



FROM COMMITMENT TO ACTION ON SEXUAL
AND REPRODUCTIVE HEALTH AND RIGHTS

Lessons From the Second Cycle of the Universal Periodic Review

EQUALITY JUSTICE HUMAN RIGHTS ACCOUNTABILITY
NON-DISCRIMINATION PARTICIPATION CIVIL SOCIETY SRHR ACT CHANGE IMPLEMENTATION
OBLIGATIONS DIALOGUE
STAKEHOLDERS INVESTMENT HUMAN RIGHTS



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CYCLE 2

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Abbreviations and Acronyms

AIDS	acquired immunodeficiency syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	civil society organization
FGM	female genital mutilation
HIV/AIDS	human immunodeficiency virus
HRC	United Nations Human Rights Council
LGBTI	lesbian, gay, bisexual, transgender and intersex
NHRI	national human rights institution
OHCHR	Office of the United Nations High Commissioner for Human Rights
SRHR	sexual and reproductive health and rights
SDGs	Sustainable Development Goals
SuR	State under review
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
ZHRC	National Human Rights Commission of Zambia

Summary

The Universal Periodic Review (UPR) is a unique human rights monitoring mechanism where the human rights record of each of the 193 United Nations Member States is reviewed every 4.5 years by other Member States. During the second cycle (2012–16), the UPR continued to facilitate dialogue between Member States on the critical human rights issues of our time, and positioned the mechanism as an important platform to advance sexual and reproductive health and rights (SRHR) and strengthen accountability for SRHR.

This report follows up the United Nations Population Fund's (UNFPA) 2014 report from the first cycle of the UPR, *Lessons from the First Cycle of the Universal Periodic Review: From Commitment to Action on Sexual and Reproductive Health and Rights*. The 2014 report showed that more than a quarter of all recommendations and voluntary commitments related to SRHR.

This report assesses the successes, challenges and opportunities that the second cycle offered, and how these lessons can inform and support governments, the United Nations system, civil society and other stakeholders engage throughout the third cycle.

With national and global attention focused on achieving the Sustainable Development Goals (SDGs), the UPR can play an important role in guiding action and strengthening accountability. The UPR can accelerate SDG implementation by identifying critical issues and groups that need attention and requiring States to take action. It can also help assess SDG implementation by highlighting progress made and remaining gaps. Moreover, as the SDGs do not cover all aspects of SRHR, the UPR can help ensure continued political attention and accountability on all dimensions of SRHR.

Sexual and reproductive health and rights in the second cycle of the universal periodic review

More than 10,000 SRHR-related recommendations were made during the second cycle, accounting for more than a quarter of all recommendations, and of these, 76% were accepted by States. This continuing and increasing engagement on SRHR issues by Member States reinforces the mechanism

TABLE 1

Numbers of recommendations and voluntary commitments

Recommendation type	CYCLE 1	CYCLE 2
Overall number of recommendations	21,355	36,331
Number of SRHR-related recommendations	5,662	10,364
SRHR-related recommendations as a percentage of overall recommendations (%)	27	29
Number of SRHR-related voluntary commitments	24	46

SRHR = sexual and reproductive health and rights



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as an important tool in upholding and strengthening accountability for SRHR.

Similar to the first cycle, second cycle recommendations, however, highlight stark differences in attention to different SRHR issues by reviewing States. For example, gender equality and violence against women received more than 4,000 recommendations in total. Whereas other SRHR issues such as sexuality education, early pregnancy, and contraception received 23, 35, and 48 recommendations respectively. A comparative analysis of overall SRHR recommendations excluding gender equality and gender-based violence issues is revealing. The proportion of SRHR recommendations significantly

decreases when these issues are excluded from the analysis: only approximately one tenth of all recommendations address SRHR issues other than gender equality and gender-based violence.

As all these issues constitute important elements of SRHR, it will be important to address such unbalanced outcomes to ensure that all components of SRHR receive adequate attention.

The United Nations and civil society stakeholders reported on nearly all SRHR-related issues during the second cycle. This typically included an assessment of the current situation of human rights in the country, progress towards implementation of accepted

recommendations and additional recommendations intended to improve the SRHR situation. Reporting by the United Nations and civil society stakeholders also often filled an important gap, as they frequently included information on both the range of SRHR issues and varied aspects of SRHR issues that States had omitted in their national reports. This reporting also highlighted a general trend seen among non-State reporting: information on the implementation of SRHR-related recommendations could be fragmented and superficially touch upon multiple issues without comprehensively reporting on any. As reporting by UN and stakeholders provide an independent assessment of work underway, more systematic and detailed information on implementation of recommendations is critically important.

Implementation of first cycle recommendations on sexual and reproductive health and rights

The overall picture of implementation efforts is encouraging. Around 90 per cent of States acted on at least half of the accepted recommendations on SRHR, and 63 per cent of States acted on at least three quarters of all the accepted recommendations.

These data, and the examples of country action throughout this report, confirm the key role of the UPR in accelerating action and accountability on SRHR, including in efforts to achieve the SDGs.

The study also found that the UPR process has provided a valuable tool for civil society collaboration at the country level. As a platform for bringing together different constituents, it has facilitated greater collaboration and joint work across civil society actors in efforts to collectively advocate around key issues raised during the UPR.

Action taken on SRHR Recommendation

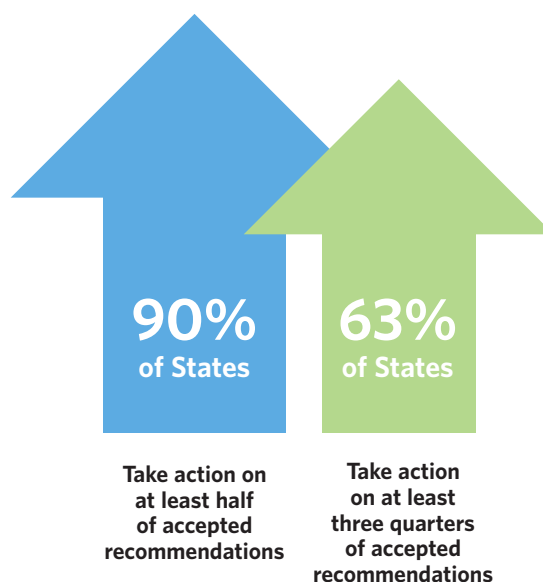


TABLE 2

Implementing accepted recommendations related to SRHR

Proportion of accepted SRHR-related recommendations that States took action to implement	Percentage (and number) of countries that took action
0-25%	3.6% (7)
26-50%	6.2% (12)
51-75%	27% (51)
76-100%	63% (121)

Considerations for the third cycle

For States under review

- To broaden the scope of SRHR issues addressed throughout the UPR process, States should engage in continuous dialogue with diverse stakeholders at the country level. This includes dialogue with civil society, marginalized groups and national human rights institutions (NHRIs), and technical assistance from UNFPA and other United Nations partners.
- To ensure effective implementation of recommendations received, conduct national inclusive and participatory dialogue that is, ideally, also informed by recommendations from other human rights mechanisms.
- To provide a comprehensive picture of implementation efforts, States should report on all recommendations. States can seek technical support from UNFPA and the participation of a wide range of stakeholders in tracking and monitoring implementation efforts.
- Reporting on emerging human rights concerns as well as efforts to implement previous UPR recommendations is necessary. States are strongly encouraged to provide information on both. Given space limitations, detailed information about implementation efforts may be provided in an annex to the national report, and through voluntary midterm reports.
- As States are often engaged in efforts to advance SRHR in their country, they could state their intentions and priorities for the upcoming period by making voluntary commitments during the review process.

For reviewing States

- Address different aspects of SRHR in recommendations; this will strengthen outcomes and ensure a more holistic approach.
- Make specific and measurable recommendations when appropriate; these can help to increase State accountability.
- Use the wealth of information provided by the United Nations system, NHRIs and CSOs in posing questions and making recommendations.
- Follow up on previous recommendations during subsequent reviews, and engage with implementation at the national level between reviews through international, South–South and triangular cooperation.



For the United Nations system, civil society, national human rights institutions, Parliamentarians and others

- Provide guidance, support and critical input to States and civil society during the preparation of information for the review, to enable robust and critical reporting.
- Systematically monitor implementation of UPR outcomes and provide focused and detailed information for subsequent reviews of the States' implementation efforts.
- Support those marginalized populations most often left behind in the realization of their SRHR, including adolescent girls and LGBTI people, to engage with the UPR process so that policies and programmes affecting their lives can address their rights and realities more adequately and comprehensively.

For all stakeholders

- Increase reporting, recommendations and implementation efforts on SRHR issues that have received less attention within the UPR thus far, such as contraception and family planning, safe abortion, adolescent SRHR, sex work and sexuality education.



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INTRODUCTION

In 2006, the United Nations Human Rights Council (HRC) established the universal periodic review (UPR), a unique human rights monitoring mechanism. Member States review the human rights record of each of the other 193 Member States every 4.5 years. The process facilitates dialogue among Member States about critical human rights issues and creates a mechanism that encourages broad collaboration between State and non-State actors to advance human rights in countries.



The review is transparent, where all information provided by national governments and the proceedings of the review are publicly available. The UPR facilitates the participation of other stakeholders—the United Nations system, national human rights institutions (NHRIs) and civil society actors have the opportunity to submit information on broad-ranging human rights concerns for consideration during the country's review. The UPR has spurred States to renew actions to realize the full range of human rights, and to strengthen human rights

monitoring systems. Hence, the UPR has proved to be an important tool for increasing State accountability for human rights. The UPR carries political weight because it is a peer-review mechanism and, as such, it is a valuable tool for drawing attention to human rights issues for which State accountability is weak, such as sexual and reproductive health and rights (SRHR).¹

National and global attention is on implementing the Sustainable Development Goals (SDGs), and the UPR can play an important role in this. By improving synergies



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¹ For a detailed discussion on what sexual and reproductive health and rights are, and State responsibility in regard to respecting, protecting and fulfilling them, see United Nations Population Fund. Chapter 1 in *Lessons from the First Cycle of the Universal Periodic Review: From Commitment to Action on Sexual and Reproductive Health and Rights*. New York, UNFPA, 2014.

between the SDGs and the UPR, States can better incorporate a human rights–based approach into their SDG implementation plans and efforts. The UPR can guide SDG implementation by identifying critical issues and groups needing attention. It can also help assess SDGs implementation by highlighting progress made and challenges remaining.

Stages of the universal periodic review

The UPR is a cyclical three-step process. The first involves preparation for a country’s review, wherein the national government, the United Nations system and non-State actors, including civil society organizations (CSOs) and NHRIs, submit information on the human rights situation in the country. From the second cycle onwards, this includes information on the outcomes of implementation from previous cycles. The review documentation available includes the national report, the compilation of United Nations information and the summary of stakeholders’ submissions. The State under review (SuR) is encouraged to organize broad

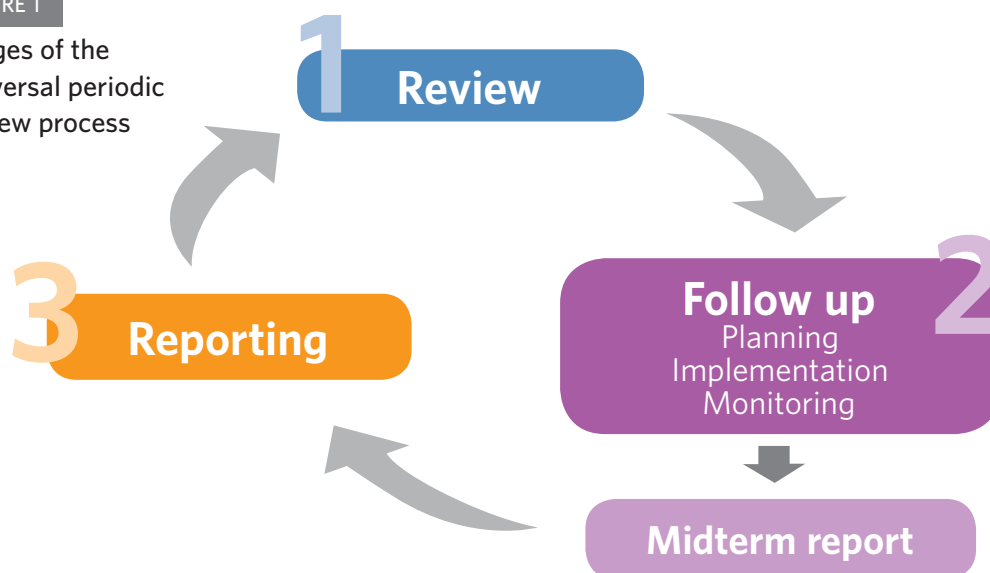
consultations with diverse stakeholders to ensure that a wide range of perspectives are included in the national report. During this stage, Member States participating in the review of the SuR (“reviewing States”) might pose questions to the SuR before the review.

The second stage is the review itself, which takes place at the United Nations Headquarters in Geneva. The SuR presents information on the human rights situation in its country since the previous review. Reviewing States pose questions to the SuR and make recommendations based on information prepared for the review by national stakeholders, and sometimes information provided by their embassies in the SuR. The SuR must indicate whether or not it supports each of the recommendations it receives.

The final stage of the UPR is arguably the most important: the State implements the recommendations received and voluntary commitments made during the review. Following this stage, the country once again prepares for its next review and the cycle begins anew.

FIGURE 1

Stages of the universal periodic review process



Analysis of the first universal periodic review cycle

To date, there have been two complete UPR cycles—that is, every Member State has undergone two reviews. Over these two cycles, close to 59,000 recommendations and voluntary commitments have been made to improve the human rights situation in all Member States. Nearly half of all recommendations made during the first cycle had been actioned by the midway point to the next review², demonstrating the enormous potential of the UPR to act as a critical instrument to advance human rights.

The United Nations Population Fund (UNFPA) published a report analysing the first UPR cycle, *Lessons from the First Cycle of the Universal Periodic Review: From Commitment to Action on Sexual and Reproductive Health and Rights*.³ This report showed that more than a quarter of all recommendations and voluntary commitments were about SRHR. Over the 4.5 years after their reviews, States have made wide-ranging efforts to implement these recommendations. For example, after Hungary received recommendations in 2011 to prohibit spousal rape, it passed a new criminal code in 2012, effective July 2013, which included a provision that punishes spousal rape. After the Dominican Republic received a recommendation in 2009 to address illegal abortions, it reformed the criminal code to decriminalize abortion in cases where the life and physical integrity of women and adolescents is placed in danger. Burkina Faso received recommendations in

2008 to eradicate female genital mutilation (FGM). After its review, Burkina Faso:

- established the National Council to Combat Female Circumcision with the mission to eliminate FGM
- expanded the teaching of modules on FGM in primary and secondary education programmes
- reported implementing a programme on eliminating cross-border FGM.

These examples highlight the role of the UPR in calling attention to human rights violations around the world and acting as an engine to spur progress and action on SRHR.

The UPR has also brought State and non-State actors together, to increase efforts on improving human rights. It has facilitated greater coordination and communication among sectors of the government, among United Nations agencies at the national level, and among the government, CSOs and NHRIs. For example, the Government of Mozambique worked with the National Human Rights Commission, youth platforms, CSOs working on SRHR, the United Nations system and others, to elaborate the National Plan to the Promotion and Protection of Human Rights and the UPR Action Plan. This was the first time that the Ministry of Justice convened these actors to collaborate on the development of UPR implementation and human rights plans in Mozambique, a significant achievement of the UPR process.

The convening role of NHRIs and the United Nations system often bolsters the dialogue and collaboration facilitated by the UPR process. For example, the

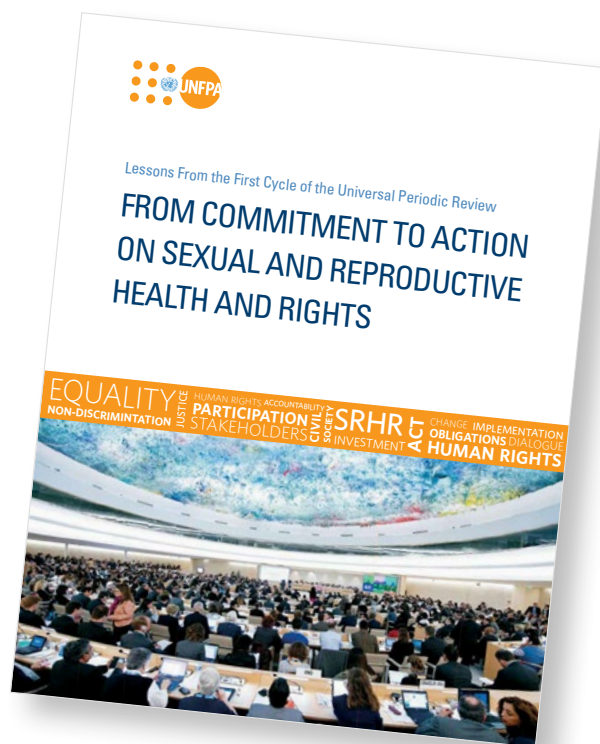
² UPR Info. *Beyond promises: the impact of the UPR on the ground*. Geneva, UPR Info, 2014, p. 5.

³ United Nations Population Fund. *From Commitment to Action on Sexual and Reproductive Health and Rights*, New York, UNFPA, 2014.

Uganda Human Rights Commission facilitated national policy dialogue by organizing consultations that brought together government agencies, CSOs, academia, media, faith-based actors and the private sector to review progress towards meeting the commitments of Uganda from the previous review.

One of the greatest contributions of the UPR has been increased collaboration among CSOs, resulting in the formation of issue-based and cross-movement coalitions. In the Dominican Republic, coalitions on women's rights; migrants' rights; lesbian, gay, bisexual, transgender and intersex rights; children's rights; and rights of people with disabilities were formed and made submissions for the review in 2014. In Malaysia, a coalition of 56 organizations called COMANGO (Coalition of Malaysian Non-Governmental Organizations in the UPR Process)—comprising organizations working on, for example, peace, health, consumer rights, HIV, women's rights, youth mobilization and workers' rights—was formed to engage with the review. COMANGO made submissions for the reviews in 2009 and 2013.

During the first UPR cycle, States accepted 77 per cent of SRHR-related recommendations⁴ and took action on recommendations that were not originally accepted (they were originally “noted”). This is promising in that it suggests significant political will to action accepted recommendations, and signals that noted recommendations should not be disregarded during the implementation phase.



Scope of this report and methodology

At the end of the second UPR cycle in March 2017, all 193 Member States have been reviewed twice and shared information publicly about their efforts to implement the outcomes of the first cycle at the national level. This report, *Strengthening Accountability for Sexual and Reproductive Health and Rights and Gender Equality through the UPR*:

- assesses SRHR content within the second cycle
- reviews the extent to which recommendations from the first cycle were implemented
- maps SRHR trends from the first cycle to the second
- suggests ways that national stakeholders within subsequent UPR cycles can engage in a way that would advance accountability for SRHR.

4 United Nations Population Fund. *From Commitment to Action on Sexual and Reproductive Health and Rights*, New York, UNFPA, 2014.

The UPR Sexual Rights Database, developed by the Sexual Rights Initiative, was used as the primary source of information in developing this report. The database contains all SRHR-related content from:

- working group reports, including recommendations and voluntary commitments
- advance questions
- national reports
- midterm reports where available
- United Nations submissions
- stakeholder summaries.

It is important to note that because non-State actors provide information that is limited to United Nations information and summary of stakeholders' submissions to the database entries, there may be information that has not been included in this report. UPR Info's *Database of UPR Recommendations and Voluntary Pledges* also served as a source of information. UNFPA Country Offices provided source information for the case studies in this report.

IMPLEMENTATION IN ACTION

Engaging youth and civil society pushes the needle on sexual and reproductive health and rights in Mozambique

The United Nations Population Fund (UNFPA) in Mozambique played a pivotal role in elevating youth sexual and reproductive health and rights (SRHR) in the country's universal periodic review (UPR) process. A participatory and inclusive process that prioritized the perspectives and needs of Mozambican youth in the revision of the country's UPR implementation plan lead to genuine policy dialogue between young people and the Government.

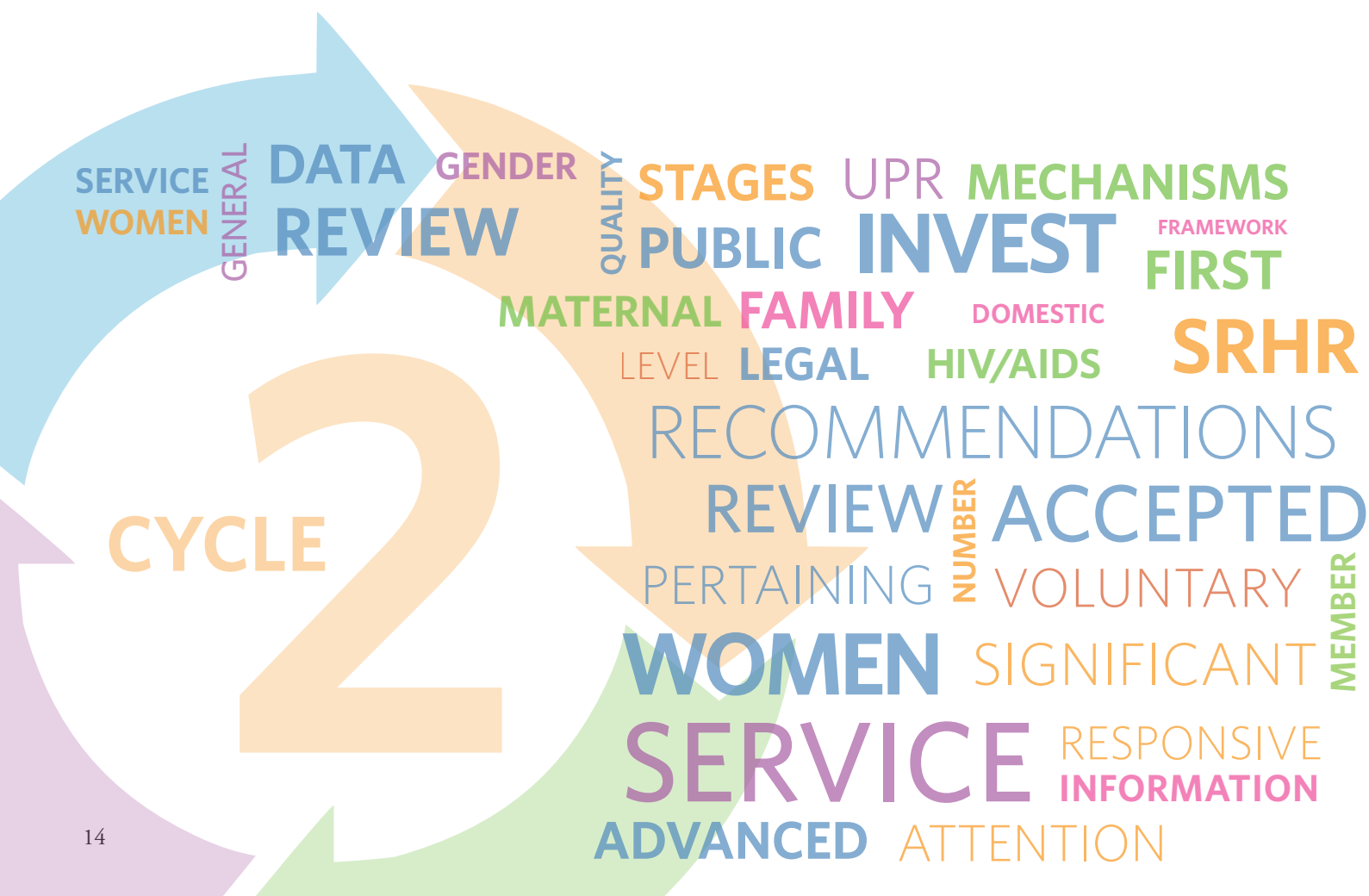
To enable a participatory process and facilitate broader access to the UPR, UNFPA Mozambique trained more than 400 young people across eleven provinces. After these activities, the country office organized meetings between youth platforms (YPs), civil society actors and Government officials to discuss UPR implementation efforts that were under way.

This dialogue encouraged the government to priorities and take forward SRHR recommendations it had accepted but not yet taken action on. For instance, it had accepted a recommendation to "repeal legislation which requires the transfer of pregnant girls to night-time schools and ensure that pregnant students do not face restrictions in their access to education", but no action had been taken to implement it. Following dialogue with the youth groups, a committee was formed at the Ministry of Education to address this issue and review the relevant legislation. This work is ongoing.

Secondly, the Penal Code was revised to criminalize sexual abuse against children. This was a priority issue for the youth groups and a specific UPR recommendation.

The efforts of UNFPA Mozambique to create an inclusive and participatory UPR process brought to attention the voices and priorities of young people and translated into policies that resonated with them. It also empowered young people to be agents of change.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE SECOND CYCLE OF THE UNIVERSAL PERIODIC REVIEW



Number of recommendations

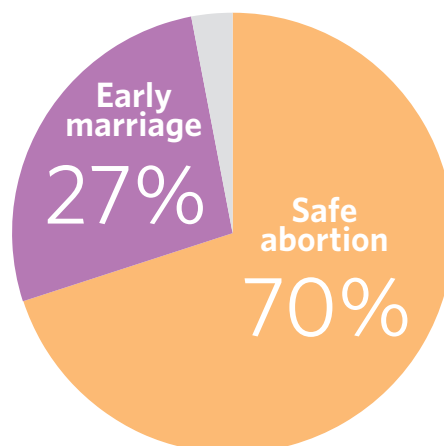
The number of recommendations relating to all human rights issues, and SRHR specifically, significantly increased from the first cycle to the second cycle (see Table 1). Overall recommendations made by States increased by 70 per cent and SRHR-related recommendations, following the same general trajectory, increased by 83 per cent. Accordingly, the percentage of recommendations that pertain to SRHR issues has increased from 26.5 per cent in the first cycle to 28.5 per cent in the second.

A voluntary commitment is a clearly expressed intention by a SuR to act on a human rights issue. States may also convert a recommendation that has been received during a review to a voluntary commitment. SRHR-related voluntary commitments increased by 92 per cent from the first cycle to the second, although the total number of such commitments remain modest. As States are often engaged in efforts to advance SRHR in their country, voluntary commitments represent a good opportunity for them to state their intentions and priorities for the upcoming period.

Member States' continued and increasing engagement with the UPR reinforces the mechanism as an important platform by which to uphold human rights standards. The UPR is also a powerful reporting and review tool that can strengthen the implementation and monitoring of broader population and development commitments, such as the SDGs and the International Conference on Population and Development agenda.

CHART 1

SRHR issues receiving highest rate of "noted" responses



It is important to note, however, that not all recommendations are unique and certain SRHR issues tend to elicit very similar or identical recommendations. This is the case with recommendations pertaining to ratifying international human rights instruments, gender-based violence and gender equality. For example, in its second cycle review, Uganda received 10 recommendations to ratify the optional protocol to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). As all accepted recommendations are intended to be implemented, recommendations that are unique in nature, regardless of the issue, would encourage States to address multiple facets of a particular issue and allow for more nuance in recommendations on SRHR issues.

Moreover, given the significant proportion of recommendations on gender equality and gender-based violence⁵ within the UPR, a comparative analysis of overall SRHR recommendations including and excluding these issues can be revealing.

⁵ The Sexual Rights Initiative database has been used for this analysis. Note that gender equality comprises "gender equality", "women's rights" and "women's participation"; and violence against women/gender-based violence comprises "violence against women/gender-based violence", "domestic violence" and "sexual violence".

SRHR recommendations that include gender equality and gender-based violence constituted more than a quarter of all recommendations during the first and second cycles of the UPR (see Table 2). The proportion significantly decreases when gender equality and gender-based violence is excluded (Table 2)—approximately one tenth of all recommendations address SRHR issues other than gender equality and gender-based violence. This highlights the need to support diverse SRHR issues.

Sexual and reproductive health and rights issues receiving the most and least attention in recommendations





A thematic assessment of SRHR issues in the second cycle revealed that reviewing States made the most recommendations about gender equality, international human

rights instruments⁶ and violence against women/gender-based violence (see Table 4). Of the top 10 SRHR issues on which the most recommendations were made, three relate to gender equality (specifically, “gender equality”, “women’s and girls’ rights” and “women’s participation”) and three relate to gender-based violence (specifically, “violence against women/gender-based violence”, “domestic violence” and “sexual violence”).

Between the first and second cycles of the UPR (see Table 4), reviewing States prioritized similar SRHR issues, with “violence against women/gender-based violence” leading the number of recommendations made, with a 199 per cent increase from the first cycle. Recommendations on “gender equality” nearly doubled and recommendations on “discrimination on the basis of sexual orientation” increased by 141 per cent in

TABLE 3

Numbers of recommendations and voluntary commitments

Recommendations	Including gender equality and gender-based violence		Excluding gender equality and gender-based violence	
	 CYCLE 1	 CYCLE 2	 CYCLE 1	 CYCLE 2
Overall number of recommendations in the universal periodic review	21,355	36,331	21,355	36,331
Number of SRHR-related recommendations	5,662	10,364	2,222	3,868
SRHR-related recommendations as a percentage of overall recommendations (%)	27	29	10	11
Number of SRHR-related voluntary commitments	24	46	11	7

SRHR = sexual and reproductive health and rights

6 The Sexual Rights Initiative database only includes international human rights instruments that address some aspects of sexual and reproductive health and rights.

the second cycle. “Harmful practices based on cultural and/or traditional values” were among those issues that received significant attention across both cycles. In the first cycle, female genital mutilation (FGM) received significant attention, whereas in cycle two, harmful practices as a whole featured prominently among issues that received the most recommendations.⁷

Similar to the first cycle, reviewing States recommendations made during the second cycle highlight stark differences in attention to different SRHR issues (see Table 5). For example, “gender equality” and “violence against women/gender-based violence” each received more than 2,000 recommendations, whereas other SRHR issues such as

“sexuality education”, “early pregnancy” and “contraception” received 23, 35 and 48 recommendations, respectively. Encouragingly, most issues received increased attention during the second cycle; however, as all these issues constitute important elements of SRHR, it will be important to address such unbalanced outcomes to ensure that all components of SRHR receive enough attention.

Key sexual and reproductive health and rights issues

Throughout this report, eight issues will be examined in greater depth: HIV and AIDS, safe abortion, contraception and family planning, maternal health and sex work, and the adolescent SRHR issues of early marriage,

TABLE 4





Top 10 sexual and reproductive health and rights (SRHR) issues in universal periodic review recommendations

SRHR issue	 recommendations	SRHR issue	 recommendations
International human rights instruments	1,530	Gender equality	2,914
Gender equality	1,501	International human rights instruments	2,339
Violence against women/gender-based violence	732	Violence against women/gender-based violence	2,191
Women's and/or girls' rights	635	Women's and/or girls' rights	1,511
Domestic violence	463	Domestic violence	924
Sexual exploitation/slavery	410	Harmful practices based on cultural/traditional values	734
Discrimination based on sexual orientation	232	Sexual violence	564
Sexual violence	227	Discrimination based on sexual orientation	558
Women's participation	221	Women's participation	505
Female genital mutilation	211	Sexual exploitation/slavery	441

⁷ Harmful practices based on cultural / traditional values include early and forced marriage, female genital mutilation, witchcraft and other country-specific practices. Note that recommendations included in the Sexual Rights Initiative database may be counted across multiple categories as relevant.

TABLE 5

Recommendations on all sexual and reproductive health and rights (SRHR) issues

SRHR issue	 CYCLE 1	 CYCLE 2	SRHR issue	 CYCLE 1	 CYCLE 2
Adolescent sexual activity	3	1	Maternal health/morbidity/mortality	92	146
Adultery	2	5	Others	18	47
Age of consent	3	0	Polygamy	18	8
Birth registration	45	212	Pornography	2	0
Contraception	6	23	Right to health	1	5
Criminal laws on same-sex sexual practices	207	298	Right to marry	5	16
Discrimination based on gender identity	143	433	Right to privacy	13	4
Discrimination based on sexual orientation	232	558	Rights of same-sex desiring people	139	247
Domestic violence	463	924	Safe abortion	37	124
Early marriage	63	340	Sex selection/feticide	0	6
Early pregnancy	7	35	Sex work/prostitution	16	5
Empowerment of women	47	166	Sexual abuse	125	121
Family planning	9	16	Sexual and/or reproductive rights and/or health broadly	39	135
Female genital mutilation	211	325	Sexual exploitation/slavery	410	441
Forced marriage	32	170	Sexual harassment	25	55
Forced sterilization	15	14	Sexual violence	227	564
Gender equality	1,501	2,914	Sexuality education	15	48
Gender perspective in policies, programmes	37	78	Sexually transmitted infections	3	10
Gender perspective in the UPR process	33	1	Trafficking in women and/or girls	138	301
Harmful practices based on cultural/traditional values	102	734	Training for state personnel on sexual rights issues	87	137
HIV and AIDS	168	179	Transgender people's rights	80	202
Honour crimes	28	14	Violence against women/gender-based violence	732	2,191
Human rights defenders	8	17	Violence on the basis of gender identity	35	144
Inappropriate content	33	75	Violence on the basis of sexual orientation	48	164
International human rights instruments	1,530	2,339	Women's and/or girls' rights	635	1,511
Intersex people's rights	0	100	Women's participation	221	505
Marginalized groups of women	45	309			
Marital rape	51	97			

Note: Recommendations included in the Sexual Rights Initiative's universal periodic review database may be counted across multiple categories as relevant and, as such, the number of recommendations in Table 4 does not equal the number of recommendations made in the second cycle.

sexuality education and FGM. These have been selected because they represent a diverse range of critical SRHR issues and allow for a manageable sample size for data analysis.

Table 6 shows the number of recommendations made during the second cycle on each of the key SRHR issues and highlights the proportion of “accepted” and “noted” recommendations across all the key issues this report considers. Recommendations about HIV/AIDS and maternal health had the most support, in keeping with the high degree of importance given to these issues within the Millennium Development Goals (MDGs) and the SDGs. Recommendations made about safe abortion and early marriage were those with the highest rate of “noted” responses—70 per cent and 27 per cent respectively.

Table 7 shows which reviewing States made the most recommendations on the key SRHR issues reviewed in this report in the second cycle. This may indicate their political commitment to certain SRHR issues. A wider number of States could be encouraged to pay attention to these issues and raise questions and recommendations in future reviews.

Types of recommendations

The types of recommendations made in the second cycle closely mirror the first cycle and highlight the varied nature of

recommendations. Recommendations fell broadly into four categories:

- Recommendations that are **specific** and where clear action has been called for. These recommendations are measurable and may be completed before a State’s next review. For example, “ratify the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence” and “train law enforcement, judiciary, prosecutors, health-care and social workers on responding to domestic violence”.
- Recommendations that are **general** in nature and do not call for specific action. Examples include “take adequate measures to eradicate FGM” and “undertake further actions in order to prevent child marriages”.
- Recommendations are framed as **suggestions** rather than a call to take specific action. For example, “consider reviewing the law related to abortion to guarantee access to abortion when pregnancy is a result of rape” and “consider strengthening the framework and mechanisms for eliminating discriminations against women and gender based violence by enacting and enforcing all relevant laws, already under consideration, relating to violence against women”.
- Recommendations for States to **continue** doing what they are doing without calling for new and/or specific actions. For example, “continue efforts to combat

Status of recommendations

States cannot reject recommendations at the UPR; when States “do not support” recommendations, the Office of the United Nations High Commissioner for Human Rights (OHCHR) considers the response to be “noted”. Although States are encouraged to provide a clear response of “supported” or “noted” to all recommendations received, where no response is given or the response does not clearly state whether a recommendation has been accepted or noted, it is considered to be “noted”.

HIV/AIDS through the National Parliament Strategy on HIV/AIDS for 2016-2021” and “continue implementing measures for the improvement of maternal and child health in line with its National Health Development Plan for 2011 to 2015”. Some recommendations are focused on continuation and are general in nature, such as “continue to promote women’s empowerment”.

Recommendations that are specific, call for new actions and are measurable increase the States’ accountability to SRHR. Such recommendations also provide concrete entry points for civil society, NHRIs, the United Nations system and development

community to support the implementation of recommendations. At the same time, general recommendations offer the State an opportunity to consult with national stakeholders in devising context-specific strategies to address the recommendation. A participatory and inclusive national dialogue on the implementation and monitoring of UPR recommendations is a fundamental precursor for ensuring that the next round of global-level recommendations issued are more specific and targeted. One interesting practice is that of States, such as Uruguay, that only make recommendations for those countries where they have an embassy, so that information is based on what really happens in that country.



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State reporting on sexual and reproductive health and rights

Second cycle reporting provided States with an opportunity to showcase the country's implementation efforts after their previous review and share new developments on the human rights situation in their country ("new information"). During the second cycle, nearly all States reported on at least one SRHR-related issue in their national reports. Issues pertaining to gender equality were among the most reported on; within this, States reported on a wide variety of measures, including women's participation, representation in decision-making bodies, and legislative and policy developments. States also commonly reported on legislative and policy measures taken to address gender-based violence, and support services for survivors of domestic and sexual violence.

Optimal reporting practices includes a process whereby diverse stakeholders have been consulted.

During the second cycle, information on SRHR was at times overly broad, did not touch on particular aspects and was outdated in some cases. To improve reporting across the spectrum of SRHR issues, States could seek out technical assistance by United Nations agencies and/or NHRIs, and also ensure that preparatory work for State reporting is a participatory and inclusive process.

Another trend seen in second cycle reporting is national reports favouring information on countries' implementation efforts, rather than information on new and emerging human rights issues. The former is an important and necessary component of State reporting; however, for the reports to serve as a sufficient update of a country's human rights situation, both should be reported on. An effective practice is that of States, such as Colombia, submitting an annex with their national reports, containing a matrix with detailed information about actions taken to implement recommendations from the

TABLE 6

Recommendations on key sexual and reproductive health and rights issues

Issue	Total number of second cycle recommendations	Number of recommendations accepted	Proportion (%)	Number of recommendations noted	Proportion (%)
Contraception and family planning	39	31	79	8	21
Early marriage	340	249	73	91	27
Female genital mutilation	324	288	89	36	11
HIV and AIDS	177	167	94	10	6
Maternal health	147	138	94	9	6
Safe abortion	124	37	30	87	70
Sex work	5	4	80	1	20
Sexuality education	48	38	79	10	21

Note: Percentages are rounded to the nearest whole number.

previous cycle. This would allow the national report to provide more succinct information about implementation efforts, and give due attention to emerging human rights concerns. This practice is gaining popularity during the recently commenced third UPR cycle.

United Nations system and stakeholder reporting on sexual and reproductive health and rights

Overall, the United Nations and civil society stakeholders reported on nearly all SRHR-related issues during the second cycle. This typically included an assessment of:

- progress towards implementation of previously received recommendations
- the current situation of human rights in the country
- additional recommendations intended to improve the SRHR situation.

The United Nations and civil society stakeholder reporting also often filled an important gap, because they frequently included information on the range of

SRHR issues and varied aspects of SRHR issues that States had omitted in their national reports.

During the second cycle, information provided by the United Nations system and stakeholders was typically addressed in three distinct ways by reviewing States:

- as questions and/or recommendations in a way that maintains substance and specificity
- as questions and/or recommendations but generalized
- neglected

As reviewing States have very little time in which to make recommendations, the reasons why some issues result in robust recommendations and why others are neglected may be reflective of national priorities, or the limited time frame, among other reasons.

The following are examples of recommendations that maintain substance and specificity of the information provided by the United Nations system and stakeholders.

Examples of robust reporting include

South Sudan

Perpetuation of gender inequalities, biases and discrimination which translate into systematic violations of the rights of women, including incidences of gender based violence (GBV) such as sexual exploitation and abuse, early and forced marriage of girl-child and domestic violence continue to be a challenge to the Government efforts to protect and promote women and child rights. Although the Southern Sudan Child Act, 2008 provides for marriageable age of 18 years yet many girls are married off before that age of 18, especially in rural areas where presence of government institutions is limited.

Belize

During the period 2009–2011 there was a decrease in the total number of new HIV infections. In 2012, there was an increase of 10%; however, in light of a recent survey done with most at-risk populations, we now know that the greater incidence lies within one sector of society and we are in a position to better target national efforts to contain and reduce the risks.

UPR recommendation to Guyana:

Ensure de facto criminalization of child, early and forced marriages and carry out awareness-raising among women about their rights.

United Nations information provided for the review for Guyana:

CEDAW remained concerned at reports that the phenomenon of early marriage persisted. It called upon Guyana to ensure de facto criminalization of early marriage and to carry out an awareness-raising campaign to better educate women about their rights, including with regard to traditional negative stereotypes that prevented their free choice regarding reproductive health.

UPR recommendation to Paraguay:

Repeal legislation criminalizing abortion and ensure access to legal and safe abortion for victims of rape and incest, in cases where the life or health of a woman is at risk or when the foetus is not viable.

Stakeholder information provided for the review for Paraguay:

Amnesty International recommended that Paraguay repeal all legislation criminalizing women and girls for having an abortion, as well as those performing such services, and take measures to allow legal and safe abortions in cases of rape or incest, in cases where life or health of the women or girls are at risk, and where the foetus is not viable.

The following are examples of information provided by the United Nations system and stakeholders that was addressed in recommendations more generally.

UPR recommendation made to Bosnia and Herzegovina:

All levels of Government in Bosnia and Herzegovina consider providing equal access to sexual and reproductive health education and services, including affordable modern methods of contraception.

TABLE 7

Top reviewing States that made recommendations on key sexual and reproductive health and rights (SRHR) issues

SRHR issue	Reviewing States (number of recommendations made)
Contraception and family planning	Slovenia (5) , Finland (3), Mexico (3), Belgium (2), Denmark (2), Iceland (2), Netherlands (2), Norway (2), Spain (2), Thailand (2) and Uruguay (2)
Early marriage	Sierra Leone (46) , Canada (25) and Italy (20)
Female genital mutilation	Spain (16) , Italy (16) and France (13)
HIV and AIDS	Thailand (15) , Cuba (8), Colombia (8), Singapore (8), Sri Lanka (6) and Brazil (6)
Maternal health	Sri Lanka (8) , South Africa (5), Algeria (5), Uruguay (4), Togo (4), Slovenia (4), New Zealand (4), Netherlands (4), Colombia (4), Egypt (4) and Cuba (4)
Safe abortion	Norway (16) , Slovenia (16) , Netherlands (9), Switzerland (8) and France (8)
Sex work	Colombia (1) , Greece (1) , Uzbekistan (1) , Finland (1) and Canada (1)
Sexuality education	Slovenia (14) , Colombia (4), Mexico (3) and Finland (3)

Note: This table only considers United Nations Member States, and not those with observer status.

Stakeholder information provided for the review for Bosnia and Herzegovina:

JS3 stated that access to family planning was limited and not readily available to vulnerable groups or the general population and noted that women were discriminated against. It provided recommendations on ensuring access to sexual health services and modern contraceptive methods in the entities.

UPR recommendation made to Zambia:

Continue strengthening measures to address and lessen the HIV/AIDS impact on women and children, in particular the mother-to-child transmission.

United Nations information provided for the review for Zambia:

CEDAW called upon Zambia to address the HIV/AIDS' impact on women and girls, especially orphaned children and older women; improve access to free prevention, treatment and care; and undertake awareness-raising campaigns.

During the second cycle, the United Nations and civil society stakeholders raised issues about early marriage and FGM, which were among the most addressed by reviewing States. The remaining key issues were addressed less than 40 per cent of the time (Tables 8 and 9). Given the limitations



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reviewing States face in addressing the breadth of SRHR issues during their interventions, unique and multifaceted recommendations could maximize the attention given to diverse SRHR issues. This could contribute to increasing attention to SRHR issues that are infrequently addressed by reviewing States, such as contraception and family planning.

Regional analysis: Top issues of the second cycle

The top issues on which recommendations were made and received are generally consistent across all regions (see Table 21). Issues pertaining to gender equality, violence against women/gender-based violence and

TABLE 8

United Nations reporting on key issues during the second cycle

Issue	Total instances of reporting in the second cycle	Number addressed by States	Proportion (%)
Contraception and family planning	91	16	18
Early marriage	119	78	66
Female genital mutilation	51	38	75
HIV and AIDS	162	50	31
Maternal health	84	34	40
Safe abortion	93	30	32
Sex work	33	2	6
Sexuality education	59	23	39

Note: Percentages are rounded to the nearest whole number.

TABLE 9

Reporting by civil society organizations and national human rights institutions on key issues during the second cycle

Issue	Total instances of reporting in the second cycle	Number addressed by States	Proportion (%)
Contraception and family planning	41	11	27
Early marriage	52	32	62
Female genital mutilation	39	28	72
HIV and AIDS	101	19	19
Maternal health	60	24	40
Safe abortion	70	29	41
Sex work	33	2	6
Sexuality education	60	19	32

Note: Percentage points are rounded to the nearest whole number.



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international human rights instruments feature prominently throughout the second cycle, comprising well over half of all recommendations the States received. Beyond these three issues, in Latin America and the Caribbean (LAC), recommendations received and made by States in the LAC region also focused on discrimination on the basis of sexual orientation and gender identity. Similarly, discrimination on the basis of sexual orientation also featured among the top issues on which States in Western Europe and North America made recommendations.

Recommendations specific for certain regions highlight SRHR issues that are of persistent concern. In Africa, harmful practices based on traditional and/or cultural values broadly, and FGM specifically, are among the top received recommendations (Table 10). The former issue is also one of the top issues that African States made recommendations on (Table 12). Africa was also the region that received the highest number of SRHR-related recommendations overall.

In the Arab States, issues pertaining to gender equality were among the top issues recommendations were received on, but at a higher proportion than other regions (Table 12). In Eastern Europe and Central Asia, sexual exploitation/slavery was among the issues that the most recommendations were made on (Table 17). The Asia–Pacific was the only region where international human rights instruments topped the list (Table 14); this may be due to the number of countries within the region, but also particularly low levels of ratification of such instruments among the Pacific islands. States from Western Europe and North America made more recommendations on SRHR than any other region (Table 21).

AFRICA

TABLE 10



Recommendations RECEIVED

Issue	Overall	Per cent
Gender equality	717	26
Violence against women/ gender-based violence	593	22
Harmful practices based on cultural/traditional values	481	18
Women's rights	455	17
International human rights instruments	427	16
Female genital mutilation	262	10
Total	2,736	n/a

TABLE 11



Recommendations MADE

Issue	Overall	Per cent
Gender equality	392	33
International human rights instruments	328	28
Violence against women/ gender-based violence	190	16
Women's rights	179	15
Harmful practices based on cultural/traditional values	166	14
Early marriage	87	7
Total	1,179	n/a

ARAB STATES

TABLE 12



Recommendations RECEIVED

Issue	Overall	Per cent
Gender equality	331	44
Women's rights	202	27
International human rights instruments	184	24
Violence against women/ gender-based violence	157	21
Harmful practices based on cultural/traditional values	101	13
Women's participation	61	8
Total	760	n/a

TABLE 13



Recommendations MADE

Issue	Overall	Per cent
Gender equality	246	34
Women's rights	157	22
International human rights instruments	144	20
Violence against women/ gender-based violence	96	13
Women's participation	65	9
Total	729	n/a

n/a = not applicable; SRHR = sexual and reproductive health and rights

ASIA-PACIFIC

TABLE 14

Recommendations RECEIVED



Issue	Overall	Per cent
International human rights instruments	571	31
Gender equality	523	28
Violence against women/ gender-based violence	384	21
Women's rights	296	16
Domestic violence	171	9
Women's participation	119	6
Total	1,863	n/a

TABLE 15

Recommendations MADE



Issue	Overall	Per cent
Gender equality	431	34
Women's rights	295	24
Violence against women/ gender-based violence	246	20
International human rights instruments	214	17
Domestic violence	96	8
Women's participation	90	7
Total	1,250	n/a

EASTERN EUROPE AND CENTRAL ASIA

TABLE 16

Recommendations RECEIVED



Issue	Overall	Per cent
Gender equality	232	28
Violence against women/ gender-based violence	194	23
Domestic violence	152	18
International human rights instruments	128	15
Discrimination on the basis of sexual orientation	95	11
Women's rights	88	10
Total	842	n/a

TABLE 17

Recommendations MADE



Issue	Overall	Per cent
Gender equality	206	34
International human rights instruments	118	19
Violence against women/ gender-based violence	149	24
Domestic violence	86	14
Women's rights	73	12
Sexual exploitation/slavery	53	9
Total	610	n/a

n/a = not applicable; SRHR = sexual and reproductive health and rights

LATIN AMERICA AND THE CARIBBEAN

TABLE 18

Recommendations RECEIVED



Issue	Overall	Per cent
Violence against women/ gender-based Violence	413	24
Gender equality	365	21
International human rights instruments	320	19
Discrimination on the basis of sexual orientation	157	9
Discrimination on the basis of gender identity	156	9
Women's rights	150	9
Total	1,723	n/a

TABLE 19

Recommendations MADE



Issue	Overall	Per cent
Gender equality	513	29
International human rights instruments	351	20
Violence against women	333	19
Women's rights	257	14
Discrimination on the basis of sexual orientation	176	10
Discrimination on the basis of gender identity	143	8
Total	1,797	n/a

WESTERN EUROPE AND NORTH AMERICA

TABLE 20

Recommendations RECEIVED



Issue	Overall	Per cent
International human rights instruments	389	30
Gender equality	331	25
Violence against women/ gender-based violence	281	21
Domestic violence	146	11
Marginalized groups of women	94	7
Women's rights	92	7
Total	1,312	n/a

TABLE 21

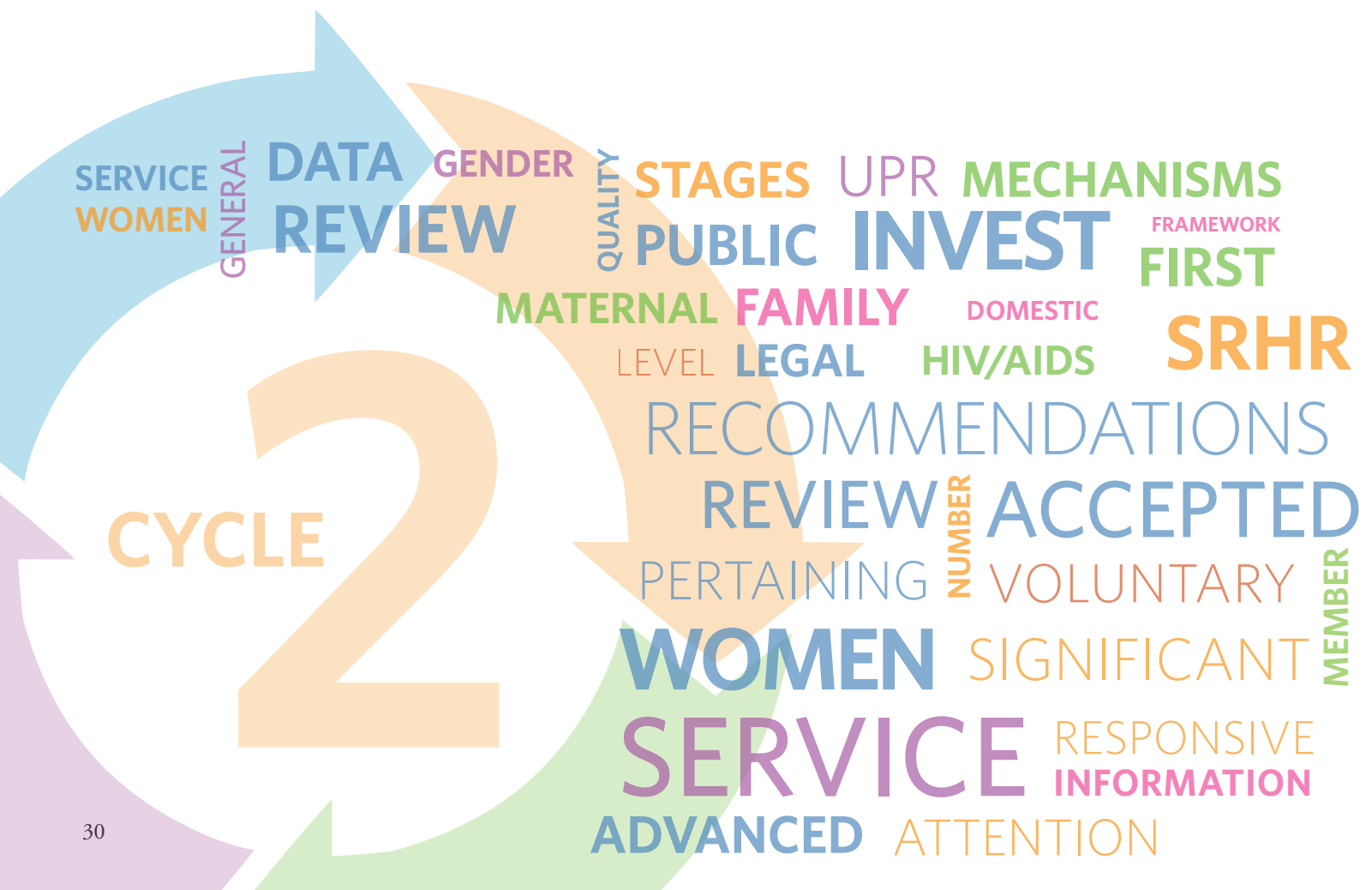
Recommendations MADE



Issue	Overall	Per cent
Violence against women/ gender-based violence	863	26
International human rights instruments	805	24
Gender equality	732	22
Domestic violence	404	12
Women's rights	356	11
Discrimination on the basis of sexual orientation	330	10
Total	3,340	n/a

n/a = not applicable; SRHR = sexual and reproductive health and rights

IMPLEMENTATION OF RECOMMENDATIONS RELATED TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FROM THE FIRST CYCLE



Overall, the implementation efforts are encouraging. Around 90 per cent of States took action on at least half of the accepted recommendations on SRHR and 63 per cent of States took action on at least three quarters of accepted recommendations (see Table 22).

These data do not confirm the degree to which a recommendation was implemented; rather, that some action was taken. The recommendations in these data may have been fully or partially implemented. For example, in response to a recommendation to criminalize rape within marriage, Palau removed marriage as a defence in its sexual assault law, thus fully implementing the recommendation. Also, during its first review, Kenya received a recommendation to eliminate FGM. It created an anti-FGM board to raise awareness, coordinate FGM-related activities and advise the government on matters related to FGM. This is an example of partial implementation of a recommendation that highlights the incredible importance of initial steps to addressing an issue as multifaceted and complex as FGM.

It is important to not entirely set aside recommendations that have not had State



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support. There were 1,328 recommendations that were “noted” throughout the first cycle. There are instances where, initially, a State has not supported a recommendation, yet proceeded to act on issues outlined in the recommendations. This might be due to a change in political positions after the review, or the result of dialogue with national stakeholders.

TABLE 22

Implementation of accepted recommendations related to sexual and reproductive health and rights (SRHR)

Proportion of accepted SRHR-related recommendations that States took action to implement	Percentage (and number) of countries that took action
0-25%	3.6% (7)
26-50%	6.2% (12)
51-75%	27% (51)
76-100%	63% (121)

During the first cycle, for example, El Salvador noted a recommendation that, among other matters, called to reduce discrimination against people with HIV/AIDS. During the next review, the State reported that it was:

- running a campaign and a television programme to raise awareness
- drafting a new bill on a comprehensive response to the HIV/AIDS epidemic partly to eliminate multiple forms of discrimination and stigmatization
- establishing complaint mechanisms for acts of discrimination and violations of the right to health, under the *National Strategic Multisectoral Plan to Combat HIV/AIDS and Sexually Transmitted Infections 2011–2015*.

Another example is the Republic of Congo, which did not support recommendations to review legislation prohibiting the advertising of contraceptives. However, during the following year, it enacted a law authorizing awareness-

raising on the use of contraceptives. These examples reiterate the importance of following up and maintaining dialogue with the State about implementing noted recommendations.

Implementing UPR outcomes and other human rights recommendations might include reviewing, revising, devising, implementing and monitoring policies and programmes, and creating or strengthening institutional mechanisms. In doing so, States should use a human rights-based approach. Broadly, this would entail applying the principles of equality and non-discrimination, empowerment, participation and accountability. The participation of affected populations, particularly the most marginalized groups, in the formulation, monitoring and evaluation of policy and programmes should be prioritized, to ensure that such policies and programmes are relevant and address the specific needs of such groups.

Considering the realities and experiences of people's lives—relative to their sex, gender, age,

IMPLEMENTATION IN ACTION

Strengthening action on gender equality recommendations in Armenia

The United Nations Population Fund (UNFPA) mobilised a wide range of partners, including the national human rights institution, civil society, the donor community and the media to strengthen government attention to and action on gender equality in reporting and follow up to the UPR. This proactive engagement resulted in a third of the UPR recommendations focusing on gender equality.

Following the Government's acceptance of the UPR recommendations in the area of gender equality, UNFPA and partners focused on supporting the government translate the recommendations into concrete changes in the country. Two unique entry points for doing so has been the inclusion of the UPR recommendations on gender-based violence as conditions for the country to obtain EU funding. The UPR recommendations also serve as the framework for the country's new national gender strategy. The Government of Armenia has also taken steps to follow up on specific recommendations from the UPR, including by developing an action plan on tackling gender biased sex selection; drafting a law on domestic violence; and is in the early stages of signing the EU's Istanbul Convention on actions against violence against women.

Technical assistance strengthens the reproductive rights of women and girls with disabilities in Mongolia

In 2017, Mongolia was reviewed under the UPR. One of the recommendations that the country received was to “give special attention to the rights of women and girls with disabilities, including their reproductive rights”. At the time, the national guidelines on abortion services stated that in the case of women with mental disabilities, the decision on abortion and sterilization was solely the decision of medical staff, without requiring the consent of the woman or her legal representative.

The UPR recommendation led the Ministry of Health and Sports to request the UNFPA CO’s technical assistance to implement this recommendation. The UNFPA COs worked with the ministry to revise the guidelines and align them with international human rights standards. Following this collaboration, the guidelines on the provision of abortion services for women with mental disabilities were successfully revised. The woman’s (or her legal representative’s) consent is now mandatory in order to proceed with the procedure. Trainings among health professionals on the revised guidelines were carried out and the revised ministerial order was widely disseminated to provincial and district health centres and hospitals. Since the guidelines were revised no new cases of forced sterilization among women with disabilities has been reported in Mongolia.

ability, race, marital status, class, health status, ethnicity and religious identity, among other facets—allow for more integrated, suitable and rights-based approaches to addressing diverse SRHR needs. For example, as part of efforts to improve HIV prevention and treatment services, policies and programmes should be designed, implemented, monitored and evaluated with the involvement of key populations at heightened risk of HIV, such as LGBTI groups, adolescent girls, sex workers and prisoners, so that their specific sexual and reproductive health needs and rights are met.

Cross-sectoral responses to recommendations are also essential to addressing the multidimensional and complex SRHR challenges that States face. For example, the cross-sectoral approach to the FGM issue—the *National Strategic Multisectoral Plan to Combat HIV/AIDS and Sexually Transmitted Infections 2011–2015*—recognizes

the different social, religious and cultural, economic and health dimensions of the practice. As such, a cross-sectoral response would address root causes of the issue, such as social and gender norms and stereotypes, as well as respond to the immediate and practical needs faced by girls, including already-married girls and young women.

States implementing UPR outcomes from the first cycle have undertaken some robust, human rights-based efforts. Below are three examples.

In El Salvador, the National Policy on Comprehensive Protection for Children and Adolescents 2013–2023 was drafted in consultation with children and adolescents, community organizations, care and support bodies, parents, teachers and children’s representatives. During the drafting process, a sexual diversity focus group of adolescents was formed to provide input from a lesbian,



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gay, bisexual and transgender person's perspective on the formulation of strategies and lines of action. **Participation of rights-holders** and other key stakeholders in the formulation of this national policy is a key process-oriented achievement that centres on the experiences of those most marginalized in the development of policies.

In addressing maternal mortality and morbidity, the public health system in Samoa has taken measures to **empower pregnant women and ensure accountability of health-care providers**. All pregnant women receive information packages during their first antenatal clinic visits, containing information and counselling on sexually

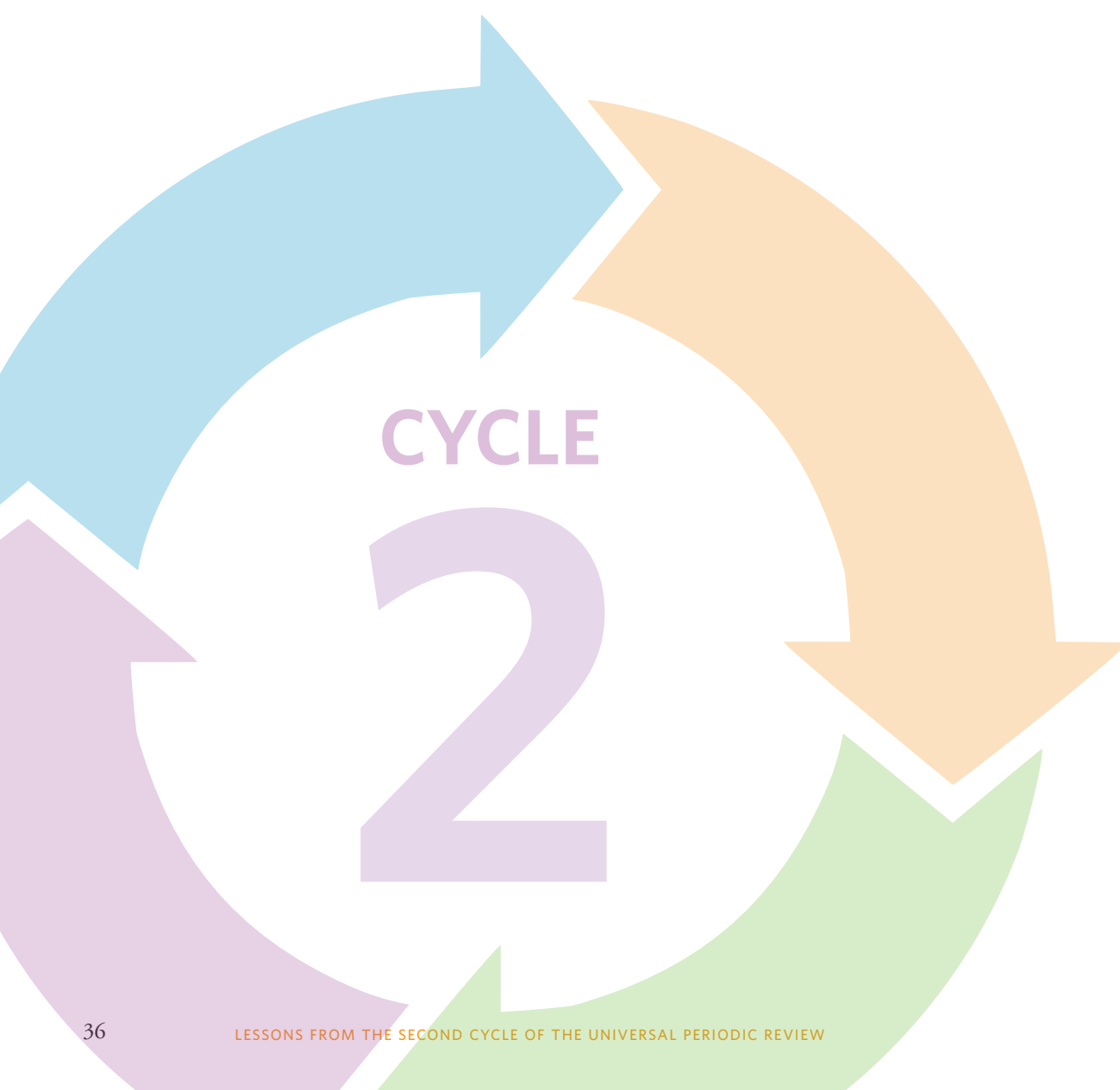
transmitted infections, contraceptives, family planning and sexual relationships with partners, among other topics. *A Guideline for Traditional Birth Attendants* has also been developed and implemented to monitor and ensure birth attendants understand their roles and responsibilities when delivering and/or offering their services to ensure the safety of the mother and her baby.

The Government of Zambia—under the leadership of the National Human Rights Commission (ZHRC), and in collaboration with OHCHR, UNFPA, the Population Council, and Women and Law in Southern Africa—assessed SRHR in the country to **identify accountability gaps**. The findings of the assessment were discussed with a wide range of national stakeholders and informed the contribution from the ZHRC to country's third review in November 2017. This situational analysis includes a review of laws and policies, such as the legal provisions, standards and guidelines for safe abortion services, and the existing accountability framework. The ZHRC recommends developing a plan of action to address existing SRHR accountability gaps and establishing a robust monitoring framework to monitor progressive fulfilment of SRHR. Most States (63 per cent) acted on at least three quarters of the SRHR-related

recommendations they accepted. This positions the UPR as an important mechanism for action on SRHR and accountability for States' commitments. Additionally, States acted on recommendations that they had initially not supported, demonstrating the potentially temporary nature of “noted” recommendations and presenting an encouraging sign that the full range of human rights issues raised at the UPR may see progress at the national level. As a mechanism for monitoring the full range of human rights in every Member State, this reinforces the key role of the UPR in accelerating action and accountability of States in efforts to achieve the SDGs.

CONCLUSION

Analysing the second cycle has shown many positive developments and highlighted key ways in which the UPR process can be strengthened to advance SRHR as the third cycle begins. The number of SRHR-related recommendations has substantially increased from the first cycle to the second, and the States have accepted many of them.



The number of recommendations on some issues, such as gender equality and gender-based violence, have increased much more than recommendations on other issues, such as sexuality education, safe abortion, sex work, contraception and family planning.

Most States (63 per cent) acted on at least three quarters of the SRHR-related recommendations they accepted. This positions the UPR as an important mechanism for action on SRHR and accountability for States' commitments. Additionally, States acted on recommendations that they had initially not supported, demonstrating the potentially temporary nature of "noted" recommendations and presenting an encouraging sign that the full range of human rights issues raised at

the UPR may see progress at the national level. As a mechanism for monitoring the full range of human rights in every Member State, this reinforces the key role of the UPR in accelerating action and accountability of States in efforts to achieve the SDGs.

Considerations for the third cycle For States under review

- To broaden the scope of SRHR issues addressed throughout the UPR process, States should engage in continuous dialogue with diverse stakeholders at the country level. This includes dialogue with civil society, marginalized groups and NHRIs, and should seek technical assistance from UNFPA and other United Nations partners.

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- To ensure effective implementation of recommendations received, whether these are specific or general, conduct national inclusive and participatory dialogue that is, ideally, also informed by recommendations from other human rights mechanisms.
- To provide a comprehensive picture of implementation efforts, States should report on all recommendations. States can seek technical support from UNFPA and the participation of a wide range of stakeholders in tracking and monitoring implementation efforts.
- Reporting on emerging human rights concerns as well as implementation efforts is necessary. States are strongly encouraged to provide information on both. Given space limitations, detailed information about implementation efforts may be provided in an annex to the national report, and through voluntary midterm reports.
- As States are often engaged in efforts to advance SRHR in their country, they could state their intentions and priorities for the upcoming period by making voluntary commitments during the review process.

For reviewing States

- Address different aspects of SRHR in recommendations; this will strengthen outcomes and address issues more broadly.
- Make specific and measurable recommendations when appropriate; these can add value to the UPR process and help to increase State accountability.
- Use the wealth of information provided by the United Nations system, NHRIs and CSOs in posing questions and making recommendations.
- Follow up on previous recommendations during subsequent reviews, and engage

with implementation at the national level between reviews through international, South–South and triangular cooperation.

For the United Nations system, civil society, national human rights institutions, Parliamentarians and others

- Provide guidance, support and critical input to States during the preparation of information for the review, to enable robust and critical reporting.
- Systematically monitor implementation of UPR outcomes and provide focused and detailed information for subsequent reviews of the States' implementation efforts.
- Support the marginalized populations most often left behind in the realization of their SRHR, including adolescent girls, and LGBTI, to engage with the UPR process so that policies and programmes affecting their lives can address their rights and realities more adequately and comprehensively.

For all stakeholders

- Increase reporting, recommendations and implementation efforts on SRHR issues that have received less attention within the UPR thus far, such as contraception and family planning, safe abortion, adolescent SRHR, sex work and sexuality education.

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