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OFFICE OF THE HIGH COMMISSIONER  
FOR HUMAN RIGHTS

# RECOMMENDATIONS

**“Application of  
Human Rights  
to Reproductive  
and Sexual Health”**



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## Expert Group Meeting

### “Application of Human Rights to Reproductive and Sexual Health”

« **R**eproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. »

(ICPD Programme of Action, Paragraph 7.3)

# INTRODUCTION

In 1996, in Glen Cove, New York, the United Nations Population Fund (UNFPA) in collaboration with the Office of the High Commissioner for Human Rights (then, Center for Human Rights) and the Division for the Advancement of Women (DAW) organized a meeting on “Human rights approaches to women’s health, with a focus on sexual and reproductive health and rights”. The purpose was to contribute to the work of the treaty bodies in interpreting and applying human rights standards to issues relating to women’s health and to encourage collaboration in the development of methodologies and indicators for use by both treaty bodies and the UN agencies to promote, implement and monitor women’s human right to health, in particular reproductive and sexual health. It was also designed to provide an opportunity for the human rights treaty bodies to consider the gender dimensions of human rights from the perspective of their respective treaties and to take account of the conclusions of recent United Nations conferences in the treaty monitoring process. This meeting was the first occasion on which members of the six treaty bodies met to focus on the interpretation and application of human rights in relation to a specific thematic issue.

Five years later, in 2001, the UNFPA and the Office of the High Commissioner for Human Rights organized a follow-up meeting in Geneva, 25-27 June, to assess progress, obstacles and opportunities in integrating reproductive rights into the work of the treaty bodies and to elaborate further measures and strategies to be used by treaty bodies in the monitoring and strengthening of reproductive and sexual health. The meeting defined actions and recommendations to ensure better implementation of treaty obligations at domestic level so as to promote and ensure enjoyment by women and men of reproductive and sexual health.

The meeting was to consider how to make the monitoring work of the treaty bodies more effective in assisting States Parties to give full effect to their treaty obligations and in particular those which are relevant to women’s rights, including their right to reproductive and sexual health. It affirmed that to the vast majority of women in the world, the issues dealt with over the three days are central to their well-being and to their full and equal enjoyment of human rights. Many of the risks to women’s sexual and reproductive health are caused by failure to respect the full equality of women, by attitudes and by practices which reinforce women’s subordinate status. Issues such as forced marriage, early pregnancy, sexual violence, trafficking, female genital mutilation, and others, have negative consequences for sexual and reproductive health.

The Meeting was presented with the results of research compiling and analyzing the work done by the treaty bodies in dealing with issues relating to reproductive health in their concluding observations and general comments and recommendations. The presentations of this research provided a basis for the discussion of progress into the work of the treaty bodies.

The Meeting examined, in particular, three issues of considerable importance to sexual and reproductive health, in order to assess the impact of clinical services, health systems and other underlying social, economic, legal and political factors on the enjoyment of sexual and reproductive health and rights, and to identify the positive measures which States are required to take under relevant treaty provisions to ensure the enjoyment of those rights. The three areas were unsafe abortion, adolescents' access to sexual and reproductive health, and HIV/AIDS.

Participants considered these were core human rights issues and were linked to discrimination in the broadest sense, as well as to many of the rights enshrined in the six principal human rights treaties. As the human rights framework imposes legal obligations on States, it is critical to link reproductive and sexual health issues to relevant treaty provisions to make it clear to the treaty bodies how sexual and reproductive health relate to their respective mandates, with regard to report review, inquiries, concluding observations, and other procedures such as early warning.

Participants agreed that rights essential to the full enjoyment of sexual and reproductive health should be further analysed and clearly linked to the specific treaty provisions. These impose positive obligations on States to implement laws, policies and programmes to promote reproductive and sexual health and negative obligations to remove obstacles.

The recommendations for action are grouped into three main areas : advocacy, information gathering and reporting process, and national level implementation, and have been proposed according to the stakeholders identified as having the main responsibility in implementing them.

## ADVOCACY

### To all stakeholders

1. Encourage and facilitate the preparation of analyses of rights implicated when addressing reproductive and sexual health issues in order to clarify their relationship to the mandate of all treaty bodies.
2. Ensure wide dissemination of such analysis to support and intensify advocacy efforts of all stakeholders, including NGOs and relevant United Nations entities, to promote the full enjoyment of reproductive and sexual health by all.
3. Disseminate in English, Spanish, French, Chinese, Arab and Russian these recommendations and the report of this meeting as widely as possible, including to field staff of United Nations entities, through all available means, such as the world wide web.
4. Establish a multi-stakeholder task force with representation from the treaty bodies, United Nations entities, including field level staff, and international and national NGOs to follow-up and monitor implementation of these recommendations.

## INFORMATION GATHERING AND REPORTING PROCESS

### To Human Rights Treaty Bodies

5. Elaborate, after consultation with relevant United Nations agencies and bodies, guidelines to assist United Nations entities in the provision of information required to support the work of the treaty bodies in regard to reproductive and sexual health.
6. Chairpersons should consider directing formal and regular requests to heads of United Nations entities for information, including with regard to specific States parties, on reproductive and sexual health.
7. Elaborate specific reporting guidelines for States Parties on information to be provided in reports including statistics, disaggregated by sex and age, socio-economic status and other relevant factors; information on the economic impact of the denial of rights relating to reproductive and sexual health

such as maternal mortality and the impact of health sector reform, including privatisation, on access to services relating to reproductive and sexual health.

8. Consider scheduling an exchange of views on reproductive and sexual health in the programme of work of future sessions of each treaty body to discuss the issues that fall within the scope of the relevant human rights treaty.
9. Seek opportunities to interact across treaty bodies on issues including reproductive and sexual health, including through the mechanism of the annual meeting of persons chairing the human rights treaty bodies.
10. Consider undertaking an article-by-article analysis of the respective treaties regarding sexual and reproductive health and rights with a view toward underscoring the indivisibility and interdependence of all human rights. Include such an analysis in general comments/recommendations, or, where pertinent, elaborate general comments/recommendations on the enjoyment of sexual and reproductive rights, including with respect to specific groups, including young women and men, migrants, refugees and indigenous people.
11. Ensure that existing general recommendations/comments with relevance to reproductive and sexual health and rights be fully utilized in the formulation of concluding observations/comments, in particular by explicitly referencing them or including relevant language.
12. Include concrete, specific recommendations, clearly linked to provisions in individual treaties, including on incompatibility of laws, policies, programmes and practices, in concluding observations/comments on States Parties' reports. Ensure such recommenda-

States parties, in particular with regard to capacity building for the collection of statistics, including on issues of reproductive and sexual health.

15. Seek opportunities to interact with other human rights mechanisms working on reproductive and sexual health issues, including the Special Rapporteur on violence against women, the Special Rapporteur on the human rights of migrants and the Special Rapporteur on harmful traditional practices affecting the health of women and girls.
16. Consider coordinating a list of indicators on reproductive and sexual health issues for national level implementation of human rights obligations.
17. Consider nominating within each treaty body a focal point on reproductive and sexual health.

### To United Nations entities

18. Provide information to treaty bodies on the most significant human rights issues relating to reproductive and sexual health in States parties which are being considered by those bodies, including on economic status, relevant statistics, such as on maternal mortality and morbidity, number of abortions (safe/unsafe) by age and ethnicity where available, incidence of HIV/AIDS disaggregated by sex and age, early pregnancy, early marriage, FGM and other harmful traditional practices and sexual violence, enjoyment of the right to education, illiteracy rates, disaggregated by sex and age, number of refugees/situation of migrants and indigenous people.
19. Provide briefings on specific reproductive and sexual health issues, for example on maternal mortality and morbidity, to each human rights treaty body to enhance their understanding of the relevance of these issues to their respective mandates.

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