the three stages of the UPR process.

Universal periodic reviews **are a unique opportunity for FIGO and its member societies to advance girls' and women's health at intergovernmental and national levels.**

Table 2.1 identifies concrete opportunities for participation and provides advice and recommendations to FIGO Member Societies so that they can effectively engage with this monitoring mechanism.[6,7]

Special Procedures

Special Procedures of the HRC are independent mechanisms established and mandated by the HRC to address issues of concern worldwide. An important characteristic of these monitoring mechanisms is that **they can address human rights situations** at a worldwide level, **even if a country has not ratified a particular human rights instrument**.

Persons appointed to the special procedures (**mandate-holders**) **are** independent human rights experts and are known as **special rapporteurs, independent experts, or members of working groups.**

Usually, thematic mandates are renewed every 3 years, while country mandates are renewed every year. Mandate-holders can serve in their capacity for a maximum of 6 years.

Although the mandates are defined in the resolution that creates them and may vary a little, mandate-holders usually monitor, examine, report, and advice either on human rights situations in specific countries (**country mandates**) or on major human rights issues (**thematic mandates**).

More specifically, they **can**:

- Monitor the situation of human rights issues in countries, through official visits and the elaboration of visit reports with recommendations;
- Contribute to the development and strengthening of international human rights standards, through the elaboration of thematic studies or the organization of expert consultations;
- Raise public awareness on specific human rights issues;
- Act on complaints of alleged human rights violations by sending communications.[8]

As to the latter, the mandate-holders can receive information on allegations of human rights violations from individuals or NGOs, the so-called "*complaints procedure,*" irrespective

Table 2.1: Opportunities for FIGO and its member societies to participate in the UPR cycle.

Stages	*Opportunities for NGO participation and engagement*	*Advice for FIGO and* its member societies
Stage 1: Reporting	1.1: NGOs can contribute to the elaboration of the national report prepared by the SuR	1.1.1: Check the calendar of the UPR third cycle (2017–2021) and the tentative deadline for the submission of the national report by the SuR. This information is available at: http://www.ohchr.org/Documents/HRBodies/UPR/UPR_3rd_cycle.pdf 1.1.2: Check if national consultations will take place in your country, to gather information for the elaboration of the national report. If so, make sure you participate in those consultations. Focus on how the State has implemented the recommendations in the outcome report of the previous UPR cycle, on key issues related to girls' and women's health and human rights, especially those related to sexual, reproductive, maternal and neonatal health, and rights.[7] The outcome reports of the previous cycle are available at: http://www.ohchr.org/EN/HRBodies/UPR/Pages/Documentation.aspx
	1.2: NGOs can submit information to the OHCHR, to be incorporated into the summary of stakeholders document	1.2.1: Prepare your submission of information to OHCHR. Bear in mind that the summary of information is a 10-page document. Therefore, try to be as concise as possible (between 5 and 10 pages). Focus on the situation of national legal frameworks, policies, and allocation of resources to issues of sexual and reproductive, maternal, and newborn health. Look at the national and subnational levels. Check if your State has made reservations to international human rights instruments. If so, recommend that the reservations are lifted. Make robust recommendations, based on evidence. Remember that NGOs have to send their submissions before the State submits its national report. Although NGOs cannot respond to State's views, they can highlight issues to be discussed during the interactive dialogue. 1.2.2: Consider preparing a joint submission of information in partnership with other civil society groups concerned with the enjoyment of SRHR and maternal & newborn rights. Although there is no formal template for NGO submissions to the UPR, it is advisable to use the template that OHCHR has developed for its summary (use the same headings). Make precise, specific, action-oriented, and easy-to-monitor recommendations to the SuR. Look at the OHCHR guidelines for submission for more detailed information on how to prepare the document.

Contd...

Contd...

Stages	*Opportunities for NGO participation and engagement*	*Advice for FIGO* and its member societies
Stage 2: Review	2.1: NGOs can attend the review of the State at the Working Group on UPR, although they cannot take part in the interactive dialogue	2.1.1: If possible, attend the review of the State at the working group in Geneva. Organize side-events in partnership with other civil society organizations focusing on girls' and women's health and rights.
	2.2: NGOs can attend the plenary HRC session.	2.2.1: Look at the list of recommendations of the outcome report. Approach your government to lobby for voluntary commitments on matters not covered by recommendations. 2.2.2: As soon as possible (before the interactive dialogue) contact the delegations of Member States who will participate in the interactive dialogue and encourage them to propose recommendations on the issues you have prioritized in the area of SRHR and maternal and newborn rights.
	2.3: NGOs with ECOSOC-status can make "general comments" before the adoption of the final outcome report and can submit written statements under HRC agenda item 6	2.3.1: Approach NGOs with ECOSOC-status focusing on SRHR and maternal and newborn rights and ask them to include in their intervention during the plenary session of the Human Rights Council comments on matters that concern you the most.
Stage 3: Implementation	3.1: NGOs can follow-up the implementation of the UPR recommendations	3.1.1: Disseminate broadly the UPR outcome report in your country. 3.1.2: Analyze the report and identify the recommendations on sexual, reproductive, maternal, and neonatal health. 3.1.3: Support the government in developing its national implementation plan, with a clear timeframe and strong indicators. 3.1.4: Assess progress on a regular basis. Consider using the media, including social media, to increase your reach and draw attention to recommendations of FIGO's interest. Consider monitoring progress in partnership with other civilsociety organizations. Coalitions have proven to be more effective in monitoring human rights commitments. 3.1.5: Lobby with your Government for the submission of a mid-term report and ensure that it informs on actions taken to implement the recommendations on sexual, reproductive, maternal and neonatal health, and other linked human rights.

(ECOSOC: Economic and Social Council; FIGO: International Federation of Gynecology and Obstetrics; HRC: Human Rights Council; NGO: Nongovernmental Organization; OHCHR: Office of the United Nations High Commissioner for Human Rights; SuR: State under Review; SRHR: Sexual and Reproductive Health and Rights; UPR: Universal Periodic Review)

of whether an alleged victim has exhausted domestic remedies or whether the State has ratified an international human rights instrument.

If the information is considered credible and reliable by the mandate-holder, it can be brought to the Government's attention through a written communication in the form of a "*letter of allegation*" or "*urgent appeal*" if the human rights violation is ongoing, or even in the form of a "*concern*" relating to pieces of legislation, policies, or practices that do not comply with international human rights standards.

Although the procedure is not a quasi-judicial proceeding, that is, the mandate-holders do not have the authority and power to enforce their communications through the justice system, the mechanism can put significant political pressure on States to prevent or end the alleged violation of human rights. Indeed, every year, mandate-holders have to report to the Human Rights Council and most of them also to the UN General Assembly.[9]

Table 2.2 illustrates the **special procedures that FIGO and its member societies may consider engaging in**, as they cover issues relating to girls' and women's health.[10]

There are **various ways non-state actors**, including NGOs, **can engage in special procedures** and contribute to their mandate.

Table 2.3 describes some of these **opportunities and provides advice and recommendations for FIGO and its member societies**. Additional resources with more information are available online at the OHCHR webpage.[11]

Table 2.2: List of the special procedures that FIGO and its member societies may consider engaging in, as they cover issues relating to girls' and women's health.

Special procedure	*Date of establishment of mandate and resolution*	*Human rights expert that currently holds the mandate*[10]
Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health	• Established in 2002 • Extended in 2016 through HRC resolution A/HRC/RES/33/9	Dainius Puras from Lithuania *srhealth@ohchr.org*
Special Rapporteur on violence against women, its causes, and consequences	• Established in 1994 • Extended in 2016 through HRC resolution A/HRC/RES/32/19	Dubravka Simonovic from Croatia *vaw@ohchr.org*
Special Rapporteur on the sale and sexual exploitation of children, including child prostitution, child pornography, and other sexual abuse material	• Established in 1990 • Extended in 2017 through HRC resolution A/HRC/RES/34/16	Maud De Boer-Buquicchio from Netherlands *srsaleofchildren@ohchr.org*
Independent expert on protection against violence and discrimination based on sexual orientation and gender identity	• Established in 2016 by HRC resolution A/HRC/RES/32/2	Víctor Madrigal-Borloz from Costa Rica *ie-sogi@ohchr.org*

(FIGO: International Federation of Gynecology and Obstetrics; HRC: Human Rights Council)

Table 2.3: Opportunities for FIGO and its member societies to engage in special procedures.

Opportunities for NGO participation and engagement with special procedures	*Advice and recommendations for FIGO and its member societies*
NGOs can submit to Special Procedures cases of alleged human rights violations or provide information on specific human rights concerns	• FIGO and its member societies could consider submitting information on alleged violations of human rights relating to girls' and women's health, in particular sexual and reproductive health and rights, maternal health, and neonatal health. • Information has to be submitted either via email to urgent-action@ohchr.org or by completing an online form available at https://spsubmission.ohchr.org/ • Please bear in mind that only complete, reliable, and credible information will be taken into consideration. Submissions should always include. – Who is the alleged victim(s) individual(s), community group; – Who is the alleged perpetrator(s) of the violation; – Information of the person(s) or organization(s) submitting the information; – Date, place and detailed description of the circumstances of the incident(s) or the violation; – Informed consent of the alleged victim(s). • Clearly mention if the name of the alleged victim(s) should not be included in the communication to the alleged perpetrator or in the public report to the HRC. Otherwise, the name(s) will be included (except in the case of children).
NGOs can provide support for official country visits or invite mandate-holders to participate in their own initiatives	• Check if your State has issued standing invitations to the aforementioned—Special Procedures. Information on standing invitations is available online at: http://spinternet.ohchr.org/_Layouts/SpecialProceduresInternet/StandingInvitations.aspx • Propose to mandate-holders that they request a visit to your country and provide substantive information to justify a visit or lobby your Government to extend an invitation for a country visit by one of the aforementioned experts. • Once a visit has been scheduled, send written information on girls' and women's right to health to the mandate-holder, with an emphasis on sexual and reproductive health, maternal, and neonatal health. As detailed in Chapter 3, information on the availability, acceptability, and quality of health services, goods, and facilities should be included, as well as the underlying determinants for girls' and women's health in the country in question (including gender-based violence, discrimination, harmful practices, among others). Bring the mandate-holders attention to specific groups of population in situations of exclusion and vulnerability, including girls and adolescents, persons with disabilities, LGBTI, women with HIV/AIDS, and migrant or refugee women. • Mandate-holders always include meetings with a variety of stakeholders in their official visits, including members of civil society organizations and academic institutions. Ensure that members of the FIGO's National Society of Obstetricians and Gynecologists are invited to those meetings. • Once the visit has been completed, the mandate-holder releases a report with major concerns and specific recommendations for action. After the report has been released, disseminate it widely in your country and follow-up the implementation of the recommendations. You can also propose, participate, or even organize follow-up events.

Contd...

Contd...

Opportunities for NGO participation and engagement with special procedures	*Advice and recommendations for FIGO and its member societies*
Nominate candidates as special procedures mandate-holders	• Check online when nominations for mandate-holders of the above-mentioned special procedures are open. • Identify human rights experts in your country in the field of girls' and women's health and rights that could hold one of the four mandates in an outstanding way, and nominate them. Most likely these experts can be identified within FIGO's Professional Societies of Obstetricians and Gynecologists.

(FIGO: International Federation of Gynecology and Obstetrics; NGO: Nongovernmental Organization; LGBTI: Lesbian, gay, bisexual, transgender, and intersex; HIV: Human immunodeficiency virus; AIDS: Acquired immunodeficiency syndrome)

THE HUMAN RIGHTS TREATY BODIES

The human rights treaty bodies are committees of independent human rights experts, nominated and elected by State parties for a period of 4 years, renewable to another term of 4 years.

Treaty bodies **perform a number of functions** in accordance with the provisions of the treaties that established them.

Consideration of State Parties' Periodic Reports

The **primary mandate**, common to all treaty bodies, is **to monitor the implementation of the relevant treaty by reviewing the reports submitted periodically by State parties**. Indeed, as aforementioned in this Handbook, when a State ratifies a treaty, it accepts to submit periodic reports to the relevant treaty body on how the rights defined by the treaty are being implemented in the country and provide information on any challenge they have encountered, as well as on the measures the State has put in place to overcome them.

Each State party submits an **initial report** after the treaty has entered into force in the country (usually 1–2 years after the ratification). After the initial report, State parties are required to submit **periodical reports**, focusing on the progress and challenges during the reporting period. The periodicity of the reports varies from treaty to treaty (4–5 years).

Figure 2.2 outlines the four stages of the reporting cycle that are **common to all treaty bodies**: submission of report; presessional working groups and a list of issues; constructive dialogue and adoption of concluding observations; implementation of recommendations and follow-up.

Although the reporting process differs from treaty to treaty, it should always be perceived as an ongoing process and cycle, exactly as in the case of other UN human rights mechanisms.

Briefly, the cycle starts with the **State party** submitting its **report** to the treaty body through the OHCHR. State reports are made up of two parts: a common core document with general information on the promotion and protection of human rights in the country and the treaty-specific documents.[12]

On the basis of the State report, the Committee usually prepares a "*list of issues*," identifying matters of concern and questions to be answered in writing by the State party. This usually

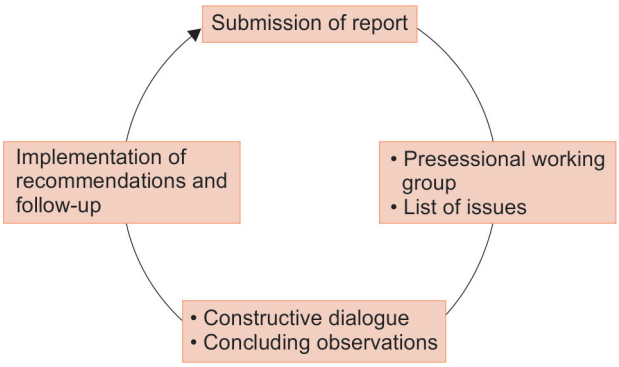

Fig. 2.2: Stages of treaty bodies reporting cycle.

happens during a **presession of the Committee's working group** that is tasked with the preparation of the list of issues.

Once the answer to the list of issues has been received, a public face-to-face "*constructive dialogue*" takes place between the committee members and the State party's delegation. The dialogue between the committee and States parties is held in public and is usually webcasted live.[13]

On the basis of that dialogue, the committee adopts and publishes the "*concluding observations*" as to the status of the treaty in that State, with concrete recommendations to the State party. The review stage ends with the adoption of the concluding observations and the **implementation and follow-up** phase starts. Indeed, in the following cycle, the State is to report on how it has implemented the recommendations made by the committee.

Some treaty bodies have established procedures to ensure that State parties take immediate action on the recommendations made in the concluding observations. Indeed, the concluding observations made by CAT, CERD, CCPR, CEDAW, and CED request that the State reports back within 1 year (or two, in the case of CEDAW) on the measures taken to implement priority recommendations or concerns, without waiting for the next cycle to start.

There are opportunities for civil society actors to engage with human rights treaty bodies in all stages of the reporting cycle. **Civil society actors have the power to influence the elaboration process of the concluding observations and recommendations**. Indeed, they can submit additional information to the committee through written reports also called "*alternative*" or "*complementary"* **reports**. Although the modalities for submitting information vary from one treaty to another, civil society actors should submit their additional information after the State party has submitted its own report and before the constructive dialogue takes place. In some cases, Committees welcome written information by civil society actors also at the presessional working groups, to inform the process of identification and elaboration of the list of issues [as in the case of Committee on Economic, Social and Cultural Rights (CESCR), Committee on the Elimination of Discrimination Against Women (CEDAW), Committee on the Rights of the Child (CRC).

Civil society actors can register as **observers** at sessions or presessional working groups of any of the Committees. However, most Committees set aside time for **oral submissions** by civil society actors during their reporting session, either in the plenary meetings (CESCR

and CEDAW) or in separate closed meetings Committee for Civil and Political Rights (CCPR), Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), Committee on Migrant Workers (CMW). **Informal meetings** and lunch-time meetings with Committee members can also be organized by civil society organizations.

The reports of the States parties, as well as other relevant documentation, including the lists of issues adopted by the presessional working group, the States parties' replies, the alternative reports by non-state actors, and the concluding observations, are all posted on the webpage of each treaty-body.

Table 2.4 describes the role civil society actors play in each one of the stages and **provides advice and recommendations for an effective engagement of FIGO member societies.**[14,15]

As aforementioned, specific modalities for civil society engagement may vary from one treaty-body to another. Detailed information is available on the OHCHR website.[16] Therefore, before engaging in any reporting cycle, FIGO member societies must be aware of the specific guidelines of each treaty body.

Table 2.4: Opportunities for FIGO and its member societies to engage with treaty bodies in the treaty-body reporting cycle.

Stages	*Opportunities for civil society's participation and engagement*	*Advice and recommendations for FIGO and its member societies*
Stage 1: Submission of report	Although it is the State's responsibility to write its own report, the process should be as participatory as possible. This means that States should consult with all nonstate actors in the country so as to obtain their views on the human rights situation in the country in question.	Check the OHCHR website the information on upcoming human rights treaty body sessions on the OHCHR website (calendar of country reviews by treaty bodies)[15] Once you have identified the upcoming human rights treaty body sessions for your country, you should familiarize with the reporting guidelines of each treaty body. Encourage your Government to meet reporting deadlines. Check if your Government is organizing consultations with nonstate actors. If so, make sure you participate in them, as it is a good opportunity to highlight issues regarding girls' and women's health and human rights. You should be familiar with previous concluding observations and previous lists of issues, especially those relating to SRHR, maternal, and newborn health. It should be remembered that all documents produced by the State party or the Committees as part of the review are public documents and are available on the website of the Committee that can be accessed through the OHCHR website.

Contd...

Contd...

Stages	*Opportunities for civil society's participation and engagement*	*Advice and recommendations for FIGO and its Member Societies*
	Civil society actors may submit "complementary" reports for the consideration of State-party reports and list of issues. These reports should be sent once the report has been submitted by the State party and before the constructive dialogue.	Start preparing your complementary report. To do so, read the State report carefully and focus on areas relating to girls' and women's health and human rights that you think are incomplete, incorrect, or not covered at all in the report. Highlight good practices and underline gaps and challenges for the enjoyment of SRHR, maternal, and neonatal rights. Consider writing joint complementary reports with other NGOs involved in girls' and women's health and human rights. Always check the Committee's webpage for the format requirements, including length and languages.
Stage 2: Presessional working group: List of issues	CESCR, CEDAW, and CRC welcome written information by civil society actors at the presessional working groups, to help the committees identify the main questions to be discussed with the State party during the plenary session. CESCR, CEDAW, CRC also allocate a specific time to the civil society actors that have prepared a written submission, to contribute to presessional working groups. NGOs may also contribute to the preparation of the Written Replies by State parties if such assistance is requested by the Government. As to other Committees, nonstate actors can arrange informal meetings with committee members.	If you are taking part in the reporting cycle of CESCR, CEDAW, or CRC: • Prepare your written information for the presessional working group. Remember that your contributions may be incorporated into the lists of issues to be sent to the State party. Therefore, it is a unique opportunity to highlight matters of concern in FIGO's priority areas (in particular SRHR, maternal and neonatal health). • Ensure you translate your report into English, as reports submitted by civil society actors are not usually edited or translated by the Secretariat. • If possible, travel to Geneva for the pre-sessional working group, as you will have the opportunity to make a short introductory statement, to highlight a limited number of key areas of concern. • Please remember to register through the unique online platform for accreditation to attend presessional working groups of any of the Committees. If you are taking part in the reporting cycle of other treaty bodies, you may still wish to arrange informal meetings with committee members.

Contd...

Contd...

Stages	*Opportunities for civil society's participation and engagement*	*Advice and recommendations for FIGO and its member societies*
Stage 3: Constructive dialogue	The constructive dialogue takes place through a public meeting; therefore, civil society actors can attend as observers. Some Committees set aside time for civil society actors to make oral submissions either in open sessions (CESCR, CEDAW) or closed meetings (CCPR, CAT, CMW).	Confirm the dates for the plenary session with relevant Ministries and emphasize the importance of sending a high-level delegation. If possible, attend the plenary sessions, even if the Committee you have engaged with only allows civil society actors to participate as observers. It is still a very good opportunity to informally meet with government representatives and Committee members, before or during the plenary session. Please remember to register through the unique online platform for accreditation to attend pre-sessional working groups of any of the Committees. Remember that you can also organize informal meetings (lunchtime briefings) usually on the day before or on the day of the constructive dialogue, with Committee members. Informal meetings are sometimes even more important (and effective) than formal ones. Meet with members of the government delegation before the plenary session to reinforce important issues that may not have received sufficient recognition in the State report. Consider organizing a press conference in your country to raise public awareness about the upcoming State review makes issues relating to girls' and women's health and human rights visible.
Stage 4: Implementation of recommendations and follow-up	CAT, CERD, CCPR, CEDAW, and CED have established follow-up procedures that require States to report back within 1 year (or 2, in the case of CEDAW) from the adoption of the concluding observations on the measures taken to implement priority recommendations or concerns. Civil society actors may submit information in the framework of these follow-up procedures.	Integrate the follow-up to concluding Observations into your advocacy strategy. Disseminate the concluding observations at a national level, highlighting recommendations in the areas of SRHR, maternal and neonatal health and rights. Consider developing advocacy material, including "friendly-versions" of the concluding observations in local languages and make them available in accessible formats. Encourage and help the Government to report back on progress.

Contd...

Contd...

Stages	*Opportunities for civil society's participation and engagement*	*Advice and recommendations for FIGO and its Member Societies*
		Consider inviting Committee members to your country to carry out a field visit and meet with Government officials, civil society organizations, and especially with girls and women most affected by human rights violations. Set-up and implement research activities to fill gaps in data and/or information on specific issues of sexual, reproductive, maternal, and neonatal health.

(CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CCPR: Committee for Civil and Political Rights; CED: Committee on Enforced Disappearances; CEDAW: Committee on the Elimination of Discrimination Against Women; CERD: Committee for the Elimination Racial Discrimination; CMW: Committee on Migrant Workers; CESCR: Committee on Economic, Social and Cultural Rights; CRC: Committee on the Rights of the Child; FIGO: International Federation of Gynecology and Obstetrics; OHCHR: Office of the United Nations High Commissioner for Human Rights; SRHR: Sexual and Reproductive Health and Rights)

Other Functions

Other functions **performed by treaty bodies** include:[17]

- **Interpretation of treaty provisions**, through the adoption of general comments (or general recommendations). These documents contribute to the definition of human rights standards by clarifying certain provisions and suggesting approaches on how to implement them.
- **Consideration of individual complaints**. CCPR, Commitee for the Elimination of Racial Discrimination (CERD), CAT, CEDAW, Convention on the Rights of Persons with Disabilities (CRPD), and Committee on Enforced Disappearances (CED) can receive petitions from individuals. CMW, CRC, and CESCR also contain provisions for individual communications. Please note that domestic remedies must have been exhausted before an individual or third party can bring a communication before the relevant committee. The decisions cannot be enforced directly by the Committees.
- **Initiation and implementation of country inquiries**. This confidential procedure may be started by CESCR, CAT, CEDAW, CRPD, CED, or CRC, upon receipt of reliable information with indications of serious or systematic violations of human rights in a State party. Country inquiries can be started only if the State party has recognized and accepted that the Committee has this competence when ratifying the treaty.

SUMMARY NOTES

This chapter described the main UN human rights mechanisms that can be used by FIGO and its member societies as part of its rights-based advocacy strategy to contribute to the improvement of the health and wellbeing of girls, women, and newborn children worldwide,

and to strengthen governments' accountability for delivering the SDG commitments. Indeed, engaging with the UN human rights mechanisms can contribute significantly to the SDG implementation and follow-up processes.

Which Human Rights Mechanism should FIGO and its Member Societies Prioritize and Engage with? Which One has the Greatest Impact?

This may vary from country to country, as it depends on a variety of factors, including partnership opportunities, human and financial capacity, and even the human rights mechanisms.

Nonetheless, what is most important is that FIGO member societies take a cyclical approach to engaging in the reporting process, whatever mechanisms they choose.

Efforts should focus on achieving strong, realistic, and easy-to-monitor recommendations by UN human rights bodies, as this opens more advocacy opportunities for FIGO and its member societies to ensure implementation and follow-up at a national level. It is important to prioritize those UNs' findings and recommendations that can really enhance girls' and women's health and wellbeing. Chapter 3 provides guidance on this.

Follow-up is more effective if undertaken in a holistic manner whereby recommendations of different human rights mechanisms reinforce one another and maximize their potential implementation.

FIGO member societies can use Annexure 1 as a tool to select which UN human mechanisms to engage with. By selecting key issues related to girls' and women's health in their country, they can identify the related SDG targets and use the tool to find the corresponding human rights obligations, that is, specific provisions contained in international treaties and conventions that are legally binding for the countries that have ratified them.

REFERENCES

1. How to follow-up on United Nations Human Rights Recommendations, OHCHR. Available from http://www.ohchr.org/Documents/AboutUs/CivilSociety/HowtoFollowUNHRRecommendations.pdf [Accessed 21 March 2018].
2. The United Nations Human Rights treaty system, fact sheet no. 30/ Rev. 1, United Nations, New York and Geneva, 2012. Available from http://www.ohchr.org/Documents/Publications/FactSheet30Rev1.pdf [Accessed 20 March 2018].
3. Working with the United Nations Human Rights Programme. A handbook for civil society, OHCHR, New York and Geneva, 2008. Available from http://www.ohchr.org/EN/AboutUs/CivilSociety/Documents/Handbook_en.pdf [Accessed 20 March 2018].
4. Universal Periodic Review: A Practical Guide for Civil Society, OHCHR, July 2014. Available from http://www.ohchr.org/EN/HRBodies/UPR/Documents/PracticalGuideCivilSociety.pdf [Accessed 24 March 2018].
5. Figure 2.1 adapted from UPR infographics available at the OHCHR website: http://www.ohchr.org/EN/HRBodies/UPR/Pages/UPRMain.aspx and from Figure 2.1 from Commitment to Action on Sexual and Reproductive Health and Rights: Lessons from the First Cycle of the Universal Periodic Review. UNFPA, 2014, p. 5. Available from http://hrbaportal.org/wp-content/files/Final_UNFPA-UPR-ASSESSMENT_270814.pdf [Accessed 10 March 2018].

6. See also From commitment to action on sexual and reproductive health and rights: lessons from the first cycle of the Universal Periodic Review, UNFPA; 2014.
7. The UNFPA report From commitment to action on sexual and reproductive health and rights: lessons from the first cycle of the Universal Periodic Review, examines the level of attention paid to different aspects of SRHR, the quality of the recommendations and their level of implementation". Available from: http://hrbaportal.org/wp-content/files/Final_UNFPA-UPR-ASSESSMENT_270814.pdf [Accessed 20 March 2018].
8. Special Procedures of the Human Rights Council. Available from: http://www.ohchr.org/EN/HRBodies/SP/Pages/Welcomepage.aspx. [Accessed 20 March 2018]. See also: Fact Sheet n. 27: Seventeen Frequently Asked Questions about United Nations Special Rapporteurs, Office of the United Nations Hight Commissioner for Human Rights, Geneva; April 2001.
9. Annual reports are Available from: http://www.ohchr.org/EN/Issues/Health/Pages/AnnualReports.aspx [Accessed 18 March 2018].
10. Names of Human Rights Experts. Available from: http://spinternet.ohchr.org/_Layouts/SpecialProceduresInternet/ViewAllCountryMandates.aspx?Type=TM [Accessed 18 March 2018].
11. Working with the United Nations Human Rights Programme. A Handbook for Civil Society, OHCHR, New York and Geneva, 2008. Available from: http://www.ohchr.org/EN/AboutUs/CivilSociety/Documents/Handbook_en.pdf [Accessed 20 March 2018].
12. Harmonized Guidelines on Reporting to Treaty Bodies, including guidelines on a common core document and treaty-specific documents, 2006. Available from: http://www.ohchr.org/EN/HRBodies/Pages/HarmonizedGuidelines.aspx [Accessed 20 March 2018].
13. Live webcast and archives of the Treaty Bodies sessions can be watched at: http://www.treatybodywebcast.org/
14. For more detailed information see: Working with the United Nations Human Rights Programme. A Handbook for Civil Society, OHCHR, New York and Geneva, 2008. Available from: http://www.ohchr.org/EN/AboutUs/CivilSociety/Documents/Handbook_en.pdf. [Accessed 20 March 2018]. For more detailed information, see websites of treaty bodies, available at: http://www.ohchr.org/EN/HRBodies/Pages/TreatyBodies.aspx. For CRC reporting cycle, see Child Rights Connect Guide, available at: http://www.childrightsconnect.org/wp-content/uploads/2015/07/EN_GuidetoCRCReportingCycle_ChildRightsConnect_2014.pdf [Accessed 24 March 2018].
15. Calendar of country reviews by treaty bodies. Available from http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/MasterCalendar.aspx?Type=Session&Lang=En. [Accessed 20 March 2018].
16. Working with the United Nations Human Rights Programme. A Handbook for Civil Society, OHCHR, New York and Geneva, 2008, Annexure to Chapter IV. Available from: http://www.ohchr.org/EN/AboutUs/CivilSociety/Pages/Handbook.aspx [Accessed 20 March 2018].
17. Monitoring the core international human rights treaties. Available from: http://www.ohchr.org/EN/HRBodies/Pages/WhatTBDo.aspx. [Accessed 23 March 2018].

CHAPTER 3

The Human Rights-based Approach to Girls' and Women's Health

Carola Carazzone, Silvia Mazzarelli

THE HUMAN RIGHTS-BASED APPROACH TO HEALTH

The right to the highest attainable standard of health is a human right recognized in international human rights law, in various international and regional human rights instruments, including ICESCR (International Covenant on Economic, Social and Cultural Rights), CEDAW (International Convention on the Elimination of All Forms of Discrimination against Women), and CRC (Committee on the Rights of the Child) (Box 3.1).

Some human rights instruments address the right to health in general terms; others address this right in relation to specific groups, such as women, children, people with disabilities, or migrant workers.

Noteworthy is the fact that **every State of the world has ratified at least one of these international human rights instruments recognizing the right to health**. Therefore, under international human rights law, these States become duty-bearers with an obligation to respect, protect, and fulfill the right to health in their country. The obligation to fulfill means that the State must facilitate positive measures and take concrete steps toward the progressive realization of the right to health.

Committee on Economic, Social and Cultural Rights (CESCR) General Comment 14 on "the right to the highest attainable standard of physical and mental health" explains the normative content of Article 12 of the International Covenant on Economic, Social, and Cultural Rights. It describes the right to health as a "right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health".[1]

Box 3.1: The right to health in the core human rights instruments.

- *Article 5:* International Convention on the Elimination of All Forms of Racial Discrimination
- *Article 12:* International Covenant on Economic, Social and Cultural Rights
- *Articles 11, 12, and 14:* International Convention on the Elimination of All Forms of Discrimination against Women
- *Article 24:* Convention on the Rights of the Child
- *Articles 28, 43, 45:* International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
- *Article 25:* Convention on the Rights of Persons with Disabilities.

Human rights are interdependent, indivisible, and interrelated. Indeed, the Committee explains that "the right to health is closely related to and dependent upon the realization of other human rights; these rights and freedoms address integral components of the rights to health".[2]

The human right to health not only entitles everyone to have access to timely and appropriate health care, but it also includes and extends to the so-called *"underlying determinants of health"* that are factors and conditions, which protect and promote the right to health, beyond health services, goods, and facilities. Access to safe and potable water and adequate sanitation; an adequate supply of safe food, nutrition and housing; healthy occupational and environmental conditions; and access to health-related education and information, including on sexual and reproductive health, are some of the underlying determinants of health.[3]

Hence, the human rights-based approach to health aims to realize the right to the highest attainable standard of health and other health-related rights.[4]

The human rights-based approach to health **is also based on the four key components of the right to health,** which are **availability, accessibility, acceptability**, and **quality (AAAQ)** of healthcare facilities, goods, and services,[5] also **called the** *"AAAQ framework"* (Box 3.2), **as well as on the human rights principles of participation, nondiscrimination, and accountability**.[6]

Adhering to the human rights principles requires paying **special attention to the most marginalized groups** to ensure that they are not discriminated against in any form or on any grounds. Where there is discrimination, States should take immediate measures to eliminate it and all rights holders are to be supported and empowered to claim their rights and hold governments accountable to meet their obligations.

This means that the rights-based approach to health is not only about achieving certain goals or outcomes (the highest attainable standard of physical and mental health and other health-related rights), but it is also about achieving them through a participatory, inclusive, transparent, and responsive process. Indeed, according to the CESCR Committee, *"a further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels".*[3]

In other words, the **human rights-based approach considers the process as equally important and sometimes even more important than the final outcome**.

Although, under CESCR, the right to health is meant to be achieved through progressive realization, in the General Comment, the Committee identifies some **minimum core obligations** that should be of immediate effect, which include the guarantees of nondiscrimination and equal treatment and the obligation to take concrete steps to move as quickly and effectively as possible toward the full realization of the right to health by all. **Core obligations** also include *"to ensure reproductive, maternal and child health care".*[7]

Box 3.2: The AAAQ framework of the right to health.

- *Availability:* Sufficient quantity
- *Accessibility*, which includes four overlapping dimensions: Nondiscrimination on any ground, physical accessibility, economic accessibility (affordability based on the principle of equity), and information accessibility
- *Acceptability*: Respectful of medical ethics and culturally appropriate
- *Quality*: As well as being culturally acceptable, health facilities, goods, and services must also be scientifically and medically appropriate and of good quality.

THE HUMAN RIGHTS-BASED AND GENDER-TRANSFORMATIVE APPROACH TO GIRLS' AND WOMEN'S HEALTH

The human rights based approach to the health of girls and women, which is the primary target of International Federation of Gynecology and Obstetrics (FIGO) and its Members Societies, aims at realizing the right of all girls and women to health and other health-related human rights, without any discrimination.

The right of all girls and women to health encompasses sexual and reproductive health, as well as maternal and newborn health.

- **Sexual health** is defined by the World Health Organization as "the state of physical, emotional, mental and social well-being in relation to sexuality".[8] **Reproductive health** is defined as "*the state of complete well-being in all matters relating to the reproductive system, including the capability to reproduce and the freedom to decide if, when and how often to do so*".[9]
- **Maternal health** refers to the health of girls and women during pregnancy, childbirth, and the postpartum period. It encompasses prenatal care (antenatal) and postnatal care, provided within the first 24 hours of delivery, on the third day, and in the second and sixth weeks.[9]
- **Newborn health** encompasses the health of a child from the day of birth to the 28th day of age. This is the most vulnerable time for a child's survival and health. That is why appropriate feeding, health, and care provided during this period is pivotal in improving the child's probabilities of survival and in laying the foundations for a healthy life. Clearly, ensuring newborn survival and health is intrinsically linked to maternal health.[10]

The right to sexual, reproductive, and maternal health is enshrined in various international human rights instruments and other nonbinding international agreements. For example, Article 16 of the Convention on the Elimination of Discrimination against Women guarantees women equal rights in deciding "freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights". CEDAW's General Recommendation 24 recommends that States prioritize the "prevention of unwanted pregnancy through family planning and sex education".[11]

The 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 IV World Conference on Women in Beijing marked significant turning points in the process of shaping the discourse and understanding around sexual and reproductive health and rights. As a matter of fact, the Beijing Platform of Action established that human rights include the right of women to have control over and make decisions concerning their own sexuality, including their own sexual and reproductive health, freely and without facing coercion, violence, or discrimination.[12] Although **the Cairo and Beijing agreements** are not legally binding, they **have been endorsed by the majority of States and carry significant political weight and authority in the international community**.[13]

The 2030 Agenda makes explicit reference to these political agreements, particularly in target 5.6, which concerns the universal access to sexual and reproductive health and reproductive rights. Therefore, FIGO and its Member Societies can refer to these agreements to support and inform their advocacy work.

The Social and Cultural Determinants of Girls' and Women's Health

The rights-based approach to girls' and women's health pays special attention to the biological, social, and cultural determinants of girls' and women's health, with an emphasis on the social and cultural determinants of sexual, reproductive, and maternal health.

Biological determinants are those related to pregnancy (including unintended pregnancy) and delivery, diseases of the reproductive system, along with other biological factors that can influence girls' and women's health.

Social determinants are the societal factors and conditions (including cultural ones) girls and women are born, grow up, live, and work in, which have a direct or indirect impact on their health and well-being throughout their life course. These underlying factors are present at all levels, from the family to the community, from the health systems to the overarching legal, policy frameworks, and cultural environment.

To the social determinants such as adequate sanitation, healthy nutrition, housing, access to education, etc., those specifically related to girls and women in virtue of their gender identity must be added. Indeed, **as emphasized by the World Health Organization, it is very important to** *"draw attention to the role of gender inequality in increasing girls' and women's exposure and vulnerability to risks, limiting access to health care and negatively influencing health outcomes".*[14]

Gender-based discriminatory laws and practices, gender-based violence, unequal distribution of resources and power between men and women, gender-based inequalities in education, income or employment, gender-based harmful practices, including health-related social and cultural harmful practices [forced and early marriages, female genital mutilation/cutting (FGM/C), nutritional taboos, etc.], are all conditions that are experienced especially by girls and women simply because they are female. These conditions limit girls' and women's right to health.

Both CEDAW and CESCR contain clear provisions establishing that States must take all appropriate measures to eliminate discrimination against women in the field of health care, including gender-based violence, forced and early marriage, nutritional taboos, FGM/C, and other harmful practices.[15]

Moreover, the Committee on Social, Economic, and Cultural rights stressed that "the realization of women's right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health. It is also important to undertake preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights".[16]

Annexure 1 offers a compilation of the provisions of the core international human rights instruments that **directly refer to girls' and women's right to health or indirectly refer to it** by addressing one or more social determinants, including violence against women and girls, gender-based discrimination, harmful practices, etc. Therefore, it is a very useful tool to inform FIGO's rights-based advocacy actions.

What is unique about applying a rights-based approach to women's health is the fact that it provides a framework to analyze the gender-based power structures, social and cultural norms, and practices that impact girls' and women's health.[17] Therefore, **FIGO and its Member Societies should add to the human rights-based approach to girl's and**

women's health, a gender-transformative approach that addresses the root causes of gender inequality and improve the social position of girls and women in society.

The gender-transformative approach is a longer-term approach, as it pays attention to the **social transformation** required to address these social and cultural determinants, especially the patterns of discrimination and unequal power relations that affect the most vulnerable and excluded groups of girls and women, including adolescent girls.

In summary, from a **rights-based and gender-transformative approach**, the right of every girl and women to health is not only about proving technical health care and services but also entails girls' and women's **empowerment** and that of enabling them to have the **freedoms** and **entitlements** they need **to exercise autonomy and agency** over their lives and bodies and decide freely and responsibly on all matters directly or indirectly related to their health, free from violence and discrimination.

There are some widespread situations that affect girls' and women's health, which are **rooted in gender inequality and discrimination** and driven by patriarchal social values that place girls and women in a subordinate position and status to boys and men.

Harmful Practices

Harmful practices are forms of violence carried out in the name of social, cultural, and religious tradition and, therefore, considered acceptable and justifiable. Many of them are based on gender inequality and discrimination; some involve direct and even extreme violence. Two of the most widespread and pervasive harmful practices, which affect primarily girls and women, are **FGM/C** and **child, early and forced marriage (CEFM)**.

However, noteworthy is the fact that there are many more harmful practices affecting girls and women worldwide, many of which are directly linked to sexual and reproductive health and rights**. Corrective rape**,**virginity testing** often undertaken as part of the conditions of marriage or dowry, **other virgin myths**, **ostracism linked to menstruation**, **sex-selective abortions**, and **female infanticide**, **organ removal** (often genital organ removal) **for sacrificial purposes or traditional ceremonies, incest**, and **sexual initiation practices** are some of these less known, but unacceptable, harmful practices.[18]

All of them are violations of fundamental human rights that are enshrined in the core human rights instruments: The Right to Life and Survival, the Right to Protection from All Forms of Physical and Mental Violence, the Right to Protection from Torture and Cruelty, Inhuman or Degrading Punishment, and Treatment; the Right to Nondiscrimination and, of course, the Right to Health, including the Right to Sexual and Reproductive Health.

Both the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women have addressed harmful practices in their General Comments and Recommendations.[19]

The Agenda for Sustainable Development includes a specific target to eliminate harmful practices by 2030 and refers explicitly to FGM/C and CEFM.[20]

Female Genital Mutilation/Cutting is defined by the World Health Organization as comprising "all procedures undertaken that involve the partial or full removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons".[21] FGM/C is classified into four types, depending on degree and severity: clitoridectomy, excision, infibulation, and other types.[22]

The justifications of FGM/C include beliefs related to making girls more "suitable" for marriage, or to increasing their fertility. It is also linked to the perceived need to control female sexuality, which is rooted in the belief that the girl's sexual desire will decrease with FGM/C and, therefore, she will remain virgin until marriage and be more loyal afterwards.[23]

It is an issue of global concern, as it is very widespread in various regions of the world and can lead to major threats to the health of girls and women, in both the short- and long-term.[24] In 2012, the United Nations (UN) General Assembly adopted a resolution urging the international community to increase efforts to put an end to this harmful practice.[25] Currently, there are international, regional, and local campaigns all around the world, which focus both on the legal prohibition of FGM/C and on awareness-raising targeting in particular traditional and community leaders, educators, parents, and children themselves, with the aim of transforming social norms and attitudes and supporting long-lasting behavioral change.

Child, early and forced marriage is any formal marriage or informal union where one or both of the parties are under 18 years of age.[26] While it affects both girls and boys, girls are significantly more likely to marry before the age of 18 years.

Research has confirmed that girls who marry before the age of 18 years are at risk of a range of negative health and development outcomes in both the short- and in the long-term.[27] The CEFM is a powerful driver of early pregnancy, and increases the risks of childbirth complications, including miscarriage and maternal and infant mortality.[28] It reduces their ability to exercise sexual and reproductive health rights and increases the chances of experiencing intimate partner violence, domestic violence, abuse, and/or rape. It is also a driver of additional harmful practices such as virginity testing, FGM/C, and stove burning.[29]

Child, early and forced marriage is a very complex and multicausal issue, rooted in gender inequality and driven by the desire to control female sexuality. The CEFM is a good example of how gender-based discrimination and inequality that begins in childhood continues to have a negative impact throughout the women's future life. Therefore, CEFM as well as other harmful practices require a comprehensive, intersectoral, and life-course approach that analyzes and addresses the links between the human rights of children and women.

The Protection for children against marriage is covered by international human rights law,[30] which establishes that marriage must be entered into with the free and full consent of both parties, and that the age of marriage must be such as to enable each of the parties to give his or her free and full personal consent. Both the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women have made clear recommendations that marriage should not be permitted for either boys or girls below the age of 18 years.[31] However, many countries have not set the minimum age for marriage at 18 years[32] or, even if they have, they fail to implement and enforce the laws.

Menstruation ostracism refers to the myths, taboos, and sometimes even stigma surrounding menstruation. Indeed, girls and women throughout the world face huge challenges in managing their menstruation, which is a completely normal biological process.

On the one hand, obstacles to adequate and equitable access to safe water, sanitation and hygiene[33] limit what is called "menstrual hygiene management" (MHM); on the other hand, societal beliefs and taboos associated with menstruation restrict girls' and women's choices and freedoms in their home and community. This has a negative impact on their self-esteem and the enjoyment of human rights, such as the right to education, to work, and to health.[34]

Violence against Girls and Women

Gender-based violence refers to violence that targets individuals or groups of people on the basis of their biological sex, gender identity, or of their perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse, threats, coercion, arbitrary deprivation of liberty, and economic deprivation.[35]

In its General Recommendation 19 on violence against women, CEDAW defines gender-based violence as "violence that is directed against a woman because she is a woman or that affects women disproportionately".[36]

Although this does not mean that all victims of gender-based violence are female, it is important to recognize that gender-based violence does disproportionately affect girls and women because of their subordinate status to boys and men. That is why, for the purpose of this Handbook, we will refer to the gender-based violence against girls and women that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to girls and women.

The most common form of violence against girls and women is intimate partner violence (physical or sexual violence at the hands of a current or past partner). Indeed, according to recent data, more than one-third of all women have reported to have experienced either physical and/or sexual intimate partner violence or sexual violence by a nonpartner at some point in their lives.[37]

Gender-based violence against girls and women has very negative consequences not only on their health (physical injury, depression, sexually transmitted diseases, unwanted pregnancy, and even death)[38] but also on the enjoyment of other fundamental human rights.

The World Health Organization has defined violence against girls and women as a "*global health problem of epidemic proportion*".[39] It is widespread all over the world, including in the context of war and armed conflict. The International Criminal Court has recognized that sexual violence and the systematic rape of girls and women constitutes a war crime or a crime against humanity. Alarmingly, **the true magnitude of the problem is unknown due to the fact that the majority of girls and women do not report the violence they are subjected to and/or do not seek help and support**.

International Convention on the Elimination of All Forms of Discrimination against Women General Recommendation No. 24 on women and health has a strong focus on violence against girls and women and **details** the **State obligations** to address gender-based violence in the context of the health sector, because "gender-based violence is a critical health issue".[40] These are as follows:

- *The enactment and effective enforcement of laws and the formulation of policies, including healthcare protocols and hospital procedures to address violence against women and sexual abuse of girl children and the provision of appropriate health services;*
- *Gender-sensitive training to enable healthcare workers to detect and manage the health consequences of gender-based violence;*
- *Fair and protective procedures for hearing complaints and imposing appropriate sanctions on healthcare professionals guilty of sexual abuse of women patients;*
- *The enactment and effective enforcement of laws that prohibit female genital mutilation and marriage of girl children.*[40]

Target 5.2 of the Sustainable Development Agenda explicitly refers to eliminating violence against girls and women.[41]

Access to Comprehensive Sexuality Education

Research shows that many adolescents lack the information and knowledge they need to make safe and responsible decisions about their sexual and reproductive health. This increases the risks of unintended pregnancies at very early ages (adolescent pregnancies), sexual violence, and sexually transmitted infections.

Comprehensive sexuality education (CSE) is a rights-based and gender-transformative approach to sexuality education in formal and nonformal settings. It includes scientifically accurate, nondiscriminatory information about human anatomy and development, reproductive health, contraception, sexually transmitted infections, etc. However, it goes beyond information, as it helps children and young people to "explore and nurture positive values regarding their sexual and reproductive health".[42] By addressing human rights, gender equality, and power issues, it empowers young people to understand and claim for their rights and make informed decisions about their sexuality. This, in turn, leads to better health outcomes. In this sense, access to CSE is a key determinant of girls' and women's health and human rights.

Various human rights committees, including the Committee on the Rights of the Child[43] and the Committee on the Elimination of All Forms of Discrimination against Women, have urged States to ensure universal mandatory access to CSE in primary and secondary education, although, according to experts, CSE should start even earlier (in the preschool years), with content tailored to the evolving capacities of the child.

Unfortunately, **cultural and religious beliefs and patriarchal social values limit CSE both in terms of access and coverage, and in terms of content, making it less comprehensive than it should be.**

Access to Comprehensive Sexual and Reproductive Health Services, Including Access to Safe Abortion

Access to physical and mental sexual and reproductive health services is a critical factor to ensuring girls' and women's health and well-being.

Unfortunately, **worldwide, women face huge limitations and barriers to accessing these services**, sometimes because they are not available (especially in rural or remote areas) or accessible (e.g. when the costs of transportation and/or health care are too high), or even as a result of cultural factors that prevent girls and women accessing resources or making decisions about their own life and body.[44] In many places throughout the world, health providers refuse to provide contraceptive information and/or services to unmarried adolescents on the basis of cultural, social, or religious beliefs, related to premarital sex activity. Certain misinterpretations of religious teachings discourage the use of family-planning methods, particularly contraceptives. Other times, adolescent girls need parental or spousal consent. These are all major obstacles to accessing adequate health services.

Under international human rights law, **States should eliminate all legal, financial, social, and institutional barriers that prevent access to** comprehensive, quality, child-youth friendly **sexual and reproductive health services**, including age of consent for access to services. These services, besides being accessible, should be affordable, acceptable,

appropriate and free of discrimination, violence or coercion, available to all, regardless of marital status and provided in a nonjudgmental, respectful manner, guaranteeing privacy and confidentiality. In 2015, the World Health Organization called for more integrated, people-centered approach health systems.[45]

The provision of CSE and sexual and reproductive health services, including quality contraception services (and emergency contraception) **are fundamental strategies to avoid unintended pregnancies**.

Access to safe abortion and treatment for the complications of unsafe abortion, including postabortion care, is another complex determinant of girls' and women's health, which **can prevent maternal morbidity and mortality**. Indeed, studies have estimated that **between 8% and 18% of maternal deaths worldwide are due to unsafe abortion[46] and complications thereof**.

Safe abortion is legally restricted in many countries of the world. Some countries (e.g. Chile, Dominican Republic, El Salvador, Malta, Nicaragua) outlaw abortion in all circumstances, including if a women's life is endangered. A total of 67% and 64% of countries allow abortion to preserve a women's physical or mental health, respectively; only 51% of all countries permit abortion in the case of rape and/or incest, and 50% upon diagnosis of fetal impairment.

The World Health Organization has noted that *"legal restrictions do not lead to fewer abortions.* However, a lack of legal access to abortion services is likely to increase the number of women seeking illegal and unsafe abortions, leading to increased morbidity and mortality".[47]

As per other determinants described in this chapter, the lack of access to safe abortion is often a reflection of the denial of girls' and women's right to health and other related human rights, rooted in gender inequality and discrimination.

The ICPD has spelled out that all reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children. The CEDAW Committee recognized reproductive rights to include the right of girls and women to make autonomous decisions about their health and that denying girls and women access to safe abortion services prevent them from exercising this right.[48] Furthermore, the Human Rights Committee that monitors the International Covenant of Civil and Political Rights recommended that restrictive laws that only permit abortion where the mother's life is in danger be reformed to allow "effective, timely and accessible procedures for pregnancy termination".[49] They also affirmed that restricting legal access to safe abortion has the effect of subjecting girls and women to cruel, inhumane, and degrading treatment.[49]

Rights-holders and Duty Bearers

From a rights-based and gender-transformative approach, **women should be seen as active agents of change**, who are entitled to participate in decisions that affect their health **and girls should be considered rights-holders in their own rights** and not as "subgroups" of women or children.

On the other hand, **States** as **primary duty bearers**, under international human rights law, have the legal obligation to incorporate all relevant rights, standards, and principles into national measures aimed at improving the health and well-being of girls, women, and newborns.

The right to girls' and women's health has to be understood and granted throughout life. Indeed, what happens in the life of a young girl can affect her (positively or negatively) during her reproductive years and beyond.

States have to establish solid legal and policy frameworks in place, fully consistent with human rights instruments they have ratified. These constitute the standards and institutional mechanisms against which girls and women can make us of to claim their rights.

When States have ratified human rights instruments but made reservations to some particular provisions relating to sexual and reproductive health and rights, they should move toward withdrawing these reservations.

Laws and policies must address not only the provisions of health care and services but also the social determinants of sexual, reproductive, maternal, and neonatal health. Therefore, they should include legislation that protects girls and women from violence, discrimination, and harmful practices.

Governments should allocate the *"maximum available resources"* **to ensure the implementation of health-related policies and programs at all levels** (national and local) to allow for the progressive realization of the right to health and other related rights. If resources are scarce, the government should prioritize the most marginalized and disadvantaged groups of women and children, in line with a rights-based and gender-transformative approach.

Services and facilities should operate in accordance with the requirements of the AAAQ framework.[50] Therefore, Governments should remove any barrier to sexual and reproductive health information, to CSE, friendly sexual and reproductive services for all children, girls, and women, and create an enabling environment so that they can fully enjoy their rights.

Rights-holders should be involved in the design, implementation, monitoring, and evaluation of policies, programs, and services, in line with the human rights principles of participation and accountability. Girls and women (as rights holders) **should be supported by other nonstate actors** in this effort to hold governments to account on their obligations. Complaints mechanisms should be available and accessible to all and remedy processes established to provide compensation and redress to victims of human rights violations (Box 3.3).

SUMMARY NOTES

A comprehensive rights-based and gender-transformative approach to girls' and women's health is an approach that puts emphasis in addressing the social and cultural determinants of girls' and women's health. Indeed, it is possible to improve health outcomes by analyzing and acting on these determinants, especially those rooted in gender inequality and discrimination.[51]

A rights-based and gender-transformative approach to girls' and women's health recognizes girls and women as human rights holders and strengthens their capacities to claim for their rights; holds governments accountable for their obligations under international human rights law; works with boys and girls to deconstruct patriarchal social and cultural norms and promote a deeper understanding of masculinity grounded positive norms and values.

Box 3.3: Checklist for FIGO and its member societies.

Legal and policy frameworks:

- Is the legal and policy framework in relation to girls' and women's right to health and related rights in line with international human rights standards (AAAQ framework and fundamental human rights principles)?
- Does it cover the social determinants of girls' and women's health? Are there any gaps and/or barriers to the enjoyment of sexual, reproductive, and maternal health? Are there any groups of girls and women who have been left behind?

Resources:

- Are sufficient resources allocated to ensure the implementation of health-related policies and programs, especially for the most vulnerable and disadvantaged groups? Are the resources available at local levels? Are the resources allocated in a transparent and participatory manner?

Services and facilities:

- Are health services and facilities available, accessible, acceptable, and of quality for all women and children, without any kind of discrimination?
- Are measures implemented to prevent and eliminate barriers and obstacles that impede particular groups of children and women to enjoy the right to health, including sexual, reproductive, maternal, and neonatal health?

Follow-up and accountability:

- What follow-up and accountability mechanisms are there? Are rights-holders aware of these mechanisms?
- Do rights-holders participate in monitoring and evaluation processes?

Complaints mechanisms:

- What are the complaints mechanisms? Are these accessible to all girls and women?

(FIGO: International Federation of Gynecology and Obstetrics; AAAQ: Availability, accessbility, acceptability and quality)

What Opportunities do FIGO and its Member Societies have to Contribute to a Right-based and Gender-transformative Approach to Girls' and Women's Health and Rights?

First, FIGO and its Member Societies can **collect and disseminate evidence** of the magnitude of violence against girls and women and existing harmful practices, recognize that gender discrimination and inequality is inherent in them, highlight the negative impact they have on girls' and women's health, and emphasize that they are violations of fundamental human rights. FIGO member societies can draw on their experience on the ground and raise awareness of these key determinants that need to be addressed to fulfill the right of every girl and woman to health.

Second, **advocate** strongly for governments to prohibit and eliminate gender-based violence and harmful practices based on tradition, culture, religion, and/or superstition. For this to happen, States need to establish and enforce strong legal frameworks that prohibit all forms of violence, including harmful practices, ensuring that there are no provisions enabling parents and/or other adults to consent to such practices in the name of a child, and that prohibition is upheld even in States with multiple legal systems (like customary or religious laws).

Legal prohibition is only the first step. Indeed, **Governments should prioritize the allocation of resources** to health and education public policies and programs, as well as

to awareness-raising campaigns in order to transform social and cultural norms, practices, and attitudes, which condone or normalize gender-based violence and harmful practices. Moreover, in line with the gender-transformative and rights-based approach, resources must be allocated to programs that empower and enable girls and women to exercise their agency and claim for their sexual and reproductive rights.

Governments should support quality systems and mechanisms, which should be available and accessible to all girls and women victims of human rights violations and to survivors of violence. These should include legal assistance, confidential reporting services, safe houses, access to appropriate health care (including emergency contraception) and psychosocial support, and educational services.

The international human rights mechanisms presented in Chapter 2: United Nations Human Rights Mechanisms of this Handbook provide a platform for FIGO Member Societies to advocate for transformative and sustainable change at a national level. Engaging in human rights monitoring processes can be very effective. Participating in upcoming reviews, especially CRC and CEDAW or the Universal Periodic Review, briefing international human rights bodies, submitting complementary reports to highlight the status of implementation, protection and fulfillment of girls' and women's health and related rights, including the protection from violence and harmful practices, can achieve increased international pressure on States for addressing the social determinants of girls' and women's health.

FIGO Member Societies can:

- Urge UN treaty bodies and the Special Procedures highlighted in Chapter 2: United Nations Human Rights Mechanisms to address these issues within their mandates and reporting procedures and to provide clear recommendations to States;
- Lobby States involved in the third cycle of the Universal Periodic Review for the inclusion of these issues in questions and recommendations to States under Review;
- Provide advice and technical assistance to governments on these issues, by sharing relevant information, reports, and evidence from research and participating in technical processes to shape policies with them rather than through external advocacy;
- Encourage health practitioners (gynecologists and obstetricians) to contribute to the elimination of harmful practices as part of their codes of ethical conduct.[52]

REFERENCES

1. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (2000), Para 9.
2. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (2000), Para 3.
3. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (2000), Para 11.
4. OHCHR/WHO, A Human Rights-Based Approach to Health, Chapter 1.
5. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (2000), Para 12.
6. OHCHR, Harvard FXB Center for Health and Human Rights, The Partnership for Maternal, Newborn and Child Health, UNFPA and WHO, 2015. Summary Reflection Guide on a human rights-based approach to health: application to sexual and reproductive health, maternal health and under-5 child health. Available from: http://www.ohchr.org/Documents/Issues/Women/WRGS/Health/RGuide_NHRInsts.pdf. [Accessed 24 March 2018].

7. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (2000), Para 44 (a).
8. World Health Organization. Reproductive Health. [online] Available from: http://www.who.int/topics/reproductive_health/en/. [Accessed August, 2018].
9. World Health Organization. Maternal health. [online] Available from: http://www.who.int/maternal-health/en/. [Accessed 27 March 2018].
10. Reaching the every newborn national 2020 milestones, WHO and UNICEF, 2017.
11. Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW), General Recommendation No. 24 (1999).
12. United Nations Beijing Declaration and Platform of Action, adopted at the Fourth World Conference on Women, 27 October 1995, Para. 96.
13. Approximately 180 Governments agreed on the Cairo Programme of Action. The Beijing Declaration and the Platform of Action were agreed unanimously by 189 countries. The Main Committee of the ICPD also adopted ad referendum the entire Programme of Action on 12 September 1994.
14. World Health Organization. Women and Health: today's evidence, tomorrow's agenda. Geneva: World Health Organization; 2009. Available from: http://www.who.int/iris/handle/10665/44168. [Accessed 25 March 2018].
15. Convention on the Elimination of all forms of Discrimination against Women (CEDAW), Art. 5; Committee on the Elimination of Discrimination against Women (CEDAW), General Recommendation no. 14; Committee on Economic, Social and Cultural Rights (CESCR), General Comment no. 14 (2000), Para. 21.
16. Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14 (2000), Para. 21.
17. Loddon L. What is a human rights-based approach to health and does it matter? Health Human Rights J. 2008;10(1):65-80.
18. For a complete analysis of harmful practices see: Violating Children's Rights: Harmful practices based on Tradition, Culture, Religion or Superstition, International NGO Council on Violence against Children, New York, 2012.
19. The Committee on the Rights of the Child (CRC), General Comments No. 3 (2003), 4 (2003), 7 (2005), 8 (2006), (2006), 11 (2009), 12 (2009), and No.13 (2011). See also: The Committee on the Elimination of Discrimination against Women (CEDAW), General Recommendations No. 14 (1990), 19 (1992), 21 (1994), and 24 (1999). [online] Available from: http://www2.ohchr.org/english/bodies/. [Accessed 25 March 2018].
20. SDG target 5.3 "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation". Available from: http://www.unwomen.org/en/digital-library/multimedia/2017/7/infographic-spotlight-on-sdg-5.
21. World Health Organization. Fact Sheet No. 241, Female Genital Mutilation, 2012. [online] Available from: http://www.who.int/mediacentre/factsheets/fs241/en/index.html#. [Accessed 12 April 2018].
22. For full definitions of each type, see the World Health Organization Fact Sheet. Available from: http://www.who.int/reproductivehealth/topics/fgm/overview/en/.
23. Ras-Work B. Legislation to Address the Issue of Female Genital Mutilation (FGM), 2009 (EGM/GPLHP/2009/ EP.01). [online] Available from http://www.un.org/womenwatch/ daw/egm/vaw_legislation_2009/Expert%20Paper%20 EGMGPLHP%20_Berhane%20Ras-Work%20revised.pdf; And World Health Organization, Eliminating female genital mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UN- FPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO, 2008. [online] Available from: http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/.
24. World Health Organization Study Group on Female Genital Mutilation and Obstetric Outcome. Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. Lancet. 2006;367(9525):1835-41.

25. UN General Assembly Resolution A/RES/67/146. Available from: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/146.
26. UNICEF Child Info. Child Marriage: Progress, January 2012. [online] Available from: http://www.childinfo.org/mar- riage_progress.html. [Accessed 10 April 2018].
27. Kidman R. Using global data to examine child marriage, IPV and legal protection, Stony Brook Medicine, Program in Public Health, 2017. See also World Bank and International Center for Research on Women, the Economic Impacts of Child Marriage: Global Synthesis Brief; 2017.
28. UN Women, The Beijing Declaration and Platform of Action Turns 20, Summary Report, 2015.
29. Violating children's rights: harmful practices based on tradition, culture, religion or superstition. New York: International NGO Council on Violence against Children; 2012.
30. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1994, Art. 16. See also: Convention on Marriage, Minimum Age for Marriage and Registration of Marriages.
31. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1994. General Recommendation No. 21: Equality in marriage and family relations. Retrieved from: http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom21. See also: Convention on the Rights of the Child (CRC), General Comment No. 4. And General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence.
32. UNICEF. Child marriage and the law. 2007. [online] Available from: www.unicef.org/Child_Marriage_and_the_Law.pdf. [Accessed 28 March 2018].
33. According to UN General Assembly Resolution 70/169: Available from: https://undocs.org/A/RES/70/169.
34. Human Rights Watch. Understanding Menstrual Hygiene Management and Human Rights. WASH United; 2017.
35. USAID definition in Deliver for Good Brief, Dramatically Reduce Gender Based Violence and Harmful Practices, 2017.
36. Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW), General Recommendation No. 19 (1992) on Violence against Women.
37. The World's Women 2015 Trends and Statistics. Chapter 6 Violence against Women. United Nations Department of Economic and Social Affairs; 2015.
38. Centers for Disease Control and Prevention. Intimate partner violence: consequences; 2014. Available from: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html
39. WHO News release, Violence against Women: A 'Global Health Problem of Epidemic Proportions' 20 June 2013: Geneva; 2013. [online] Available from: http://www.who.int/mediacentre/news/releases/2013/violence_against_women_20130620/en/.
40. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), General Recommendation No. 24 (1994), Para. 15. Available from: http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_4738_E.pdf.
41. SDG Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. Available from: http://www.unwomen.org/en/digital-library/multimedia/2017/7/infographic-spotlight-on-sdg-5.
42. See https://www.unfpa.org/comprehensive-sexuality-education. [Accessed 29 March 2018].
43. Committee on the Rights of the Child (CRC), General Comment No. 4 (2003).
44. Deliver for Good, Policy Brief "Endure Access to Comprehensive Health Services", 2017.
45. WHO global strategy on people-centered and integrated health services. Interim Report. Geneva: World Health Organization; 2015.
46. Singh S, Darroch JE, Ashford LS. Adding it up: the costs and benefits of investing in sexual and reproductive health 2014. [online] Available from: https://www.guttmacher.org/report/adding-it-costs-and-benefits-investing-sexual-and-reproductive-health-2014/resources [Accessed September, 2018]

47. WHO. Safe Abortion: Technical & Policy Guidance for Health Systems. Legal and Policy Considerations, p. 2. [online] Available from: http://apps.who.int/iris/bitstream/10665/173586/1/WHO_RHR_15.04_eng.pdf?ua=1. [Accessed 30 March 2018].
48. Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW), Concluding Observations: Sierra Leone, Para. 32, U.N. Doc. CEDAW/C/SLE/CO/6 (2014).
49. Human Rights Committee monitoring the implementation of the International Covenant on Civil and Political Rights—CCPR/C/116/D/2324/2013, para 9.
50. Health Policy Makers. Summary Reflection Guide on a Human Rights-Based Approach to Health. OHCHR, Harvard FXB Center for Health and Human Rights. The Partnership for Maternal, Newborn and Child Health, UNFPA and WHO, 2015.
51. Discussion Paper: A Social Determinants Approach to Maternal Health, Roles for Development Actors, UNDP, 2011.
52. World Medical Association (WMA). Declaration of Geneva (adopted by the 2nd General Assembly of the WMA, Geneva, Switzerland, September 1948 and amended by successive General Assemblies. [online] Available from: http:// www.wma.net/en/30publications/10policies/g1/ [Accessed September 2018].

CHAPTER 4

Overview of the Situation of Girls' and Women's Health and Human Rights through an Analysis of Human Rights Mechanisms

Carola Carazzone, Silvia Mazzarelli

INTRODUCTION

A **survey** was carried out **to map the situation of girls' and women's right to health in the countries of International Federation of Gynecology and Obstetrics (FIGO) Member Societies**. This was done by collecting and analyzing documents produced by human rights mechanisms and bodies [Universal periodic review (UPR), special procedures and treaty bodies].

This chapter provides an overview of the main issues that came to light, which can be used by FIGO and its Member Societies to develop their rights-based advocacy strategy on girls' and women's health and human rights.

The survey was carried out in **two phases**. The **first** phase involved a **screening of the main documents produced for the reporting cycles of the human rights mechanisms** described in Chapter 2: United Nations Human Rights Mechanisms of this Handbook. The **second** phase was an **analysis of the information collected**.

The documents analyzed are listed in Table 4.1.

As to the UPR mechanism, it should be noted that neither the national reports prepared by the States under Review (SuR) nor the final outcome reports were analyzed as part of the survey.

Universal periodic review compilations and summaries from the second cycle (2012–2016) were screened in search of information covering women's health and human rights issues, as defined in Chapter 3: The Human Rights-based Approach to Girls' and Women's Health of this Handbook. Although all rights are interrelated, the information was compiled using a list of **keywords** relating to girls' and women's health and human rights, with an emphasis on sexual and reproductive health and rights, and maternal and neonatal health and rights [*i.e. women, girls, adolescent, health, reproduct, reproductive, reproduction, abortion, contraceptive, Human immunodeficiency virus (HIV), (marital) rape, violence, sterilization, female genital mutilation/cutting, symphysiotomy, childbirth, maternal health/morbidity/mortality*].

As with any listing, it is not exhaustive but does provide an overall idea of the situation in each region.

The **results** achieved through the initial screening were then **validated with supporting information** from concluding observations of treaty bodies and outcome documents of special procedures.

Table 4.1: List of documents analyzed during the second phase of the survey.

Human rights mechanism	*Documents analyzed*
Treaty bodies	• Concluding observations • Views adopted with reference to individual complaints (CCPR, CERD, CAT, CEDAW, and CRPD)
Special procedures	• Reports and recommendations adopted after country visits by Special Rapporteurs • *Thematic reports, in particular:* – A report by the Special Rapporteur Paul Hunt "on sexual and reproductive health" done on February 16, 2004 (E/CN.4/2004/49). – A report by the Special Rapporteur A. Grover on 'the interaction between criminal laws and other legal restrictions relating to sexual and reproductive health' done on August 3, 2011 (A/66/254).
UPR (second cycle)	• *Compilations* of United Nations information prepared by the OHCHR • *Summary* of information prepared by the OHCHR with information received from stakeholders (including NHRIs, NGOs, and other civil society actors)

(CCPR: Committee for Civil and Political Rights; CERD: Committee on the Elimination of All Forms of Racial Discrimination; CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW: Committee on the Elimination of Discrimination against Women; CRPD: Convention on the Rights of Persons with Disabilities; UPR: Univeral Periodic Review; OHCHR: Office of the United Nations High Commissioner for Human Rights; NHRIs: National Human Rights Institutions; NGOs: Nongovernmental Organizations)

As to the **second phase,** the **main recommendations** made by human rights bodies and other stakeholders were **categorized using the McMahon scale**[1] **(from 1 to 4)**, according to their content.

The scale goes from category 1 for general recommendations calling for States to just "continue the efforts" or "consider taking actions" toward guaranteeing rights, to category 4 for robust, concrete, action-oriented, and rights-based recommendations.

Category 1 and 2 recommendations are those that involve the least cost and effort for the State; therefore, the easiest to accept.

Category 3 and 4 recommendations are those that call on the States to:

- Sign, ratify, or accede to international human rights instruments;
- Review, enact, and implement specific laws and policies;
- Ensure participation of rights-holders in decision-making;
- Collect and disaggregate data, among others.

These recommendations are apparently easier to act on because they are very specific. However, they are also more effective to track implementation and thus for holding States accountable; therefore, they can be more challenging for States to accept.

Table 4.2 provides some examples of recommendations under each category.

The survey covered 132 States, divided into five regions: Africa, Americas, Asia, Europe, and Oceania. **The 132 States correspond to the 130 Professional Societies that are members of FIGO.**

Indeed, two FIGO Member Societies correspond to more than one State. The **Societé de Gynecologie et d'Obstetrique du Benin et du Togo (CUGO-CNHU)** includes professionals from Benin and Togo, and the **Association of Gynecologists and Obstetricians of Serbia,**

Table 4.2: Examples of recommendations made by human rights bodies and other stakeholders categorized using the McMahon scale (from 1 to 4), according to their content.

Category	*Recommendation contents*	*Examples*
Category 1	Recommendations emphasizing continuity in actions and/or policies (other verbs in this category include continue, persevere, maintain)	• Continue its efforts to develop the work of its national institution for human rights, as an effective human rights watchdog (Egypt to Bangladesh, Session 4) • Continue the efforts to combat trafficking in persons with a special emphasis on women and children (Canada to Japan, Session 2)
Category 2	Recommendations to consider change (consider, reflect upon, review, envision)	• Consider subsequent measures toward the complete abolition of the death penalty (Switzerland to Cuba, Session 1) • Consider becoming party to the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families (Azerbaijan to Mauritius, Session 4)
Category 3	Recommendations of action that contain a general element (take measures or steps toward, encourage, promote, intensify, accelerate, engage with, respect, enhance)	• Further improve the professionalism of the police force (Netherlands to Barbados, Session 3) • Take the necessary steps to reduce discriminatory practices and violence against women (France to Mali, Session 2)
Category 4	Recommendations of specific action (undertake, adopt, ratify, establish, implement, recognize–in international legal sense)	• Abolish the death penalty (Chile to Burkina Faso, Session 3) • Adopt legislative measures to outlaw domestic violence if it has not done so already (South Africa to Russian Federation, Session 4)

Montenegro and Republic Srpska (UGOSCGRS) gathers obstetricians and gynecologists from Serbia, Montenegro, and Bosnia, even if only from Republic Srpska.

Lastly, it should be noted that the **Kosovo Obstetrics and Gynaecology Association—KOGA (Shoqata e Obstetërve dhe Gjinekologëve te Kosovës)** is in a territory that maintains a controversial status under international law. As such, Kosovo is neither included in the UPR nor in the treaty bodies procedures and was not included in this survey.

Table 4.3 lists the countries that were considered in this human rights mapping survey. In addition to the main findings of this survey, **detailed information on country-specific documents can be found on the Office of the United Nations High Commissioner for Human Rights (OHCHR) website**.[2]

Generally speaking, an analysis of the preparatory documents for the second cycle of the UPR shows that significant attention is paid to sexual, reproductive, maternal and neonatal health, and rights. Certain issues have received more attention than others and there are some differences between regions.

A UNFPA report, assessing the first cycle of the UPR (2008–2011) from the perspective of recommendations related to sexual and reproductive health and rights (SRHR), showed that

SRHR issues received increased attention as the first cycle of the UPR progressed leading to 5,696 SRHR-related recommendations and that a total of 77% were accepted or partially accepted by SuR.[3] Interestingly, most recommendations referred to gender equality and gender-based violence, while fewer recommendations were made on more specific issues such as contraception, early pregnancy, and comprehensive sexuality education.[3]

Table 4.3: Countries that were considered for the survey.

Africa	*Americas*	*Asia*	*Europe*	*Oceania*
Algeria	Argentina	Afghanistan	Albania	The Republic of Fiji
Benin	Bolivia	Armenia	Austria	New Zealand
Burkina Faso	Brazil	Azerbaijan	Belgium	Papua Nuova Guinea
Cameroon	Canada	Bangladesh	Bosnia (Republika Srpska)	
The Republic of Côte d'Ivoire	Chile	Cambodia	Bulgaria	
Egypt	Colombia	China	Croatia	
Eritrea	Costa Rica	Hong Kong	Cyprus	
Ethiopia	Cuba	India	The Czech Republic	
Gabon	The Dominican Republic	Indonesia	Denmark	
Ghana	Ecuador	Iran	Estonia	
Guinea	El Salvador	Iraq	Finland	
Kenya	Guatemala	Israel	France	
Libya	Haiti	Japan	Georgia	
Malawi	The Republic of Honduras	Jordan	Germany	
Mali	Jamaica	Kuwait	Greece	
Morocco	Mexico	Kyrgyzstan	Hungary	
Mozambique	Nicaragua	Lebanon	Ireland	
Niger	Panama	Macau	Island	
Nigeria	Paraguay	Malaysia	Italy	
Rwanda	Peru	Mongolia	Lithuania	
Senegal	Uruguay	Myanmar	The Grand Duchy or Luxemburg	
Sierra Leone	The USA	Nepal	Malta	
South Africa	Venezuela	Pakistan	Moldova	
Sudan		The Philippines	Montenegro	
Tanzania		Saudi Arabia	The Netherlands	
Togo		Singapore	Norway	
Tunisia		South Korea	Poland	
Uganda		Sri Lanka	Portugal	
Zambia		Syria	Romania	
Zimbabwe		The State of Palestine	Russia	
		Taiwan	Serbia	
		Thailand	Slovakia	
		The United Arab Emirates	Slovenia	
		Uzbekistan	Spain	
		Vietnam	Sweden	
			Switzerland	
			Turkey	
			Ukraine	
			The United Kingdom	

AFRICA

The **issues most reported on in the African region** were female genital mutilation/cutting (FGM/C), followed by maternal mortality and gender-based violence, especially sexual violence and rape.

This is not surprising, considering that it is estimated that at least 200 million girls and women across 30 countries have been subjected to some form of **FGM**.[4] Moreover, available data from large-scale representative surveys shows that FGM is highly concentrated in the African region, from the Atlantic coast to the Horn of Africa, where the percentage of girls and women aged 15–49 years who have undergone FGM ranges from 50% to more than 90% in countries like Somalia, Guinea, and Djibouti where the practice is almost universal.[5]

Another very widespread and pervasive harmful practice that affects primarily girls in the African region is **child, early and forced marriage (CEFM)**. According to UNICEF's State of the World's Children 2017, on average, 12% of the 700 million women alive today in Africa were married by 15 and 38% by 18, and approximately 39% of girls in sub-Saharan Africa were married before the age of 18.

The prevalence of CEFM is 76% in Niger, 42% in West and Central Africa, and 36% in Eastern and Southern Africa.[6] The CEFM often leads to early pregnancy and increases risks of being subjected to sexual violence.[7]

As to **maternal mortality**, according to the World Health Organization, almost all maternal deaths (99%) occur in developing countries and more than half of them occur in sub-Saharan Africa.[8]

In terms of **gender-based violence**, African countries have some of the highest levels of physical and sexual violence against women in the world. The South Africa's 2016 Demographic and Health Survey, which is based on data collected from more than 11,000 households, shows that on average one in five South African women over 18 has been subjected to physical violence. Gender-based violence is particularly high in younger women (17% of women aged 18–24 years reported violence from a partner in the 12 months before the survey).

In Zimbabwe and Rwanda, 1 in 3 women experience physical or sexual violence by an intimate partner during their lifetime.[9] As detailed in Chapter 3: The Human Rights-based Approach to Girls' and Women's Health of this Handbook, there are numerous health problems linked to violence against women, including HIV and sexually transmitted diseases, unwanted pregnancies, abortion, and low birth-weight babies.

In terms of the thematic analysis of the recommendations made in the documents taken into consideration, **although several recommendations pertain to more than one category** (gender equality, women's rights, gender-based violence, etc.), **the highest number of strong and action-oriented recommendations**, corresponding to Category 3 and 4 of the McMahon scale, **are those relating to FGM/C, maternal health and mortality, abortion, and violence against women, particularly rape**.

Table 4.4 shows a selection of some of the strongest recommendations found on these issues.[10-16]

One of the most surprising findings that emerged from the survey refers to the *Summary* prepared by the OHCHR for the UPR second cycle, with information received from NHRIs, NGOs, and other civil society actors.

Table 4.4: Selection of some of the strongest recommendations to African countries on FGM, maternal mortality, abortion, and gender-based violence.

Topic	*Country*	*Document*	*Recommendation*
FGM	Guinea	CEDAW concluding observations on the combined seventh and eighth periodic reports of Guinea	The Committee urges the State party: (a) To strengthen efforts, in cooperation with civil societies, traditional and religious leaders, to lead its preventive strategies and raise awareness as to the negative impact female genital mutilation has on the lives of girls and women and the need for both men and women to recognize it as a human rights violation, in order to eliminate the practice of female genital mutilation and its underlying cultural and traditional beliefs; (b) To provide training for the police and other law enforcement officials, health and social workers and the judiciary on the strict application of legislation prohibiting female genital mutilation; (c) To ensure that the perpetrators and practitioners of female genital mutilation are effectively investigated, prosecuted, and punished[11]
Maternal mortality	Benin	CEDAW concluding observations on the fourth periodic report of Benin	The committee urges the State party: To strengthen the maternal and infant mortality reduction program, eliminate the causes of such mortality and increase the number of skilled health care personnel, in particular midwives in rural areas[12]
Abortion	Malawi	Compilation, UPR second cycle	The Human Rights Committee was deeply concerned about the high rates of maternal mortality, the general criminalization of abortion and the high percentage of unsafe abortion-related maternal deaths. While noting that a special commission had been set up in 2013 to review the abortion law, it was concerned about the excessive delays in reforming the law. It stated that Malawi should urgently review its legislation on abortion and provide for additional exceptions, such as in cases of pregnancy resulting from rape or incest, and when the pregnancy posed a risk to the health of the woman. The law should make reproductive health services accessible for all women and adolescents, including in rural areas, and reduce maternal mortality[13]
Maternal mortality Abortion	Zambia	Compilation, UPR second cycle	CEDAW was concerned about the high rates of maternal mortality and morbidity, in particular resulting from unsafe abortions; the lack of access for women and girls to reproductive health care and information, including contraception and HIV/AIDS treatment; the high rate of adolescent pregnancy; and malnutrition. Also, malaria remained a serious health concern for women. It recommended improving women's access to reproductive health care and related services; strengthening the efforts, including through the Campaign for Accelerated Reduction of maternal mortality in Africa, to reduce maternal mortality; raising awareness among women and clinicians as to the legislation on abortion; and ensuring that antimalaria drugs were available and accessible, especially to pregnant women[14]

Contd...

Contd...

Topic	*Country*	*Document*	*Recommendation*
Abortion	Algeria	CEDAW concluding observations	The committee urges the state party: (b) To adopt medical standards and provide for implementation mechanisms establishing that rape and incest constitute grounds for abortion[15]
Maternal mortality Abortion	Malawi	CCPR concluding observations on the initial periodic report of Malawi	The Committee is deeply concerned about the high rates of maternal mortality and, in particular, the high percentage of unsafe abortion-related maternal deaths. It is concerned about the general criminalization of abortion, except to save the life of the woman, which obliges pregnant women to seek clandestine abortion services that put their lives and health at risk. While taking note of the special commission set-up to review the abortion law in 2013, the Committee is concerned about the excessive delays in reforming the law. The Committee also finds the high rate of teenage pregnancies to be regrettable (Articles 2, 3, 6, 7, 17, 24 and 26). The State party should: (a) Urgently review its legislation on abortion and provide for additional exceptions in cases of pregnancy due to rape or incest and when the pregnancy poses a risk to the health of women. The law should ensure that reproductive health services are accessible for all women and adolescents, including in rural areas; (b) Increase efforts to reduce maternal mortality and teenage pregnancies by providing adequate sexual and reproductive health services; (c) Increase education and awareness-raising programs, both formal (at educational institutions) and informal (involving mass media), on the importance of using contraceptives and on sexual and reproductive health rights[16]
Gender-based violence	Sierra Leone	Compilation, UPR second cycle	The Committee against Torture remained concerned about the rape of girls by Educators. The Committee on the Elimination of Discrimination against Women expressed concern about the increase in sexual abuse and harassment of girls in schools and the increase in teenage pregnancies, the negative impact of harmful traditional practices on girls' education and barriers impeding pregnant girls' and young mothers' access to education. It recommended that Sierra Leone ensure that sexual abuse and harassment in schools were adequately punished, and effectively implement the National Strategy for the Reduction of Teenage Pregnancy (2013) and the Code of Ethics for Educators[17]

(CCPR: Committee for Civil and Political Rights; CEDAW: Committee on the Elimination of Discrimination against Women; FGM: Female Genital Mutilation; UPR: Universal Periodic Review)

Indeed, while there is significant **information on SRHR** and **maternal/neonatal health issues** for countries like Niger, Nigeria, Senegal, Sierra Leone, South Africa, and Tanzania, there is **very little for Mali** and **absolutely no information** on these topics **for Algeria, Benin, Eritrea, Gabon, or Tunisia**.

A greater engagement by civil society stakeholders specialized in girls' and women's health and human rights in the next UPR reporting cycle is therefore needed. At the same time,

FIGO Member Societies in Algeria, Benin, Eritrea, Gabon, Mali, and Tunisia **should take the opportunity to engage in the third UPR cycle** to highlight the main concerns and challenges that girls and women face in these countries to fully enjoy their right to health (details on how to engage are described in Chapter 2: United Nations Human Rights Mechanisms).

THE AMERICAS

The mapping for the Americas shows that the **issues most reported on are access to sexual and reproductive health services, abortion, violence against girls and women** (with a focus on sexual violence), **and adolescent pregnancy.**

As in the case of Africa, this is in line with available statistics. Indeed, according to the ECLAC data, **the Region has the second highest adolescent birth rate in the world** (15–19 year olds), which is second only to sub-Saharan Africa.[17] Moreover, it is the only region in the world where pregnancies and birth rates in girls under the age of 15 are increasing.[18]

A number of factors contribute to these rates, including the **lack of information** and **access to health services and contraceptives**, the **lack of comprehensive sexuality education in schools**, and the **prohibition and prosecution of abortion** in many countries of the region. El Salvador, Chile, the Dominican Republic, and Nicaragua are among the few countries in the world that ban abortion with no exceptions for cases of rape, incest, or even if a woman's life is in danger. This forces girls and women to resort to unsafe, clandestine abortions.[19]

In addition, there is a **high prevalence of sexual violence in the region**. The Pan American Health Organization estimates that sexual violence is the cause of between 11% and 20% of pregnancies in girls and adolescents.

Lastly, Nicaragua, The Dominican Republic and Brazil are among the 25 countries with the highest **child marriage** rates, with 41%, 37%, and 36%, respectively.[20]

Table 4.5 lists some of the strongest recommendations made by treaty bodies and other stakeholders on these issues.[21-32]

A characteristic of the Americas is that the **UPR second cycle received a significant number of submissions from National Human Rights Institutions (NHRIs), nongovernmental organizations (NGOs), and other civil society actors, with very strong recommendations to the SuR.** The many Joint Submissions of civil society actors reflect the vibrant and well-organized civil society present in the region and a high level of engagement in the UPR mechanism.

Among the **issues least reported on** are **forced sterilization and maternal health. No mention at all** was found **on FGM/C**. This is quite surprising especially considering that, **although FGM** is practiced mainly in parts of Africa, the Middle East, and Asia, it **is still present in some indigenous communities in Latin America**[33] (particularly the Emberá communities in Colombia, Ecuador and Panama) **and within the communities of immigrants in the USA** (especially immigrants from countries where it is commonly practiced).

According to a study by the United States Centers for Disease Control and Prevention (CDC),[34] the number of girls and women who have undergone FGM or are at risk of it tripled over the last two decades in the USA.[35] Alarmingly, according to Equality Now, only 25 States in the USA have enacted laws against FGM.

Table 4.5: Selection of some of the strongest recommendations to American countries on abortion, rape, violence, and forced sterilization.

Topic	*Country*	*Document*	*Recommendations*
Abortion	Chile	Summary, UPR second cycle	JS3 stated that the situation was critical in the field of sexual and reproductive health. Abortion is still illegal and the State has not even started any democratic debate on the issue. Furthermore, although health care facilities are under a legal obligation to offer forms of contraception, this requirement is not respected because municipal authorities impose restrictions on the distribution of certain contraceptives on ideological grounds. JS3 recommended that the State amend its legislation so that abortion is no longer a criminal offence, in order to guarantee the exercise of sexual rights and prevent maternal deaths caused by clandestine abortion[21]
Abortion	El Salvador	Compilation, UPR second cycle	The Human Rights Committee expressed concern that the current Criminal Code criminalized all forms of abortion, and that legal proceedings had been brought against some women seeking treatment in public hospitals. It recommended that El Salvador amend its legislation on abortion and suspend the prosecution of women for the offence of abortion[22]
Abortion	Guatemala	Compilation, UPR second cycle	The Human Rights Committee expressed concern at the criminalization of abortion due to rape or incest. It recommended including additional exceptions to the prohibition of abortion, so as to save women from having to resort to clandestine abortion services that endangered their lives or health[23]
Rape Abortion	Chile	Compilation, UPR second cycle	It urged Chile to review its legislation on abortion with a view to decriminalizing it in cases of rape, incest, or threats to the mother's health and/or life[24]
Abortion	Equador	Compilation, UPR second cycle	The Committee recommends that the State party amend its criminal code so as to establish that abortion is not an offence if the pregnancy is the result of rape, regardless of whether or not the woman in question has a disability, or if the existence of congenital anomalies has been established. The committee urges the State party to expunge the terms idiota ("idiot") and demente ("insane") in reference to women with mental and/or psychosocial disabilities from its criminal code[25]
Abortion	Paraguay	Compilation, UPR second cycle	The Committee against Torture noted the general prohibition of abortion in the criminal code, which applied even to cases of sexual violence and incest or when the fetus was not viable, and that women requesting an abortion, and medical professionals who provided abortions, could be punished. It urged Paraguay to review its legislation on abortion, as also recommended by three other Committees and the Special Rapporteur on health[26]

Contd...

Contd...

Topic	*Country*	*Document*	*Recommendations*
Rape	Jamaica	Compilation, UPR second cycle	CEDAW was concerned that the Sexual Offences Act 2009 protected against marital rape only in certain circumstances and that rape within marriage was not always criminalized. It urged Jamaica to ensure strict enforcement of the Domestic Violence Act, the Sexual Offences Act and all other legislation intended to protect women from violence, and to amend the Sexual Offences Act with a view to criminalizing all marital rape, with no restrictive conditions[27]
Rape	Peru	Compilation, UPR second cycle	CESCR recommended amending the criminal code, concerned that it classified consensual sexual relations between adolescents as statutory rape and penalized abortions in cases of pregnancy resulting from rape[28]
Violence	USA	Compilation, UPR second cycle	The Special Rapporteur on violence against women recommended the enactment of laws criminalizing sexual abuse and other misconduct towards prisoners, covering not only guards and correctional officers, but also all individuals who worked in prisons, including volunteers and Government contractors, and strengthening institutional oversight to prevent rape and sexual abuse in prisons[29]
Violence	Bolivia	Compilation, UPR second cycle	CAT was concerned about gender violence, particularly domestic and sexual violence. It urged Bolivia to investigate and prosecute such acts; and to raise awareness. The Human Rights Committee urged Bolivia to prevent and combat all forms of gender violence and to implement the right to reparation[30]
Forced sterilization	USA	Summary, UPR second cycle	Advocates for Informed Choice (AIC) stated that intersex people in the USA suffer harm from genital-normalizing surgery in childhood and recommended that enforcement agencies take action to enforce laws prohibiting FGM and involuntary sterilization and investigate violations to protect children with intersex conditions[31]
Maternal mortality	The Dominican Republic	Compilation, UPR second cycle	CEDAW recommended that the Dominican Republic adopt a plan to reduce maternal mortality; provide free or affordable access to family planning services and contraceptives for all women; ensure access to health care for migrant women and girls, irrespective of their migration status; and ensure access to sexual and reproductive health for all women, including lesbians[32]

(CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW: Committee on the Elimination of Discrimination against Women; CESCR: Committee on Economic, Social and Cultural Rights; FGM: Female Genital Mutilation; UPR: Universal Periodic Review)

If we are to hold national Governments to account for their global commitments and achieve the promise of the Sustainable Development Agenda of "leaving no-one behind," we need to bring visibility to the many invisible girls and women by using the data we have more effectively.

The human rights mechanisms offer a **perfect opportunity to FIGO Members Societies not only to report on the situations and human rights violations** that mostly affect girls, and women's health in a country, **but also to put a special emphasis on the most marginalized and excluded groups**, including indigenous or Afro descendent girls and women, those with disabilities, girls and women in detention centers, and others.

ASIA

The information collected for Asia covers 35 countries located in very diverse subregions, ranging from the Middle East to Central Asia and South East Asia. The findings reflect these differences.

In general terms, the **issues most reported on are harmful practices** (particularly FGM and CEFM), **violence against girls and women**, especially in its marital rape connotation, **gender-based crimes** committed in the name of honor, **abortion,** and **maternal mortality**. **Less** was reported on other issues like **contraceptives** and **HIV**.

Very **strong recommendations on ending FGM** were found **for some countries**, particularly Indonesia where the practice is very widespread, Kurdistan, Iran, Iraq, and even Malaysia, where it is considered a medical practice. The lack of information and recommendations on FGM/C to other countries in the region is the expression of the lack of official data available in Asia. However, civil society groups, such as the Orchid Project, have found evidence of this harmful practice even in other countries, including India, Pakistan, and Thailand.[36] Various communities in the Middle East also have FGM customs, Egypt and Yemen being among the most affected.[37]

Strong recommendations were also found **on CEFM**, especially in the South Asian subregion that has the highest prevalence of child marriage in the world. According to available data, Bangladesh has the highest rate of child marriage in the region (59%), followed by Nepal (37%), Afghanistan (35%), and India (27%).[38]

Strong recommendations were also made **to eliminate other harmful traditional practices**, such as the so-called "*honor killings*" and **sex-selective abortions** in countries like Azerbaijan, China, and India.

Another highlighted issue is the practice of **sterilization imposed on women with disabilities** in China and in some other countries of South-east Asia. Among the countries of the Middle East, sterilization was mentioned as a big concern in the case of Jordan where it is practiced especially against **girls born with mental disability** and in Uzbekistan to **women with more than two children**, as part of a national family-planning and control program.

As to the information on Hong Kong and Macau, these are included in the documentation of China, as they are both special administrative regions of China. However, it should be noted that no specific information on the subject matter was found for these regions.

Similarly, Palestine was reported in the context of the occupied territories by the Israeli State. However, in this case, some results were found, particularly as to the negative impact on women's health caused by the restrictions on the freedom of movement of the Palestinians in these territories.

The amount of information found on issues relating to girls' and women's health was lower than expected in some countries. For example, nothing was found on these issues

in Mongolia's Summary of information prepared by the OHCHR, nor in Japan's Summary of information. In these countries, **FIGO Member Societies could be well positioned to raise these issues in the next UPR cycle**.

In the case of Japan, very little information on sexual, reproductive, maternal, and neonatal health was found also in the Compilation of information and in the treaty bodies' concluding observations. A more thorough investigation should be carried out to determine why there is this lack of information.

Table 4.6 offers a selection of some of the strongest recommendations found for Asian countries.[39-51]

Table 4.6: Selection of some of the strongest recommendations to Asian countries on girls with disabilities, comprehensive sexuality education, reproductive health, abortion, forced abortions and sterilization, violence against women, FGM, and maternal mortality.

Topic	*Country*	*Document*	*Recommendations*
Girls with disabilities	China	CRC concluding observations	The Committee urges the State party to take immediate steps in mainland China to eliminate the widespread stigma in relation to girls and children with disabilities and reform its family planning policy, in an effort to address the root causes of the abandonment of girls and children with disabilities[39]
Comprehensive sexuality education	Philippines	CEDAW concluding observations	The Committee recommends that the State party: Develop operational guidelines for schools and provide training for educators in order to deliver high-quality, age-appropriate education on sexual and reproductive health and rights for all girls and boys, including those with disabilities[40]
Comprehensive sexuality education	Myanmar	CEDAW concluding observations	The Committee recommends that the State party: Intensify the provision of age-appropriate education on sexual and reproductive health and rights and ensure that it is systematically integrated into school curricula[41]
Reproductive health	India	CEDAW concluding observations	The Committee urges the State party: To review reproductive health policies to make them more inclusive, with a view to increasing high-quality maternal health services in the states in which they are lacking, removing conditions from maternal benefits, ensuring adequate funding for reproductive health services, including provision of reproductive health information and education, and that they effectively cover urban and rural areas[42]
Abortion	Azerbaijan	Summary, UPR second Cycle	JS1 stated that the Azeri society valued men over women because ethnicity and family name are passed on through men. Many families decided to abort female fetuses. JS1 recommended that Azerbaijan implement strict measures to punish medical personnel involved in sex-selective abortions[43]

Contd...

Contd...

Topic	*Country*	*Document*	*Recommendations*
Forced abortions and sterilization	China	Summary, UPR second Cycle	Tibet Women's Association (TWA) referred to the challenge in providing health care to isolated populations, including the nomadic rural population of Surmang. TWA reported on alleged gender-specific abuses committed against Tibetan women in the form of forced birth control policies, such as sterilization and abortions. PHR recommended that China remove forced abortions and sterilizations as remedial measures under Family Planning Commission regulations[44]
Forced abortions and sterilization	China	CRC concluding observations	The Committee recommends that the State party promptly and independently investigate and publicly report all incidents of forced abortions and forced sterilization of teenage girls by local authorities in mainland China, and prosecute all officials responsible for such crimes[45]
Abortion	Kuwait	Compilation, UPR second Cycle	CRC expressed concern that abortion was allowed only when the mother's life was threatened and recommended the revision of legislation concerning abortion. CEDAW urged Kuwait to adopt medical standards establishing that rape and incest constitute grounds for abortion[46]
Violence	Uzbekistan	CAT concluding observations	The State party should define and criminalize domestic violence and marital rape in its legislation and ensure that all women have access to adequate medical, social and legal services and temporary accommodation. The State party should ensure that mechanisms are in place to encourage women victims of violence to come forward and that all allegations of violence are promptly, thoroughly and effectively investigated, that perpetrators are held accountable and that women victims of violence obtain adequate redress, including, inter alia, compensation, and rehabilitation[47]
Violence against women	Indonesia	CEDAW concluding observations	The Committee urges the State party: To promptly investigate, prosecute and punish all acts of violence against women, including acts of sexual violence, perpetrated by private actors and by the security and defence forces, the police and militant groups, ensuring that inquiries are conducted exhaustively, impartially, and transparently[48]
FGM	Indonesia	HRC concluding observations	The State party should repeal Ministry of Health Regulation No. 1636 of 2010, which authorizes the performance of FGM by medical practitioners (medicalization of FGM). In this connection, the State party should enact a law that prohibits any form of FGM and ensure that it provides adequate penalties that reflect the gravity of this offence. Furthermore, the State party should make efforts to prevent and

Contd...

Contd...

Topic	*Country*	*Document*	*Recommendations*
			eradicate harmful traditional practices, including FGM, by strengthening its awareness-raising and education programs. To this effect, the national-level team established the development of a common perception on the issue of FGM to ensure that communities where the practice is widespread are targeted in order to bring a change in mindset[49]
Maternal mortality	India	Compilation, UPR second cycle	There was a gap between India's commendable maternal mortality policies and their urgent, focused, sustained, systematic, and effective implementation. The Special Rapporteur strongly recommended that the Government urgently establish an independent body to accelerate progress by galvanizing action and ensuring that those in authority properly discharge their responsibilities to reduce maternal mortality[50]
Maternal mortality	Mongolia	Compilation, UPR second cycle	The Human Rights Committee remained concerned about the high levels of maternal mortality, especially in the rural areas. Mongolia should urgently reduce maternal mortality, including the implementation of the project for a nationwide network of national ambulance services and the opening of new medical clinics in rural areas. It should also improve access to health services for cases of high-risk pregnancies[51]

(CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW: Committee on the Elimination of Discrimination against Women; CRC: Committee on the Rights of the Child; FGM: Female Genital Mutilation; UPR: Universal Periodic Review; UN HRC: United Nations Human Rights Committee)

EUROPE

The mapping for the European region shows that the **issues most reported on are access to SRH services**, especially for adolescents, **contraceptives, comprehensive sexuality education,** and **violence against girls and women**, particularly domestic and sexual violence. **Less** was **reported** on **maternal health, morbidity, and mortality**.

According to recent data, **violence affects over 250 million women and girls in Europe, with 1 in 3 having experienced physical and/or sexual violence since the age of 15 and 1 in 4 experiencing physical and/or sexual violence during pregnancy**. This has very severe consequences on their physical and mental health.[52] Although the issue is widespread across Europe, it was highlighted especially for countries in Eastern Europe, where violence against girls and women manifests itself more intensely against ethnic minorities.

Strong recommendations were made by treaty bodies regarding specific groups of girls and women, particularly women with disabilities and the Roma, because of their vulnerability to violence. Indeed, in Europe, women with disabilities are 2–5 times more likely to be victims of violence than nondisabled women, including sexual and reproductive abuse, such as forced sterilization.[52]

Another highlighted issue in Europe is **access to sexual and reproductive health care and services**, especially by adolescents, and girls and women belonging to immigrant communities or ethnic minorities, including the Roma population.

The Council of Europe estimates that there are between **10 and 12 million Roma in Europe** and that they are among the most disadvantaged and excluded populations in the region.[53] Evidence suggests that Roma communities are less well informed about SRHR and are subjected to discrimination in access to health care.[54] Among the **barriers** that Roma girls and women encounter in accessing sexual and reproductive health care and services, especially in South Eastern Europe, are the overall lack of financial resources and health insurance various cultural and economic factors such as low reproductive decision-making autonomy and early marriage, low education levels and poor living conditions, as well as geographic and language barriers. This lack of awareness and access to sexual and reproductive health care and services are some of the main reasons behind the higher rates of adolescent pregnancies and abortions, and greater risks of sexually transmitted infections and HIV, and forced sterilization.

Strong recommendations were made by treaty bodies and civil society groups **to improve and facilitate access and quality of health services for vulnerable groups and ensure that all minority groups receive equal treatment and care as European nationals.**

Table 4.7 lists a selection of recommendations made by treaty bodies to European States.[55-61]

Table 4.7: Selection of some of the strongest recommendations to European countries on comprehensive sexuality education, SRH services, abortion, rape, violence, teenage pregnancies, and forced sterilization.

Topic	*Country*	*Document*	*Recommendations*
Comprehensive sexuality education	Albania	Compilation, UPR second cycle	CESCR was concerned about the absence of information on sexual and reproductive health in the education curricula. CEDAW recommended the promotion of sex education, with special attention given to the prevention of early pregnancy[55]
Comprehensive sexuality education and SRH services	Ireland	Compilation, UPR second cycle	Concerned at the severe lack of access to sexual and reproductive health education and emergency contraception for adolescents, the Committee on the Rights of the Child recommended that Ireland adopt a comprehensive sexual and reproductive health policy for adolescents and ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescents[56]
Abortion	Malta	Compilation, UPR second cycle	CEDAW and CRC were concerned that abortion was illegal in all cases under the law and that women who choose to undergo abortion were subject to imprisonment. Application of Conventions and Recommendations made a similar recommendation. CEDAW urged Malta to review its legislation on abortion, consider exceptions to the general prohibition of abortion for cases of therapeutic abortion and when the pregnancy is the result of rape or incest, and to remove from its legislation the punitive provisions for women who undergo abortion. CRC made a similar recommendation[57]

Contd...

Contd...

Topic	*Country*	*Document*	*Recommendations*
Rape	Hungary	Compilation, UPR second cycle	The Committee on the Elimination of Discrimination against Women urged Hungary to amend its Criminal Code to ensure that rape is defined on the basis of the lack of voluntary consent of the victim and ensure appropriate and easily accessible health care services for women who are victims of rape[58]
Violence	Serbia	Compilation, UPR second cycle	The Human Rights Committee remained concerned about prevalent domestic violence and recommended that Serbia combat such violence and establish shelters and support centers with medical, psychological, and legal support. CAT was particularly concerned about the sexual abuse of girls and lack of prevention and protection measures; it urged Serbia to implement the national strategy to prevent domestic violence, and conduct awareness raising campaigns and training on domestic violence for officials[59]
Teenage pregnancies	Estonia	Compilation, UPR second cycle	The Committee on Economic, Social, and Cultural Rights expressed concern that, while the rate of abortion had decreased, it continued to be widely practiced among adolescents and that unwanted pregnancy often led teenage girls to drop out of school. It urged Estonia to ensure that sexual and reproductive health services were effectively accessible to adolescents, and called on Estonia to intensify its efforts to prevent teenage pregnancy and to provide the support services necessary for pregnant adolescents[60]
Forced sterilization	Czech Republic	Compilation, UPR second cycle	CERD remained concerned about the sterilization of Roma women without their free and informed consent. Forty-nine CAT expressed a similar concern. Fifty CEDAW urged the Czech Republic to adopt legislative changes clearly defining the requirements of free, prior and informed consent with regard to sterilizations; review the three-year time limit in the statute of limitations for bringing compensation claims in cases of coercive or nonconsensual sterilizations in order to extend it; consider establishing an ex gratia compensation procedure for victims of coercive or nonconsensual sterilizations whose claims had lapsed; provide all victims with assistance to access their medical records; and investigate and punish illegal past practices of coercive or nonconsensual sterilizations
Forced sterilization	Hungary	Compilation, UPR second cycle	The Committee on the Elimination of Discrimination against Women urged Hungary to eliminate forced sterilization of women with disabilities. The Committee on the Rights of Persons with Disabilities made similar recommendations[61]

(CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW: Committee on the Elimination of Discrimination against Women; CRC: Committee on the Rights of the Child; FGM: Female Genital Mutilation; UPR: Universal Periodic Review; SRH: Sexual and reproductive health; CESCR: Committee on Economic, Social and Cultural Rights; CERD: Committee on the Elimination of Racial Discrimination).

SUMMARY NOTES

This chapter highlights some critical issues concerning girls' and women's health that could be useful to FIGO and its Member Societies to develop their rights-based advocacy strategy and identify advocacy priority issues.

Some recommendations may be considered more relevant and useful than others. Identifying those that are most relevant for FIGO's mission is important to develop strong and realistic advocacy plans.

We suggest consulting the final outcome reports in the UPR second cycle to identify the recommendations that were made to the SuR as to girls' and women's health; those that were accepted by the SuR and those that were not.

Indeed, the implementation of the UPR outcome is probably the most important stage of the UPR process, as it can improve the human rights situations in a country through changes in laws and policies and program planning, budgeting, implementation, monitoring, and evaluation.

Therefore, the outcome documents should inform the advocacy strategy of each FIGO Member Society, be used to track the performance of countries and become a fundamental resource for the development of submissions for the following UPR cycle (i.e. the third cycle).

UPR recommendations and those of other human rights mechanisms (treaty bodies and special procedures) can give visibility to neglected human rights issues and persistent patterns of discrimination, that prevent the full enjoyment of the right to health by all girls and women.[62]

REFERENCES

1. McMahon ER 'Herding Cats and Sheep: Assessing State and Regional Behavior in the Universal Periodic Review Mechanism of the United Nations Human Rights Council.' [online] Available from: https://www.upr-info.org/sites/default/files/general-document/pdf/-mcmahon_herding_cats_and_sheeps_july_2010.pdf
2. Office of the High Commissioner on Human Rights. [online] Available from: www.ohchr.org.
3. Lessons From the First Cycle of the Universal Periodic Review: From Commitment to Action on Sexual and Reproductive Health and Rights, UNFPA, 2014. Available from: http://hrbaportal.org/wp-content/files/Final_UNFPA-UPR-ASSESSMENT_270814.pdf
4. Female Genital Mutilation/Cutting: A Global Concern, UNICEF, 2016. Available from: http://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD(2)pdf. [Accessed 20 April 2018].
5. UNICEF global databases, 2018, based on DHS, MICS and other national surveys, 2004–2017.
6. State of the World Children, UNICEF, 2017.
7. UNICEF, Is every child counted? Status of Data for Children in the SDGs, p. 54, 2017.
8. World Health Organization Fact Sheet on Maternal Mortality. Available from: http://www.who.int/en/news-room/fact-sheets/detail/maternal-mortality. [Accessed 20 April 2018].
9. Zimbabwe National Statistics Agency and ICF International, 2016; National Institute of Statistics of Rwanda, 2016.
10. CEDAW/C/GIN/CO/6, Nov 2014, p. 8, Para 31. Available from: http://undocs.org/CEDAW/C/GIN/CO/6.
11. CEDAW/C/BEN/CO/4, p. 10, Para 33. Available from: http://undocs.org/CEDAW/C/BEN/CO/4.
12. Compilation, UPR 2nd Cycle, A/HRC/WG.6/22/MWI/2, 5 May 2015, p. 10, Para 56. Available from: https://www.ecoi.net/en/file/local/1176956/1930_1452765729_g1503440.pdf.
13. Compilation, UPR 2nd Cycle, A/HRC/WG.6/14/ZMB/2, 13 August 2012. Available from: https://www.ecoi.net/en/file/local/1299250/1930_1347467295_a-hrc-wg-6-14-zmb-2-zambia-e.pdf.

14. Committee on the Elimination of All Forms of Discrimination against Women, Concluding Observations, CEDAW/C/DZA/CO/3-4, 23 March 2012, p. 10, Para 41.
15. CCPR Concluding Observations on the initial periodic report of Malawi, CCPR/C/MWI/CO/1/Add.1, 19 August 2014, Para 9.
16. Compilation, UPR 2nd Cycle. A/HRC/WG.6/24/SLE/2, 23 November 2015.
17. ECLAC, 2015. Availble from: https://www.cepal.org/en/publications/39964-social-panorama-latin-america-2015.
18. UNFPA, 2015. Available from: https://www.unfpa.org/annual-report-2015.
19. The World's Abortion Laws Map. [online] Available from: http://www.worldabortionlaws.com/map/ . [Accessed 12 May 2018].
20. State of the World, UNICEF, 2016.
21. Compilation UPR, 2nd Cycle, A/HRC/WG.6/18/CHL/3 Human Rights Council Resolution, 7 November 2013, Para. 64.
22. Compilation, UPR 2nd Cycle. A/HRC/WG.6/20/SLV/2 Human Rights Council Resolution, August 15, 2014, Para 64.
23. Compilation, UPR 2nd Cycle. A/HRC/WG.6/14/GTM/2 Human Rights Council, 13 August 2012, Para 72. Available from: http://www.refworld.org/pdfid/506d59272.pdf.
24. A/HRC/WG.6/18/CHL/2 Human Rights Council Resolution, 7 November 20131, Para 55.
25. Compilation, UPR 2nd Cycle. E/C.12/ECU/CO/3 Committee on Economic, Social and Cultural Rights, 13 December 2012.
26. Compilation, UPR 2nd Cycle. A/HRC/WG.6/24/PRY/2 Human Rights Council Resolution, 23 November 2015, Para 69.
27. Compilation, UPR 2nd Cycle. A/HRC/WG.6/22/JAM/2 Human Rights Council Resolution, 2 March 2015, Para 33.
28. Compilation, UPR 2nd Cycle. A/HRC/WG.6/14/PER/2 Human Rights Council, 13 August 2012, Para 10.
29. Compilation, UPR 2nd Cycle. A/HRC/WG.6/22/USA/2 Human Rights Council, 2 March 2015, Para 39.
30. Compilation, UPR 2nd Cycle. A/HRC/WG.6/20/BOL/2* Human Rights Council Resolution, 18 August 2014, Para 37.
31. Summary, UPR 2nd Cycle. A/HRC/WG.6/22/USA/3 Human Rights Council, 16 February 2015, Para 42.
32. Compilation, UPR 2nd Cycle. A/HRC/WG.6/18/DOM/2 Human Rights Council Resolution, November 2, 2013, Para 61.
33. A silent epidemic: the fight to end female genital mutilation in Colombia, 9 February 2016. Available from: https://www.unfpa.org/news/silent-epidemic-fight-end-female-genital-mutilation-colombia. [Accessed 15 May 2018].
34. Krupa M. The alarming rise of female genital mutilation in America, CNN, July 14, 2017. Available from: https://edition.cnn.com/2017/05/11/health/female-genital-mutilation-fgm-explainer-trnd/index.html. [Accessed 15 May 2018].
35. Female genital mutilation/cutting in the United States: updated estimates of women and girls at risk, 2012. Published in Public Health Reports March-April 2016, on 14 January 2016. [online] Available from www.publichealthreports.org
36. Where in Asia is FGM practices? [online] Available from: http://www.stopfgmmideast.org/background/where-is-fgm-practiced/. [Accessed 13 May 2018].
37. Lian Kong L. What you need to know about female genital mutilation in Asia, The Asian Correspondent. 6 February 2018. [online] Available from: https://asiancorrespondent.com/2018/02/female-genital-mutilation-asia/#B6RokVFveLPoDQwq.99. [Accessed 13 May 2018].
38. State of the World's Children 2017, UNICEF, 2017.
39. Committee on the Rights of the Child (CRC) concluding observations, CRC/C/CHN/CO/3-4, 29 October 2013.----China disabilities. Available from: http://www.refworld.org/pdfid/5280ee2f4.pdf.

40. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), Concluding Observations, CEDAW/C/PHL/CO/7-8, 27 July 2016, Para 34.
41. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), Concluding Observations, CEDAW/C/MMR/CO/4-5, 25 July 2016, Para 35.
42. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), Concluding Observations, CEDAW/C/IND/CO/4-5, 24 July 2014, Para 31.
43. Summary, UPR, 2nd Cycle, A/HRC/WG.6/16/AZE/3, 29 January 2013, Para 41.
44. Summary UPR 2nd Cycle, A/HRC/WG.6/17/CHN/3, 30 July 2013, Para 54.
45. Committee on the Rights of the Child, Concluding Observations, CRC/C/CHN/CO/3-4, Para 68.
46. Compilation, UPR 2nd Cycle, A/HRC/WG.6/21/KWT/2, 12 November 2014, Para 69.
47. Committee Against Torture, Concluding Observations, CAT/C/UZB/CO/4, 10 December 2013.
48. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), Concluding Observations, CEDAW/C/IDN/CO/6-7, 7 August 2012, Para 28.
49. Human Rights Committee Concluding Observations, CCPR/C/IDN/CO/1, 21 August 2013.
50. Compilation, UPR 2nd Cycle, A/HRC/WG.6/13/IND/2, 11 April 2012, Para 59.
51. Compilation, UPR 2nd Cycle, A/HRC/WG.6/22/MNG/2, 2 March 2015. Available from: http://www.refworld.org/pdfid/5538e7874.pdf.
52. The European Coalition to End violence against women & girls, Factsheet, Feb. 2018. [online] Available from: https://www.womenlobby.org/Factsheet-EU-ratification-of-the-Istanbul-Convention-A-vital-opportunity-to-end-7715?lang=en. [Accessed 14 May 2018].
53. Estimated number for the 47 member states of the Council of Europe. [online] Available from: http://www.coe.int/t/dg3/romatravellers/default_EN.asp.
54. "Roma integration: Progress Report and Recommendation – European Commision_ MEMO/13/610,26/06/2013 4 UNFPA (2013), "State of the World Population Report."
55. Compilation UPR 2nd Cycle, 28 April–9 May 2014, Available from: https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=14532&LangID=E.
56. Compilation UPR 2nd Cycle, 2 May 2016, Available from: http://www.upr.ie/Website/UPR/uprweb.nsf/page/DOJL-A97JFV1512120-en/$file/National%20Report%20IE%20Cycle%202.pdf
57. Compilation UPR 2nd Cycle, 21 October–1 November 2013.
58. Compilation UPR 2nd Cycle, 2-13 May 2016, Available from: https://www.upr-info.org/sites/default/files/document/hungary/session_25_-_may_2016/a_hrc_wg.6_25_hun_2_e.pdf.
59. Compilation UPR 2nd Cycle, 21 January–1 February 2013, Para 35.
60. Compilation UPR 2nd Cycle, 18–29 January 2016, Available from: https://www.ecoi.net/en/file/local/1127457/1930_1455709897_g1526657.pdf.
61. Compilation, UPR 2nd Cycle, May 2016, Available from: https://www.upr-info.org/sites/default/files/document/hungary/session_25_-_may_2016/a_hrc_wg.6_25_hun_2_e.pdf.
62. Gilmore K, Mora L, Barragues A, Krogh Mikkelsen I. The universal periodic review: a platform for dialogue, accountability and change on sexual and reproductive health and rights. Health Human Rights J. 2015;17(2).

Annexures

Carola Carazzone, Silvia Mazzarelli

Annexure 1: Links between the sustainable development goals (SDG) targets relating to girls' and women's health and rights and corresponding international human rights obligations.[1]

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
2.2 End malnutrition	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	*Convention on the Rights of the Child (CRC)*: 24.1 State parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. State parties shall strive to ensure that no child is deprived of his or her right of access to such health care services 24.2.c To combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 2.2 Notwithstanding the provisions of paragraph I of this article, State parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation *Convention on the Rights of Persons with Disabilities (CRPD)*: 28.1 State parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 11.1 The State parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing,

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		and to the continuous improvement of living conditions. The State parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international cooperation based on free consent 11.2 The State parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international cooperation, the measures, including specific programs, which are needed
3.1 Reduce maternal mortality	Reduce maternal mortality: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	*Convention on the Rights of the Child (CRC)*: 24.3 State parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children 34. State Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent 34.a The inducement or coercion of a child to engage in any unlawful sexual activity 34.b The exploitative use of children in prostitution or other unlawful sexual practices *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 12.1 State parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning 12.2 Notwithstanding the provisions of paragraph I of this article, States parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation *Convention on the Rights of Persons with Disabilities (CRPD)*: 10. State parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others 25.a Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 12.1 The State parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health 12.2.a The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		12.2.b The improvement of all aspects of environmental and industrial hygiene 12.2.c The prevention, treatment and control of epidemic, endemic, occupational and other diseases 12.2.d The creation of conditions which would assure to all medical service and medical attention in the event of sickness *International Covenant on Civil and Political Rights (ICCPR)*: 6.1 Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CRMW)*: 9. The right to life of migrant workers and members of their families shall be protected by law 28. Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment 43.1.e Access to social and health services, provided that the requirements for participation in the respective schemes are met *Universal Declaration of Human Rights (UDHR)*: 3. Everyone has the right to life, liberty and security of person 25.1 Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control
3.2 End preventable child and newborn deaths	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	*Convention on the Rights of the Child (CRC)*: 24.1 State parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States parties shall strive to ensure that no child is deprived of his or her right of access to such health care services 24.2.a To diminish infant and child mortality 24.2.b To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care 24.2.c To combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		24.2.d To ensure appropriate prenatal and postnatal health care for mothers 24.2.e To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents 24.2.f To develop preventive health care, guidance for parents and family planning education and services 24.3 State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 12.1 State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning 12.2 Notwithstanding the provisions of paragraph I of this article, State Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation *Convention on the Rights of Persons with Disabilities (CRPD)*: 10. State Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others 25.d Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care 25.b Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 12.1 The State Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health 12.2.a The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		12.2.b The improvement of all aspects of environmental and industrial hygiene 12.2.c The prevention, treatment and control of epidemic, endemic, occupational and other diseases 12.2.d The creation of conditions which would assure to all medical service and medical attention in the event of sickness *International Covenant on Civil and Political Rights (ICCPR)*: 6.1 Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his/her life *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CRMW)*: 9. The right to life of migrant workers and members of their families shall be protected by law 28. Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment *Universal Declaration of Human Rights (UDHR)*: 3. Everyone has the right to life, liberty and security of person 25.1 Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control
3.3 End AIDS epidemic and other communicable diseases	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	*Convention on the Rights of the Child (CRC)*: 24.1 State Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services 24.2.a To diminish infant and child mortality 24.2.b To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care 24.2.c To combat disease and malnutrition, including within the framework of primary health care, through inter alia the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution 24.2.d To ensure appropriate prenatal and postnatal health care for mothers

Contd...

Contd...

SDG target	Target	Corresponding human rights obligations (legally binding)
		24.2.e To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents 24.2.f To develop preventive health care, guidance for parents and family planning education and services 24.3 State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 12.1 States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning *Convention on the Rights of Persons with Disabilities (CRPD)*: 10. State Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others 25.d Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care 25.b Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 12.1 The State Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health 12.2.a The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child 12.2.b The improvement of all aspects of environmental and industrial hygiene 12.2.c The prevention, treatment and control of epidemic, endemic, occupational and other diseases 12.2.d The creation of conditions which would assure to all medical service and medical attention in the event of sickness

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		International Covenant on Civil and Political Rights (ICCPR): 6.1 Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CRMW)*: 9. The right to life of migrant workers and members of their families shall be protected by law 28. Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment
3.7 Universal access to sexual and reproductive health care services	By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	*Convention on the Rights of the Child (CRC)*: 2.1 State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status 2.2 State Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members 24.1 State Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services 24.2.f To develop preventive health care, guidance for parents and family planning education and services *Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (CRC OPSC)*: 9.3 State Parties shall take all feasible measures with the aim of ensuring all appropriate assistance to victims of such offences, including their full social reintegration and their full physical and psychological recovery 10.2 State Parties shall promote international cooperation to assist child victims in their physical and psychological recovery, social reintegration and repatriation *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 14.2.b To have access to adequate health care facilities, including information, counseling and services in family planning

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		16.1.e The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights 16.2 The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory 23.1.b The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 10.2 Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits 12.1 The State Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health 12.2.d The creation of conditions which would assure to all medical service and medical attention in the event of sickness *Universal Declaration of Human Rights (UDHR)*: 16.1 Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution
3.8 Achieve universal health coverage	Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	*Convention on the Rights of the Child (CRC)*: 24.1 State Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services 24.2.f To develop preventive health care, guidance for parents and family planning education and services 24.2.a To diminish infant and child mortality 4.2.b To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care 24.2.c To combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		24.2.d To ensure appropriate prenatal and postnatal health care for mothers 24.2.e To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 12.1 State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning *Convention on the Rights of Persons with Disabilities (CRPD)*: 25.f Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability 25.a Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs 25.b Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons 25.d Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care 25.e Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 9. The State Parties to the present Covenant recognize the right of everyone to social security, including social insurance 12.1 The State Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health 12.2.a The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child 12.2.b The improvement of all aspects of environmental and industrial hygiene

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		12.2.c The prevention, treatment and control of epidemic, endemic, occupational and other diseases 12.2.d The creation of conditions which would assure to all medical service and medical attention in the event of sickness *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CRMW)*: 28. Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment 43.1 Migrant workers shall enjoy equality of treatment with nationals of the State of employment in relation to *Universal Declaration of Human Rights (UDHR)*: 25.1 Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control
5.1 End discrimination against women and girls	End all forms of discrimination against all women and girls everywhere	*Convention on the Rights of the Child (CRC)*: 2.1 State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status *Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (CRC OPSC)*: Preamble: recognizing that a number of particularly vulnerable groups, including girl children, are at greater risk of sexual exploitation and that girl children are disproportionately represented among the sexually exploited *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 2.a To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle 2.b To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women 2.c To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		2.f To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women 3. State Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men 6. State Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women 15.1 State Parties shall accord to women equality with men before the law 15.2 State Parties shall accord to women, in civil matters, a legal capacity identical to that of men and the same opportunities to exercise that capacity. In particular, they shall give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals 15.3 State Parties agree that all contracts and all other private instruments of any kind with a legal effect which is directed at restricting the legal capacity of women shall be deemed null and void 15.4 State Parties shall accord to men and women the same rights with regard to the law relating to the movement of persons and the freedom to choose their residence and domicile *Convention on the Rights of Persons with Disabilities (CRPD)*: 6.1 State Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms 6.2 State Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention 28.1.b To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programs and poverty reduction programs *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 2.2 The State Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		3. The State Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant *International Covenant on Civil and Political Rights (ICCPR)*: 3. The State Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights set forth in the present Covenant *Universal Declaration of Human Rights (UDHR)*: 2. Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty
5.2 Eliminate violence against women and girls	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	*Convention on the Rights of the Child (CRC)*: 2.1 State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status 2.2 State Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members 19.1 State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child 19.2 Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement 34.a The inducement or coercion of a child to engage in any unlawful sexual activity 34.b The exploitative use of children in prostitution or other unlawful sexual practices

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		34.c The exploitative use of children in pornographic performances and materials 35. States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form *Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (CRC OPSC)*: Preamble: recognizing that a number of particularly vulnerable groups, including girl children, are at greater risk of sexual exploitation and that girl children are disproportionately represented among the sexually exploited *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 5. State Parties shall take all appropriate measures: (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women 6. State Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women 16.2 The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory *Convention on the Rights of Persons with Disabilities (CRPD)*: 16.1 State Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects 16.2 State Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive 16.3 In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programs designed to serve persons with disabilities are effectively monitored by independent authorities 28.1.b To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programs and poverty reduction programs

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		International Covenant on Economic, Social, and Cultural Rights (ICESCR): 10.1 The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses *International Covenant on Civil and Political Rights (ICCPR)*: 7. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CRMW)*: 10. No migrant worker or member of his or her family shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment 16.1 Migrant workers and members of their families shall have the right to liberty and security of person 16.2 Migrant workers and members of their families shall be entitled to effective protection by the State against violence, physical injury, threats and intimidation, whether by public officials or by private individuals, groups or institutions *Universal Declaration of Human Rights (UDHR)*: 3. Everyone has the right to life, liberty and security of person
5.3 Eliminate harmful practices	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	*Convention on the Rights of the Child (CRC)*: 1. For the purposes of the present Convention, a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier 19.1 State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child 24.3 State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 16.2 The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory *Convention on the Rights of Persons with Disabilities (CRPD)*: 8.1.b To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		23.1.a The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 3. The State Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant 10.1 The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses *International Convention on the Elimination of All Forms of Racial Discrimination (ICERD):* 5.b The right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution *International Covenant on Civil and Political Rights (ICCPR)*: 7. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation *Universal Declaration of Human Rights (UDHR)*: 3. Everyone has the right to life, liberty and security of person 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment 16.1 Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution
5.6 Universal access for women to SRHR	Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	*Convention on the Rights of the Child (CRC)*: 24.1 State Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services 24.2.f To develop preventive health care, guidance for parents and family planning education and services 34.a The inducement or coercion of a child to engage in any unlawful sexual activity 34.b The exploitative use of children in prostitution or other unlawful sexual practices 34.c The exploitative use of children in pornographic performances and materials

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (CRC OPSC): 9.3 States Parties shall take all feasible measures with the aim of ensuring all appropriate assistance to victims of such offences, including their full social reintegration and their full physical and psychological recovery 10.2 State Parties shall promote international cooperation to assist child victims in their physical and psychological recovery, social reintegration and repatriation *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 5.b To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases 12.1 State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning 12.2 Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation 14.2.b To have access to adequate health care facilities, including information, counseling and services in family planning 16.1.e The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights *Convention on the Rights of Persons with Disabilities (CRPD)*: 23.1.b The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided 25.a Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 3. The State Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		12.1 The State Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health 12.2.a The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child *International Covenant on Civil and Political Rights (ICCPR)*: 7. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation 17.1 No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honor and reputation 17.2 Everyone has the right to the protection of the law against such interference or attacks
6.2 Adequate sanitation and hygiene	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	*Convention on the Rights of the Child (CRC)*: 24.2.c To combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 14.2.h To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications *Convention on the Rights of Persons with Disabilities (CRPD)*: 28.2.a To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 11.1 The State Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international cooperation based on free consent 12.1 The State Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health 12.2.b The improvement of all aspects of environmental and industrial hygiene

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		Universal Declaration of Human Rights (UDHR): 22. Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality
10.3 Eliminate discriminatory laws	Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard	*Convention on the Rights of the Child (CRC)*: 2.1 State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status 4. State Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international cooperation 19.1 State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child 19.2 Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement 26.1 State Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law 26.2 The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 1. For the purposes of the present Convention, the term "discrimination against women" shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition,

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field 2.f To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women 2.g To repeal all national penal provisions which constitute discrimination against women 2.a To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle 2.b To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women 2.c To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination 2.d To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation 2.e To take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise 3. State Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men 7.a To vote in all elections and public referenda and to be eligible for election to all publicly elected bodies 7.b To participate in the formulation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of Government 7.c To participate in nongovernmental organizations and associations concerned with the public and political life of the country 1.2.c To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities 13. State Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		14.2.a To participate in the elaboration and implementation of development planning at all levels *Convention on the Rights of Persons with Disabilities (CRPD)*: 4.1.a To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention 4.1.b To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities 4.1.c To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programs 4.2 As to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law 27.1.b Protect the rights of persons with disabilities, on an equal basis with others, to just and favorable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances 28.2.c To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counseling, financial assistance and respite care 28.2.b To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programs and poverty reduction programs *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 2.1 Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and cooperation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures 2.2 The State Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		3. The State Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant 9. The State Parties to the present Covenant recognize the right of everyone to social security, including social insurance 11.1 The State Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international cooperation based on free consent *International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)*: 1.1 In this Convention, the term "racial discrimination" shall mean any distinction, exclusion, restriction or preference based on race, color, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life 1.4 Special measures taken for the sole purpose of securing adequate advancement of certain racial or ethnic groups or individuals requiring such protection as may be necessary in order to ensure such groups or individuals equal enjoyment or exercise of human rights and fundamental freedoms shall not be deemed racial discrimination, provided, however, that such measures do not, as a consequence, lead to the maintenance of separate rights for different racial groups and that they shall not be continued after the objectives for which they were taken have been achieved 2.2 State Parties shall, when the circumstances so warrant, take, in the social, economic, cultural and other fields, special and concrete measures to ensure the adequate development and protection of certain racial groups or individuals belonging to them, for the purpose of guaranteeing them the full and equal enjoyment of human rights and fundamental freedoms. These measures shall in no case entail as a consequence the maintenance of unequal or separate rights for different racial groups after the objectives for which they were taken have been achieved 5.c Political rights, in particular the right to participate in elections—to vote and to stand for election—on the basis of universal and equal suffrage, to take part in the Government as well as in the conduct of public affairs at any level and to have equal access to public service

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		5.e.i The rights to work, to free choice of employment, to just and favorable conditions of work, to protection against unemployment, to equal pay for equal work, to just and favorable remuneration *International Covenant on Civil and Political Rights (ICCPR)*: 2.1 Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status 2.2 Where not already provided for by existing legislative or other measures, each State Party to the present Covenant undertakes to take the necessary steps, in accordance with its constitutional processes and with the provisions of the present Covenant, to adopt such laws or other measures as may be necessary to give effect to the rights recognized in the present Covenant 25.a To take part in the conduct of public affairs, directly or through freely chosen representatives 25.b To vote and to be elected at genuine periodic elections which shall be by universal and equal suffrage and shall be held by secret ballot, guaranteeing the free expression of the will of the electors 25.c To have access, on general terms of equality, to public service in his country *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CRMW)*: 7. State Parties undertake, in accordance with the international instruments concerning human rights, to respect and to ensure to all migrant workers and members of their families within their territory or subject to their jurisdiction the rights provided for in the present Convention without distinction of any kind such as to sex, race, color, language, religion or conviction, political or other opinion, national, ethnic or social origin, nationality, age, economic position, property, marital status, birth or other status 27.1 As to social security, migrant workers and members of their families shall enjoy in the State of employment the same treatment granted to nationals in so far as they fulfill the requirements provided for by the applicable legislation of that State and the applicable bilateral and multilateral treaties. The competent authorities of the State of origin and the State of employment can at any time establish the necessary arrangements to determine the modalities of application of this norm 43.1.e Access to social and health services, provided that the requirements for participation in the respective schemes are met

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		45.1.c Access to social and health services, provided that requirements for participation in the respective schemes are met 84. Each State Party undertakes to adopt the legislative and other measures that are necessary to implement the provisions of the present Convention *Universal Declaration of Human Rights (UDHR)*: 2. Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty 21.1 Everyone has the right to take part in the government of his country, directly or through freely chosen representatives 21.2 Everyone has the right to equal access to public service in his country 22. Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality 25.1 Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control
16.2 End all forms of violence against children	End abuse, exploitation, trafficking and all forms of violence against and torture of children	*Convention on the Rights of the Child (CRC)*: 19.1 State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child 19.2 Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		20.1 A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State 33. State Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances 34.a The inducement or coercion of a child to engage in any unlawful sexual activity 34.b The exploitative use of children in prostitution or other unlawful sexual practices 34.c The exploitative use of children in pornographic performances and materials 35. States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form 36. State Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare *Optional Protocol to the CRC on Children in Armed Conflict (CRC OPAC)*: The Optional Protocol to the CRC on Children in Armed Conflict (CRC OPAC) raises the minimum age of recruitment into any State or non-State armed forces from age 15 (under the CRC) to age 18 *Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (CRC OPSC)*: The Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (CRC OPSC) prohibits the sale and sexual exploitation of children in all its forms *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 6. State Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women *Convention on the Rights of Persons with Disabilities (CRPD)*: 16.1 State Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects 16.2 State Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		16.3 In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programs designed to serve persons with disabilities are effectively monitored by independent authorities 27.2 State Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labor *Convention Against Torture (CAT)*: Comment: The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment is relevant in its entirety *International Covenant on Economic, Social, and Cultural Rights (ICESCR)*: 10.3 Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions. Children and young persons should be protected from economic and social exploitation. Their employment in work harmful to their morals or health or dangerous to life or likely to hamper their normal development should be punishable by law. States should also set age limits below which the paid employment of child labor should be prohibited and punishable by law *International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)*: 5.b The right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution *International Covenant on Civil and Political Rights (ICCPR)*: 7. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation 8.1 No one shall be held in slavery; slavery and the slave-trade in all their forms shall be prohibited 8.2 No one shall be held in servitude 8.3.a No one shall be required to perform forced or compulsory labor 9.1 Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CRMW)*: 10. No migrant worker or member of his or her family shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment 11.1 No migrant worker or member of his or her family shall be held in slavery or servitude

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		11.2 No migrant worker or member of his or her family shall be required to perform forced or compulsory labor 16.1 Migrant workers and members of their families shall have the right to liberty and security of person 16.2 Migrant workers and members of their families shall be entitled to effective protection by the State against violence, physical injury, threats and intimidation, whether by public officials or by private individuals, groups or institutions *Universal Declaration of Human Rights (UDHR)*: 3. Everyone has the right to life, liberty and security of person 4. No one shall be held in slavery or servitude; slavery and the slave-trade shall be prohibited in all their forms 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment
16.10 Access to information	Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements	*Convention on the Rights of the Child (CRC)*: 13.1 The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice 14.1 States Parties shall respect the right of the child to freedom of thought, conscience and religion. 15.1 States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly 16.1 No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence, nor to unlawful attacks on his or her honor and reputation 16.2 The child has the right to the protection of the law against such interference or attacks 17.d Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous 17.e Encourage the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being, bearing in mind the provisions of Articles 13 and 18 *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*: 10.h Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning 14.b To have access to adequate health care facilities, including information, counseling and services in family planning 16.1.e The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		Convention on the Rights of Persons with Disabilities (CRPD): 10. State Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others 14.1.a Enjoy the right to liberty and security of person 14.1.b Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty 15.1 No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation *Convention Against Torture (CAT)*: Comment: The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment is relevant in its entirety *International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)*: 5.b The right to security of person and protection by the State against violence or bodily harm, whether inflicted by Government officials or by any individual group or institution 5.d.viii The right to freedom of opinion and expression 5.d.ix The right to freedom of peaceful assembly and association *International Covenant on Civil and Political Rights (ICCPR)*: 6.1 Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life 7. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation 9.1 Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law 19.1 Everyone shall have the right to hold opinions without interference 19.2 Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CRMW)*: 9. The right to life of migrant workers and members of their families shall be protected by law

Contd...

Contd...

SDG target	*Target*	*Corresponding human rights obligations (legally binding)*
		10. No migrant worker or member of his or her family shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment 13.1 Migrant workers and members of their families shall have the right to hold opinions without interference 13.2 Migrant workers and members of their families shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art or through any other media of their choice 16.4 Migrant workers and members of their families shall not be subjected individually or collectively to arbitrary arrest or detention; they shall not be deprived of their liberty except on such grounds and in accordance with such procedures as are established by law *Universal Declaration of Human Rights (UDHR)*: 3. Everyone has the right to life, liberty and security of person 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment 12. No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks 19. Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers

Annexure 2: Calendar of the Universal Periodic Review (UPR)—third cycle.[2]

UPR working group session	*Tentative deadlines for national reports*	*Tentative deadlines for "Other Stakeholders" (and United Nation entities) to submit written contributions*	*Countries to be reviewed in each session (sessions 27–40)*
27th session (April–May 2017)	February 2017	22 September 2016 (confirmed)	Bahrain, Ecuador, Tunisia, Morocco, Indonesia, Finland, The United Kingdom, India, Brazil, The Philippines, Algeria, Poland, The Netherlands, South Africa
28th Session (October–November 2017)	July 2017	30 March 2017 (confirmed)	The Czech Republic, Argentina, Gabon, Ghana, Peru, Guatemala, Benin, The Republic of Korea, Switzerland, Pakistan, Zambia, Japan, Ukraine, Sri Lanka

Contd...

Contd...

UPR working group session	*Tentative deadlines for national reports*	*Tentative deadlines for "Other Stakeholders" (and United Nation entities) to submit written contributions*	*Countries to be reviewed in each session (sessions 27–40)*
29th Session (January–February 2018)	October 2017	29 June 2017 (confirmed)	France, Tonga, Romania, Mali, Botswana, The Bahamas, Burundi, Luxembourg, Barbados, Montenegro, The United Arab Emirates, Israel, Liechtenstein, Serbia
30th Session (May 2018)	February 2018	5 October 2017 (confirmed)	Turkmenistan, Burkina Faso, Cabo Verde, Colombia, Uzbekistan, Tuvalu, Germany, Djibouti, Canada, Bangladesh, The Russian Federation, Azerbaijan, Cameroon, Cuba
31st Session (October–November 2018)	July 2018	29 March 2018 (confirmed)	Saudi Arabia, Senegal, China, Nigeria, Mexico, The Republic of Mauritius, Jordan, Malaysia, The Central African Republic, Monaco, Belize, Chad, Congo, Malta
32nd Session (January–February 2019)	October 2018	12 July 2018 (confirmed)	New Zealand, Afghanistan, Chile, Vietnam, Uruguay, Yemen, Vanuatu, The Former Yugoslav Republic of Macedonia, Comoros, Slovakia, Eritrea, Cyprus, The Dominican Republic, Cambodia
33rd Session (April–May 2019)	February 2019	20 Sept 2018 (tentative)	Norway, Albania, The Democratic Republic of Congo, The Republic of Cote D'Ivoire, Portugal, Bhutan, The Dominican, Democratic People's Republic of Korea, Brunei, Darussalam, Costa Rica, Equatorial Guinea, Ethiopia Qatar, Nicaragua
34th Session (October–November 2019)	July 2019	21 March 2019 (tentative)	Italy, El Salvador, Gambia, Bolivia The Plurinational State of Bolivia, Fiji, San Marino, Kazakhstan, Angola, The Islamic Republic of Iran, Madagascar, Iraq, Slovenia, Egypt, Bosnia and Herzegovina
35th Session (January–February 2020	October 2019	20 June 2019 (tentative)	Kyrgyzstan, Kiribati, Guinea, Lao People's Democratic Republic, Spain, Lesotho, Kenya, Armenia, Guinea-Bissau, Sweden, Grenada, Turkey, Guyana, Kuwait

Contd...

Contd...

UPR working group session	*Tentative deadlines for national reports*	*Tentative deadlines for "Other Stakeholders" (and United Nation entities) to submit written contributions*	*Countries to be reviewed in each session (sessions 27–40)*
36th Session (April–May 2020)	February 2020	19 Sept 2019 (tentative)	Belarus, Liberia, Malawi, Mongolia, Panama, The Republic of Maldives, Andorra, Bulgaria, Honduras, The United States of America, The Republic of the Marshall Islands, Croatia, Jamaica, The Libyan Arab Jamahiriya
37th Session (October–November 2020)	July 2020	19 March 2020 (tentative)	Micronesia, Lebanon, Mauritania, Nauru, Rwanda, Nepal, Saint Lucia, Oman, Austria, Myanmar, Australia, Georgia, The Federation of Saint Kitts and Nevis, The Democratic Republic of Sao Tome and Principe
38th Session (January–February 2021)	October 2020	18 June 2020 (tentative)	Namibia, Niger, Mozambique, Estonia, Paraguay, Belgium, Denmark, Palau, Somalia, The Republic of Seychelles, Solomon Islands, Latvia, Sierra Leone, Singapore
39th Session (April–May 2021)	February 2021	24 Sept 2020 (tentative)	Suriname, Greece, Samoa, Saint Vincent and the Grenadines, Sudan, Hungary, Papua New Guinea, Tajikistan, The United Republic of Tanzania, Antigua and Barbuda, Swaziland, Trinidad and Tobago, Thailand, Ireland
40th Session (October–November 2021)	July 2021	18 March 2021 (tentative)	Togo, Syrian Arab Republic, Venezuela (Bolivarian Republic of), Iceland, Zimbabwe, Lithuania, Uganda, Timor Leste, The Republic of Moldova, Haiti

REFERENCES

1. Adapted from Plan International, Making the Link: SDGs and Human Rights Obligations, Plan International UN Office in Geneva, June 2016.
2. Dates might change. For updated information, check the OHCHR website: http://www.ohchr.org/EN/HRBodies/UPR/Pages/NgosNhris.aspx or https://www.upr-info.org/en/how-to/documentation-for-ngos.

Index

Page numbers followed by *f* refer to figure, and *t* refer to table.

N

O

P

R

S

T

U

V

W