



ADVANCING RIGHTS, TRANSFORMING LIVES

UNFPA strategic engagement with the United Nations human rights system to advance sexual and reproductive health and rights



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ACRONYMS AND ABBREVIATIONS

ASRH	Adolescent sexual and reproductive health
CAT	Convention against Torture
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	Convention on the Elimination of Racial Discrimination
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive sexuality education
FGM	Female genital mutilation
GBV	Gender-based violence
HRC	United Nations Human Rights Council
ICCPR	International Covenant on Civil and Political Rights
IAGG	United Nations Inter-Agency Gender Group
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
LOIPR	List of Issues Prior to Reporting
MENA	Middle East and North Africa
NGO	Non-governmental organization
NHRI	National human rights institution
NMIRF	National mechanism for implementation, reporting and follow-up
OHCHR	Office of the High Commissioner for Human Rights
SAARC	South Asian Association for Regional Cooperation
SRHR	Sexual and reproductive health and rights
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UPR	Universal Periodic Review
WHO	World Health Organization

EXECUTIVE SUMMARY

The international human rights system is the result of a tremendous investment of time, political capital and other resources by the international community over many decades since the founding of the United Nations in 1945. Successes include the adoption of the Universal Declaration of Human Rights and nine core human rights treaties, and the establishment of various United Nations human rights monitoring mechanisms. Significant challenges remain, however, in terms of effective domestication by countries of these international agreements and in their implementation on the ground.

Recent reforms of the international human rights system, including establishment of the United Nations Human Rights Council in 2006, have been driven in part by concerns over the gap between universal values and local realities and a determination to bridge it. The United Nations system has gradually integrated a human rights-based approach to development into its programmes and operations. A key pillar of that approach is to leverage State engagement with the United Nations human rights mechanisms – the Universal Periodic Review, Special Procedures and Treaty Bodies – to inform the recommendations generated by those mechanisms and work with States to support their implementation.

This report tracks the domestic implementation of recommendations related to sexual and reproductive health and rights (SRHR). It seeks to develop an understanding of the degree to which United Nations entities in general, and UNFPA in particular, have been able to leverage State engagement with the human rights mechanisms to drive real and measurable progress towards enjoyment of human rights on the ground.

The report provides an overview of the origins and content of the “global human rights implementation agenda”. It also looks at the degree to which women’s rights, gender equality and SRHR have been taken up by the three main United Nations human rights mechanisms. It does so by analysing the recommendations generated

by these mechanisms to understand the degree to which they have focused on issues related to SRHR.

In five country case studies, the report assesses the degree to which recipient States have been able to take deliberate and relevant steps to implement SRHR recommendations, with UNFPA and United Nations Country Team support. It also assesses the degree to which UNFPA and the United Nations Country Teams have been able to feed information and policy advice into State review–implementation–reporting cycles to influence and inform subsequent recommendations.

Strategic engagement with human rights mechanisms has made an impact. It has:

- Deepened the legal and medical recognition of mistreatment or discrimination during childbirth (obstetric violence) from a human rights perspective in **Costa Rica**.
- Shifted societal perceptions about harmful social norms and strengthened culturally-sensitive approaches by the State to eliminate female genital mutilation (FGM) in **Côte d’Ivoire**.
- Strengthened action by the government and supported more specific recommendations from human rights mechanisms on gender-based violence (GBV) in **Jordan**.
- Deepened and guided State action to support adolescent sexual and reproductive health (ASRH) through youth-friendly sexual and reproductive health services in **Kazakhstan**.
- Supported practical action on comprehensive sexuality education (CSE) inside and outside of the school system and tracked State action to implement its obligations related to CSE in the **Maldives**.

A sixth global case study details how UNFPA as an organization has sought to better support and thereby empower its country offices to leverage

State engagement with the United Nations human rights mechanisms to deliver tangible and measurable improvements in the enjoyment of SRHR. The section describes the UNFPA “global support ecosystem” – gender and human rights advisers in regional offices, a headquarters-based global human rights adviser, and the UNFPA Representation Office in Geneva – and considers how each provides distinct yet complementary support to UNFPA Country Offices.

The report draws conclusions and observations from the case studies and the quantitative analysis:

1. The United Nations human rights system works because it is premised on the full involvement and engagement of States, which are the primary human rights duty-bearers.
2. Close cooperation between UNFPA and governments is critically important. Such cooperation may be bilateral or as part of United Nations Country Teams (UNCT). It must also be understood that governments are not unitary entities, but function through different “moving parts” with different interests and priorities, making the relationship of the United Nations with relevant line ministries especially valuable. There are also significant benefits to be seen where UNFPA Country Offices work with bilateral donors present in the country to raise the profile of SRHR issues.
3. The United Nations human rights system can have a significant impact on socially or culturally-sensitive topics in a given national context. Because the work of the United Nations human rights mechanisms is based on cooperation with States themselves, the mechanisms’ recommendations can have a powerful influence on national policies and practices.
4. Implementation should be seen and pursued as a democratic rather than a bureaucratic process, involving parliamentarians, judges, national human rights institutions (NHRIs) and civil society. There is value in pursuing both top-down and bottom-up approaches to addressing human rights concerns, especially when they relate to sensitive societal issues such as SRHR.
5. Drawing attention to the human rights implications of harmful practices offers a powerful communications strategy, shifting an issue from the abstract to the human. At the same time, it is important to remember that real human rights change does not happen overnight. It takes time and is usually based on incremental steps towards a final objective.
6. This report also demonstrates the importance of engaging with the three main United Nations human rights mechanisms: the Universal Periodic Review, Special Procedures and Treaty Bodies. It also demonstrates the importance of engaging with each stage of the review–implementation–reporting cycle, on a perpetual basis. Each of the mechanisms has different strengths and weaknesses, and all must be leveraged in order to move SRHR forward in a human rights context.
7. There is value in generating more and better SRHR recommendations from the mechanisms to States. The quantitative analyses and case studies presented in this report show positive trends in this regard. However, more needs to be done. More of the reviewing States in the UPR Working Group and from all regions should extend SRHR recommendations to States under review, for example. Another observation is that the engagement of the United Nations and national civil society with a State’s periodic reporting processes for Treaty Bodies or UPR can help to sharpen recommendations by tailoring them to the evolving national context.
8. The review–implementation–reporting cycle is ongoing and permanent. Efforts of government ministries and/or civil society, supported by UNFPA and the United Nations Country Team, do not stop with adoption of a new law, but must continue so as to ensure that the law is implemented, and to ensure that progress is not reversed.

9. Data collection, both at the outset to assess the scale and nature of a given human rights challenge and feed that information into the mechanisms, and later to inform relevant United Nations strategies and plans, is a critical component of the perpetual assessment of effectiveness of the United Nations human rights mechanisms relative to SRHR. This report represents an important contribution to document and advance the integration of SRHR-related human rights recommendations in country programmes, by identifying and building on existing good practices, while also helping to address areas of potential empirical neglect.

The five country case studies demonstrate that the United Nations human rights mechanisms, complemented by the wider United Nations system including UNFPA, have a measurable impact on the domestic enjoyment of human rights. The case studies provide anecdotal and empirical evidence of real-world change in support of SRHR.

This analysis underscores the important role that United Nations human rights mechanisms play in advancing the 1994 International Conference on Population and Development (ICPD) and its Programme of Action. UNFPA has an important normative role in influencing these mechanisms and in working to operationalize human rights norms at the country level. Yet more can be done. The human rights mechanisms can pay more attention to SRHR issues as part of their monitoring mandates; and UNFPA can influence this engagement through more systematic and comprehensive engagement with the United Nations human rights mechanisms. This in turn will ensure more credible, practical and transformative recommendations by the United Nations human rights system in efforts to support Member States advance their international human rights commitments.



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INTRODUCTION

UNFPA, the United Nations Population Fund, and the Universal Rights Group jointly conducted an analysis to assess and understand the impact of the international human rights system on the enjoyment of sexual and reproductive health and rights (SRHR). This is part of a growing movement at the United Nations to bridge the international and the national. The aim is to measure and understand the degree to which States' international human rights obligations and commitments are being translated into improved laws, policies and practices at the national level, and from there into tangible improvements in the enjoyment of human rights.

The project asks key questions: Is it possible that the steady, ongoing work of the United Nations human rights mechanisms is succeeding in driving incremental progress in the enjoyment of SRHR at the national level? Is cooperation between States at the national level succeeding in supporting the implementation of recommendations generated by those mechanisms? Is cooperation between States and relevant United Nations agencies and programmes also succeeding in this regard? Is the increasingly strident rhetoric employed in United Nations-level debates about SRHR, and the related perception that recent advances in SRHR are being rolled back, reflective of the reality on the ground?



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This report presents the results of the joint analysis with a combination of quantitative analysis and qualitative analysis. The **quantitative analysis** looks at the degree to which the United Nations human rights mechanisms are focusing on the situation of SRHR in the countries they monitor, and the degree to which they are extending recommendations to those States to improve the situation of SRHR. The **qualitative analysis** looks at the extent to which UNFPA has been able to leverage State engagement with those mechanisms to inform those recommendations and cooperate with different national stakeholders to encourage and support their implementation.

The first chapter provides a comprehensive overview of the origins and content of the global human rights implementation agenda, including the different stages of the review–implementation–reporting cycle.

The second chapter looks at the main United Nations human rights mechanisms: the Universal Periodic Review, Special Procedures and Treaty Bodies. It analyses the recommendations

generated by these mechanisms to understand the degree to which they have focused on issues related to SRHR.

The third chapter presents five country case studies and one global case study. The aim is to track important clusters of SRHR recommendations down to the national level, in order to understand the degree to which recipient States have been able to take deliberate and relevant steps to implement them, often with support from UNFPA and the United Nations Country Team (UNCT). The chapter focuses on the impact of efforts to implement human rights recommendations on the enjoyment of SRHR in the countries concerned, and the degree to which UNFPA and United Nations Country Teams have influenced the process.

The report concludes with observations from the case studies that can be used to better leverage engagement with the United Nations human rights mechanisms to drive progress, in consultation and cooperation with the States concerned, towards the enjoyment of SRHR by all.



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CHAPTER 1

THE GLOBAL HUMAN RIGHTS IMPLEMENTATION AGENDA

In the seven decades since the inception of the United Nations, the international community has made a tremendous investment in the creation and strengthening of the international human rights system. The results of these efforts include the elaboration of the Universal Declaration of Human Rights and nine core human rights instruments (international treaties), and establishment of various United Nations human rights mechanisms: the **Universal Periodic Review** (UPR), **Special Procedures** and **Treaty Bodies**. These United Nations human rights mechanisms are mandated to monitor State compliance with their international human rights obligations and commitments, and provide expert advice through recommendations on domestic legislative and policy reforms that could enhance future compliance.

ACTIONS THAT INCREASE IMPACT

Significant challenges remain in terms of effective domestication of States' obligations under the international human rights treaties, including through the implementation of recommendations extended to States. These challenges can be described in terms of an "implementation gap" between universal values and local realities.

To understand this gap, it is helpful to understand how the international human rights system is meant to work in principle in order to evaluate

the degree to which it may fall short in practice. This will also help to assess the degree to which the Human Rights Council, the human rights mechanisms and the wider United Nations system have been able to narrow the implementation gap.

In short, four conditions must be fulfilled if the universal system is to have a real impact on the lives, rights and dignity of rights-holders around the world (box 1).



BOX 1 FOUR CONDITIONS THAT MUST BE FULFILLED FOR HUMAN RIGHTS TO HAVE REAL-LIFE IMPACT

Norm setting: States must elaborate and find common agreement on the substantive and procedural aspects of "universal human rights norms" through the drafting and adoption of the international human rights treaties.



Accession: States must voluntarily sign and ratify or accede to those treaties, thus binding themselves to, and accepting obligations under, international human rights law.



Domestic alignment and implementation: States must comply with their duty to protect, promote and fulfil the obligations they have undertaken by ratifying or acceding to a human rights treaty, by bringing laws, policies and practices into line with the universal norms set out in the treaty. To help with this process of "domestication", the United Nations has established a number of human rights mechanisms to review State compliance and provide expert advice. States are expected to cooperate with these mechanisms, including by implementing their recommendations.



Track progress and impact: States should track progress with the process of domestication and measure the impact of implementation on the enjoyment of human rights. This allows States to report back to the United Nations mechanisms with objective data on achievements and challenges.

Remarkable progress has been made in fulfilling the first two conditions: norm setting and accession. Over the past 75 years, States have negotiated and adopted the Universal Declaration, nine core treaties and a plethora of resolutions, principles and guidelines. Likewise, the number of States that have signed and ratified or acceded to the human rights treaties has grown exponentially. All United Nations Member States have ratified at least one core international human rights treaty, and 80 per cent have ratified four or more.¹

The nine core human rights treaties include a treaty on civil and political rights; a treaty on economic, social and cultural rights; treaties to combat racial and gender-based discrimination; treaties prohibiting torture and forced disappearances; and treaties protecting the rights of children, migrant workers and persons with disabilities.

Progress on the third and fourth conditions – domestic alignment and implementation, and tracking progress and impact – is more difficult to assess and is most likely considerably less pronounced. In part, this reflects the lack of prioritization given by States to the Human Rights Council’s mandate to “promote the full implementation of human rights obligations undertaken by States.”² It also reflects a general lack of focus over many years on understanding and sharing good practices on the “mechanics of domestication” – that is, **how** do States translate United Nations human rights recommendations into better laws, policies and practices. There has also been limited tracking of recommendations to the national level to assess the degree to which they are being implemented and measure the impact of implementation on the enjoyment of human rights.

This situation has started to shift significantly over recent years, thanks to the efforts of States, United

Nations agencies and programmes, civil society organizations and academics. Many States have taken steps to institute more efficient and effective implementation mechanisms or processes at the national level.

There have been significant advances in efforts to track and measure the process of “domestication” of international human rights obligations and commitments, including analysis of the output of the mechanisms (the focus of recommendations). In 2014 and 2019, UNFPA published reports assessing the extent to which the first and second cycles of the UPR process respectively had focused on SRHR concerns, and the degree to which SRHR-related UPR recommendations had been implemented on the ground.³

The present report seeks to build on these earlier studies and employs a similar methodology to the project of UNICEF and the Universal Rights Group.



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1 United Nations Office of the High Commissioner for Human Rights, ‘Human Rights Bodies’. Available at: www.ohchr.org/en/hrbodies/Pages/HumanRightsBodies.aspx. Accessed 25 June 2020.

2 United Nations General Assembly, Resolution 60/251, paragraph 5d.

3 UNFPA (2014) Lessons From the First Cycle of the Universal Periodic Review. Available at: www.unfpa.org/sites/default/files/pub-pdf/Final_UNFPA-UPR-ASSESSMENT_270814.pdf. UNFPA (2019) Lessons from the Second Cycle of the Universal Periodic Review. Available at: www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_Lessons_from_the_second_cycle_of_the_universal_periodic_review.pdf.

THE REVIEW-IMPLEMENTATION-REPORTING CYCLE

UNFPA and other national and international stakeholders are looking more strategically at the roles and entry points that they can utilize in order to influence the human rights mechanisms. Such strategic efforts could support States to secure improvements in the enjoyment of human rights. A global implementation agenda has emerged over recent years and, through this effort, stakeholders have enhanced their understanding of the review–implementation–reporting cycle.

This cycle governs State engagement with the United Nations human rights mechanisms. It includes four phases (box 2 and figure 1).



BOX 2 FOUR PHASES OF THE REVIEW-IMPLEMENTATION-REPORTING CYCLE

Periodic reporting: State and non-state actors, including civil society, national human rights institution (NHRIs) and United Nations entities, provide periodic reporting to the main United Nations human rights mechanisms that detail the current human rights situation in the country concerned, as well as updates on the implementation of previous United Nations recommendations where appropriate.



Review: The relevant mechanism reviews the State and non-state periodic reports and engages in dialogue with representatives of the State. At the conclusion of such a review, the mechanism will issue recommendations to the reporting State for improved compliance with its international human rights obligations and commitments.



Implementation: The State is expected to implement the recommendations received.



Tracking progress and measuring: The State's periodic reports track progress and feed information back into the cycle. This includes information on the implementation of earlier recommendations, and - ideally - indicators to measure the impact of implementation measures (e.g. new policies, laws and practices) on human rights.

Source: UNICEF and the Universal Rights Group (2020). *Realizing Rights, Changing Lives: The impact of the United Nations human rights system on the enjoyment of children's rights*. United Nations Children's Fund: New York.



CHAPTER 2

WOMEN'S RIGHTS, GENDER EQUALITY AND SRHR RECOMMENDATIONS

NUMBERS AND PATTERNS

United Nations Member States are engaged in a continuous and interlinked process of review by the three main human rights mechanisms. Each of the three mechanisms uses a different methodology and plays a distinct but complementary role in the United Nations human rights system, but their ultimate purpose is the same: to review a State's progress in the implementation of their human rights obligations and commitments, and provide recommendations to the State as an outcome of review. Implementation of those recommendations should lead to improved compliance in the future. This chapter provides a brief analysis of the recommendations produced by the three main United Nations human rights mechanisms relating to women's rights, gender equality and SRHR.

CHARACTERISTICS OF RECOMMENDATIONS

Recommendations to States are the main “currency” of all three mechanisms. However, the recommendations enjoy a distinct character. Recommendations issued by the **Treaty Bodies** represent an authoritative interpretation of human rights standards and obligations by expert members of the mechanism, as well as legal, policy and practical guidance on implementing those standards and obligations. **Special Procedures** recommendations are based on information gathered during visits by mandate-holders to countries, and are often more politically nuanced and realistic. **UPR** recommendations have significant political weight because they are delivered from one United Nations Member State to another, and recommendations can be formally accepted by the State under review.⁴

The recommendations issued by the three main human rights mechanisms are complementary and mutually reinforcing.⁵

The engagement of States with human rights mechanisms provides an important “window of opportunity” for UNFPA and other United Nations entities to strengthen cooperation with the State

under review on human rights challenges identified by the mechanisms. Because of their direct engagement, States feel a sense of ownership of the process and the resulting recommendations. As a result, recommendations carry significant political as well as technical weight.

UNFPA engagement with the review-implementation-reporting cycle can be a critical lever to deliver on its mandate and advance the 1994 International Conference on Population and Development (ICPD) and its Programme of Action. UNFPA provides the United Nations mechanisms with objective information on the situation of women’s rights, gender equality and SRHR in a State under review. This insight, which is based on the presence of UNFPA in that country and its deep knowledge of the situation, can help ensure that SRHR priorities for the country are put on the agenda of the United Nations human rights system, and that the mechanisms receive the necessary information to form relevant and effective recommendations. In a subsequent phase, once recommendations are issued, UNFPA can support the government and other stakeholders with their implementation.

UNIVERSAL PERIODIC REVIEW RECOMMENDATIONS

For the purposes of this report, we analysed the outcomes of the UPR reviews of all 193 United Nations Member States for the first cycle (2008 to 2011) and second cycle (2012 to 2016). Outcome reports were also included for 153 States⁶ that had completed their third cycle (2017 to 2022) reviews before the cut-off date for this report, which was the 37th session of the UPR Working Group in January 2021. The recommendations were analysed based on three large thematic clusters: women’s rights,

gender equality and SRHR. These large clusters were further disaggregated into specific sub-themes based on over 100 individual tags.

The analysis shows that issues related to women’s rights, gender equality and SRHR are among the most important concerns raised by reviewing States in the UPR. These broad themes were the subject of a very high number of recommendations to States under review.

4 UNICEF and the Universal Rights Group (2020). Realizing Rights, Changing Lives: The impact of the United Nations human rights system on the enjoyment of children’s rights. United Nations Children’s Fund: New York.

5 Limon, M and Montoya M (2019). Clustering and the Integrated Implementation of Recommendations. Available at: www.universal-rights.org/urg-policy-reports/clustering-and-the-integrated-implementation-of-recommendations-the-key-to-unlocking-the-complementary-power-of-the-uns-compliance-mechanisms/.

6 Myanmar underwent its 3rd cycle review in January 2021 (37th Session of the Working Group). However, the outcome report was (at the cut-off date) still to be adopted by the Council, so it is not included.

Findings

Over the course of the first 37 sessions of the UPR, reviewing States provided 21,522 recommendations on women’s rights, gender equality and SRHR. This is 23.67 per cent of all UPR recommendations over the period. Of this total of 21,522 recommendations, only 1,786 (8.3 per cent) fell under the SRHR cluster.

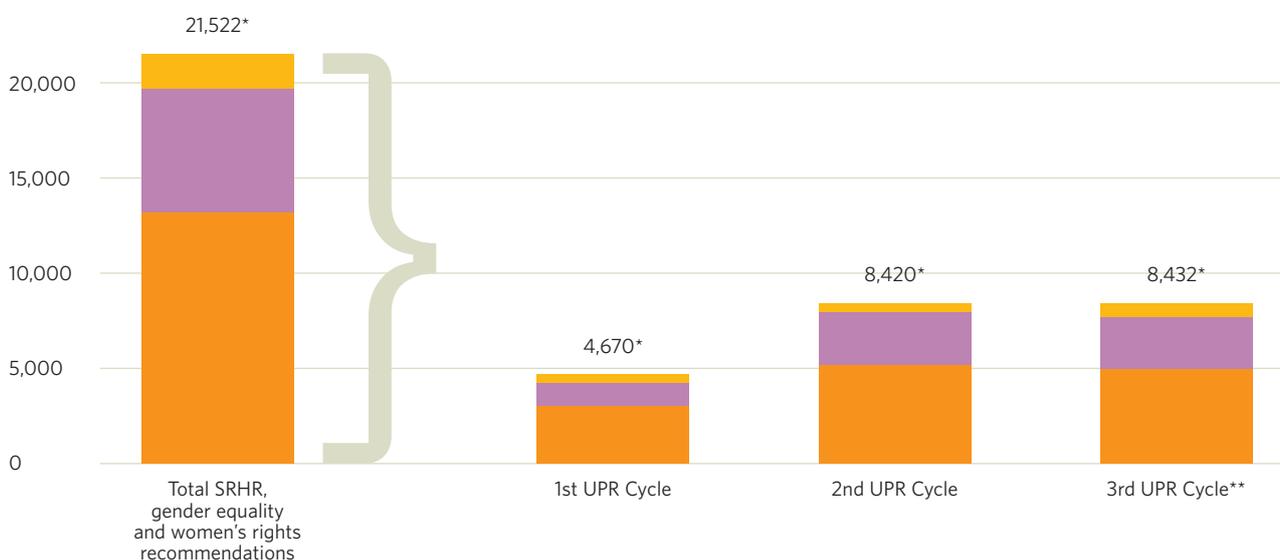
The most common sub-themes covered by the recommendations on women’s rights, gender equality and SRHR were as follows: trafficking in women and girls (2,383 recommendations, 13.1 per cent); prevention, protection or the prosecution of violence against women (1,798 recommendations, 8.3 per cent); international human rights instruments (1,739 recommendations, 8.1 per cent); adoption/ amendment and implementation of national legislative framework (1,608 recommendations,

7.5 per cent); and domestic violence/abuse (1,231 recommendations, 5.7 per cent).

The following themes stand out as being the subject of most recommendations relative to the SRHR cluster: criminal laws related to same-sex sexual practices (580 recommendations, 33 per cent); access to SRHR services (378 recommendations, 21.16 per cent); HIV and AIDS (297 recommendations, 17 per cent); maternal health (284 recommendations, 16 per cent); and adoption/amendment of national legislation/legislative framework related to SRHR (76 recommendations, 4 per cent).

Conversely, sub-themes such as age of consent (one recommendation), access to contraceptives (13 recommendations) and adolescent sexual activity (13 recommendations) received less attention.

FIGURE 1 NUMBER OF UPR RECOMMENDATION ON WOMEN'S RIGHTS, GENDER EQUALITY AND SRHR



■ SRHR ■ Gender equality ■ Women's rights

* Total number of recommendations related to SRHR, gender equality and women's rights for the three UPR cycles
 ** UPR37 is the cut-off date for the 3rd cycle data

FIGURE 2 STATES RECEIVING UPR RECOMMENDATIONS ON WOMEN'S RIGHTS, GENDER EQUALITY AND SRHR

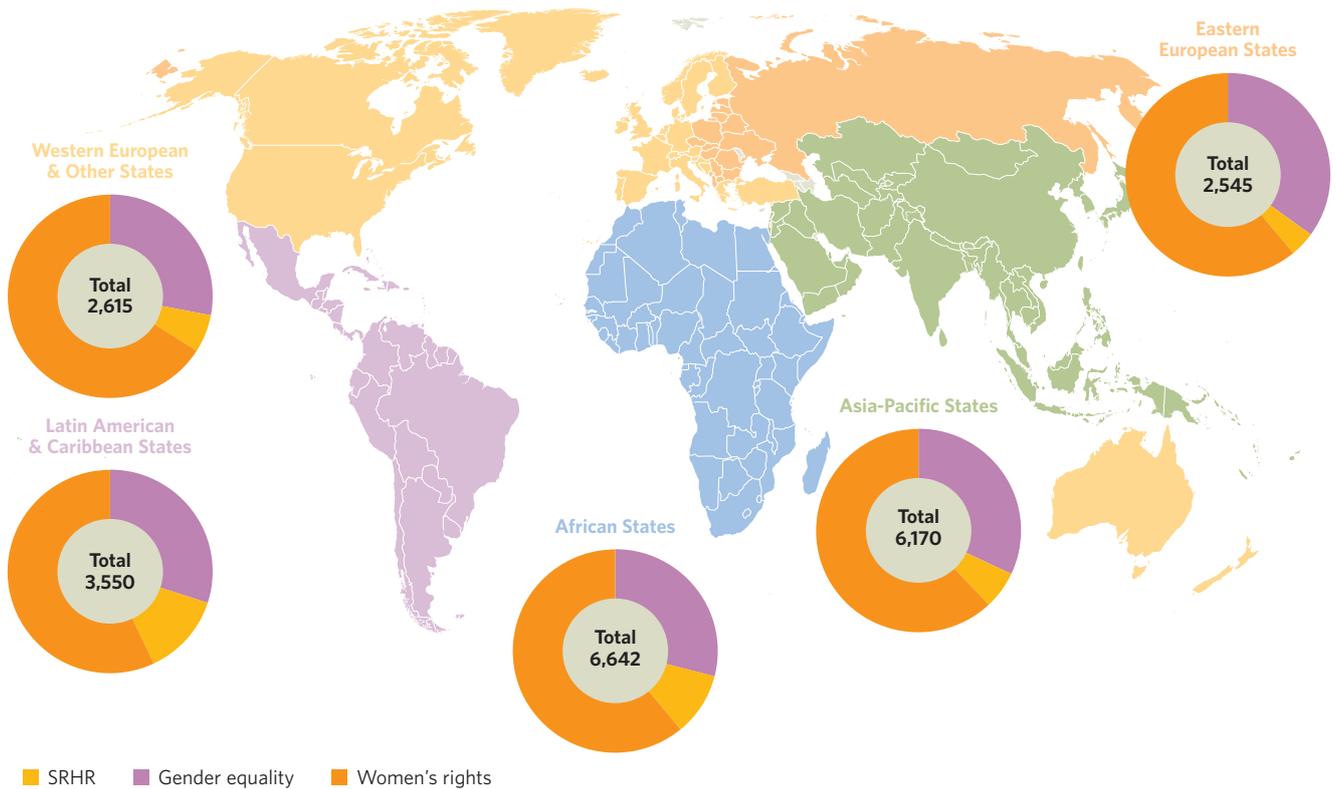
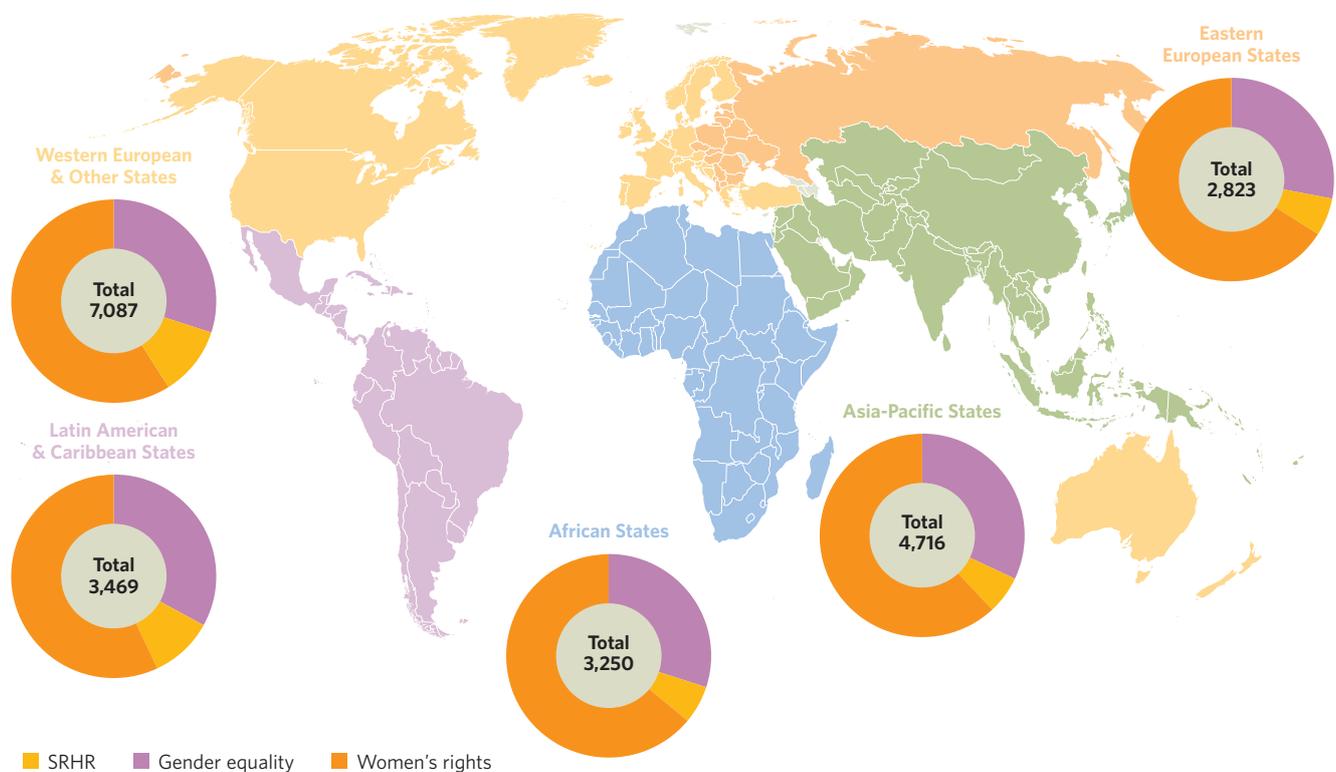


FIGURE 3 STATES ISSUING UPR RECOMMENDATIONS ON WOMEN'S RIGHTS, GENDER EQUALITY AND SRHR



The designations employed and the presentation of the material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

SPECIAL PROCEDURES RECOMMENDATIONS

For the purposes of this analysis, we scrutinized over 450 reports by 14 thematic Special Procedures mandate-holders over the period 2006 to 2021. The mandates were selected based on their pertinence for issues related to women's rights, gender equality and SRHR, while also taking care to ensure a balance between economic, social and cultural rights, and civil and political rights.⁷ The Universal Rights Group looked at the recommendations contained in thematic reports presented by the mandate-holders to the Council and the General Assembly. It further scrutinized the country-specific recommendations included in the country visit reports of Special Procedures mandates included in the sample.

Findings

Between 2006 and 2022, the 14 selected Special Procedures mandates extended 10,250 recommendations to States, of which 3,363 (33 per cent) were somehow related to women's rights, gender equality or SRHR. Of those 3,363 recommendations, 59 per cent fell under the women's rights cluster, 29.77 under the gender equality cluster, and only 11 per cent under the SRHR cluster.

The Working Group on discrimination against women generated the most recommendations specifically focused on SRHR (102 out of 363 SRHR recommendations in total), followed by the Special Rapporteur on the right to health (85 SRHR recommendations), and the Special Rapporteur on violence against women (48 SRHR recommendations).

The most common sub-themes covered by the 3,363 recommendations on women's rights, gender equality and SRHR were as follows: prevention, protection or the prosecution of violence against women (385 recommendations, 11 per cent); adoption/amendment and implementation of national legislation/legislative framework (219 recommendations, 6 per cent); violence against women (199 recommendations, 6 per cent); discrimination against marginalized groups of women (198 recommendations, 6 per cent); and international human rights instruments related to women's rights (155 recommendations, 5 per cent).

Turning specifically to the SRHR cluster, the most common sub-themes covered by Special Procedures recommendations were access to SRHR services (124 recommendations, 34 per cent of SRHR recommendations); maternal health (66 recommendations, 18 per cent); HIV and AIDS (38 recommendations, 11 per cent); comprehensive sexuality education (36 recommendations, 10 per cent); and access to contraceptives (22 recommendations, 6 per cent).

Relatively few recommendations by relevant Special Procedures mandate-holders addressed SRHR-focused sub-themes such as adolescent sexual activity (one recommendation), age of consent (one recommendation), SRHR in emergency settings (two recommendations), family planning (three recommendations), and access to information/awareness-raising (four recommendations).

⁷ The following mandates were chosen: the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity; the Independent Expert on the enjoyment of all human rights by older persons; the Special Rapporteur on extreme poverty and human rights; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Special Rapporteur on the issue of human rights obligations relating to the enjoyment of a safe, clean, healthy and sustainable environment; the Special Rapporteur on the rights of indigenous peoples; the Special Rapporteur on freedom of opinion and expression; the Special Rapporteur on the right to education; the Special Rapporteur on the rights of persons with disabilities; the Special Rapporteur on the situation of human rights defenders; the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; the Special Rapporteur on violence against women, its causes and consequences; the Working Group on people of African descent; and the Working Group on discrimination against women and girls.

TREATY BODY RECOMMENDATIONS

The following analysis is based on a sample group of 21 States, selected based on regional representation, size, political systems and development context.⁸

Findings

States received a total of 1,934 recommendations related to women's rights, gender equality and SRHR from the nine Treaty Bodies. Of this total, 213 recommendations (12 per cent) addressed SRHR concerns and challenges.

Of the 1,934 recommendations on women's rights, gender equality and SRHR, 1,312 recommendations (68 per cent) were delivered by the CEDAW Committee, while the remaining 622 came from the other Treaty Bodies (see figure 4). Of these other Treaty Bodies, the Committee on the Rights of the Child (CRC) produced the most recommendations relating to the three main clusters (186 recommendations; nearly 10 per cent). The Committee on Social, Economic and Cultural Rights (CSECR) produced 139 recommendations (7 per cent).

While Treaty Bodies have generated a large number of recommendations focused on women's rights, gender equality and SRHR, only 213 recommendations (11 per cent) explicitly addressed SRHR issues.

The most common sub-themes covered by those recommendations related to women's rights, gender equality and SRHR were as follows: prevention, protection or the prosecution of violence against women (184 recommendations, 10 per cent); adoption/amendment and implementation of national legislative framework (133 recommendations, 7 per cent); women's political/public life participation (130

recommendations, 7 per cent); advancement of women/women's economic empowerment (127 recommendations, 7 per cent); and discrimination of marginalized groups of women (99 recommendations, 5 per cent).

Looking at SRHR-specific recommendations, the following topics were the subject of most Treaty Body recommendations, gender equality and SRHR: access to SRHR services (76 recommendations, 36 per cent); maternal health (38 recommendations, 18 per cent); HIV and AIDS (23 recommendations, 11 per cent); adolescent sexual activity (19 recommendations, 9 per cent); and comprehensive sexuality education (14 recommendations, 7 per cent).

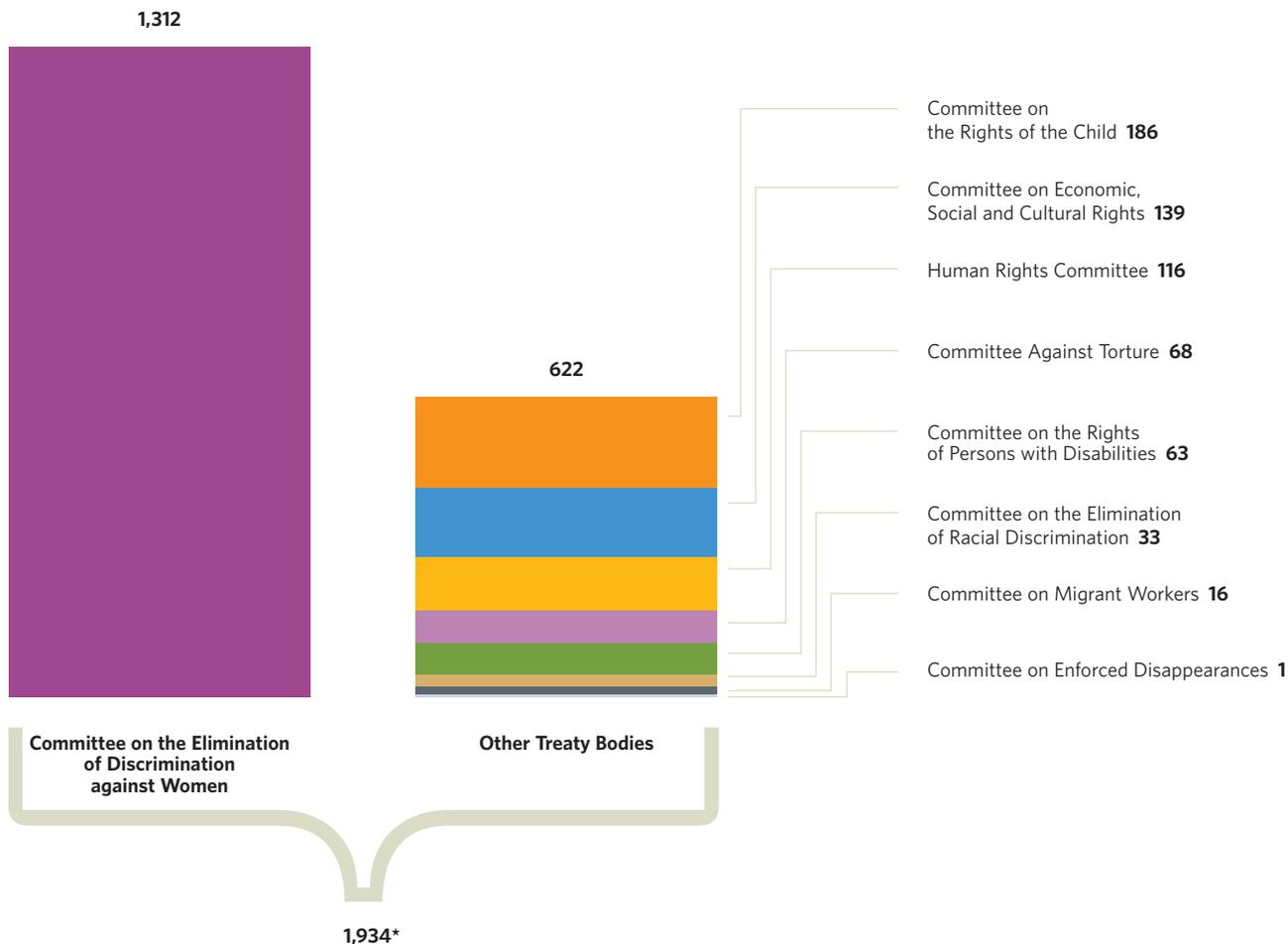


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⁸ Barbados, the Republic of Cabo Verde, the Republic of Colombia, the Republic of Costa Rica, the Republic of Côte d'Ivoire, the Democratic Republic of the Congo, the Republic of Fiji, the Republic of Iraq, the Hashemite Kingdom of Jordan, New Zealand, Norway, the Republic of Kazakhstan, the Republic of Kenya, the Lao People's Democratic Republic, the Republic of Maldives, the United Mexican States, the Islamic Republic of Pakistan, the Republic of Serbia, Switzerland, Turkmenistan and Ukraine.

FIGURE 4 NUMBER OF TREATY BODY RECOMMENDATIONS AND ISSUING ENTITY

Total number of recommendations on women's rights, gender equality and SRHR: 1,934



* Total number of recommendations related to women's rights, gender equality and SRHR

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FIGURE 5 TREATY BODY RECOMMENDATIONS ON SRHR

Total number of Treaty Body recommendations on SRHR: 213



* Total number of recommendations related to SRHR

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CHAPTER 3

COUNTRY EXPERIENCES

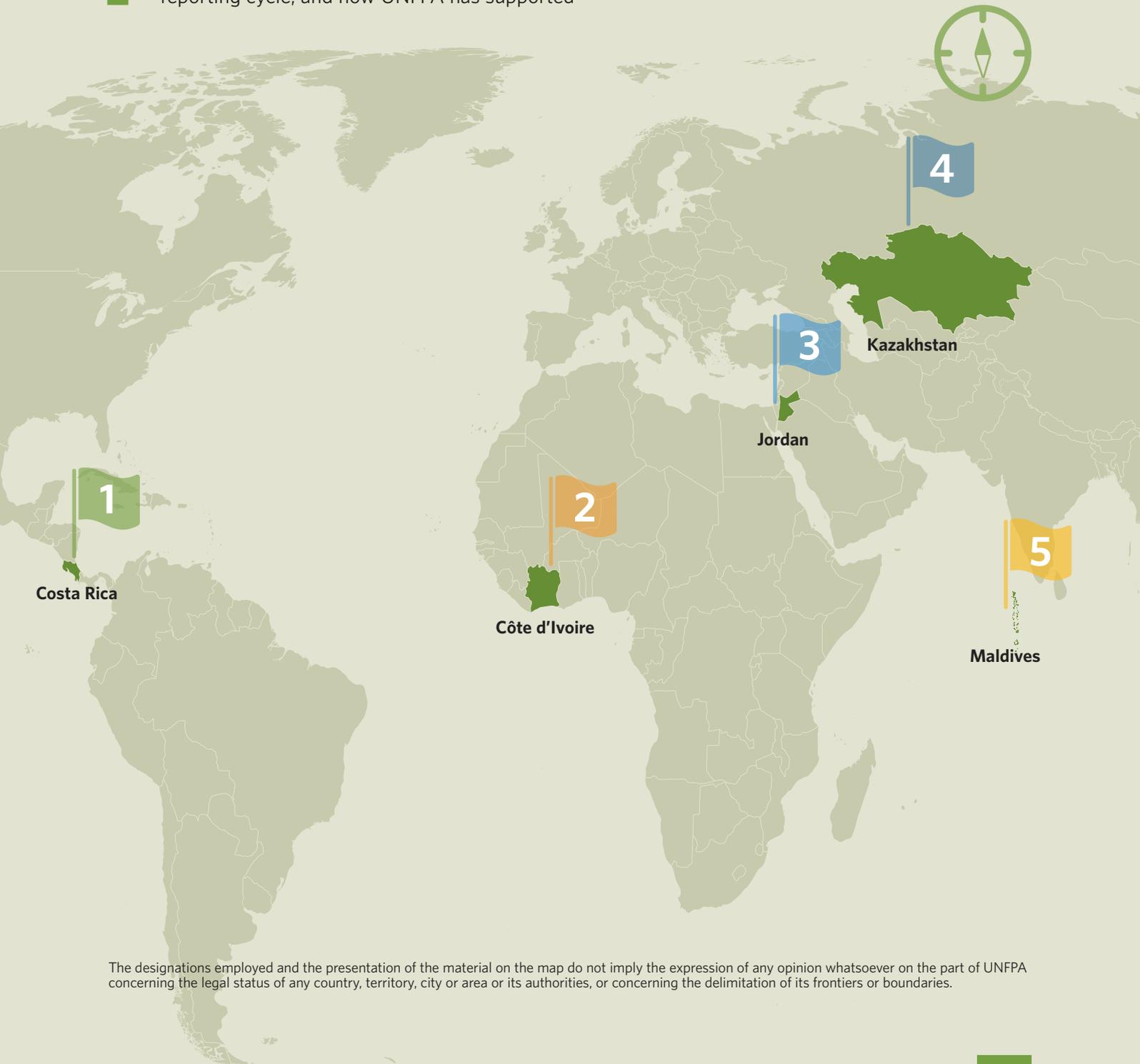
IMPLEMENTATION OF SRHR RECOMMENDATIONS AND THE NORMATIVE/OPERATIONAL ROLE OF UNFPA

Chapter 3 examines the recommendations received in five countries and progress made in implementing them, as well as the role of UNFPA offices in shaping those recommendations and supporting States with implementation. A final case study looks at the broader ecosystem that supports UNFPA's role in translating international human rights norms into action.

Following from the theoretical framework set out in Chapter 1, this chapter seeks to analyse and assess State engagement with the United Nations human rights mechanisms, the implementation of received recommendations in the field of SRHR, and how ultimately this might lead to human rights change in the countries concerned. The chapter will also highlight how UNFPA has been able to influence recommendations issued by the United Nations human rights mechanisms by engaging with the review-implementation-reporting cycle, and how UNFPA has supported

different actors at national level with the implementation of those recommendations.

For this analysis, five country case studies were selected based on several criteria including geographic/regional balance, coverage of different political and cultural contexts, levels of development and degrees of UNFPA engagement with host States. The selected countries are: Costa Rica, Côte d'Ivoire, Jordan, Kazakhstan and Maldives.



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COSTA RICA



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IDENTIFIED SUB-THEME: THE INCIDENCE OF OBSTETRIC VIOLENCE (THE MISTREATMENT OF, AND DISCRIMINATION AGAINST, WOMEN DURING CHILDBIRTH)

BACKGROUND

Costa Rica has one of the highest levels of female political participation in the world⁹ and has a relatively good record in terms of the promotion and protection of women's rights. The country still faces several important challenges, however. The reproductive health of women has become an increasingly important area of focus for women's rights defenders in Costa Rica and for the United Nations Inter-Agency Gender Group (IAGG), which includes UNFPA. Attention in this

case study is focused on the right to be free from mistreatment or discrimination during childbirth.

An important SRHR challenge in Costa Rica is the phenomenon of obstetric violence, which can be defined as "mistreatment and violence against women experienced during facility-based childbirth and in other reproductive health services".¹⁰ The World Health Organization (WHO) responded to growing international concerns of women during childbirth by issuing a statement in 2015 condemning these practices: "Many women experience

9 IPU Parline data: <https://data.ipu.org/women-ranking?month=3&year=2021>

10 <https://undocs.org/A/74/137>

disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination.”¹¹ The statement describes the abuse as follows:

*Reports of disrespectful and abusive treatment during childbirth in facilities have included outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures (including sterilization), lack of confidentiality, failure to get fully informed consent, refusal to give pain medication, gross violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening, avoidable complications, and detention of women and their newborns in facilities after childbirth due to an inability to pay.*¹²

While Costa Rica has a strong health system, boasting excellent levels of pre- and postnatal care, and consequently low levels of child and maternal mortality, a study published by UNFPA in 2021 nevertheless found that obstetric violence is a significant problem in the country.¹³ According to the study, 57.7 per cent of women of reproductive age who had given birth between 2016 and 2018 reported experiencing some form of obstetric violence during childbirth.

Against this backdrop in Costa Rica, the IAGG raised awareness of the need to deepen the legal and medical understanding of a rooted discriminatory practice and address it as a human rights concern. It advocated for significant legislative changes to better safeguard the reproductive health and rights of women. The IAGG identified a number of strategies for action. UNFPA in collaboration with the *Defensoría de la Mujer de la Defensoría de los Habitantes* (the women’s rights Ombudsperson, part of the national human rights institution) decided to take a two-pronged approach to advocating for the

reproductive rights of women and girls. First, it would seek to leverage the country’s engagement with the United Nations human rights mechanisms (particularly the CEDAW Committee) to support progress towards improved implementation of the State’s international human rights obligations and commitments. Second, it would seek to “democratize” implementation by promoting an inclusive process of national consultations with civil society about women’s rights, and particularly about SRHR.

ENGAGEMENT WITH THE UNITED NATIONS HUMAN RIGHTS SYSTEM

Overview

- Costa Rica is party to nine core human rights treaties, including CEDAW since 1986.
- Costa Rica has reported three times to the CEDAW Committee (2003, 2011 and 2017).
- Costa Rica maintains a standing invitation to Special Procedures (since 2002) and has completed eight visits since 2006, though none by mandates directly relevant to women’s rights. The country has undergone three UPR reviews (2009, 2014 and 2019).
- Obligations under international human rights law are reinforced by obligations under regional treaties such as the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, and the American Convention on Human Rights, as well as commitments made in other contexts, such as in the Montevideo Consensus on Population and Development.

11 World Health Organization (WHO) statement, “The prevention and elimination of disrespect and abuse during facility-based childbirth”, WHO/RHR/14.23 (2015).

12 World Health Organization (WHO) statement, citing Bowser D, Hill K. Exploring Evidence for Disrespect and Abuse in Facility-based Childbirth: report of a landscape analysis. USAID / TRAction Project; 2010.

13 https://costarica.unfpa.org/sites/default/files/pub-pdf/violencia-obstetrica-en-costa_rica.pdf

Obstetric violence falls squarely within the mandate of UNFPA and the agency has played a key role in raising awareness about this threat to women's rights. UNFPA has supported efforts in Costa Rica to feed into reviews before the United Nations human rights Treaty Bodies, and has leveraged those reviews to drive domestic progress. In 2019 UNFPA headquarters made an important submission to the United Nations Special Rapporteur on violence against women on the basis of inputs received from its country and regional offices including the UNFPA Country Office in Costa Rica. The submission was in the form of a contribution to the Special Rapporteur's 2019 report titled *A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence*.¹⁴

Treaty Body reviews provide another example of efforts to raise the international profile of the problem of obstetric violence in Costa Rica. Prior to 2015, the concluding observations of relevant Treaty Bodies had never explicitly addressed the issue of obstetric violence. That began to change due to a combination of heightened international focus and developments at the national level. In 2015, the Ombudsperson's Office (the country's national human rights institution) conducted an investigation into complaints of obstetric violence during childbirth. The investigation concluded with a report documenting the causes and human rights consequences of such violence and extended a series of recommendations to the government. Building on that report, UNFPA, the Ombudsperson's Office and the German development cooperation agency (GIZ) organized an international congress in San José in 2016. Its objective was to analyse "the prevalence of obstetric violence in the Latin American region and identifying strategies for national human rights institutions in Latin America to bring greater visibility to the problem of obstetric violence as a type of violation of women's rights".¹⁵

The influence of activities in 2015 and 2016 can be seen in the subsequent deliberations and concluding observations of Treaty Bodies. At the culmination of its 2016 review of Costa Rica, the Human Rights Committee expressed concern "at reports that women have been subjected to violence at the hands of medical professionals" and recommended that the State "ensure that cases of violence against women in health facilities are thoroughly investigated and that perpetrators are brought to justice and punished appropriately". Similarly, in 2017, the CEDAW Committee asked the State party in its List of Issues Prior to Reporting to report on "measures to prevent and sanction perpetrators of obstetric violence against women and about measures put in place to monitor medical practice in health care centres and hospitals across the country". Following its review, the Committee recommended that the government "adopt legal and policy measures to protect pregnant women during childbirth, sanction obstetric violence, strengthen capacity-building programmes for medical practitioners, and ensure regular monitoring of the treatment of patients in health care centres and hospitals, in line with the recommendations issued by the Ombudsperson's Office".

Increased awareness about the problem of obstetric violence also led to the issue being increasingly taken up by reviewing States in the UPR Working Group. In 2009 Costa Rica received no recommendations on the issue of obstetric violence. This no doubt reflected the fact that these issues were also absent from the three "input reports" into the UPR process (the State report, the United Nations system report and the "other stakeholders" report). However, the United Nations Country Team in Costa Rica subsequently used the next United Nations system report ahead of the 2014 UPR review to underscore the need to "strengthen the capacities of medical personnel to incorporate culture and age as relevant markers in childbirth, guaranteeing the rights of indigenous,

14 Submission of the United Nations Population Fund (UNFPA) to the Special Rapporteur on Violence against Women for her report "A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence", 2019. Available at: www.ohchr.org/EN/Issues/Women/SRWomen/Pages/Mistreatment.aspx.

15 https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CRI/INT_CEDAW_IFN_CRI_27618_S.pdf



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migrant and Afro-descendant women to ensure that women are treated with dignity during childbirth and are consulted on the use of drugs”. This was a first reference to obstetric violence.

In the 2019 UPR review, Costa Rica received one recommendation addressing obstetric violence. Germany extended a recommendation that urged Costa Rica to “take strong measures to reduce the high rates of femicide and violence against women, including through the use of public campaigns and family programmes and adopt clear guidelines for therapeutic abortion services, legalize abortion in cases of rape, incest or health hazards to the

mother, and *prevent and sanction cases of obstetric violence against women*”.¹⁶ This marked the first time Costa Rica had received a UPR recommendation explicitly addressing the issue of obstetric violence; in the end, the State “partially accepted” the recommendation because it covered such a wide range of issues.

IMPLEMENTATION AND IMPACT

Strategic engagement with international human rights mechanisms, especially the Treaty Bodies, by the IAGG has helped facilitate a process of national dialogue and consultation, including with

16 emphasis added by author

civil society. So too, engagement with the Office of the Ombudsperson brought data, evidence and the human rights dimension of the phenomenon to the fore. This in turn led to an important qualitative strengthening of United Nations human rights recommendations to the State. UNFPA has played a key role in drawing attention to and driving domestic progress on the problem of obstetric violence in the country. It has done so by contributing information, data and practical suggestions into review–implementation–reporting cycles with the Treaty Bodies and the UPR, as well as through its own engagement with the Special Procedures. Moreover, UNFPA has used its convening power to mobilize policy makers judicial officials, health care providers, civil society groups and survivors of obstetric violence from different population groups in order to seek their views and ensure they are properly consulted in finding solutions to obstetric violence.

The case of Costa Rica offers a key lesson on the implementation of human rights recommendations. It emphasizes the importance of leveraging the active and meaningful participation of civil society networks and women’s rights groups, as well as engaging with national human rights institutions, to help inform rights-holders, health care providers and policymakers. This is especially important when dealing with sensitive and controversial social issues.

The principle of supporting civil society participation is based on a recognition that the national implementation of United Nations human rights recommendations must be the result of a democratic rather than a bureaucratic exercise, mobilizing broad public engagement with State policymakers.

UNFPA and the wider IAGG, working with the Office of the Ombudsperson, decided to organize an inclusive civil society consultation process focused on supporting the implementation of the CEDAW Committee’s 2017 concluding observations and recommendations.

Over a two-year period, the partners organized five consultations with more than 70 women’s rights organizations. Three consultations were with women’s rights organizations and two consultations were with representatives of

marginalized groups, often most at risk of obstetric violence, such as indigenous women, Afro-descendants and women with disabilities. The aim of the consultation process was to begin a ground-level rights-based conversation about the issues and questions raised in the Committee’s concluding observations and recommendations related to SRHR. Another aim was to identify concrete actions for the specific recommendation on obstetric violence, in order to make progress with implementation of the Committee’s 2017 recommendation. The consultation was a ground-breaking effort to mobilize civil society to help inform national debates about SRHR issues, and to promote civil society’s participation in the processes of implementing the Committee’s 2017 recommendations.

The consultation process resulted in a plan of action known as the “Women’s Agenda”. The Women’s Agenda is a road map for civil society organizations to coordinate their work to raise public awareness about, and advocate for, women’s SRHR. It recognizes that a “top-down” approach is unrealistic (i.e. that the government acting alone would introduce new laws and policies to address relevant human rights concerns). The Women’s Agenda instead applies a “bottom-up” approach premised on influencing domestic debate, informing and educating rights-holders and duty-bearers, thereby building public support for the implementation of the country’s international human rights obligations and commitments.

In July 2017, the Office of the Ombudsperson, together with Costa Rican civil society organizations and UNFPA, presented the Women’s Agenda to parliament and relevant government ministries. This helped inform lawmakers and build pressure on the executive and legislative branches to take action to implement the 2017 CEDAW recommendations.

The Women’s Agenda and the related mobilization of civil society contributed to important positive results in the area of obstetric violence in Costa Rica. In the country’s 2020 follow-up report to the Committee’s 2017 concluding observations,

the State provides a long list of measures taken to implement the Committee's recommendations on obstetric violence. These measures include:

- Steps taken by the Costa Rican Social Security Fund to raise awareness among, and deliver training for, health personnel in the country's maternity wards;
- The definition of a clinical protocol for pregnancy, childbirth and post-partum care known as "the law on humanized birth", which entered into law in February 2020; and
- Rolling out national information campaigns about women's rights in the context of prenatal, childbirth and postnatal care.

In undertaking these and other steps, the State benefited from technical assistance and capacity-building support from UNFPA.¹⁷

In November 2018, a Member of Parliament, Aida Maria Montiel Héctor, introduced a legislative bill on the protection of pregnant women before, during and after childbirth. The explanatory note attached to the bill specifically mentioned the obligations under CEDAW as well as the aforementioned investigation by the Ombudsman's Office. The bill would implement the CEDAW Committee's 2017 recommendation to penalize medical personnel who mistreat women during childbirth. The law has since been approved by parliament. To ensure it is implemented, the government has issued a step by step guide for health care workers on how to provide respectful, quality and culturally accessible services to women during pregnancy, childbirth and post-partum care.

KEY TAKEAWAYS COSTA RICA



1. UNFPA is uniquely positioned to shine a spotlight on neglected human rights issues at the core of its mandate and to bring them to the centre of the policy arena through its engagement with international human rights mechanisms, as in the case of obstetric violence.

2. UNFPA can take the opportunity of international human rights reviews and its convening role to strengthen partnerships with national stakeholders and empower them by supplying the data and evidence needed for an informed dialogue on critical yet sensitive human rights issues, leading to sustained legal, policy and institutional change.

¹⁷ UNFPA (2021). *Violencia Obstétrica en Costa Rica desde la evidencia estadística*. Available in Spanish at: https://costarica.unfpa.org/sites/default/files/pub-pdf/violencia-obstetrica-en-costa_rica.pdf

CÔTE D'IVOIRE



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IDENTIFIED SUB-THEME: PREVENTING AND COMBATING FEMALE GENITAL MUTILATION

BACKGROUND ON THE ISSUE

Female genital mutilation (FGM) is a harmful practice involving the partial or total removal of the genitalia of women and girls for non-medical reasons. It was largely ignored by the international community prior to the 1990s and the emergence of the global movement to combat violence against women. For many years, FGM, often part of a girl's "initiation" into womanhood and, in some communities, a precondition for marriage, was seen by certain States (in both a domestic and international context) as a private or family matter. Growing evidence of the appalling implications of the practice for the short- and long-term physical

and mental health of women and girls led to an increasing recognition of FGM as a human rights violation. It is recognized in the Convention on the Rights of the Child, the Maputo Protocol and the Istanbul Convention, for example, and in the work and outcomes of relevant human rights mechanisms.

Where the practice is prevalent, most countries have adopted legislation prohibiting or criminalizing the practice and/or have launched public awareness-raising campaigns to end FGM. This progress is taking place despite a trend of "medicalization" of FGM with parents and legal guardians of girls turning to interventions by medical professionals, and the emerging

practice of cross-border or transnational FGM. The international human rights mechanisms have established that FGM is inherently contrary to the basic rights and dignity of women and girls. It is a violation of their right to the highest attainable standard of physical and mental health; to sexual and reproductive health; to be free from torture and other cruel, inhuman or degrading treatment; and to be free from gender-based discrimination. In the worst cases, it violates their right to life.

SITUATION IN THE COUNTRY

The SRHR of women and girls, particularly their right not to be subjected to harmful practices such as FGM, is an area of priority focus for the United Nations country team in Côte d'Ivoire. Historically, FGM has been highly prevalent in Côte d'Ivoire. The 1998 Demographic and Health Survey found that nearly half of all of women and girls in the country (44.5 per cent) had been subjected to FGM. In some regions, the proportion of women and girls subjected to FGM was higher, rising to 79.5 per cent and 73.7 per cent in the northern and north-western parts of the country, respectively.

An important first step in addressing FGM in Côte d'Ivoire came in 1995 when the State ratified CEDAW. This allowed the CEDAW Committee to begin to engage with the State, and provided a boost to civil society campaigns to prevent and eliminate FGM. Those campaigns were imbued with an even greater sense of urgency following public outcry at the tragic death of a young girl following FGM in August 1998. In December 1998, civil society, supported by the United Nations, scored their first important victory when the Government of Côte d'Ivoire adopted Law number 98-757 criminalizing the act of performing FGM.

Notwithstanding this new law, the practice of FGM continued to be widespread in the country. That was due to a range of factors including: a lack of awareness about the law among some law enforcement actors and parts of the judiciary; reticence on the part of local communities to report cases and denounce practitioners, preferring instead that cases be resolved "amicably" through customary arbitration; highly divergent religious and cultural

traditions across the country with a related lack of political will on the part of the State to be seen to "interfere" with local customs; and inadequate "reach" of Governmental authority in many remote or inaccessible rural areas. The first conviction under Law number 98-757 occurred in 2012 some 14 years after the law had been promulgated. The nine women convicted for having performed excisions on 30 young girls between the ages of 10 and 15 received a one-year suspended sentence and a fine of 50,000 West African CFA francs (approximately US\$ 80). The light penalty of this ruling profoundly shocked public opinion and pointed to the need to better train federal prosecutors.

Against this backdrop, the UNCT Gender Coordination Group (which UNFPA chaired from 2004 to 2015), concluded that new laws against FGM were not, in themselves, sufficient. What was needed was a more comprehensive policy response. This needed to include the integration of FGM into broader gender-based violence strategies; social protection, health and education measures in favour of women and girls at risk of, as well as the survivors of, FGM; and an awareness-raising strategy at the local level targeting parents, men and boys and traditional and religious leaders. Awareness-raising and specialized training would be needed across the different organs of the State (including the judiciary), health care workers and schoolteachers. It would be designed to highlight the serious human rights abuses associated with FGM, and thus shift Ivorian society towards a rejection of the practice. As a key part of that strategy, the United Nations Country Team leveraged the country's engagement with the United Nations human rights mechanisms, especially the CEDAW Committee.

ENGAGEMENT WITH THE UNITED NATIONS HUMAN RIGHTS SYSTEM

Overview

- Côte d'Ivoire is party to seven core human rights treaties, including CEDAW (1995), the Convention against Torture and Other Cruel Inhuman or Degrading Treatment or

Punishment (1995) and the Convention on the Rights of the Child (1991).

- Côte d'Ivoire has reported twice to the CEDAW Committee (in 2010 and 2018), and twice to the Committee on the Rights of the Child (1999 and 2017).
- Côte d'Ivoire does not maintain a standing invitation to Special Procedures and has received only four visits by thematic mandates since 2006, none of which were focused on women's rights.
- Côte d'Ivoire has undergone three UPR reviews (2009, 2014 and 2019).
- The country's obligations under international human rights law are reinforced by obligations under regional treaties such as the African Charter of Human and Peoples' Rights and the Maputo Protocol, as well as commitments made in other contexts, such as in the 1994 ICPD, during which FGM was explicitly recognized as a violation of the fundamental rights of women and girls.

In the context of Côte d'Ivoire's engagement with the international human rights system, the human rights mechanisms have paid significant attention to the issue of FGM. Impacts of FGM on the rights of women and girls in the country has been one of the issues raised most regularly during Côte d'Ivoire's reviews before the Treaty Bodies and the UPR. It has also been the focus of a considerable number of recommendations generated by those reviews. Civil society organizations have been feeding information on FGM into the human rights mechanisms via alternative reports.

The United Nations Country Team worked successfully with the government to ensure that accurate information about FGM is included in State periodic reports. In Côte d'Ivoire, the United Nations Country Team, including UNFPA, does not submit its own alternative reports to the human

rights Treaty Bodies. The team feeds information into the UPR process via the United Nations system report, which is drafted by the United Nations Operation in Côte d'Ivoire, which is the peacekeeping/peacebuilding operation established in 2004.

Since the establishment of the Human Rights Council in 2006, the UNCT Gender Coordination Group has gradually ramped-up the degree to which it leverages Côte d'Ivoire's review-implementation-reporting cycles under the UPR and Treaty Bodies, to raise concerns about FGM, and thus to help generate useful recommendations to the State.

While the United Nations system report drafted and submitted by the United Nations Operation in Côte d'Ivoire ahead of the State's first UPR review in 2009 only briefly referenced the issue of FGM, the report submitted ahead of the 2014 review included a far more detailed assessment of the situation. This included repeated expressions of concern at the lack of prosecutions under Law number 98-757. As a result, the outcome of the 2014 UPR included 10 recommendations pertaining to FGM, compared with only four in 2009. Of the 10 recommendations, all of which were accepted by the State, three focused specifically on addressing the absence of prosecutions against those carrying out FGM. The 2019 UPR outcome report for Côte d'Ivoire included 10 additional recommendations on the issue of FGM.

Among the recommendations received by the State over the course of its three UPR reviews, many urged it to deliver effective and culturally-sensitive awareness-raising campaigns across the country, designed to highlight the harmful consequences of FGM for the rights of women and girls. For example, in 2014, Ireland recommended that the State "undertake a comprehensive legal and cultural awareness-raising campaign on sexual and gender-based violence, including issues such as rape, forced marriage, female genital mutilation and domestic violence". Others urged Côte d'Ivoire to conduct public information campaigns in collaboration with civil society. In 2009, Senegal

recommended that the State “intensify ongoing sensitization activities, carried out together with members of civil society, towards the reduction or even the eradication in the future, of female genital mutilation”. In 2014, France recommended that the State “strengthen the national policy against sexual violence, in cooperation with the United Nations and civil society, and pursue its efforts to promote women’s rights in particular to fight against all forms of genital mutilation and forced and early marriages”.

Relevant Treaty Bodies have pushed for a similarly holistic approach to combating FGM in Côte d’Ivoire. Their recommendations have called for both top-down efforts aimed at duty-bearers and focused on strengthening the enforcement of relevant national laws (including Law number 98-757), and for bottom-up approaches aimed at right-holders – the women and girls themselves. These latter approaches, premised on shifting societal attitudes towards FGM, enjoy the support of UNFPA and the wider United Nations Country Team.

Between 2001 and 2019, the Human Rights Committee 2015, following the country’s review in 2013, the CEDAW Committee (2011 and 2019, following the country’s reviews in 2010 and 2018, respectively), and the Committee on the Rights of the Child (2001 and 2019 following the country’s reviews in 1999 and 2017, respectively), all issued concluding observations to Côte d’Ivoire that included recommendations on awareness-raising about the human rights harms associated with FGM. In 2011, the CEDAW Committee recommended that the State “significantly increase its awareness-raising and education efforts targeting both men and women, with the support of civil society organizations, in order to completely eliminate female genital mutilation and its underlying cultural justifications”. Such efforts, the Committee continued, “should include the design and implementation of effective education campaigns aimed at eliminating traditional and family pressures in favour of the practice, particularly among those who are illiterate, and especially the parents of the girl child”. It further added that “such measures should include more concerted efforts, in collaboration with civil society, to educate and raise awareness about this subject,

targeting women and men at all levels of society, and should involve the school system, the media as well as community and religious leaders”. Similarly, in 2015, the Human Rights Committee recommended that the State party “take more vigorous steps to generate public awareness, including among religious leaders and traditional authorities, [about relevant] legislation and the harmful impact of such practices on women”.

Acknowledging the important role played by civil society actors in efforts to shift societal attitudes, both the CEDAW Committee (2019), and Committee on the Rights of the Child (2019), have expressed particular concern about acts of intimidation against women and child rights defenders working to combat FGM. Reflecting those concerns, the former has made important recommendations to the State to better protect and empower civil society, such as a call to “ensure the effective implementation of article 9 of Law number 2014-388 [on the promotion and protection of human rights defenders], including by establishing an independent reporting and follow-up mechanism for violations of the law”. For its part, the latter has recommended that “the State party strengthen protection mechanisms for human rights defenders and amend [Law number] 2014-388 to ensure that child human rights defenders are addressed”.

Other recommendations have focused on improving prevention and protection services for children and women at high-risk of becoming victims of harmful practices. The 2019 concluding observations by the Committee on the Rights of the Child provide an example. The Committee called upon the State to “establish protective mechanisms and services to safeguard children at risk of being subjected to female genital mutilation and child marriage, and ensure that all victims of such practices have access to social, medical, psychological and rehabilitative services free of charge, and to legal redress”.

Finally, the Treaty Bodies have consistently urged Côte d’Ivoire to ensure the regular and comprehensive collection, analysis, dissemination and use of quantitative and qualitative data

to continuously reassess the effectiveness of policies to combat FGM. Following its review of Côte d'Ivoire in 2019, the CEDAW Committee recommended that the State "monitor and review on a regular basis [the measures taken to eliminate harmful practices in order to identify shortcomings, and improve them accordingly]".

IMPLEMENTATION AND IMPACT

The UNCT Gender Coordination Group has regularly leveraged United Nations human rights recommendations, including those emanating from the country's UPR reviews, as well as recommendations from relevant Treaty Bodies, to engage with and support both the government and civil society in their efforts to prevent and abolish FGM. Notably, this has included leveraging human rights mechanism recommendations in fundraising discussions with development partners, to finance programmatic activities relating to the elimination of FGM.

The recommendations of the CEDAW Committee's 2011 concluding observations to Côte d'Ivoire were to improve data collection and thereby inform better policy responses to GBV, including FGM. Building on these recommendations, UNFPA and UNICEF supported the government in conducting a series of nationwide surveys on GBV in 2011 and 2012. The results of this data collection exercise were presented in a 2014 situation analysis on the prevalence of GBV in Côte d'Ivoire. Since that time, the government, again with United Nations support, has adopted a "Tracking Results Continuously" approach to measuring progress towards the societal rejection, and ultimately the abolition, of FGM.

In 2014, the Government of Côte d'Ivoire adopted a national strategy to combat GBV (2015–2020). It included implementing measures for a range of substantive recommendations issued by the CEDAW Committee and the Committee on the Rights of the Child. UNFPA and UNICEF have worked alongside the government to help roll out the strategy. Pursuant to relevant Treaty Body recommendations to strengthen protection

systems, the strategy called for establishment of GBV platforms across the country to spearhead government efforts to prevent and protect women and girls from FGM. As of the end of 2021, 79 such platforms had been established across Côte d'Ivoire, including in the more remote parts of the country. These platforms provide services to local communities and to victims of GBV, including counselling, and act as early-warning centres and data collection centres. Following Treaty Body recommendations, the platforms involve local community leaders in efforts to improve detection of GBV (FGM in particular), while promoting community-level engagement to tailor policies and action plans to local needs. UNFPA provides support to the early-warning function of the GBV platforms by dispatching verification missions once a platform has raised the alarm about an impending FGM ceremony.

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UNFPA has also worked to support the government with implementation of UPR and Treaty Body recommendations regarding improved enforcement of Law number 98-757 criminalizing FGM. Notably, it has mobilized resources from the United States to train and raise awareness about the law among the judiciary and police, and to strengthen their capacity to respond to GBV more broadly. These projects are aimed at sensitizing judges, lawyers and police officers about the negative impacts of FGM on the rights and dignity of women and girls, so that they will be more willing to investigate and prosecute cases, and be better able to respond to the needs of victims. As a result of these and other related projects, by 2018 there had been 18 successful convictions of those carrying out FGM.

As a result of the measures undertaken by the country between 1998 and 2020, the proportion of women and girls who had been subjected to FGM, according to regular surveys under the “Tracking Results Continuously” framework, dropped from 44.5 per cent to 36.7 per cent. The new national action plan on FGM sets a target of reducing this further, to 26.7 per cent by 2025.

KEY TAKEAWAYS CÔTE D’IVOIRE



- 1. The adoption of laws prohibiting FGM sends a fundamental message to society that FGM is a serious human rights violation that cannot be tolerated or justified in the name of culture.**
- 2. Criminal laws are themselves insufficient to change deeply rooted negative social norms and behaviours. Through continued engagement with multiple**

international human rights mechanisms, governments and United Nations agencies can help generate recommendations providing a blueprint for comprehensive rights-based measures to help address the underlying root causes that contribute to the perpetuation of FGM in society.

JORDAN



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IDENTIFIED SUB-THEME: NATIONAL POLICY FRAMEWORK FOR RESPONDING TO GENDER-BASED VIOLENCE

BACKGROUND

The high rate of GBV against women and girls continues to pose a significant human rights challenge to Jordan and its people.¹⁸ This includes physical, sexual and emotional violence against women of all ages, and in all settings, including within the family, in the community, in institutional settings and increasingly in the digital sphere. The 2017-18 Jordan Population and Family and

Health Survey¹⁹ (JPFHS) revealed that 21 per cent of married women aged between 15 and 49 years had experienced some form of physical violence since they had turned 15 years old,²⁰ while 26 per cent of women had experienced physical, sexual or emotional violence at the hands of their spouse.²¹ Because the JPFHS only measured one form of GBV, namely domestic violence, the incidence levels for all forms of violence is likely to be far higher.

18 United Nations Country Assessment for Jordan, 2018.

19 Department of Statistics/DOS and ICF (2019). Jordan Population and Family and Health Survey 2017- 18. Amman, Jordan, and Rockville, Maryland, USA: DOS and ICF.

20 Department of Statistics/DOS and ICF (2019).

21 Department of Statistics/DOS and ICF (2019).

The human rights consequences of GBV are well documented. GBV not only violates women's rights to be free from physical and mental harm, and free from cruel and/or degrading treatment, but also violates their right to physical and mental health, including sexual and reproductive health.²² In the worst cases, GBV leads to the violation of the most fundamental right of all: the right to life.

Given the serious impacts of GBV on the rights of women and girls in Jordan, the Jordanian Government has made the elimination of such violence a national priority.²³ Consequently, when the United Nations Country Team developed its new United Nations Sustainable Development Cooperation Framework (UNSDCF) with Jordan for the period 2018–2022, addressing discrimination and violence against women was identified as one of the Framework's key objectives.²⁴ Within the United Nations Country Team, UNFPA is one of the lead agencies responsible for addressing GBV, as well as more generally promoting women and girl's right to live free from violence.

UNFPA has sought to leverage the State's engagement with the United Nations human rights mechanisms to incrementally strengthen, in cooperation with the government, the national policy framework for responding to and preventing GBV in Jordan.

ENGAGEMENT WITH THE UNITED NATIONS HUMAN RIGHTS MECHANISMS

Overview

- Jordan is Party to seven of the core international human rights treaties, including CEDAW (since 1992). Jordan has reported twice to the CEDAW Committee (2012 and 2017).
- The country maintains a standing invitation to Special Procedures (since 2006) and has received seven visits since 1998, including by the Special Rapporteur on violence against women in 2011.
- The country has completed three cycles under the Universal Periodic Review mechanism (in 2009, 2013 and 2018).²⁵
- Obligations under international human rights law are reinforced by commitments made in the context of the 1994 ICPD and its follow-up conference in Nairobi (ICPD+25), where Jordan committed to continue "to work to reduce sexual and gender-based violence by implementing legislations to protect against violence [...] implement strategies, programmes, social, psychological and health services".

22 CEDAW, General Recommendation No. 35, paras 15-16.

23 National Framework to combat family violence.

24 See Outcome 2 and its indicators "People especially the vulnerable proactively claim their rights and fulfil their responsibilities for improved human security and resilience". Indicator 1 - "early marriage rate", Indicator 2 - "perception of people that domestic violence is acceptable".

25 Jordan country page, OHCHR website (visited 15 December 2021).

As part of its efforts to support Jordan to effectively respond to and prevent GBV, UNFPA has sought to leverage the State's engagement with these human rights mechanisms, particularly the UPR and the CEDAW Committee. This has involved feeding information about GBV in Jordan, as well as ideas for how the State might better respond to and prevent such violence, into relevant review-implementation-reporting cycles, so that the mechanisms might in turn provide useful recommendations to the government.

Since the mechanism's establishment in 2007, the UPR has become an increasingly important focus of United Nations Country Team advocacy. This reflects the high political prioritization afforded to this State-to-State mechanism by the government, which has in turn translated into a greater willingness to implement UPR recommendations.

Ahead of the third cycle UPR review in 2018 in Jordan, UNFPA worked closely with the rest of the United Nations Country Team to feed information about GBV in the country into the team's joint submission, which in turn provided the backbone of the United Nations system report to the UPR. In an important example of best practice, this joint submission included a matrix detailing actions undertaken by the State, in certain instances with United Nations support, to implement second cycle UPR recommendations, and proposing further actions to strengthen implementation in the future. A number of implementation measures and issues were highlighted in the matrix in the United Nations system report to the UPR, including the following examples:

- Introduction of legislative amendments to the Penal Code, including the deletion of article 308 (which had allowed rapists to evade punishment if they agreed to marry their victim for more than five years), in line with previous UPR and Treaty Body recommendations. The joint submission also drew attention to the need for further amendments to introduce explicit definitions of crimes such as marital rape, sexual harassment, assault and torture.

- Identification of flaws in the Law on Protection from Domestic Violence (Law no. 6/2008), especially a provision "prioritizing mediation and reconciliation between the victim (the complainant) and the perpetrator". The joint submission called for Law no. 6/2008 to be amended and such provisions to be deleted.
- Highlighting the need to adopt a comprehensive and holistic approach to tackling GBV, including civil society campaigns to raise public awareness about such violence and its impacts on the rights of women and girls, and the delivery of capacity-building training for government departments involved in responding to GBV.

Each of the three UPR cycles in Jordan has seen a significant focus on GBV and has generated useful recommendations to the State, partly as a result of efforts by the United Nations Country Team, often in cooperation with local civil society. During the first cycle in 2009, 10 reviewing States provided 11 recommendations on GBV, six of which urged Jordan to improve its national legal and policy framework and/or strengthen implementation. Norway recommended that Jordan "enact legislation in order that violence against women constitutes a criminal offence, that women and girls who are victims of violence have access to immediate means of redress and protection, and that perpetrators are prosecuted and punished". Jordan accepted this recommendation. The second UPR cycle in 2013 saw a slight increase in the number of recommendations, to 13, provided by 12 States. Of those, seven recommended that Jordan bring changes to its national legal and policy framework and/or improve implementation. Slovakia recommended that Jordan "provide training for law enforcement officials dealing with violence against women and ensure the effective protection of victims". This was also supported by the State under review. Similarly, the third cycle saw Jordan receive 12 recommendations on GBV, presented by 12 countries, six of which called for legislative and policy reforms. Thailand suggested that Jordan "strengthen the relevant legal frameworks to further protect women against all forms of violence, including domestic violence,

and ensure adequate support and redress to victims,” while Turkey urged the State to “continue reviewing its legal framework for the protection of women against gender-based violence and domestic violence”. Both recommendations were supported by Jordan.

The recommendations are rather vague; certainly less specific in referring to particularly problematic laws or policies than the proposals included in the joint submission by the United Nations, though there have been exceptions.²⁶ This reflects an important weakness of the UPR mechanism: recommendations may carry more political weight because they are extended by one State to another, yet, unlike the Treaty Bodies and Special Procedures, the UPR is not an expert mechanism, and thus the level of analysis and prescription is often less robust.

Another key focus of United Nations Country Team (including UNFPA) advocacy has been the CEDAW Committee. Here, however, the UNFPA approach has been different: Instead of submitting its views and ideas via United Nations alternative reports, UNFPA has worked with national civil society organizations and supported their active engagement in the process. It has done so through its long-standing capacity-building with women’s rights organizations working on GBV, which has ensured that priorities common to UNFPA and Jordanian civil society have been included in the latter’s alternative reports to the Committee.

Ahead of the 2012 review in Jordan, two separate alternative reports submitted by civil society raised concerns about the (then) newly adopted Law on Protection from Domestic Violence (Law no. 6/2008), as well as about articles 97 to 99, 308 and 340 of the Penal Code. The reports said that the protections were inadequate and called for amendments to the laws/provisions. The shadow reports also called on the State to “develop a special protocol for the health sector on how to

handle violence cases and train staff in the health sector on how to deal with female victims of violence”. Civil society made similar points ahead of the country’s 2017 review, with NGOs calling for reform of the Law on Protection from Domestic Violence, the repeal of article 308 of the Penal Code, and capacity-building for “those dealing with gender-based violence”.

Nearly all these issues were duly taken up by the Committee in its List of Issues, published ahead of the 2012 and 2017 reviews. In the 2012 List of Issues, the Committee asked Jordan to “indicate whether the State party considers repealing article 308 [and article 98] of the Penal Code,” and to elaborate on its plans for improving victim protection and care, capacity-building, addressing “cultural attitudes preventing women from reporting cases of violence” and improving data collection.

Important proposals for better addressing GBV in Jordan were subsequently included in the Committee’s concluding observations.

After the 2012 review, the Committee made the following recommendations: “undertake measures [...] to encourage victims of violence to report their cases to the authorities, including by sensitizing police officials on how to deal in such cases with the necessary sensitivity and confidentiality”; “provide mandatory training for judges, prosecutors and the police, especially those who conduct mediation in cases of domestic violence”; and “repeal remaining discriminatory provisions of the Penal Code”.

After the 2017 review, the Committee made even more specific recommendations in similar areas for which progress had been limited, including asking the State to: “take measures to encourage women who are victims of violence to report their cases, including by destigmatizing victims, providing capacity-building programmes for judges, prosecutors, police officers and other law

²⁶ During the first cycle, Italy recommended that Jordan “consider amending articles 98 and 340 of its Criminal Code in order to abolish all kinds of legal protection for perpetrators of honour killings”. During the second cycle, Guatemala recommended that the country “continue working to eradicate the practices that allow rapists to avoid prosecution if they marry their victims”.

enforcement officials on how to investigate such cases in a gender-sensitive manner and developing user-friendly reporting guidelines”; “provide mandatory training for judges, prosecutors and law enforcement officials”; “and “repeal, without further delay, all remaining discriminatory provisions of the Penal Code [...] in particular articles 97 to 99, 308 and 340”.

These recommendations are far more precise and detailed than the recommendations on GBV typically generated by the UPR mechanism. That said, Treaty Body recommendations tend to carry less weight with the government, which tends to prioritize the intergovernmental UPR process. These relative strengths and weaknesses of the mechanisms underscore the importance of “clustering” recommendations at the national level – grouping together all similar proposals, irrespective of which human rights mechanism authored them – and applying a comprehensive approach to engagement with the human rights mechanisms to leverage their comparative strengths and weaknesses.

While the UPR mechanism and the CEDAW Committee have been a particular focus of UNFPA and United Nations Country Team advocacy, visits to Jordan by relevant Special Procedures mandate-holders have also offered important points of leverage. During such country visits, mandate-holders routinely meet with the United Nations Country Team and with domestic civil society to better understand the national situation and to formulate useful recommendations.

A 2011 mission to Jordan by the Special Rapporteur on violence against women led to a report in which the Special Rapporteur pointed to the fact that “under the law, rapists may be exempt from punishment by marrying their victims”. She also expressed deep concern at ongoing human rights abuses associated with so-called “honour crimes”. The Special Rapporteur called for amendments

to relevant provisions of the Penal Code (articles 98 and 99), and while welcoming the passage of the Law on Protection from Domestic Violence (2008), raised concerns over the definition of such violence, the Law’s focus on family reconciliation as a preferred solution, and low levels of implementation by the courts. Finally, she recommended that the State “design and launch targeted awareness-raising campaigns to educate and change social attitudes” and “continue strengthening, systematizing and tailoring capacity-building and training activities for all those involved in providing services to women who have been subjected to violence”.

Several of these recommendations informed subsequent Treaty Body and UPR reviews of Jordan, highlighting the complementary and mutually reinforcing nature of the United Nations human rights mechanisms, and of UNFPA/UNCT engagement with each of them. In the context of the second UPR in 2013, Chile recommended that the Jordanian Government “consider the recommendations of the Special Rapporteur on violence against women who expressed concern that the violence [is a result of] a culture of impunity”.²⁷ In 2018 the United Kingdom recommended that Jordan “establish a mechanism to implement the recommendations of the Special Rapporteur on violence against women”.

IMPLEMENTATION AND IMPACT

The concluding observations of the CEDAW Committee and the UPR outcome reports for Jordan offer an important indication of the success of UNFPA and the wider United Nations Country Team in feeding their analyses and ideas into relevant United Nations human rights review–implementation–reporting cycles. Likewise, subsequent national and alternative reports to the mechanisms, in combination with other relevant United Nations documentation,²⁸ tell an important story of progress made by Jordan, with the support

27 Consider the recommendation of the Special Rapporteur on violence against women who expressed concern that the violence has resulted in the form of a culture of impunity, Chile, 2nd cycle.

28 For example, annual United Nations Country Team reports and annual UNFPA reports.

of UNFPA, in strengthening its legal framework to address GBV.

In 2017, the State, with United Nations support, significantly strengthened its domestic legislative framework when its parliament adopted an updated Law on Protection from Domestic Violence (no. 15/2017) in replacement of Law no. 6/2008. This occurred in the same year as the country's sixth periodic review under CEDAW, and the year before its third cycle review under the UPR. Although women's rights advocates have identified shortcomings with this updated legislation, it nonetheless represents a significant improvement on its predecessor and brings the legislative framework into closer compliance with international standards. The new Law affords the State greater powers to impose protection orders against suspected abusers, creates a specialist cadre of judges to consider domestic violence cases and strengthens the definition of domestic violence. The definition now includes "violence committed by a family member" as a crime.²⁹ Earlier recommendations issued by the CEDAW Committee and by the Special Rapporteur on violence against women had focused on each of these issues, as well as the wider need to improve Law no. 6/2008.

Also in 2017, the parliament passed an important amendment to article 98 of the Penal Code, so that this provision could no longer be used by judges to reduce the sentence of a person who had assaulted or murdered a woman in the name of "honour". This amendment addressed some, though not all of the concerns and recommendations of the Committee relating to the mitigation of penalties in the case of so-called "honour crimes". Parliament did not amend article 340 of the Code providing for reduced penalties when a husband or wife is attacked and/or murdered by their spouse when they are caught in the act of adultery. As noted above, this issue was also raised by the Special Rapporteur on violence against women, and by reviewing States during both the first and second cycles of the UPR.

Perhaps the most important legislative change secured during the momentous year of 2017 was the repeal by parliament of article 308 of the Penal Code. This infamous provision allowed rapists to evade punishment providing that they subsequently married their victim for a minimum of five years. Recommendations urging repeal of article 308 had been repeatedly issued by several United Nations human rights mechanisms, including the CEDAW Committee (in 2007, 2012 and 2017) and the UPR (first and second cycles). It had also been the focus of an intensive advocacy campaign by domestic actors including civil society organizations, justice sector professionals, journalists and parliamentarians as well as women human rights defenders supported by the Jordanian National Commission for Women. The scale of their achievement is evidenced by the fact that, with the repeal of article 308, Jordan became only the third country of the Middle East and North Africa (MENA) region to remove this type of discriminatory law from its statutes.

Despite these important steps forward for the rights of women and girls in Jordan, much remains to be done, including via the implementation of other important United Nations human rights recommendations related to GBV. In a positive sign of the Government's commitment to these additional steps, the Comprehensive National Human Rights Plan for 2016–2025 commits the State to a wide-ranging "review of laws related to women's rights," and, where necessary, to introduce further legislative amendments, while the National Strategy for Women in Jordan (2020–2025) recognizes that "there is still a need to reconsider some provisions of [relevant pieces of] national legislation and regulation."

²⁹ In the 2008 Law, this definition had been limited to crimes against persons residing in the same home.

KEY TAKEAWAYS

JORDAN



1. UNFPA together with the wider United Nations Country Team was able to inform the reviews of Treaty Bodies leading to more precise and actionable recommendations in the area of GBV.
2. In turn, UNFPA and the wider United Nations system was able to leverage the GBV recommendations to foster partnership with the government and facilitate multi-sectoral actions to address GBV.
3. UNFPA maximized the opportunities provided by Treaty Body reviews to offer a platform for civil society participation in the review process. This in turn ensured that recommendations from the Treaty Bodies reflected the priorities of feminist movements and civil society. In so doing, it strengthened the network of women's rights organizations in the country, empowering voices for resistance when hard-won gains came under threat.

KAZAKHSTAN

4



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IDENTIFIED SUB-THEME: YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

BACKGROUND

The sexual and reproductive health of adolescents and youth has been a concern in Kazakhstan for more than a decade. The scale of the human rights challenges in this area was revealed by a 2011 national survey commissioned by UNFPA in collaboration with the Ministry of Health, and later repeated in 2018. The two surveys looked at the reproductive health of adolescents aged 15–19. Both surveys found that around one third of adolescents were sexually active before they had reached the age of 18, and 10 per cent had had their first sexual experience before the age of 16. However, there was a worrying lack of sexual and reproductive health education and services available for adolescents. Only 9 per cent were

aware of the various modes of HIV transmission, while 15 per cent of adolescent girls declared having an unmet need for contraceptives.

The relatively conservative sociocultural environment in Kazakhstan means that discussion about sexual activity, including within families, is often taboo. Such conservative social norms have led to a relatively muted response on the part of the State, with the government concerned that any moves to provide contraceptives or comprehensive sexuality education (CSE) could be construed as encouraging youth sexual activity. Government inaction has helped create a cycle of misinformation and/or ignorance, whereby poorly informed adolescents are unable to educate their children once they themselves become parents.

A further damaging consequence of prevailing conservative societal views in Kazakhstan has been the emergence of so-called “guardian consent laws” for minor medical examinations. These serve to limit adolescents’ access to sexual and reproductive health services. The 2011 and 2018 surveys found that a lack of confidentiality was the second most likely reason given by girls aged 15–19 for not seeking medical help if they had symptoms of sexually transmitted infections.

This situation has far-reaching implications for the enjoyment of human rights in Kazakhstan, especially for women and girls, including their right to decide on the number and spacing of children, their right to the highest attainable standard of mental and physical health, and, in the most extreme cases, their right to life. Two revealing examples of these human rights impacts are teenage pregnancy rates, and the prevalence of sexually transmitted infections (STIs). In 2012, the birth rate per 1,000 girls aged 15–19 was 33.8, while by 2014 this ratio had increased to 34.4 (approximately six times higher than the average in OECD countries). Regarding STIs, the 2011 survey found that 3 per cent of adolescents aged 15–19 reported having symptoms consistent with such infections, yet only 25 per cent of those had sought medical attention and/or received treatment.

Against this background, the main avenue for providing adolescent sexual and reproductive health (ASRH) services and information in Kazakhstan over the past 15 years has been through the establishment and development of a network of Youth Health Centres. These Centres provide a range of medical and psychosocial services to adolescents, including SRHR services. The centres were initially established in 2006 with support from UNICEF and UNFPA and have developed in a very ad hoc manner, with the quality of services provided remaining highly dependent on the wishes and capacities of local administrations. They were not officially institutionalized in the health care system until 2020.

ENGAGEMENT WITH THE UNITED NATIONS HUMAN RIGHTS SYSTEM

Overview

- The Republic of Kazakhstan is Party to nine core human rights treaties, including CEDAW (since 1998), and the Covenant on Economic, Social and Cultural Rights (2006).
- Kazakhstan has reported three times to the Committee on the Rights of the Child (2003, 2007 and 2015), and two times to the Committee on Economic, Social and Cultural Rights (2010 and 2019).
- Kazakhstan maintains a standing invitation to Special Procedures (since 2009) and has facilitated/completed 12 of 16 visit requests (a very high ratio).
- Kazakhstan has reported three times under the UPR in 2010, 2014 and 2019. As a result of the country’s engagement with, and reporting to, these mechanisms, the United Nations human rights machinery has repeatedly raised concerns about the SRHR of adolescents in the country, and has issued various recommendations to improve the situation.

Following its 2007 review of Kazakhstan, the CEDAW Committee recommended that the State party “strengthen measures aimed at the prevention of unwanted pregnancies, especially among teenagers” and emphasized that such “measures should include monitoring any negative effects of the use of intrauterine devices, making a comprehensive range of contraceptives available more widely and without any restrictions, and increasing knowledge about family planning”. Similarly, in its 2011 concluding observations, the Human Rights Committee urged the State party to “adopt measures to help girls avoid unwanted pregnancies and recourse to illegal abortions that could put their lives at risk”. Likewise, in 2010, the

Committee on Economic, Social and Cultural Rights recommended that “the State party include sexual and reproductive health education programmes in schools and provide a broad range of sexual and reproductive health care services through its primary health care system”.

For a long time, Kazakhstan responded to concerns and recommendations about ASRH by pointing to the establishment of its national network of Youth Health Centres. The State’s periodic reports from this period repeatedly focused on the existence and increasing number of centres as evidence of its commitment to the delivery of ASRH services, family planning services, and sexual and reproductive health education, and thus of its commitment to strengthening the enjoyment of human rights.

This situation began to change from 2011 onwards, when the first of the two national surveys revealed empirically the scale of the ASRH challenges faced by Kazakhstan, including: high rates of unplanned pregnancy among teenage girls, along with resulting suicides; very low levels of awareness, among adolescents, about HIV and AIDS; strikingly low levels of contraception use among sexually active adolescents; and a dramatic increase in the spread of HIV and other STIs among young people. As well as shifting opinions within the government, the survey also provided a crucial window of opportunity for UNFPA to strategically engage with Kazakhstan and begin to put in place effective measures to improve access to, and the quality of, ASRH services (something that the State, by now, was also increasingly keen to do).

As a central component of the strategy to strengthen access to ASRH services in Kazakhstan, UNFPA leveraged the country’s obligations under the international human rights treaties, and its cooperation through the review-implementation-reporting cycles with the United Nations human rights mechanisms, especially Treaty Bodies. Most importantly, UNFPA aimed to use United Nations Country Team alternative reports to relevant Treaty Bodies, especially the CEDAW Committee, to provide ideas for actions that might be taken by the State to improve access to ASRH services.

It was hoped that the concerned Treaty Body would then extend useful recommendations to the State. This would, in the short term, improve access to family planning services, especially for adolescents. In the medium term, this would improve youth-friendly sexual and reproductive health services more generally, notably via the qualitative strengthening of the national network of Youth Health Centres. UNFPA also cooperated with the government, especially the Ministry of Health, to ensure that accurate information on ASRH, as well as legislative and policy ideas to improve the situation, would be fed into the Treaty Bodies via the State’s own periodic reports.

The alternative report by the United Nations Country Team to the CEDAW Committee’s combined third and fourth review of Kazakhstan in 2014 offers an early example of this strategy in practice. That report referenced the 2011 national survey, drawing particular attention to high levels of teenage pregnancy and its links to abortion and adolescent maternal mortality/morbidity, and suggesting that the Committee use its concluding observations to recommend that the State improve adolescent access to family planning services.

In addition to feeding information and ideas into the Treaty Bodies via alternative reporting, UNFPA also engaged with the government so that information on the situation of ASRH in Kazakhstan might also be provided by the State via its own periodic reports. This strategy also met with some success. In the State’s reply to the CEDAW Committee’s List of Issues Prior to Reporting (LOIPR) ahead of the 2014 review, Kazakhstan noted: “One way of reducing the number of abortions and teenage pregnancies is to provide confidential sexual and reproductive health services to teenagers and young people.”

The combined influence of the State’s periodic reporting and the United Nations’ alternative reporting on the Committee’s reflections and recommendations is clear from reference to the Committee’s 2014 concluding observations. The Committee recommended that the State party “consider adding free access to a comprehensive

range of contraceptives to women, including rural women, women with disabilities, and adolescents, on the list of State-guaranteed free medical services”.

Progress was also made, at this time, in leveraging Kazakhstan’s engagement with another of the United Nations human rights mechanisms, the UPR, to drive change in the country. In October 2014, Kazakhstan held its second cycle dialogue with reviewing States in the UPR Working Group, based on information provided by the State, the United Nations system and civil society. As a result of those inputs, and the dialogue in the UPR Working Group, Thailand recommended that Kazakhstan “enhance women’s access to sexual and reproductive health services, and provide comprehensive education on sexuality, especially to female adolescents”.

The generation of such recommendations by two of the three main human rights mechanisms in turn provided an ideal platform for UNFPA to work with the State to help it implement the recommendations received and thus drive improvements in access to ASRH services. It did so through its 2016–2020 Country Programme, jointly agreed with the government, which, among other things, prioritized the creation of more favourable conditions for access to reproductive health and family planning services, with a special focus on young people and other vulnerable groups. Taking steps to implement relevant United Nations recommendations, including in the area of ASRH, was a key pillar of the Country Programme.

The fifth periodic review under CEDAW took place in October 2019. Ahead of the review, both the State party and the United Nations Country Team submitted their regular periodic and alternative reports. The reports included updates on progress with the implementation of the 2014 concluding observations on ASRH services. The United Nations Country Team’s alternative report also offered further ideas to the Committee on additional measures that might be taken by the State. The United Nations Country Team pointed to a number of issues: free or subsidized provision of contraceptives to sexually active adolescents;

reducing the age of access to health services, including ASRH services, without parental consent from 18 to 16 years old; and respond to the need to improve the quality of services in Youth Health Centres. The Committee duly asked the State to “indicate the measures envisaged to reduce the age for access to health services without parental consent from 18 years to 16 years in the Health Code”. The Committee also asked the State to “provide information about the measures taken to ensure the financial sustainability of the centres and to ensure that such centres meet the necessary quality standards and are gender-sensitive, youth-friendly, and available in all areas, including rural areas”.

Based on the State’s responses, the CEDAW Committee’s concluding observations recommended that Kazakhstan take the following actions:

...provide free or subsidized contraceptives to vulnerable groups in urban and rural areas, including sexually active adolescents, poor women, women with disabilities and women living with HIV/AIDS; reduce from 18 to 16 years the age required for adolescents to have access to health services, including abortion and mental health services, without parental consent, including by reviewing and adopting the new draft health code; improve the quality and accessibility of health services provided by health centres for young people, including by strengthening the skills of the staff and their capacity to deliver gender-sensitive and youth-friendly services and guarantee confidentiality and privacy; and expand the coverage of such centres to rural areas and villages, and maintain State funding.

The Committee advised that such actions would enable the country to “take advantage of the adoption of the new health care development programme for the period up to 2025”.

IMPLEMENTATION AND IMPACT

Although Treaty Bodies had been addressing the issue of ASHR in Kazakhstan for years, prior to UNFPA prioritization of the issue, little progress had been made in ensuring the effective implementation of United Nations recommendations. Following the 2014 CEDAW review, and the establishment of the 2016-2020 UNFPA Country Programme for Kazakhstan, that situation began to change.

Prior to this point, there was a reluctance on the part of the State to implement recommendations from the CEDAW Committee on the provision of free or subsidized contraceptives. This was based on concerns within the government not to be seen as encouraging adolescent sexual activity. By leveraging the State's engagement with the United Nations human rights mechanisms, and as more data on the scope of the country's ASRH challenges was made available, UNFPA was able, over time, to build trust, with positive results in terms of implementation. In the 2014 review in Kazakhstan, the Committee's concluding observations included a recommendation to improve adolescent access to family planning services. The Government of Kazakhstan then developed a Family Planning National Framework Programme for the period 2017-2021. The framework asserted "access for adolescents and young people to comprehensive sexuality education and youth-friendly services" as a primary objective and guiding principle.

Another example relates to qualitative improvements in the development of Youth Health Centres. As recounted above, partially as a result of increased cooperation between the State and UNFPA, Kazakhstan's periodic report ahead of its 2019 review before the CEDAW Committee combined information about the quantitative widening of its national network of centres with important new information about qualitative improvements in the network, specifically in terms of the wider array of services provided. For example, it reported that there were now "87 youth health care centres" across the country, and that its goal, by 2020, was for the centres to "provide

services to 25 per cent of all young people". Regarding the latter, the report explained that the centres are increasingly providing "comprehensive medical and psychosocial services to adolescents and young people" to "raise awareness among youths and girls of the significance of the family, reproductive health, family planning and prevention of abortion".

Kazakhstan also reported on these developments in the context of the third cycle of the UPR. In its third national report to the UPR Working Group in 2019, the State provided an update on the implementation of the second cycle recommendation provided by Thailand explaining that 96 Youth Health Centres were by then operating in the country, and that the role of these centres was to "provide family counselling, reduce the number of abortions, protect reproductive health of young people, and educate young people on prevention of unwanted pregnancies and abortions".

The country's determination to strengthen the implementation of United Nations recommendations on ASRH, with the support of UNFPA, also formed a centrepiece of the high-level political commitments it made during the 2019 Nairobi Summit marking the twenty-fifth anniversary of the ICPD. During the Summit, the government pledged "to fund at least one Youth Health Centre in each region of Kazakhstan by 2021, [to provide] youth-friendly SRH information, counselling and services".

Importantly, in 2020 the Ministry of Health took steps towards implementing the CEDAW Committee's recommendation "to improve the quality and accessibility of health services provided by health centres for young people, including by strengthening the skills of the staff and their capacity to deliver gender-sensitive and youth-friendly services and guarantee confidentiality and privacy". To take this recommendation forward, the Ministry developed a strategy, with UNFPA support, to improve the quality and accessibility of health services by transforming the Youth Health Centres into "Youth Friendly Health Centres" (YFHC).

The Ministry of Health developed a sustainable development strategy and a series of clinical protocols governing the ways in which the centres deal with the most common challenges related to the reproductive health of adolescents, and the provision of psychological and legal counselling.

As part of its new 2021-2025 Country Programme for Kazakhstan, UNFPA has committed to continue to support the nationwide expansion of YFHCs. A key output indicator from the Programme is to support the government to realize its pledge to ensure that every subnational region of Kazakhstan has at least one YFHC “providing standardized services” and that the new centres will be backed by “sustainable financing from public sources”.

Finally, Kazakhstan has also taken a range of important legislative steps to implement other recommendations included in the CEDAW Committee’s 2019 concluding observations. The new “Code on health of the population and the health care system” was publicly debated by parliament and entered into force in 2020. It includes a whole chapter dedicated to adolescent and youth health, an article that effectively reduces the legal age for accessing outpatient health services without parental consent from 18 to 16 (except abortion, surgical procedures and inpatient care) as well as an article that enshrines the right of minors to receive information on reproductive health.

KEY TAKEAWAYS KAZAKHSTAN



- 1. The United Nations human rights mechanisms have helped bring attention to and strengthen accountability for those groups left furthest behind - in this case adolescents and youth - in the context of SRHR.**
- 2. UNFPA engagement with the mechanisms has proved critical in ensuring that the recommendations extended by those mechanisms on adolescent sexual and reproductive health have been implemented.**
- 3. UNFPA has played a role in collecting and providing data on the situation of adolescents and youth in the context of SRHR. It has also promoted a strategy of leveraging the recommendations of United Nations human rights mechanisms. These efforts have helped counter resistance from some parts of the government and develop partnerships with other parts to advance SRHR for adolescents and youth in the country.**

MALDIVES



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IDENTIFIED SUB-THEME: COMPREHENSIVE SEXUALITY EDUCATION AND ACCESS TO SRHR INFORMATION FOR YOUTH

BACKGROUND

With almost half of the population of the Maldives below 25 years old, the promotion of SRHR among young people in the country is a key priority for UNFPA.³⁰ This includes ensuring access to information necessary to develop the knowledge, skills, ethical values and attitudes necessary to promote and protect their health, well-being and dignity. A key tool in advancing this objective is comprehensive sexuality education (CSE) for both in-school and out-of-school youth.

According to the International Technical Guidance on Sexuality Education³¹, CSE is education that is: scientifically accurate; incremental; age- and personal development-appropriate; curriculum-based; comprehensive; human rights-based; premised on promoting gender equality; and culturally relevant and contextually appropriate. This holistic approach helps empower young people to claim their rights, and reduces their vulnerability to exploitation, discrimination and sexual violence, as well as to harmful practices such as FGM and child, early and forced marriage.

30 Country Programme Document.

31 UNESCO (2018). International technical guidance on sexuality education. Published by UNESCO, UNAIDS, UNFPA, UN Women, UNICEF and WHO. www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf

It also reduces the risk of unintended pregnancies and sexually transmitted diseases (STIs), including HIV.

The benefits of providing high-quality CSE to in- and out-of-school youth are proven³² yet many States have yet to include CSE in their national curricula. Indeed, many societies still discourage public discussion about sexual and reproductive health, and sexual behaviour more widely, especially when it involves young people.

Maldives is a relatively conservative Muslim-majority country that, over recent decades, has experienced a significant rise in the influence of extremist religious ideologies.³³ This has led to an increase in various societal challenges including an increase in the number of child marriages, higher incidence levels of FGM, growing societal tolerance of violence against women³⁴, and a drop in school enrolment rates, particularly among girls.

While there are no official figures on levels of abortion in the Maldives because abortion is illegal, available empirical and anecdotal evidence suggests the practice is widespread, especially among young people.³⁵ This in turn leads to worrying levels of unsafe abortion, infanticide and child abandonment. Some 21 pregnant (unmarried) students had to drop out of their schools between 2017 and 2019, severely impacting their right to education, among other rights. As noted above, these trends are in part fuelled by the growing influence of extremist religious groups, and by a national legislative framework that often reflects their conservative ideology. For example, the Sexual Offences Act indirectly criminalizes pregnancy out of wedlock, including for underage girls who fall pregnant as a result of abuse.

At first, the government was perhaps reluctant to effectively address these challenges due to the growing influence of political Islam in the

Maldives, or it was unable to address them due to capacity constraints common to many Small Island Developing States. The situation has slowly changed due in part to an increasingly cooperative relationship with UNFPA. The government now both recognizes the scale and nature of sociocultural challenges faced by Maldivian society and acknowledges the need for CSE to address the root causes of those challenges.

The 2016–2020 United Nations Development Assistance Framework (UNDAF) agreed between the government and the United Nations Country Team stipulated under the strategic priority area for youth and children that “a special focus will be given to ensure that duty-bearers in Maldives are more accountable and responsive to young people’s rights to reproductive health information and services” and that “the United Nations [...] will advocate for and provide policy advice for the progressive integration of comprehensive reproductive health education”. This strategic priority area goes on to confirm that the United Nations “will provide policy advice for the progressive integration of international-standard comprehensive reproductive health education in the school curriculum, as well as advocate for the establishment of a mechanism, for out-of-school young people to access quality reproductive health information”.

Importantly, there seems to be strong support among young people themselves for CSE. A 2009 Maldives Demographic and Health Survey youth questionnaire showed that 92 per cent of youth respondents believed that human sexuality and reproduction should be taught at school.

32 Douglas B. Kirby, Ph.D.*, B.A. Laris, M.P.H., and Lori A. Roller, M.S.W., M.P.H. Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World. *Journal of Adolescent Health* 40 (2007) 206–217. www.sidastudi.org/resources/inmagic-img/dd2891.pdf

33 National report 2nd UPR.

34 2011 baseline survey.

35 UNDAF 2016-2020.

ENGAGEMENT WITH THE UNITED NATIONS HUMAN RIGHTS SYSTEM

Overview

- Maldives is Party to seven core human rights treaties, including CEDAW (since 1993), and the Convention on the Rights of the Child (1991). Maldives has reported four times to the CEDAW Committee (in 2001, 2007, 2015 and 2021), and three times to the Committee on the Rights of the Child (1998, 2007 and 2016).
- Maldives maintains a standing invitation to Special Procedures and has facilitated/completed nine visit requests as of the time of writing.
- The country has also undergone three reviews (2010, 2015 and 2020) under the Universal Periodic Review.
- Obligations under international human rights law are reinforced by obligations under the 2002 SAARC³⁶ Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia, and its commitments in the context of the 1994 ICPD. Regarding the latter, participating States, including the Maldives, committed themselves to ensuring a human rights-based approach to health by, among other measures, providing universal access to family planning and access to SRHR information as an essential component of the right to reproductive health care.

CSE is an issue often overlooked by the main human rights mechanisms. As such, only a limited number of recommendations focus on the inclusion of CSE in school curriculum, or on access to SRHR information for children, adolescents or youth more broadly. However, Maldives has received

a number of important recommendations on these issues. The UNFPA Country Office has sought to leverage the Maldives' engagement with the UPR process and the CEDAW Committee. It has done so via the review-implementation-reporting cycle by feeding information about CSE into the reviews and by supporting the implementation of resulting recommendations. As a result, these mechanisms have extended relevant recommendations to the Maldives on expanding and strengthening youth access to SRHR information (both in-school and out-of-school youth).

Regarding engagement with the CEDAW Committee, in its List of Issues ahead of the Maldives' 2015 and 2021 reviews, the CEDAW Committee requested information on the inclusion of age-appropriate education on SRHR in the national curriculum. This provided a hook for the State (with UNFPA support) and the United Nations Country Team to feed information on this matter into the Committee. UNFPA supported the Ministry of Gender, Family and Social Services (the ministry responsible for drafting the national report) ahead of the Maldives' 2021 dialogue with Committee members. UNFPA provided technical assistance throughout the review process. UNFPA also coordinated the preparation of the United Nations Country Team's alternative report.

Following the reviews, the CEDAW Committee extended a number of recommendations on age-appropriate education on SRHR to the State. In 2015, the Committee recommended that the Maldives should "ensure age-appropriate education on sexual and reproductive health and rights, including information about available contraceptive methods and family planning, in order to reduce the number of unwanted pregnancies and early pregnancies and remove restrictions applied in practice by health care personnel to unmarried girls". In 2021, the Committee recommended that the State should "ensure age-appropriate education on sexual and reproductive health and rights, including information about available contraceptive methods and family planning". The CEDAW Committee's concluding observations also touched upon related issues such as the training of teachers

36 South Asian Association for Regional Cooperation

in CSE, and how to respond to any opposition that teachers might face from more conservative elements of society.

Maldives attaches high-level political importance to the State-to-State mechanism of the UPR and has always sent a ministerial level delegation to the UPR Working Group. This provides UNFPA with an important entry point for cooperation and dialogue with the government on issues related to CSE and SRHR. UNFPA has gradually increased that engagement over the course of the three UPR cycles, with positive results.

The issue of CSE was entirely absent from the three “input” reports (the national, United Nations system, and “other stakeholders” reports), submitted ahead of the Maldives’ first cycle review in 2010. Consequently, no recommendations on the subject were extended to the Maldives at the end of the review. During the second cycle, the three reports again made only limited references to CSE and no recommendations on CSE were extended by reviewing States. Although UNFPA had covered the issue in its submission to the United Nations system compilation report, it was left out of that latter report. By the time of the third cycle review in 2020, things had changed significantly. SRHR and CSE featured more prominently in the three UPR input reports and, consequently, the Maldives received five recommendations on the need to provide SRHR information to young people. Austria recommended that the Maldives “provide all young people with comprehensive information on sexual and reproductive health and family planning”. Mexico urged the Maldives to “guarantee access to information, sexual and reproductive health services and planning services, including [...] for people under the age of 18 years”. Denmark called on the Maldives to “provide comprehensive sexuality education as part of the school curriculum”. Each of these recommendations was accepted and supported by the Maldives delegation.

IMPLEMENTATION AND IMPACT

The importance of cooperating with the State to strengthen engagement with United Nations human rights mechanisms as a way of driving domestic improvements in the enjoyment of human rights is reflected in both the 2016–2020 UNDAF and the 2022–2026 UNSDCF. The former noted that “enhanced participation in intergovernmental processes will be emphasized, as will implementation of accepted recommendations, particularly from the CEDAW Committee and the UPR,” while the latter states that “the UN will support the Government and the National Human Rights Commission in the monitoring, reporting and implementing the recommendations from the UPR as well as CEDAW”.

Through these two frameworks, and especially through support for the implementation of relevant CEDAW Committee and UPR recommendations, UNFPA has been able to work with the Government of the Maldives as well as with other national stakeholders to secure important improvements in access to SRHR information, especially for youth, and in the delivery of CSE.

An important milestone in this regard was the adoption in 2016 of the Gender Equality Act. UNFPA played a critical role in spearheading the campaign to further strengthen the text of the initial draft bill that had been put forward in the Majlis (parliament), including through the integration of language on access to sexual and reproductive health information. It did so by organizing a consultation with United Nations agencies and civil society organizations to review the draft bill and gather comments. These comments were then formally presented to the Social Committee of the Majlis, which is the Committee responsible for drafting the bill. These efforts contributed to the inclusion of subparagraph (d) in article 22 of the adopted Gender Equality Act, which states that “as per the stipulations of the present Act, it is the responsibility of all personnel in educational service institutions to undertake the following: [...] d) To equally provide boys and girls with education related to adolescent health”.

Importantly, the 2016 Gender Equality Act does not restrict access to sexual and reproductive health services and information to married couples. Instead, it stipulates that there should be “availability **without discrimination** of direct benefit services, information on health, counselling and family planning services”. Gender equality and provision of reproductive health information and services to adolescents became a duty of the government as a whole through adoption of this new legislation. It therefore provided a strong legal basis for the provision of sexual and reproductive health information, including through CSE, across the country.

These legislative and policy gains in turn have provided the foundation to achieve further improvements for adolescents. A new national

school curriculum was launched in 2015 and integrates “life skills education” which covers components of SRH. Gaps remain when it comes to revision of SRH information in line with international standards, especially regarding subjects such as GBV, sexual abuse, exploitation, harmful practices and unwanted pregnancies – a fact recognized by the government in the context of its 2021 review before the CEDAW Committee.

KEY TAKEAWAYS MALDIVES



- 1. The ability of UNFPA to channel information on CSE, together with relevant policy ideas, into the reviews of the Maldives by the United Nations human rights mechanisms has led to the extension of more and stronger recommendations to the State on expanding and improving youth access to SRHR information both in-school and out-of-school.**
- 2. Working with the government, UNFPA has been able to secure the inclusion of key human rights recommendations into the 2016–2020 UNDAF and the 2022–2026 UNSDCF. This has, in turn, provided a platform for cooperation towards the implementation of those recommendations, leading to important improvements in access to SRHR information, especially for youth, and in the delivery of CSE.**



CHAPTER 4

UNFPA GLOBAL NORMATIVE SUPPORT ECOSYSTEM

EMPOWERING COUNTRY OFFICES TO DELIVER IMPACT

To deliver on its strategic mission of a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled, UNFPA has been applying a human rights-based approach to its work for many years. With the adoption of the UNFPA Strategic Plan, 2022-2025, this approach has been identified as one of six accelerators to achieve its six interconnected outputs, and is further complemented by another accelerator focused on "leaving no one behind and reaching the furthest behind".

APPLYING A HUMAN RIGHTS-BASED APPROACH

The UNFPA Strategic Plan requires country and regional offices to increase their normative work related to SRHR, and to leverage the United Nations human rights system more effectively. The UNFPA Strategic Plan opens the door for more systematic and sustained engagement with the United Nations human rights system by UNFPA country and regional offices across the review-implementation-reporting continuum.

GLOBAL NORMATIVE SUPPORT ECOSYSTEM

The global normative support ecosystem for UNFPA is made up of three distinct parts: gender and human rights advisers at the regional offices; a headquarters-based global human rights advisor; and the UNFPA Representation Office in Geneva. Each of these elements provides distinct yet complementary support to country offices, focused on:

- developing the capacity of country offices to engage with the United Nations human rights mechanisms;
- feeding information into the work of the United Nations human rights mechanisms with a view to strengthening the normative framework for the promotion and protection of SRHR;
- providing technical assistance to United Nations Member States and intergovernmental bodies to further their understanding of SRHR and build political support; and
- leveraging the work of the human rights mechanisms to advance action and accountability on SRHR at country level.

This support requires a mix of programming, technical, advisory and political engagement for which each part of the ecosystem has a distinct role to play. The interaction between this ecosystem and country offices might vary depending on the type of engagement required; for example, whether it is to provide input for

a Special Procedures thematic report or to provide information on the situation in a given State ahead of its review by a Treaty Body or the UPR Working Group.

THE REGIONAL DIMENSION

The first line of support is provided by gender and human rights advisers in UNFPA regional offices, which furnish country offices with technical support for their engagement with the human rights mechanisms. This support can be demand-driven and focused on specific requests (such as when a review is coming up) or can be of a more general nature. A package of learning modules has been developed by the UNFPA East and Southern Africa Regional Office (UNFPA ESARO), for example, on how UNFPA and other stakeholders can engage with the UPR process in the context of promoting SRHR, as well as gender equality more broadly.

THE INTERNATIONAL DIMENSION

While specific technical support to countries is delivered predominantly through regional advisers and headquarters, international political engagement lies firmly within the mandate of the UNFPA Representation Office in Geneva, which engages with the Human Rights Council and its mechanisms.

Regarding the UPR, the UNFPA Representation Office engages in the political dimensions of the mechanism, while more technical support elements fall within the purview of the regional advisers and the Technical Division at headquarters. The Technical Division will alert country representatives at the beginning of the year if the State where they are based is due to be reviewed under the UPR. The State will then be provided with an overview of recommendations related to the UNFPA mandate from the previous UPR cycle.

The UNFPA Representation Office primarily aims to ensure that the information generated by country offices reaches Permanent Missions in a timely and effective manner and can thus be utilized

by reviewing States. It is mindful that the UPR is a peer-review process. This approach is centred on empowering country offices and making them primary actors in the process, as they are the ones with local expertise and country knowledge.

This form of engagement has contributed to the adoption of a higher number of SRHR-related recommendations over recent years, including some explicitly mentioning the Nairobi Summit commitments on ICPD25.

At the global level, the UNFPA Technical Division has conducted a series of comprehensive assessments of key SRHR trends at the conclusion of each UPR cycle. These assessments highlight the increasing attention received by SRHR issues, as well as good practices in terms of national implementation of UPR recommendations.

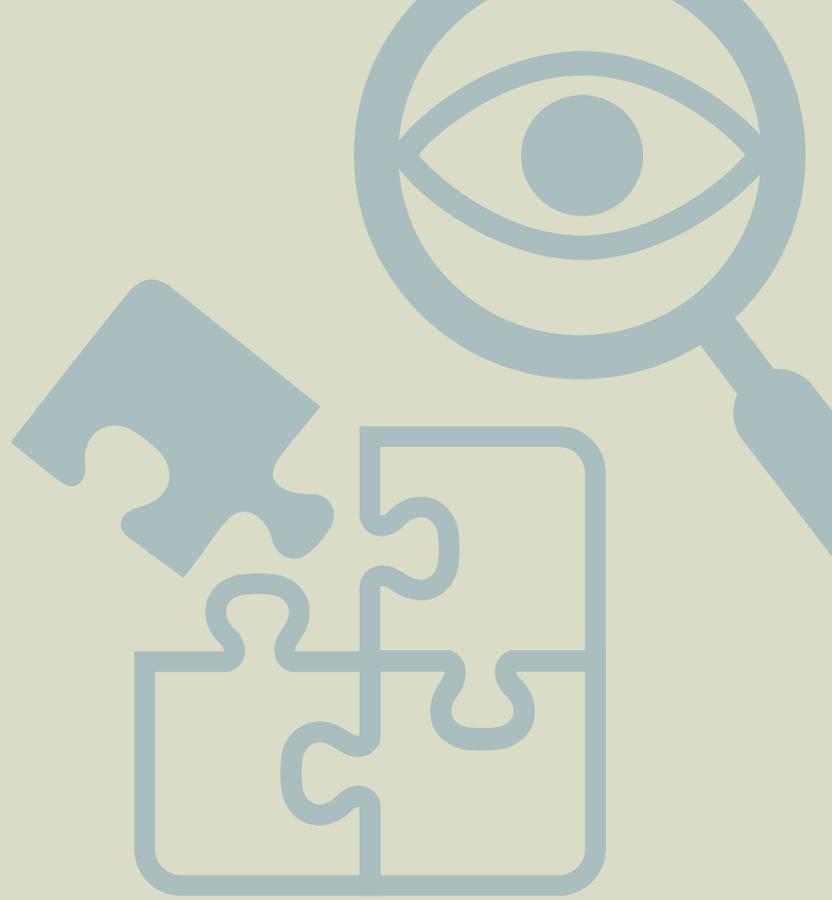
Turning to the other human rights mechanisms, the UNFPA Technical Division has been active in informing the normative framework on SRHR by engaging with Treaty Bodies and Special Procedures. Stronger engagement with the Committee on Economic, Social and Cultural Rights was catalysed by the Committee's 2016 general comment no. 22 (itself a result of advocacy

by UNFPA and its partners) on the right to sexual and reproductive health (article 12 of the ICESCR). The increased engagement with the Committee on the Rights of Persons with Disabilities is a good example of a growing UNFPA focus on the 2030 Agenda principle of leaving no one behind.

The UNFPA Technical Division also engages regularly with Special Procedures mandate-holders during preparation of thematic reports. The Technical Division coordinates the input received from its country offices, and consolidates this into coherent reports, which are in turn shared with the relevant mandate-holder. In certain cases, such as when the topic of a thematic report is closely linked to the organizational mandate of UNFPA itself, this engagement might be further strengthened through collaboration with the mandate-holder to disseminate findings and recommendations – thereby amplifying the reach of the report. This work has strengthened the normative framework for SRHR, creating the conditions to help drive improvements in the enjoyment of human rights on the ground, particularly in those places where UNFPA has a country presence.

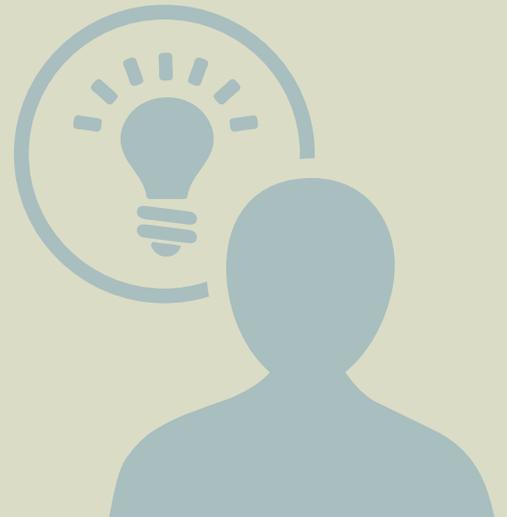
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CHAPTER 4

CONCLUSIONS AND OBSERVATIONS



This report represents a contribution to the effort to document and advance the integration of SRHR-related human rights recommendations in UNFPA-supported country programmes. It does so by identifying and building on existing good practices, while also addressing areas of potential empirical neglect.

The country examples presented in this report demonstrate that the United Nations human rights mechanisms, complemented by the wider United Nations system including UNFPA, have a measurable impact on the domestic enjoyment of human rights. The case studies provide anecdotal and empirical evidence of real-world change in support of sexual and reproductive health and rights.

This change process starts with reporting, including States' reports. In addition, significant influence has been exerted by alternative reports from UNFPA and other United Nations agencies, as well as civil society reports. The reports influence the analyses and recommendations of the Treaty Bodies and UPR mechanisms (the Special Procedures mechanism works slightly differently). In turn, those recommendations influence and even shape States' laws, policies and practices in the fields concerned. Further, UNFPA and broader United Nations Country Teams are working with States to support domestic implementation of these laws, policies and practices and to measure change and impact. Finally, information on progress feeds back into the review-implementation-reporting cycle via periodic national and alternative reports to the mechanisms.

This analysis supports the credibility and effectiveness of the United Nations human rights system. The research presented in this report gives rise to a number of observations:

1. The United Nations human rights system works because it is premised on the full involvement and engagement of States, which are the primary human rights duty-bearers. States sign and ratify the treaties and submit periodic reports on compliance. Likewise, States submit national reports to, and appear before, the UPR Working Group and Treaty Bodies, and solicit and welcome visits by Special Rapporteurs. States exercise ownership of the process and have a stake in its success, enhancing their likelihood to implement the mechanisms' recommendations.

2. Close cooperation between United Nations Country Teams and governments is critically important. It must also be understood that governments are not unitary entities, but function through different "moving parts" with different interests and priorities making the relationship of the United Nations with relevant line ministries especially valuable. The case studies in this report note, for example, the cooperation of UNFPA with the Ministry of Health in Kazakhstan and the Ministry of Gender, Family and Social Services in the Maldives. Close cooperation can lead to recommendations being taken up in relevant laws, policies and national actions plans. Where this happens, the United Nations human rights system can have a demonstrable significant impact on the enjoyment of human rights in the country concerned. There are also significant benefits to be seen where country offices of United Nations agencies and programmes work with bilateral donors present in the country to raise the profile of SRHR issues as in the case of the GIZ (Germany) in Costa Rica, or to secure funding to support the implementation of UPR recommendations extended by that donor as in Kazakhstan.

3. The United Nations human rights system can have a significant impact on socially or culturally-sensitive topics in a given national context. Because the work of the United Nations human rights mechanisms is based on cooperation with States themselves, the mechanisms' recommendations can have a powerful influence on national policies and practices. One example is the engagement of Côte d'Ivoire with Treaty Bodies and especially with the UPR mechanism on the issue of FGM. Another example is the repeal of in Jordan of article 308 of the Penal Code, also based on Treaty Body and UPR recommendations. Additional examples include progress in Kazakhstan in engaging with the Treaty Bodies to strengthen the provision of sexual and reproductive health services, as well as steps in the Maldives to acknowledge the need for comprehensive sexuality education.

4. Implementation should be seen and pursued as a democratic rather than a bureaucratic process, involving parliamentarians, judges, national human rights institutions (NHRIs) and civil society. The case of Costa Rica highlights this point. Here, UNFPA worked closely with the country's NHRI to raise the profile of the issue of obstetric violence both nationally and internationally. There is value in pursuing both top-down and bottom-up approaches to addressing human rights concerns, especially when they relate to sensitive societal issues such as SRHR. Two examples underscore the importance of top-down practical approaches to implementation, notably the establishment of GBV platforms in Côte d'Ivoire and the growth of Youth Friendly Health Centres in Kazakhstan.

Looking to bottom-up approaches, the case studies of Costa Rica and Côte d'Ivoire clearly demonstrate the importance of shifting public opinion as a precursor to stronger implementation measures. Many of the recommendations of the CEDAW Committee to Côte d'Ivoire emphasize such an approach to eliminating FGM. This is in addition to (not instead of) more typical top-down recommendations. In Costa Rica, United Nations human rights recommendations helped catalyse the Women's Agenda, a ground-breaking effort to mobilize civil society to help inform national debates about important SRHR issues, and to promote their participation in the process of implementing recommendations extended by the CEDAW Committee.

5. Drawing attention to the human rights implications of harmful practices or existing national policies to address those practices shifts an issue from the abstract to the human: this offers a powerful communications strategy. The campaign in Côte d'Ivoire to highlight the impacts of FGM on the rights of women and girls is one example. At the same time, it is important to remember that real human rights change does not happen overnight. It takes time and is usually based on incremental steps towards a final objective. Quantitative and qualitative improvement

in the delivery of sexual and reproductive health services in Kazakhstan offers another example. State engagement with the human rights mechanisms first focused on increasing the availability of and access to Youth Health Centres. It then focused on expanding the range of services offered by those centres. Most recently, it encouraged the creation of Youth Friendly Health Centres that offer a more holistic approach to sexual and reproductive health.

6. This report also demonstrates the importance of engaging with all United Nations human rights mechanisms – Universal Periodic Review, Special Procedures and Treaty Bodies. It also demonstrates the importance of engaging with each stage of the review–implementation–reporting cycle, on a perpetual basis. Where States, supported by UNFPA, engage with several different mechanisms on a given subject, those mechanisms tend to share information and analysis, and provide stronger recommendations. In Costa Rica, the UNFPA submission to the Special Rapporteur on violence against women on the issue of obstetric violence helped shape her report on the subject to the Human Rights Council and to raise the profile of the issue. Thereafter, Costa Rica began to receive recommendations on this issue from both the Treaty Bodies and the UPR mechanism.

Each of the mechanisms has different strengths and weaknesses, and all must be leveraged in order to move SRHR forward in a human rights context. Treaty Body recommendations, which are based on a State's human rights obligations, carry greater legal weight and tend to be more detailed and nuanced. Special Procedures recommendations, which are based on country visits including meetings with government ministers, parliamentarians and NGOs, tend to be more politically realistic and astute as illustrated by the 2011 visit to Jordan by the Special Rapporteur on violence against women. UPR recommendations, which are a function of intergovernmental dialogue, tend to carry more political weight and have become

increasingly engaged on the issue of SRHR over the past 15 years. The Jordanian Government, for example, attaches high political importance to UPR recommendations. Côte d'Ivoire received only four recommendations on FGM in 2009, yet received 10 recommendations on the subject a decade later. Many of those recommendations are politically realistic, such as calling on the State to take forward culturally-sensitive awareness-raising campaigns about the human rights implications of FGM as an essential precursor to any further policy and/or legislative measures.

7. There is value in generating more and better SRHR recommendations from the mechanisms to States. The quantitative analyses and case studies presented in this report show positive trends in this regard. However, more needs to be done. More of the reviewing States in the UPR Working Group and from all regions should extend SRHR recommendations to States under review, for example. Another observation is that the engagement of the United Nations and national civil society with a State's periodic reporting processes for Treaty Bodies or UPR can help to sharpen recommendations by tailoring them to the evolving national context. This is true even where the United Nations human rights mechanisms have already been active on a given SRHR concern. In Côte d'Ivoire, civil society alternative reports to Treaty Bodies played a key role in informing recommendations, and thereby gradually shifting public opinion in the country in favour of the elimination of FGM. Likewise, in Jordan, UNFPA worked closely with civil society organizations to ensure that the latter's alternative reports accurately reflected the situation of GBV in the country, and thus informed useful recommendations.

The country examples in this report suggest that an increasingly effective strategy for United Nations agencies and programmes, as well as national civil society organizations, is to use reporting to Treaty Bodies to influence the content of lists of issues prior to reporting (LIOPR). These LIOPR inform States Parties'

dialogues with Treaty Bodies and can be used to focus those dialogues on, for example, State progress with the implementation of previous recommendations, or new policy ideas to further strengthen implementation.

8. The review-implementation-reporting cycle is ongoing and permanent. Efforts of government ministries and/or civil society, supported by the United Nations Country Team, do not stop with adoption of a new law, but must continue so as to ensure that the law is implemented, and to ensure that progress is not reversed. In Côte d'Ivoire, although Law number 98-757 was passed in line with the State's human rights obligations and criminalized the act of performing FGM, for many years the law was not effectively implemented. To ensure effective implementation, civil society, with the support of UNFPA and other parts of the United Nations system, continued to engage with Treaty Bodies, leading to recommendations to train the police and judiciary, especially by sensitizing them on the human rights consequences of FGM. Regarding vigilance to guard against reversal, the case of Jordan is instructive. Civil society quickly mobilized with UNFPA support when the National Gazette published a reformulated version of the already-repealed article 308 of the Penal Code, effectively reintroducing provisions that allowed rapists to avoid punishment. Civil society actors were able to confirm that it was published by mistake.
9. The Jordan case study also showcases the value of continuously tracking and measuring implementation of United Nations human rights recommendations, to accurately report back to the mechanisms, and inform future recommendations. Here, ahead of the 2018 (third cycle) UPR review, UNFPA and UNICEF prepared a joint submission including a matrix detailing implementation actions for second cycle recommendations. This submission formed the backbone of the United Nations system's report ahead of the 2018 review. A related good practice comes from Kazakhstan, where the UNFPA Country

Programme Action Plan 2016–2020 was based on an analysis of implementation gaps as compared with earlier United Nations human rights recommendations.

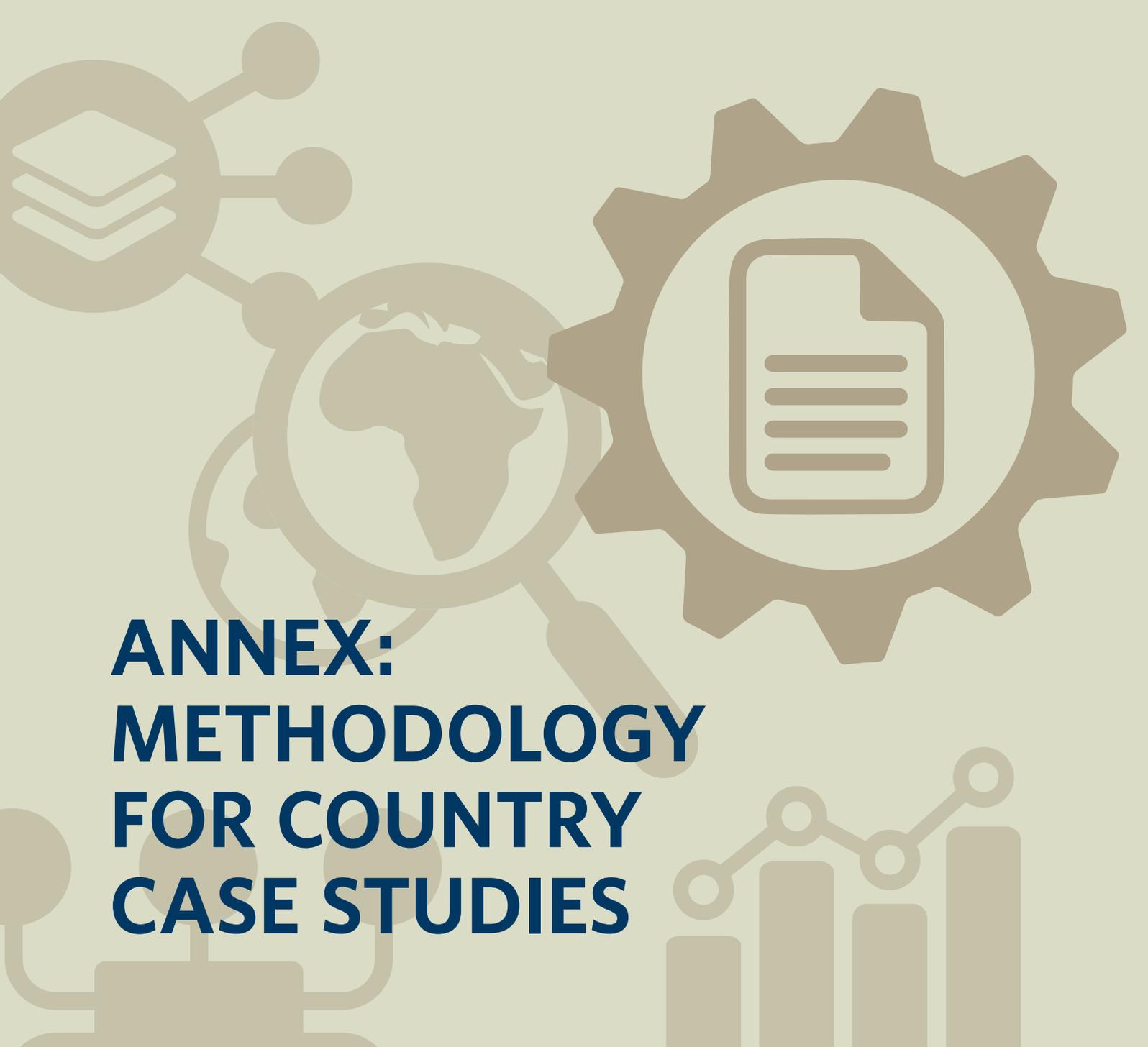
10. Data collection, both at the outset to assess the scale and nature of a given human rights challenge and feed that information into the mechanisms, and to inform relevant United Nations strategies and plans, is a critical component of the perpetual assessment of effectiveness of the United Nations human rights system relative to SRHR. A case in point comes from Côte d'Ivoire where national surveys on the issue of FGM conducted by the government with UNFPA and UNICEF support in 2011 and 2019, served to inform periodic reports to, and the recommendations generated by, the CEDAW Committee.

CALL TO ACTION



This analysis underscores the important role that United Nations human rights mechanisms play in advancing the ICPD agenda. UNFPA has an important normative role in influencing these mechanisms and in working to operationalize human rights norms at the country level. Yet more can be done. The mechanisms can pay more attention to SRHR issues as part of their monitoring

mandates; and UNFPA can increase impact through more systematic and comprehensive engagement with the mechanisms. This in turn will ensure more credible, practical and transformative recommendations by the United Nations human rights system in efforts to support Member States advance their international human rights obligations and commitments.



ANNEX: METHODOLOGY FOR COUNTRY CASE STUDIES

The country examples are based on an analysis of UPR, Special Procedures and Treaty Body recommendations to the States concerned; relevant UNDAF and UNSDCF documents; Common Country Assessments (CCAs); UNFPA reports, plans and other documentation; and interviews with UNFPA offices. The analysis uses the theoretical framework of the review-implementation-reporting cycle with its four phases. It covers four key areas.

1. The analysis covers States' **national reports** to the UPR and relevant Treaty Bodies, as well as UNFPA and/or United Nations Country Team so-called shadow reports to these mechanisms when available. These reports are further complemented by shadow reports submitted to the mechanisms by NHRIs and civil society organizations. Taken together these reports provide comprehensive and objective information on the contemporary situation of SRHR and women's rights more broadly in the country concerned, and on the degree to which SRHR-related recommendations issued during previous reviews have been implemented by the State.
2. The analysis covers the degree to which **UNFPA engagement** with the mechanisms (e.g. submission of shadow reports, briefings to the mechanisms, and or support to civil society organizations participating in the review process) have influenced the mechanisms' reviews of domestic compliance and progress, and therefore the recommendations that were issued to the State under review. This looks at, for example, how closely those recommendations match the country-specific information, needs assessments and proposals presented by UNFPA.
3. The analysis covers the **level of support** provided by UNFPA offices to the States concerned to help them implement specific SRHR-related recommendations, and thereby strengthen the enjoyment of human rights at the domestic level. This might be direct support to the government (e.g. capacity building, consultancies, assistance with development of guidelines and national action plans) or indirect support via cooperation with other relevant stakeholders, including parliamentarians, civil society organizations or the media. It is important to note that responsibility for implementing United Nations human rights recommendations lies with the State concerned, not with UNFPA, which only serves as a partner and an advocate to support and encourage state implementation.

4. The analysis covers the **impact** of new policies, laws, practices and other implementation measures as well as the related support provided by UNFPA. This is based on the degree to which progress could be tracked and measured.

In short, the analysis has sought to understand key national and international inputs into human rights compliance reviews by the three main United Nations human rights mechanisms, and to match those inputs with relevant outputs from the reviews (i.e. recommendations). It then followed those recommendations back to the domestic level to track implementation and measure impact/change. Finally, the analysis looked at the degree to which that "tracking" and measurement information is fed back into the review-implementation-reporting cycle.



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