



Lessons From the First Cycle of the Universal Periodic Review

# FROM COMMITMENT TO ACTION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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



ACCOUNTABILITY MECHANISMS ATTENTION QUALITY POSITIVE EQUAL  
NHRI RIGHTS WORK SUCCESSFUL REPRODUCTIVE COMMUNITY ADVANCED



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## Abbreviations and Acronyms

<b>AAAQ</b>	Availability, Accessibility, Acceptability, and Quality
<b>CAT</b>	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CRC</b>	Convention on the Rights of the Child
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CSO</b>	Civil society organization
<b>FGM/C</b>	Female genital mutilation/cutting
<b>HIV/AIDS</b>	Human immunodeficiency virus/acquired immunodeficiency syndrome
<b>HRC</b>	United Nations Human Rights Council
<b>ICCPR</b>	International Covenant on Civil and Political Rights
<b>ICERD</b>	International Convention on the Elimination of All Forms of Racial Discrimination
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>ICPD</b>	International Conference on Population and Development
<b>ICRMW</b>	International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
<b>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender and Intersex
<b>NGO</b>	Non-governmental organization
<b>NHRI</b>	National human rights institution
<b>OHCHR</b>	Office of the High Commissioner for Human Rights
<b>PfA</b>	Platform for Action
<b>PoA</b>	Programme of Action
<b>SRHR</b>	Sexual and reproductive health and rights
<b>SRI</b>	Sexual Rights Initiative
<b>STI</b>	Sexually transmitted infection
<b>SuR</b>	State under Review
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNCT</b>	United Nations Country Team
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UPR</b>	Universal Periodic Review
<b>WHO</b>	World Health Organization

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# Executive Summary

**The Universal Periodic Review (UPR)** is a unique mechanism established by the United Nations General Assembly in 2006. This mechanism facilitates the review of the fulfilment by each United Nations Member State of its human rights obligations and commitments, with its full involvement, and with the objective of improving the human rights situation on the ground. The outcome of the review is a set of recommendations made to the State under Review (SuR) by reviewing States, the response of the SuR to each recommendation, as well as any voluntary commitments made by it during the review. After the review, the SuR has the primary responsibility to implement the UPR outcome. However, it may do so with the assistance of the United Nations system and participation of civil society, national human rights institutions (NHRIs) and other relevant stakeholders. The UPR is intended to complement and not duplicate or replace the work of other human rights mechanisms such as treaty bodies or special procedures.

The UPR is largely considered a successful mechanism for its ability to bring to the fore human rights concerns in each country to empower civil society, including marginalized and excluded groups, to claim their human rights, and to bring substantial pressure to States to meet their human rights obligations. Due to its comprehensive scope covering the full range of human rights, the UPR provides a valuable opportunity to contribute to the realization of sexual and reproductive health and rights (SRHR).

This publication, *Lessons From the First Cycle of the Universal Periodic Review: From Commitment to Action on Sexual and Reproductive Health and Rights*, aims to explore the potential role the UPR mechanism can play in advancing the realization of SRHR at the global, regional and country levels. It assesses the attention the UPR has given to these

issues during its first cycle and identifies ways to enhance this level of attention through all stages of the UPR process.

The significance of the UPR for the advancement of SRHR is reflected in UNFPA's Strategic Plan 2014-2017. As discussed in Chapter I below, according to the plan, UNFPA aims to achieve the following outcome: "*Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.*" The indicator for this outcome is the "*Proportion of countries that have taken action on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle.*"

This report assesses the first cycle of the UPR from 2008-2011 from the perspective of

recommendations related to SRHR. It examines the level of attention paid to different aspects of SRHR, the quality of recommendations, positive developments, issues of concern, and regional trends (Chapter II). It also assesses the implementation of UPR outcomes, including national planning processes and monitoring systems (Chapter III). The report concludes with final considerations for various stakeholders (Chapter IV).

In terms of the level of attention to SRHR, an examination of the reporting by SuRs reveals that all 193 States reported on more than one aspect of SRHR. Table 1 lists the five issues most reported on, and the number of States that reported on each.

A total of 21,956 recommendations and voluntary commitments were made during the first cycle, of which 5,720 or 26 per cent pertained to SRHR. Examining the 12 sessions that comprised the first UPR cycle 2008-2011, it is observed that in the first session, this proportion was 20 per cent; by the eleventh session, it had risen to

33 per cent. This shows that SRHR issues received increased attention as the first cycle of the UPR progressed.

Out of the 5,696 SRHR-related recommendations made during the first cycle, 4,396 or 77 per cent were accepted or partially accepted. A significant number, 659 or 12 per cent, received either an unclear response or no response at all; however, this presents ample scope to enter into dialogue with governments about implementing these recommendations. The remaining 11 per cent were rejected by SuRs. In cases where the recommendation is rejected by a government due to lack of capacity or other reasons, the government could be offered support towards the implementation of such recommendations.

A large proportion of the SRHR-related recommendations pertain to human rights instruments, gender equality, gender-based violence and women's human rights. Fewer recommendations have been made on a number of other SRHR issues, including contraception and family planning, early pregnancy, sex work and sexuality education, among others.

As with the UPR in general, recommendations made on SRHR issues have been of a varying level of specificity. They included recommendations that are robust, calling for specific actions and reflecting a human rights-based approach. Such recommendations have called on the SuR to sign or ratify or accede to international human rights instruments; to review, enact and implement specific laws and policies; to ensure participation of rights-holders in decision making; to ensure good quality in the implementation of programs; and to collect and disaggregate data, among other actions. Conversely, some recommendations were very general and some called for States to just "consider" taking actions towards guaranteeing rights. Nevertheless, each recommendation increases potential for dialogue, advocacy and action for change.

The implementation of the UPR outcome is arguably the most important stage of the UPR

TABLE 1

SRHR issues most commonly reported on in national reports

Issue	Number of States reporting on the issue
Gender equality/ Women's rights/ Social and cultural barriers/ Empowerment of women	187
Violence against women/ Gender-based violence	167
HIV/AIDS	107
Sexual harassment/ abuse/exploitation/ slavery	89
Maternal health/ mortality/morbidity	79

process, as this is what can improve the human rights situations within countries through changes in laws and policies and improvements in programme planning, budgeting, implementation, monitoring and evaluation.

According to information provided by 56 states in their review reports for the second UPR cycle, 67 per cent of SRHR-related recommendations (528 out of 721) have been reported partially or fully implemented. In some cases States are implementing recommendations beyond those that were formally accepted. This was the case for six SRHR-related recommendations that had been rejected and 80 that had received unclear or no responses. This demonstrates that relevant stakeholders should engage in policy dialogue and provide support to Governments on SRHR issues.

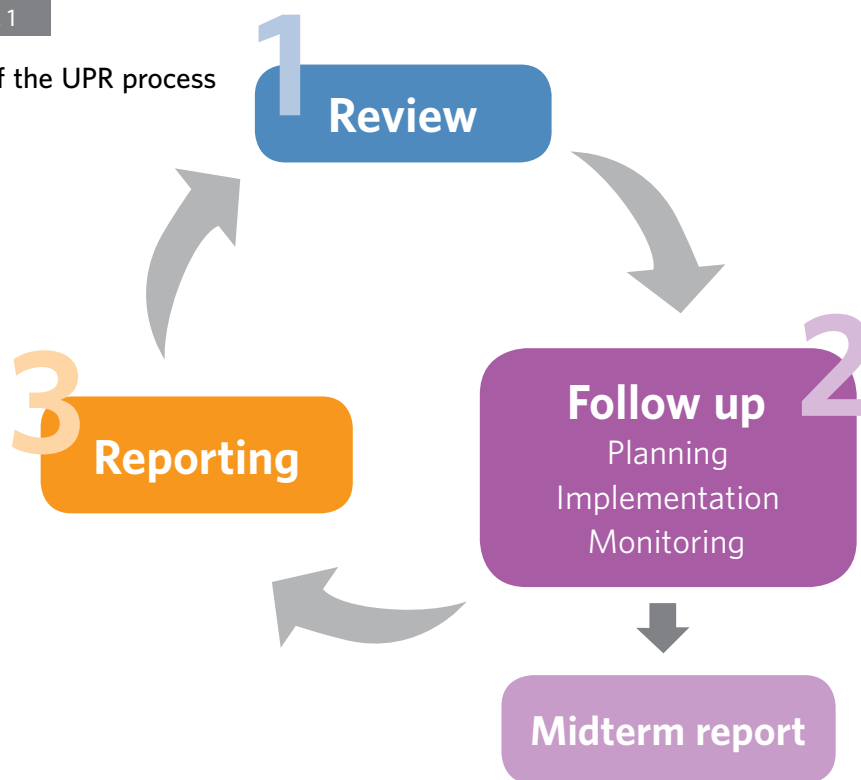
Actions taken to implement recommendations have included inter alia legal and policy reform; the enactment of new laws, policies and strategies; setting up of national machineries, institutions and working groups; training of community workers,

States personnel and community leaders; setting up of community watchdog groups; investing in infrastructure and social services; and public education.

The report observes that there are a number of examples where positive measures have been taken in implementing the first cycle of UPR recommendations, including strong and beneficial collaboration among governments, UN agencies and civil society. Azerbaijan increased the minimum age of marriage to 18 years and criminalized the act of forcing women into marriage. Botswana reported passing the Domestic Violence Act, which provides legal remedies to victims of marital rape, and the Republic of Korea reported prosecuting cases of marital rape. Cuba introduced a sexuality education curriculum throughout the national education system for all levels of education. In Pakistan, a legal amendment criminalized forced marriages, child marriages and other customary practices that are discriminatory towards women and girls. In Turkmenistan, the Government collaborated with

FIGURE 1

Stages of the UPR process



UNFPA to establish two youth centres to familiarize young people with HIV prevention, using a peer-to-peer teaching approach.

The report observes that a specific recommendation rather than a general one, and one that addresses fewer issues rather than several is more effective for tracking implementation and thus holding the SuR accountable. At the same time, the implementation of recommendations formulated in general terms around issues such as health, education, discrimination, violence, gender equality, human rights, *et cetera* can involve specific actions pertaining to SRHR. Concrete information from the United Nations system, NHRIs and civil society on the implementation of UPR outcomes by the SuR, or the lack thereof, is critical for effective tracking.

The national UPR implementation plan should specify key objectives, concrete actions, clear indicators and timeframes, allocated responsibilities at various levels, identified available resources, and required assistance and support. The process of

developing the implementation plan should ensure the full and effective participation of civil society and collaboration with the United Nations system and NHRIs.

The implementation plan should include a monitoring and evaluation component in order to ensure that it is implemented in a timely and effective manner. The monitoring framework should identify what kind of information is relevant for each UPR recommendation, with input from different stakeholders, including affected marginalized populations. It is important to ensure that adequate institutional capacity and appropriate methodologies are present for data collection and analysis. The implementation plan and monitoring framework for the UPR outcome should bring together recommendations from all other human rights mechanisms as well. This would enhance the actions taken to implement the UPR outcome, as well as strengthen implementation, monitoring and reporting of the other recommendations.

Ultimately, governments have the responsibility to implement the recommendations they have willingly accepted. The clustering of SRHR-related recommendations in the context of national planning, coordination and tracking mechanisms will contribute to advancing these rights in a less fragmented and mutually reinforcing way. UNFPA stands ready to support the establishment and strengthening of sustainable, participatory, inclusive and transparent planning, coordination and tracking mechanisms so the UPR can contribute to realizing SRHR for all without discrimination.



Peer educator in SRHR, Mozambique © Benedicte Desrus/Sipa Press



# THE UNIVERSAL PERIODIC REVIEW AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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This chapter provides a definition of sexual and reproductive health and rights (SRHR), grounded in the human rights framework. It describes the Universal Periodic Review (UPR), its process and its strengths, and explains why the UPR is significant for the advancement of SRHR. Following from this, it explains the relevance of the timing and content of this report and how it is expected to be used.

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## What are sexual and reproductive health and rights?

The 1994 Programme of Action (PoA)<sup>2</sup> of the International Conference on Population and Development (ICPD) was the first among international development frameworks to address issues related to sexuality, sexual and reproductive health, and reproductive rights. In paragraph 7.2 the ICPD PoA defines an individual's sexual and reproductive health as complete well-being related to sexual activity and reproduction.<sup>3</sup>

Sexual and reproductive health and rights (SRHR) encompass both entitlements and freedoms. This includes the definition of reproductive rights in paragraph 7.3 of the ICPD PoA, which clarifies that these are not a new set of rights but human rights in existing human rights instruments related to sexual and reproductive autonomy and the attainment of sexual and reproductive health. Additionally, the 1995 Beijing Platform for Action (PfA)<sup>4</sup> expands this definition to cover both sexuality and reproduction by affirming in paragraph 96 the right to exercise control over and make decisions about one's sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. The above language has since been reiterated in different United Nations documents<sup>5</sup>, including outcomes of monitoring and review processes of the ICPD PoA and the Beijing PfA.

Standards relating to SRHR are found in international human rights treaties, including:

- International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

- Convention on the Rights of the Child (CRC)
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW)
- Convention on the Rights of Persons with Disabilities (CRPD)

Additionally, other international and regional human rights instruments and national laws are relevant. Furthermore, United Nations treaty monitoring bodies have expanded the application of human rights standards in the area of SRHR through authoritative interpretations in General Comments and Recommendations as well as through concluding observations.

## State responsibility in respecting, protecting and fulfilling sexual and reproductive health and rights

As with the realization of all human rights, the realization of SRHR requires duty bearers (the State) to respect, protect and fulfil such rights, regardless of the social, political or cultural norms that may prevail at the national level, and in accordance with human rights principles of equality, non-discrimination, participation, inclusion, accountability and rule of law.<sup>6</sup> In the context of SRHR, States have the obligation to *respect, protect, and fulfil* human rights, which should guide the development of laws and policies, as well as practices.

- The obligation to *respect* requires that states do not act in a way that interferes with individuals' enjoyment of their rights, either directly or indirectly.<sup>7</sup> As such, states should not limit access to contraceptives, withhold or misrepresent health-related information, or utilize coercive medical practices.<sup>8</sup>
- The obligation to *protect* demands that states take measures to prevent third parties from interfering with human rights and impose sanctions on those who violate others' human rights.<sup>9</sup> For instance, states should adopt legislation to ensure equal access to health care, ensure that health services from private providers comply with human rights

standards, and take measures to protect individuals from harmful traditional practices.<sup>10</sup>

- The obligation to *fulfil* requires states to adopt legislative, budgetary, administrative, and judicial measures towards the full realization of human rights.<sup>11</sup> States have the obligation to create a

favourable legal and policy environment, which is non-discriminatory, protects individuals from violations of their SRHR, and enables rights-holders to claim their rights. States should ensure that decision-making processes are transparent, providing rights-holders with information about such

TABLE 2

### Illustrative rights and obligations related to sexual and reproductive health and rights

SRHR encompasses the following rights (nonexhaustive list):	Illustrative State Obligations:
The Right to Life	<ul style="list-style-type: none"> <li>• Prevent maternal mortality and morbidity through safe motherhood programs</li> <li>• Ensure access to safe abortion services when the life and health of the mother is at risk</li> </ul>
The Right to Health	<ul style="list-style-type: none"> <li>• Ensure sex workers have access to the full range of sexual and reproductive health care services</li> <li>• Ensure reproductive health services are available, accessible, acceptable and of good quality (AAAQ)</li> </ul>
The Right to Education & Information	<ul style="list-style-type: none"> <li>• Ensure school curriculums include comprehensive, evidencebased, and nondiscriminatory sexuality education</li> <li>• Ensure accurate public education campaigns on the prevention of transmission of HIV</li> </ul>
The Rights to Equality and Non-Discrimination	<ul style="list-style-type: none"> <li>• Prohibit discrimination in access to health care on grounds of sex, age, disability, race, religion, nationality, economic status, sexual orientation, health status including HIV/AIDS, <i>et cetera</i></li> <li>• Do not deny access to health services that only women need</li> </ul>
The Right to Decide Number and Spacing of Children	<ul style="list-style-type: none"> <li>• Ensure the full range of modern contraceptive methods</li> <li>• Provide women with comprehensive and accurate information to ensure informed consent to contraceptive methods, including sterilization</li> </ul>
The Right to Privacy	<ul style="list-style-type: none"> <li>• Ensure the right to bodily autonomy and decisionmaking around sexual and reproductive health issues</li> <li>• Guarantee confidentiality and privacy with regard to patient health care information, including prohibiting third party consent, such as spousal and parental, to sexual and reproductive healthcare services</li> </ul>
The Right to Consent to Marriage and Equality in Marriage	<ul style="list-style-type: none"> <li>• Prohibit and punish child and other forced marriages</li> <li>• Set the age limit for marriage at 18, equally for boys and girls</li> </ul>
The Right to be Free from Torture or Other Cruel, Inhuman, or Degrading Treatment or Punishment	<ul style="list-style-type: none"> <li>• Guarantee access to emergency contraception, especially in cases of rape</li> <li>• Guarantee access to termination of pregnancy when a woman's life or health is in danger, in cases of rape and fatal fetal impairment</li> </ul>
The Right to be Free from Sexual and GenderBased Violence	<ul style="list-style-type: none"> <li>• Ensure genderbased violence, including domestic and intimate partner violence, is effectively prohibited and punished in law and in practice</li> <li>• Prohibit and punish all forms of rape, in peacetime and in conflict, and including marital rape</li> <li>• Prohibit and punish all forms of violence perpetrated because of sexual orientation</li> </ul>
The Right to be Free from Practices that Harm Women and Girls	<ul style="list-style-type: none"> <li>• Prohibit and punish all forms of female genital mutilation/cutting (FGM/C)</li> </ul>
The Right to an Effective Remedy	<ul style="list-style-type: none"> <li>• Ensure effective mechanisms are in place for women to complain of SRHR violations</li> <li>• Ensure access to effective counsel for women who are unable to afford a lawyer</li> </ul>

processes and ensuring their participation in such processes.

States have the obligation to *realize progressively* economic, social and cultural rights, including the right to health, by employing the maximum available resources.<sup>12</sup> To that end, states should put in place effective planning mechanisms and allocate sufficient budgetary resources. This involves developing strategies, plans, policies and programs on or encompassing SRHR, using best available evidence; enacting regulations to protect against violations of individuals' SRHR by non-State actors; devoting the maximum available resources towards implementation, monitoring and evaluation remedies and other accountability mechanisms; ensuring participation of rights-holders in planning and budgeting processes; and ensuring that all related information is made available in a transparent manner.

The implementation of plans, policies and programmes that support the realization of SRHR must be grounded in human rights standards and principles. All sexual and reproductive health facilities, information, education, goods and services must be *available, accessible, acceptable* and of good *quality*. The provision of information, education, goods and services must be free from barriers, provided by well-trained personnel, and free from all forms of discrimination. States must ensure the participation of rights-holders in the design, delivery and evaluation of such information, education, goods and services.<sup>13</sup>

States have an obligation to monitor and review the implementation of laws, programmes and policies, and establish remedies where SRHR have been violated. At the national level, this entails ensuring the existence of effective human rights institutions, providing access to information about accountability mechanisms, including rights-holders in decision-making, establishing effective monitoring and review mechanisms, and developing rights-based indicators. It further entails collecting disaggregated data, strengthening birth and death (including maternal deaths)

registration systems, providing judicial and non-judicial legal remedies, investigating and punishing violations as well as providing redress and reparations, providing access to legal aid, and removing barriers to justice and redress systems, among other actions.

At the international level, State Parties to international human rights treaties must report to treaty monitoring bodies in a timely manner. All States must report to the UPR process, and implement the recommendations of various human rights mechanisms.

Donors and United Nations agencies also play a role in ensuring that development assistance contributes to the realization of SRHR through their conformity to international human rights standards. This entails ensuring that development policies are human rights-based and support national efforts, including participation of rights-holders in decision-making processes, and special attention to those most affected and marginalized. Furthermore, the role of the private sector through its philanthropic engagement in development and the corporate human rights responsibility of businesses and enterprises should not be understated.

### **What is the UPR and how does it work?**

The Universal Periodic Review (UPR) is a unique mechanism established by the United Nations General Assembly through its resolution 60/251 dated March 15, 2006. It mandated the Human Rights Council (HRC) to “undertake a universal periodic review, based on objective and reliable information, of the fulfilment by each State of its human rights obligations and commitments in a manner which ensures universality of coverage and equal treatment with respect to all States; the review shall be a cooperative mechanism, based on an interactive dialogue, with the full involvement of the country concerned and with consideration given to its capacity-building needs; such a mechanism shall complement and not duplicate the work of treaty bodies.”<sup>14</sup>

The objectives of the UPR are outlined in HRC resolution 5/1, also known as the “Institution-Building Package”:<sup>15</sup>

- a The improvement of the human rights situation on the ground;
- b The fulfilment of the State’s human rights obligations and commitments and assessment of positive developments and challenges faced by the State;
- c The enhancement of the State’s capacity and of technical assistance, in consultation with, and with the consent of, the State concerned;
- d The sharing of best practice among States and other stakeholders;
- e Support for cooperation in the promotion and protection of human rights;
- f The encouragement of full cooperation and engagement with the Council, other human rights bodies and the Office of the United Nations High Commissioner for Human Rights (OHCHR).

The UPR is an important process for advancing the realization of human rights for several reasons. It is universal; each of the 193 United Nations Member States is peer-reviewed on its entire human rights record every four and a half years. Each State under Review (SuR), regardless of size or political influence, is subject to the same rules and scrutiny and must respond to each recommendation put forward by reviewing States, as well as report on the implementation of recommendations accepted by it.

Unlike other monitoring mechanisms of the UN, such as the treaty monitoring bodies, the UPR is truly comprehensive and is not limited by a Member State’s lack of ratification of one or more treaties. This means that the UPR can be utilized to apply human rights standards to all issues of concern within a country, and to engage in dialogue with governments about issues that might not be addressed through other applicable accountability mechanisms. Also, the UPR can serve as a mechanism to strengthen treaty ratification and as an accountability mechanism for international agreements that do not build in strong human rights-based

accountability systems of their own, such as the ICPD Programme of Action, the Beijing Platform for Action and the Millennium Development Goals. It can also be utilized to advise a SuR on how to apply a human rights-based approach to its efforts to implement these agreements.

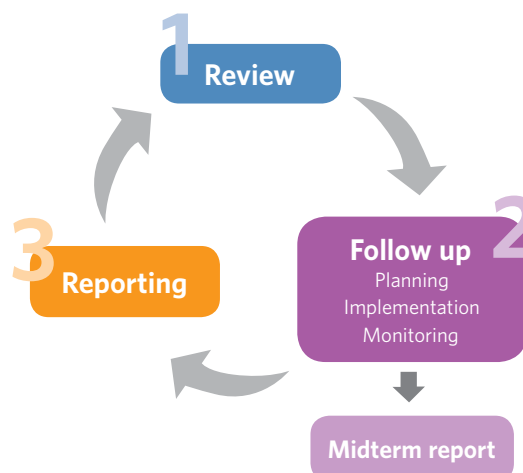
It is also a transparent process. All documents prepared for the review are publicly available; the review is webcast live and archived; all questions and recommendations directed to a SuR, its responses to recommendations and its reporting on the implementation of recommendations are published and publicly available. Further, the SuR is required to respond to all the recommendations put to it, contributing to greater transparency as its views on each recommendation is expected to be made known. This is a distinct advantage over treaty body processes, where the views of the SuRs about concluding observations directed at them may not be known. The UPR carries political weight since it involves States making recommendations to other States, and can be used to bring substantial pressure to SuRs to meet their international obligations.

FIGURE 2

The UPR is a three-stage process:

- STAGE 1 Review of the human rights situation of the SuR
- STAGE 2 Follow up to the review
- STAGE 3 Reporting for the subsequent review

Stages of the UPR process



**STAGE 1** Review of the human rights situation of the SuR

The review itself involves a number of steps:

- a Gathering and Preparation of UPR Information
- b Review of the SuR by the UPR Working Group
- c Review and adoption of the UPR outcome during a regular session of the HRC

**a** *Gathering and Preparing information for the Universal Periodic Review*

The SuR prepares information for the review that may be submitted beforehand in writing, in the form of a national report, or delivered orally during the review, though in reality a written national report is almost always submitted. This report is expected to be prepared through broad consultations with relevant stakeholders including the United Nations system and civil society. The OHCHR prepares a compilation report of United Nations information, summarizing information from reports of United Nations agencies, Funds and Programmes, United Nations Special Procedures, and United Nations human rights treaty bodies. It also prepares a stakeholder summary report, summarizing information provided by civil society and national human rights institutions. These two reports are critical components of the review as they offer an independent perspective on the human rights situation in the country and serve to strengthen the accountability of the mechanism and of the SuR. Accordingly, reviewing States often rely on these reports to make recommendations to the SuR. In practice, these three documents together form the basis for the review; however, they do not confine the scope of the review, as the original sources of these documents are also available and can be relied upon by reviewing States. Additionally, reviewing States may submit questions in writing, in advance of the review, to the *troika* – a group of three States who serve as rapporteurs and facilitate the review, selected through a drawing of lots for each SuR’s review.

**b** *Review of the SuR by the UPR Working Group*

Although not formally part of the UPR process, the two to three months preceding the review could be utilised by the United Nations system, civil society, NHRIs and other stakeholders to advise reviewing States to ask particular questions or make specific recommendations to the SuR. The review itself takes place during a three-and-a-half hour<sup>16</sup> meeting in Geneva, and is conducted by the UPR Working Group, which is composed of the 47 members of the HRC. However, any United Nations Member State or Non-member Observer State may participate in the dialogue with the SuR; these are referred to as reviewing States in this report. The UPR is meant to be a cooperative mechanism, involving an interactive dialogue about the human rights situation in each country, actions taken to improve it and the existing challenges to the realization of human rights, a sharing of best human rights practices, and a discussion about States’ capacities to deal with human rights challenges. During the review, the SuR presents the information collected by it for the review and may respond to questions submitted in advance. Any reviewing State may make an intervention<sup>17</sup> in the interactive dialogue, posing questions, making comments and/or making recommendations to the SuR. The SuR is given opportunities to respond to questions and comments from reviewing States. Civil society, NHRIs, the United Nations system and other stakeholders may attend but not participate in the interactive dialogue.

The outcome of this meeting is a report of the UPR Working Group containing, *inter alia*, recommendations by reviewing States and voluntary commitments by the SuR, prepared by the *troika*. This Working Group report is adopted no sooner than 48 hours after the review but within a week of it. The SuR has the opportunity to make preliminary comments on the recommendations. In practice, at this stage, SuRs might “accept” a recommendation or say that it “enjoys their support”; they might “reject” a recommendation or say that it “does not enjoy their support”. Usually they defer providing responses to a

number of recommendations, with the understanding that such responses must be provided before the UPR outcome is finally adopted at a HRC regular session approximately five months after the Working Group session. All recommendations, regardless of the response of the SuR, are included in the Working Group report. After this report has been adopted, States can make only editorial modifications of their own statements within the following two weeks, though they cannot make any modifications to their recommendations in the Working Group report.

### **C** *Review and adoption of the UPR outcome during a regular session of the HRC*

The UPR outcome consists of the UPR Working Group report and any addenda containing responses of the SuR to recommendations not responded to at the Working Group stage and any further voluntary commitments by the SuR. The outcome is adopted in plenary during a regular session of the HRC, approximately five months after the UPR Working Group session. In the intervening period, the SuR examines the recommendations received during the review, particularly the ones to which it has deferred response during the Working Group stage; it then takes decisions regarding its response to each. Ideally, the SuR would consult civil society, NHRIs and development partners at the national level before taking such decisions. This is an opportunity for the United Nations system and other stakeholders to advise the government regarding deferred recommendations and offer support for their implementation. It is also an opportunity for civil society, Parliamentarians and other stakeholders to apply pressure on the government to accept relevant recommendations – including through direct engagement, consultations, or Parliamentary debates – and build support among the media and the general public.

During the UPR outcome adoption at the HRC plenary session, the SuR often introduces its response to recommendations made by reviewing States, announces any voluntary commitments it is making, and replies to questions and issues that

## BOX 1

### SuR Responses to Recommendations

There is no clear guidance to or expectations from States regarding their responses to recommendations. The OHCHR recognizes the responses, “supported” and “noted”, as reflected in its Universal Human Rights Index (<http://uhri.ohchr.org/>).

In practice, over the course of the first cycle of the UPR, States have provided a range of responses, which the SRI database has grouped into five categories—recommendations that:

- Are “accepted” or enjoy the support of the SuR
- Are “partially accepted” or accepted in part
- Are “rejected” or do not enjoy the support of the SuR
- Received an “unclear” or general response
- Received “no response”

were not sufficiently addressed during the Working Group session. Time is also allotted (2 minutes each) to Member and Observer States and other observers, including United Nations entities, who may wish to express their opinion on the outcome of the review. In reality, it is uncommon for non-State entities to have the opportunity to speak, due to limitations of time. Time is also allotted for other stakeholders, including NHRIs and NGOs, to make general comments on the outcome of the review.

### STAGE 2 Follow up to the review

After the review, the SuR has the primary responsibility to implement the accepted recommendations and voluntary commitments, and to determine how it will do so. However, it may request the assistance of the United Nations representation at the national and/or regional levels.<sup>18</sup> Further, effective participation of civil society, national human rights institutions and other relevant stakeholders is one of the principles underpinning the UPR process. It is important that the SuR collaborates with these stakeholders in planning, implementing, monitoring and evaluating the actions it undertakes to implement recommendations and voluntary commitments. This is the most important stage of the UPR process, when actions are undertaken to improve the human rights situation in the country.

### STAGE 3 Reporting for the subsequent review

States are encouraged to provide to the HRC, on a voluntary basis, a mid-term update on implementation of their UPR outcome. In addition, they may choose to provide regular updates during HRC sessions under agenda item 6 of the UPR. During the subsequent review, the SuR is expected to provide information on the measures taken to implement recommendations and voluntary commitments of the previous review. Hence, the UPR ensures that all countries are accountable for progress or failure in implementing the outcomes of the UPR. Further, this review and subsequent reviews maintain their focus on the developments of the human rights situation in the SuR. Thus, new issues that may have emerged in the preceding four and a half years can be raised, as well as earlier issues that are still relevant and were not adequately covered in the previous review.

### Why is the UPR important for sexual and reproductive health and rights?

The UPR has been significant for SRHR. During the first cycle of the UPR, a total of 21,956<sup>19</sup> recommendations and voluntary commitments were made, of which 5,720 pertained to SRHR. This is elaborated in Chapter II.

The data demonstrates the significance of SRHR and underscores the need for State action in this realm. It also underscores the potential that the UPR holds to advance SRHR both at intergovernmental and national levels in four ways:

- 1 The UPR helps to overcome fragmentation of SRHR in different treaties by reviewing the full spectrum of human rights obligations contained in the SRHR agenda.
- 2 The high level of attention given by the UPR to SRHR contributes to emphasizing that SRHR are enforceable human rights.

- 3 UPR recommendations can contribute to increasing ratification of treaties, lifting of reservations, as well as adoption and implementation of legal, policy, budgetary, programming, and other measures at national and subnational levels.
- 4 The UPR creates global and national platforms for policy dialogue between governments, civil society and other relevant stakeholders concerned with the enjoyment of SRHR.

Due to its universality and comprehensive scope covering the full range of human rights, the UPR provides a valuable opportunity to highlight shortcomings related to fulfilment of SRHR, and hold States accountable for the SRHR situation in their countries. The SuR is expected to respond to all questions asked and each recommendation made. Further, it is expected to report on the actions taken to implement the recommendations it accepted during its review. Thus, every question asked and every robust recommendation made pertaining to SRHR, especially in relation to legal and policy reform and human rights-based programmatic response, contributes in some way to the realization of SRHR.

The UPR process is underpinned by the principle of participation of all relevant stakeholders, including civil society. The HRC expects States to consult widely with relevant stakeholders regarding preparation for and follow up to the review.<sup>20</sup> States should ensure their systematic, meaningful and effective participation at all stages of the UPR process including reporting for the review, responding to recommendations, preparing implementation plans and monitoring. This could be done through sharing information about the UPR widely among various stakeholders, including through translation in different local languages, setting up mechanisms and procedures for multi-stakeholder policy dialogue, as well as conducting broad and accessible consultations. Following a human rights-based approach, particular attention



should be paid to ensuring the participation of marginalized populations at all stages of the UPR. This provides for the realities and views of rights-holders to be central to the review process, thus supporting the effective and inclusive realization of all human rights, including SRHR, without selectivity. As a critical component of this, the UPR process also provides many opportunities for dialogue and advocacy, which may be pivotal for SRHR to become part of the review.

### Why has this assessment report been prepared?

By March 2012, all 193 United Nations Member States had been reviewed once, during the first cycle of the UPR. Overall, the mechanism is considered to be making a positive contribution. The UPR has increased cooperation and dialogue about human rights at multiple levels – between States; within and between government machineries; and among States, civil society, NHRIs and the United Nations system. It has also played a significant role in systematizing the collection, assessment and documentation of the human rights situation within countries by States, civil society and the United Nations system.

The significance of the UPR is reflected in UNFPA's Strategic Plan 2014-2017, where the overall goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality.” As outlined in the Strategic Plan, UNFPA aims to contribute to the stated outcome: “*Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.*” The indicator for this outcome is: “*Proportion of countries that have taken action on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle.*”

Accordingly, the new strategic plan facilitates a more systematic engagement of UNFPA with the

UPR process in the coming years. This is outlined in output 9: “*Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence.*” Output indicator 9.2 outlines UNFPA's work with the UPR and other human rights mechanisms: “*Number of countries with a functioning tracking and reporting system to follow up on the implementation of reproductive rights recommendations and obligations.*”

In this context, it is important to assess the first cycle of the UPR from an SRHR perspective, examining attention paid to different aspects of SRHR, the quality of recommendations, positive developments, issues of concern, and regional trends. It is also important to assess the implementation of UPR recommendations related to SRHR, including in the context of national planning processes and monitoring systems. Following the review at the HRC, the SuR's implementation of recommendations and voluntary commitments is arguably the most important stage of the UPR process, as this is what can improve the SRHR situations within countries, through changes in laws and policies and improvements in programme planning, budgeting, implementation, monitoring and evaluation.

This report provides guidance for strengthening UNFPA's future engagement with the UPR process at global, regional and country levels. Furthermore, this report outlines relevant considerations for various UPR stakeholders including governments, the United Nations system, CSOs and NHRIs in order to improve the effectiveness of the UPR process in advancing SRHR.

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

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This Chapter assesses the first cycle of the Universal Periodic Review (UPR) from a sexual and reproductive health and rights (SRHR) perspective, highlighting both positive and negative trends. It includes an examination of States under Review (SuRs) reporting on SRHR issues, recommendations made by reviewing States and SuR responses to these recommendations. It also includes an in-depth assessment of the UPR's performance on select SRHR issues.

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This assessment report is based on data from a database<sup>21</sup> that records all information from the UPR related to sexual and reproductive health and rights (SRHR), including recommendations, voluntary commitments, questions, comments, and information from national reports, compilations of United Nations information and summaries of stakeholder information. This searchable database is useful to track the performance of the UPR on various SRHR issues and can serve as a critical resource for developing submissions for the UPR and for advocacy. This database has been used to examine the trends elaborated in this chapter.

While all SRHR issues are interrelated and must be understood utilizing a broad frame of analysis, the database uses a list of 55 categories (see Box 2) to tag information in order to allow for detailed research and analysis. As with any listing, this one is not exhaustive and contains the category “others”. It is important to bear in mind two points in order to understand fully the statistics presented in this chapter. First, this database includes information pertaining to women’s rights and gender equality, in so far as it relates to SRHR. Secondly, the database also contains information pertaining to human rights instruments that are understood to cover SRHR, such as the ICCPR, ICESCR, CEDAW, CRC, CRPD and the Palermo protocol, among others. Together, these two sets of information constitute a significant proportion of the information in the database. Information pertaining generally to human rights (which may encompass SRHR if the SuR chooses to interpret them accordingly), but not specifically detailing SRHR issues, has not been included in the SRI’s database.

### State reporting on sexual and reproductive health and rights

An examination of the information provided by SuRs in the national reports for the first cycle of the UPR reveals that all 193 States reported on more than one aspect of SRHR. Table 1 lists the five issues most reported on and the number of States that reported on each. Conversely, States reported very

#### BOX 2

### Components of sexual and reproductive health and rights in the database

Sexual and reproductive health and rights (SRHR) encompass a wide range of issues, including but not limited to:

- Comprehensive sexuality education
- Access to sexual and reproductive health information, education and services
- Prevention and treatment of sexually transmitted infections (STI)
- HIV prevention, treatment and care, including voluntary and confidential counselling and testing
- Prevention and treatment of maternal morbidities
- Prevention and treatment of infertility
- Prevention and treatment of reproductive cancers
- Assisted reproduction
- Sexual and reproductive coercion
- Forced impregnation
- Involuntary sterilization
- Early marriage
- Forced marriage
- Sexual harassment
- Sexual violence
- Domestic violence and intimate partner violence
- Marital rape
- Polygamy
- Witch hunting
- Dowry
- Son preference
- Sexual abuse and exploitation
- Gender-based violence
- Femicide
- Female infanticide
- Female genital mutilation/cutting (FGM/C)
- So-called “honour” killings
- Trafficking in women and girls
- Trafficking for the purposes of sexual exploitation
- Gender equality
- Sexual orientation
- Gender identity and expression
- Rights of intersex persons
- Rights of sex workers
- Rights of people living with HIV/AIDS
- Rights of persons with disabilities
- Women’s human rights (to participation, resources, decent work *et cetera*)
- Empowerment of women and girls
- Rights of adolescents to sexual and reproductive health information, education and services

TABLE 3

### SRHR issues most commonly reported on in national reports

Issue	Number of States reporting on the issue
Gender equality/ Women's rights/ Social and cultural barriers/ Empowerment of women	187
Violence against women/ Gender-based violence	167
HIV/ AIDS	107
Sexual harassment/ abuse/exploitation/ slavery	89
Maternal health/ mortality/morbidity	79

infrequently on issues such as sex work, abortion, polygamy, forced sterilization, so-called “honour” crimes, age of consent and sexual activity of minors, conscientious objection, and “adultery” or sex outside of marriage.

Besides the frequency of reporting, another important dimension is the quality of reporting by SuRs on SRHR issues. While analysis of this dimension is beyond the scope of this report, stakeholders are encouraged to examine national reports submitted by the country or countries that they are concerned with, to assess how the SuR has reported on such issues. National reports are publicly available on the website of the OHCHR.<sup>22</sup>

### Volume of recommendations and voluntary commitments

As the first cycle of the UPR progressed, engagement of Member States with the UPR process increased as reflected in the increasing number of recommendations received by reviewed States. The first session of the UPR produced 519 recommendations and voluntary commitments,

while the twelfth session produced 2,506 – almost five times the volume of the first session (see Table 5).

Recommendations on SRHR issues followed a similar trend. The first session of the UPR produced a small number of SRHR related recommendations and voluntary commitments, 106 in total, averaging approximately 7 per State. These numbers increased steadily with successive sessions. By the twelfth session, the number of SRHR related recommendations and voluntary commitments went up to 620, with the eleventh session producing the highest number of the first cycle – 724 in total, and an average of approximately 43 per State. These trends are illustrated clearly in Table 4.<sup>23</sup>

Of course, it is to be expected that, as the number of overall recommendations increased, the number of SRHR related recommendations would also increase. However, it is important to examine what proportion of overall recommendations and voluntary commitments pertained to SRHR. In the first session, these constituted 20 per cent of the total; by the eleventh session, this figure went up to 33 per cent. This shows that SRHR issues received greater attention as the first cycle of the UPR progressed.

There are a few possible reasons for this increase in attention to SRHR issues: increased engagement of SRHR activists, organizations and researchers with the UPR process, including through stakeholder submissions and advocacy with embassies and missions; increased input on SRHR issues by the United Nations system; and increased advocacy on SRHR issues at the Human Rights Council (HRC) and the United Nations in general. It is evident from Table 5 that SRHR related recommendations have consistently constituted a significant proportion of total UPR recommendations. Due to the fact that SRHR continue to be contested by some Member States and violated in all parts of the world, it is to be expected that significant attention would be paid to these rights issues within the UPR.

TABLE 4

## SRHR related recommendations, voluntary commitments, and average per country, by UPR session

UPR session	SRHR recommendations	SRHR voluntary commitments	SRHR recommendations + voluntary commitments	Number of countries reviewed	Average per country*
1st (Apr 2008)	103	3	106	16	7
2nd (May 2008)	239	6	245	16	15
3rd (Dec 2008)	284	7	291	16	18
4th (Feb 2009)	398	0	398	16	25
5th (May 2009)	446	0	446	16	28
6th (Dec 2009)	520	0	520	16	33
7th (Feb 2010)	475	1	476	16	30
8th (May 2010)	579	1	580	15	39
9th (Nov 2010)	640	3	643	16	40
10th (Jan 2011)	671	0	671	16	42
11th (May 2011)	724	0	724	17	43
12th (Nov 2011)	617	3	620	17	36
<b>Total</b>	<b>5696</b>	<b>24</b>	<b>5720</b>	<b>193</b>	<b>30</b>

\*Approximated to the nearest whole number

TABLE 5

## SRHR related recommendations and voluntary commitments as a proportion of total recommendations and voluntary commitments, by UPR session

UPR session	Overall recommendations + voluntary commitments	SRHR recommendations + voluntary commitments	Proportion*
1st (Apr 2008)	519	106	20%
2nd (May 2008)	935	245	26%
3rd (Dec 2008)	1398	291	21%
4th (Feb 2009)	1844	398	22%
5th (May 2009)	1706	446	26%
6th (Dec 2009)	2080	520	25%
7th (Feb 2010)	2195	476	22%
8th (May 2010)	2143	580	27%
9th (Nov 2010)	2095	643	31%
10th (Jan 2011)	2344	671	29%
11th (May 2011)	2191	724	33%
12th (Nov 2011)	2506	620	25%
<b>Total</b>	<b>21956</b>	<b>5720</b>	<b>26%</b>

\*Approximated to the nearest whole number

Out of the total number of recommendations related to SRHR, the following Member States made the highest number of SRHR related recommendations.

Examining by region (refer to Table 7), it is observed that States from Latin America and the Caribbean and Western Europe and Other regions made the most recommendations (3466) related

to SRHR during the first cycle of the UPR. The African region made the fewest (562). For a list of States considered to be part of each region, refer to Appendix 2.

### Quality of recommendations

While overall numbers present an encouraging scenario, an examination of the specificity of SRHR related recommendations reveals a quite diverse picture. The first cycle of the UPR produced:

- Recommendations based on international human rights norms that encourage actions rooted in a human rights-based approach (see Box 3). Examples of these recommendations include: “Provide prison guards and law enforcement officials in general, with human rights training specifically focusing on protection of human rights of women, children, national minorities and persons of minority sexual orientation or gender identity; and further to ensure investigation and punishment of all cases of violation of human rights by this personnel”.
- Recommendations encouraging States to take specific actions that can be reasonably completed within four and a half years, when the State is reviewed again, and those on which progress can be clearly measured using human rights indicators.<sup>24</sup> Examples include these recommendations: “Establish independent machinery, which can document, investigate and process cases of rape, and facilitate the end of impunity”, and “Implement public awareness and education programmes on sexuality aimed at adolescents that includes information on contraceptive health, family planning, sexual and reproductive health, sexually transmitted diseases and HIV/AIDS”.
- Very general recommendations, such as: “Take further steps to improve the rights of women and children”, and “Improve access for women to sexual and reproductive health rights and services”. Such recommendations do not expressly encourage specific and measurable actions, and their implementation is difficult to monitor.

TABLE 6

#### States that made the most SRHR related recommendations during the first cycle of the UPR

Spain	284
Canada	260
Norway	244
Slovenia	230
Brazil	201
Argentina	200
France	196
Mexico	180
Netherlands	175
Algeria	145

TABLE 7

#### SRHR related recommendations made during the first cycle of the UPR, by region

Region	Number of SRHR recommendations made
Africa	562
Asia-Pacific	756
Eastern Europe	854
Latin America and the Caribbean	1030
Western Europe and Others	2436

Consequently, the SuR could undertake minimal or even non-human rights-based actions in order to implement such recommendations.

- Recommendations that are solely commending States' efforts such as: "Continue its laudable measures to fight poverty and combat diseases such as HIV/AIDS."
- Recommendations encouraging a State to only consider or try to do something, such as: "Consider amending the Family Code in order to raise the minimum age for marriage, which is currently 14 years." Such language may be perceived as presenting a legally binding obligation as an optional ("consider to") measure. This type constituted almost 10 per cent of all SRHR related recommendations made. This is part of a general trend within the UPR process, and points to an area for improvement.
- A few recommendations that appear to be inconsistent with human rights norms and standards and recommendations by other international human rights mechanisms on similar issues.

## Responses to recommendations

Out of the 5,662 recommendations that relate to SRHR<sup>25</sup> over 77 per cent (4,373) were either accepted or partially accepted, as Table 8 indicates. States are responsible for implementing and reporting on these with the support of the United Nations system, civil society and other stakeholders, who can also enter into dialogue with and advise States about their implementation, as well as monitor such implementation. Policy dialogue can be also used as an opportunity to discuss the pertinence of implementing recommendations that received an unclear response or no response at all, which represented a significant number (659 or 12 per cent) of SRHR related recommendations during the first UPR cycle.

An equally significant number of recommendations (630 or 11 per cent) were not accepted by SuRs. Those pertained, in particular, to ratification, signature, accession or withdrawal of reservations to international human rights instruments, and

### BOX 3

#### Applying a human rights-based approach to UPR recommendations

A human rights-based approach identifies rights-holders and their entitlements and corresponding duty-bearers and their obligations, and promotes strengthening the capacities of both rights-holders to make their claims and duty-bearers to meet their obligations.

Accordingly, rights-based recommendations would concentrate on measures to empower people to claim their SRHR, with particular attention to marginalized groups, such as girls and women, sex workers, persons with disabilities, men who have sex with men, transgender persons, persons living with HIV/AIDS, indigenous peoples, and rural populations, among others. They would also concentrate on eliminating discrimination and marginalization, as well as ensuring meaningful participation of all affected populations in policy processes.

Recommendations would be directed towards promoting a legal and policy environment that not only does not violate SRHR but actively enables their enjoyment. Further, recommendations would focus on establishing and/or strengthening protection and accountability mechanisms at the national and local levels. They could also focus on strengthening the State's capacity to respect, protect and fulfil SRHR. The ultimate goal of UPR recommendations, and of State actions to implement them, would be to bring about sustained and equitable improvements in the lives of people.

*For more examples, please refer to OHCHR's "Technical Guidance on a Human Rights Based Approach to reducing Maternal Mortality and Morbidity", 2012.*

changes in laws and policies governing marriage, contraception, abortion, LGBTI, and marital rape, among others. For some recommendations, such as those pertaining to international human rights instruments, the stated reasons for non-acceptance included lack of capacity to comply with treaty obligations and disagreement with provisions of the treaty. For other recommendations, in particular those pertaining to laws and policies, SuRs often did not provide a specific reason for non-acceptance. Detailed responses to each recommendation can be found in the documentation available on the UPR website of the OHCHR<sup>26</sup>.

TABLE 8

## Responses to SRHR recommendations during the first cycle of the UPR

Status	Number of recommendations	Proportion
Accepted	4,334	76.5%
Partially accepted	39	0.7%
Rejected	630	11.1%
Unclear response	595	10.5%
No response	64	1.1%
<b>Total</b>	<b>5,662</b>	

In relation to lack of capacity and logistical reasons cited for rejecting recommendations, the United Nations system, civil society and other stakeholders could continue dialogue with the government and offer support towards the implementation of such recommendations. It is important to advance a complementary approach between different human rights mechanisms and encourage governments to implement recommendations from all human mechanisms in an integrated fashion.

### Thematic analysis of recommendations

Table 9 lists the number of recommendations made during the first cycle of the UPR. It is important to note that several recommendations pertain to more than one category. Hence, the numbers listed in the table do not add up to the total number of SRHR related recommendations made during the cycle (5,696). Observe that the general categories pertaining to human rights instruments, gender equality, women's rights, domestic violence, and violence against women account for the top 5 of the list. Together these 5 categories account for 3,935 of the 5,696 SRHR related recommendations made during the cycle. However, this still means that 1,760 recommendations were made pertaining to very specific aspects of SRHR, such as sexual exploitation, abuse and violence, marital rape, HIV/

AIDS, female genital mutilation/cutting (FGM/C), sexual orientation and gender identity, abortion, and maternal health/ mortality/ morbidity. As mentioned before, each recommendation increases the potential for dialogue, advocacy and action for change.

It is evident from this table that some issues received very little attention during the first cycle of the UPR, such as contraception and family planning, sexuality education, early pregnancy, sex work and sex selection, among others. Laws restricting SRHR are wide-ranging, including laws criminalizing sex work and related practices and HIV transmission; and parental consent laws for accessing sexual and reproductive health services, including STI and HIV/AIDS testing, counselling and preventive services, contraceptive counselling and services, and abortion services. However, very few recommendations on these subjects were made during the first cycle of the UPR. This indicates the need for greater research, documentation and advocacy on these issues in relation to the UPR process.

A few SRHR issues have been chosen for the purpose of deeper examination and analysis, on an illustrative basis. The considerations employed in making this selection included a manageable sample size (9) and coverage of major key elements of SRHR. A balance was sought between issues that had received a large, moderate and small numbers of recommendations.



TABLE 9

## Number of recommendations made for each SRHR issue during the first cycle of the UPR

Category	Number of recommendations	Category	Number of recommendations
International human rights instruments <sup>27</sup>	1530	Gender perspective in policies, programmes	37
Gender equality	1501	Abortion	37
Violence against women/gender-based violence	732	Violence on the basis of gender identity	35
Women's and/or girls' rights	635	Gender perspective in the UPR process	33
Domestic violence	463	Content inconsistent with human rights	33
Sexual exploitation/slavery	410	Forced marriage	32
Discrimination based on sexual orientation	232	"Honour" crimes	28
Sexual violence	227	Sexual harassment	25
Women's participation	221	Polygamy	18
Female genital mutilation/cutting (FGM/C)	211	Others	18
Criminal laws on same-sex sexual practices	207	Sex work	16
HIV/AIDS	168	Forced sterilization	15
Discrimination based on gender identity	143	Sexuality education	15
Same-sex desiring persons	139	Right to privacy	13
Trafficking in women and/or girls	138	Family planning	9
Sexual abuse	125	Human rights defenders	8
Harmful practices based on cultural/ traditional values	102	Early pregnancy	7
Maternal health/morbidity/mortality	92	Contraception	6
Training for State personnel on SRHR Issues	87	Right to marry	5
Transgender person's rights	80	Age of consent for sexual activity	3
Early marriage	63	Sexually transmitted infections (STI)	3
Marital rape	51	"Adultery"	2
Violence on the basis of sexual orientation	48	Pornography	2
Empowerment of women	47	Adolescent sexual activity	0
Birth registration	45	Intersex persons' rights	0
Marginalized groups of women	45	Negative portrayal of women and girls (gender stereotyping)	0
Sexual and/or reproductive rights and/or health broadly	39	Sex selection	0

### Maternal health, mortality and morbidity:

A total of 92 recommendations were made on these issues. Similar to HIV/AIDS, a number of recommendations encouraged reviewed States to continue their efforts or share good practices, without making constructive and effective suggestions. Several general recommendations were made, asking States to “take measures” or “adopt programmes”. A recommendation was made to “reduce the maternal mortality rate” without any specificity therein. In contrast, a Member State made a recommendation to “include women in decision-making about maternal health, including in decisions on the design of local health care mechanisms, in a bid to strengthen its efforts to reduce maternal mortality”, reflecting the human rights principle of participation elaborated in the 2010 report of the OHCHR on preventable maternal mortality and morbidity and human rights<sup>28</sup> and the 2012 technical guidance<sup>29</sup>. A few recommendations recognized the link between unsafe abortions and maternal mortality, as well as the link between early pregnancy and maternal morbidity and mortality. Several made the links with the achievement of the Millennium Development Goals. Two recommendations related to maternal morbidity in a general manner; there were no

recommendations on treatment of obstetric fistula or reduction of associated stigma.

Of the 92 recommendations, 85 were accepted, reflecting widespread commitment to the issue and scope for significant change. Four were rejected and three received unclear responses. Of the rejected recommendations, two pertained to reviewing legislation on abortion. One was linked with ending discrimination in the food distribution programme and recommended prioritizing pregnant women; the SuR did not provide a specific reason for its non-acceptance but stated that it had rejected 50 recommendations, regarding them as politicized. The last one was linked with women’s access to health services, and the SuR stated in its response that gynecological and other health services are available at the primary, secondary and tertiary levels of health care during pregnancy, childbirth and after childbirth.

**Child, early and forced marriage:** A total of 80 recommendations were made on these issues during the first cycle of the UPR. Most of the recommendations pertained to legislative and policy changes, especially setting a minimum age for marriage, in most cases at 18 years, for both

TABLE 10

### Performance by region during the first cycle of the UPR, on maternal health/mortality/morbidity

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	17	44	43	1
Asia-Pacific	20	20	17	1
Eastern Europe	10	5	4	1
Latin America and the Caribbean	11	21	19	1
Western Europe and Others	25	2	2	0

\*This excludes Palestine<sup>30</sup> and the Holy See.

boys and girls. A few focused on public education, and others were quite general, encouraging States to address these issues. Several recommendations addressed other violations such as FGM/C, polygamy and domestic violence, in combination with the issues of child, early and forced marriages, exhibiting the interconnected nature of violations faced by girls and women, and the common root cause of patriarchal attitudes.

Of the 80 recommendations, 63 were accepted and 6 rejected. One recommendation received no response, while ten received unclear responses from 7 States. Of the 6 rejected recommendations,

5 recommended legal reform. Three pertained directly to early marriage and 3 were linked with other harmful practices and human rights violations. Reasons stated for non-acceptance of recommendations pertaining directly to early marriage included defence of existing laws and deference to public opinion and traditional practices.

#### **Female genital mutilation/cutting (FGM/C):**

Two hundred and eleven (211) recommendations were made on this issue. Recommendations focused on reviewing, enacting and implementing laws and policies (approximately 120 recommendations), and

TABLE 11

#### Performance by region during the first cycle of the UPR, on child, early and forced marriage

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	7	31	21	4
Asia-Pacific	5	30	29	1
Eastern Europe	12	2	1	1
Latin America and the Caribbean	13	12	7	0
Western Europe and Others	42	5	5	0

\*This excludes Palestine and the Holy See.

TABLE 12

#### Performance by region during the first cycle of the UPR, on FGM/C

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	16	205	168	7
Asia-Pacific	19	6	6	0
Eastern Europe	26	0	0	0
Latin America and the Caribbean	36	0	0	0
Western Europe and Others	123	0	0	0

\*This excludes Palestine and the Holy See.

TABLE 13

### Performance by region during the first cycle of the UPR, on contraception and family planning

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	0	6	4	2
Asia-Pacific	0	2	2	0
Eastern Europe	1	2	2	0
Latin America and the Caribbean	2	2	1	1
Western Europe and Others	10	1	1	0

\*This excludes Palestine and the Holy See.

TABLE 14

### Performance by region during the first cycle of the UPR, on comprehensive sexuality education

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	0	2	2	0
Asia-Pacific	2	6	6	0
Eastern Europe	0	2	2	0
Latin America and the Caribbean	2	2	2	0
Western Europe and Others	11	3	2	0

\*This excludes Palestine and the Holy See.

conducting awareness-raising campaigns (more than 40 recommendations). A number of the remaining recommendations were very general in nature, asking the SuR to “take measures” or “promote efforts” to address the issue. An example of a robust recommendation is: “Adopt and implement legislation prohibiting FGM, ensure that offenders are prosecuted and punished, and take legal and education measures to combat this practice.”

A large number of the recommendations, 174, were accepted, reflecting the widespread recognition of the harmful effects of this practice as a violation

of the human rights of girls and women, and reflecting global and national efforts to end this practice, including a 2012 United Nations General Assembly resolution, statements issued by the United Nations system, work with communities and revised legal frameworks, including a law against the practice in 24 African countries, 12 other countries, and in several states in two other African countries<sup>31</sup>. Thirty recommendations received unclear responses<sup>32</sup> from six States. Seven recommendations were rejected by two States, both of which stated that FGM/C was not practiced in

the countries. In both cases, the compilations of United Nations information reported concerns raised by treaty bodies about the existence of the practice.

**Contraception and family planning:** A total of 13 recommendations made specific reference to contraception or family planning. Ten recommendations were accepted and three rejected.

Of the 10 accepted recommendations, two focused on increasing access to contraceptives, three on providing family planning information and education, and four on both; one recommendation encouraged the SuR to “ensure that programmes for family planning and awareness duly take into account the traditions and physical obstacles faced by women in rural areas.”

Of the rejected recommendations, two pertained to policy reform, focusing on the advertising ban. The third focused on providing family planning information, and was linked with reviewing legislation to expand the grounds under which abortion was permissible; from the SuR’s response it is clear that this recommendation was rejected due to the content on abortion. There were no recommendations relating to restrictions pertaining to emergency contraception.

**Comprehensive sexuality education:** Fifteen recommendations were made pertaining to this issue. Fourteen were accepted and one received an unclear response. Three recommendations pertained to policy changes, and the remaining focused on provision of education and improving curricula. Five were grouped together with provision of health services, and five were framed in the context of countering discrimination or violence based on gender and sexuality.

In terms of the scope of comprehensive sexuality education employed by the recommendations, nine related directly to sexual or sexuality education, while one referred to reproductive health education, two to sexual orientation and gender identity, four to gender equality and two to human rights.

**Criminal laws related to sexual activity:** A total of 208 recommendations were made on this issue, including two that appear to be inconsistent with human rights norms: one encouraged continued criminalizing of consensual same sex sexual activity, which was not accepted; and another recommendation stated, “Reconsider the legality of prostitution given its impact on the realization of a whole range of rights,” which was not accepted.

TABLE 15

Performance by region during the first cycle of the UPR, on criminal laws related to sexual activity

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	0	98	6	80
Asia-Pacific	0	45	6	35
Eastern Europe	40	5	3	1
Latin America and the Caribbean	14	57	1	39
Western Europe and Others	152	1	1	0

\*This excludes Palestine and the Holy See.

TABLE 16

## Performance by region during the first cycle of the UPR, on HIV/AIDS

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	36	111	96	9
Asia-Pacific	46	25	23	1
Eastern Europe	20	9	9	0
Latin America and the Caribbean	21	22	17	2
Western Europe and Others	42	0	0	0

\*This excludes Palestine and the Holy See.

TABLE 17

## Performance by region during the first cycle of the UPR, on marital rape

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	0	15	11	1
Asia-Pacific	0	21	12	8
Eastern Europe	6	7	5	2
Latin America and the Caribbean	6	5	2	3
Western Europe and Others	42	0	0	0

\*This excludes Palestine and the Holy See.

Of the remaining 206, most recommendations (201) pertained to decriminalizing same-sex sexual activity; 149 of these were rejected and 16 accepted; 31 received unclear responses and 3 received no response. Notably, of the 206 recommendations, 30 were formulated more generally around decriminalizing consensual sexual activity between adults, which could also apply to adultery and sexual activity between unmarried individuals. In relation to the rejected recommendations, some of the reasons pertained to social mores, religious values, family values, tradition and culture.

There were only three recommendations pertaining to age of consent in legislation. One on

incorporating a minimum age for sexual consent was accepted. Two on equalizing the age of consent for opposite and same-sex sexual activity and adopting measures to prohibit discrimination based on sexual orientation and gender identity, were rejected. Two recommendations pertained to decriminalization of non-marital heterosexual consensual sex, were not accepted. There were no recommendations on decriminalizing sex work.

**HIV/AIDS:** A total of 167 recommendations were made pertaining to HIV/AIDS. A number of recommendations encouraged reviewed States to continue their efforts or share good practices,

without making constructive and effective recommendations. Several general recommendations were made, asking States to “adopt measures” or “strengthen programmes”. There was a great focus on specific populations, including, *inter alia*, children, pregnant women, young people, refugees, migrants, indigenous peoples, people living in remote areas, people in prisons, and same sex desiring people. There were a number of recommendations focusing on eliminating HIV/AIDS related discrimination, but very few on policy changes (mandatory testing, parental consent, criminalization of transmission), or participation of key populations in designing laws, policies and programmes. Notably, no recommendations were made on the subject to States in the Western Europe and Others group, although the OHCHR documentation for at least eight States raised HIV/AIDS related issues.

Of the 167 recommendations, 145 were accepted and 12 rejected; 3 received no response and 7 received unclear responses. Of the 12 rejected recommendations, 9 pertained to HIV prevention in relation to same-sex sexual activity and the reasons stated for their rejection included religious values, public opinion, and non-discriminatory provision of HIV/AIDS services. For the remaining 3 recommendations, reasons were not provided for their non-acceptance.

**Marital rape:** A total of 51 recommendations were made on the issue of marital rape. Ninety percent (46) of the recommendations pertained to the need for making marital rape a criminal offence. The remaining 5 were of a general nature, encouraging the SuRs to “take measures”, “put in place mechanisms” and “step up efforts” to address the issue.

Fifty-nine percent (30) of the recommendations were accepted; their implementation will be a significant advancement for women’s SRHR. Sixteen recommendations were not accepted, and 4 recommendations received unclear responses. In relation to the 16 rejected recommendations, SuRs defended existing laws, social norms and referenced ongoing processes.



Health education in Laos © Chien-Chi Chang/Magnum Photos

**Safe abortion:** A total of 30 recommendations were made on the subject of ensuring access to abortion during the first cycle of the UPR, with Norway making the most (5).

Of the remaining 30 recommendations, 4 were accepted and 23 rejected; 3 received unclear responses. Twenty-six of the recommendations pertained to legal and/or policy reform. These included recommendations to bring laws in compliance with international human rights obligations (2), review punitive provisions (3), permit abortions in cases of specific circumstances (14) such as rape, incest, and therapeutic abortions, and reform foreign policies restricting aid to be used to perform abortions in cases of rape within situations of armed conflict (1). Six other recommendations pertaining to legal reform were somewhat vaguely worded. The four remaining recommendations pertained to conducting national dialogue (1; accepted) and survey (1; accepted), and preventing unsafe abortions (2; 1 accepted).

The 23 rejected recommendations all related to legal and policy reform. SuRs defended existing legislation and policies, citing sovereignty, compliance with national or international standards and religious views.

TABLE 18

## Performance by region during the first cycle of the UPR, on access to safe abortion

Region	Recommendations made*	Recommendations received	Recommendations accepted	Recommendations rejected
Africa	0	2	1	1
Asia-Pacific	0	1	0	1
Eastern Europe	4	1	0	1
Latin America and the Caribbean	1	18	3	13
Western Europe and Others	25	8	0	7

\*This excludes Palestine and the Holy See.



UPR session at the Human Rights Council © UN Photo/Jean-Marc Ferré

## Conclusion

A number of points are clear from the above research and analysis:

- Recommendations on SRHR issues have been steadily increasing, although a large proportion of these pertain to human rights instruments, gender equality, gender-based violence and women's human rights.
- As with the UPR in general, recommendations made on SRHR issues included very general ones and ones calling for States to consider taking actions towards guaranteeing rights. They also included recommendations that are robust, calling for specific actions and reflecting a human rights-based approach.
- Few recommendations have been made on a number of SRHR issues, indicating the need for greater engagement by stakeholders in the national reporting process.



# IMPLEMENTATION OF THE UPR RECOMMENDATIONS

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This chapter provides a framework for national processes undertaken for the implementation of Universal Periodic Review (UPR) recommendations. It also assesses the implementation of sexual and reproductive health and rights (SRHR) related recommendations from the first cycle of the UPR based on second cycle documentation available for 56 countries.

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After the review is completed and the Universal Periodic Review (UPR) outcome report adopted, the State is expected to implement recommendations accepted and voluntary commitments made, over the following four and a half years. This is a critical stage of the process where concrete actions must be taken to improve people's lives. This stage involves the following key steps: planning, implementation and monitoring. Voluntary mid-term reporting is encouraged.

### Planning processes

Governments are entitled to develop implementation plans for their UPR outcomes in the manner and form that they see fit. They may formulate a dedicated action plan for implementation of UPR recommendations, specifying key objectives, concrete actions, clear indicators and timeframes, allocated responsibilities at various levels, identified available resources and required assistance and support. This involves ensuring that monitoring mechanisms as well as participatory review mechanisms are in place, appropriate data is collected and analysed, and there are time lines set and responsibilities allocated for reporting. The use of human rights indicators within the planning and monitoring processes is critical in order to effectively advance the human rights situation in the country; the OHCHR's *Human Rights Indicators: A guide to measurement and Implementation*<sup>33</sup> is a valuable resource for formulating and effectively using human rights indicators.

However, implementing, monitoring and reporting on all the recommendations emerging from various human rights mechanisms including the UPR, treaty bodies, and Special Procedures can be challenging for governments. In that case, governments could access funds from the UPR Voluntary Fund for Financial and Technical Assistance<sup>34</sup>. Alternately, it might be advisable to develop a combined action plan for implementation of recommendations from human rights mechanisms. This could be a living action plan that is updated following Special Procedure

visits, treaty body and UPR reviews. This could reduce the monitoring and reporting burden on States, and also reduce or eliminate duplication of efforts. Another option is to include into existing national human rights and development action plans, as relevant, the UPR recommendations (and those from other human rights mechanisms). As elaborated in Chapter 1, States should ensure the systematic, meaningful and effective participation of civil society, NGOs, academia, NHRIs and the United Nations system at all stages of the UPR process, including the development of action plans and monitoring mechanisms for the implementation of UPR recommendations.

### Monitoring mechanisms

It is important that systems are in place to monitor the implementation of UPR recommendations and voluntary commitments, in order to assess progress regularly and evaluate the human rights impact of actions taken. National UPR implementation plans should include a monitoring and evaluation component in order to ensure that they are implemented in a timely and effective manner. This also contributes to fulfilment of the State's reporting requirements by assisting in the preparation of mid-term and national reports for the UPR. Monitoring and reporting on the implementation of the UPR outcome should be aligned with and strengthen the implementation of recommendations from, and reporting to, treaty bodies.

It is important that the monitoring framework identify rights-holders, duty-bearers and what kind of information is relevant for the different UPR recommendations. This involves identifying and bringing together the different stakeholders that will contribute different information to the monitoring process (e.g. Ministries and administrative organizations, institutions for marginalized groups, NHRIs, CSOs, and the national statistical agency), including the marginalised populations specific to different recommendations or issues.

It is important to ensure that adequate institutional capacity and appropriate methodologies are present for data collection and analysis. Disaggregation of data on a relevant basis should be ensured (e.g. in the previous example, by HIV status, age, location, residence, ability, *et cetera*). When developing a monitoring plan for UPR recommendations, it is necessary to assess the gaps in available capacity and methodologies, and identify means to address these. An independent review mechanism could be articulated (e.g. by a national human rights institution and/or a Parliamentary Committee) to provide feedback and increase government accountability to the implementation of UPR recommendations.

### Implementation of recommendations

Through an analysis of reports provided by States, United Nations agencies and other stakeholders for the second cycle of the UPR, the following sections provides a preliminary assessment of the extent to which States have implemented sexual and

reproductive health and rights (SRHR) related recommendations received during the first cycle of the UPR. The analysis comprises a total of 56 States (see Appendix 2 for the list) that have undergone their second review during the second cycle of the UPR and therefore their review documentation provides information regarding the implementation of recommendations from their first review. Their second reviews took place during the 13<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> sessions of the UPR Working Group.

Certain limitations regarding the analysis of the implementation of recommendations must be recognized. First, it must be acknowledged that this analysis is based solely on four sessions and therefore is not reflective of a complete cycle of review within the UPR process. It is also relevant to note that the first few sessions of the first cycle of the UPR produced relatively fewer SRHR related recommendations. The numbers and quality of recommendations evolved greatly over the course of the first cycle; this might

#### BOX 4

### Mozambique's Action Plan for UPR implementation

Mozambique's Action Plan for UPR implementation has been developed from the contributions of various sectors that comprise the government's Working Group on Human Rights, coordinated by the Ministry of Justice, and through consultations with civil society. As articulated in the Plan, it seeks to achieve harmonization with the national Five Year Plan (2009-2014), Poverty Reduction Action Plan and various sectoral plans (health, education, gender *et cetera*), as well as United Nations and African Union treaties. The Operational Matrix of the Action Plan groups recommendations by issue, lists the related human rights instruments and development plans and commitments, the expected results, the actions to be undertaken to achieve those results, indicators of progress, means of verification, sources of information, the time frame for action, the authority(ies) responsible, the cost, and the source of funding.

The monitoring of this Action Plan involves use of the Monitoring and Evaluation Matrix Plan contained therein, which captures for each monitoring stage the objectives, indicators, means of verification, a detailed time line, and the authority(ies) responsible. This matrix will be populated using programmatic reports generated at the national and sectoral levels. Further, a Monitoring Committee has been constituted that meets on a quarterly basis and generates progress reports. At the mid-term and towards the end of the cycle, an independent review will be commissioned by the Ministry of Justice in order to assess the implementation of UPR recommendations, with the contributions of civil society. This will contribute to the drafting of the mid-term report and the national report for the next UPR cycle.

not reflect fully in this analysis. Second, this analysis relies on the first four sessions of the second cycle, when the practice of reporting on implementation of recommendations was relatively new. In the absence of a suggested reporting format, States employed very different methods of reporting. For example, some States grouped recommendations by themes, such as “women’s rights” and provided a combined response for a number of recommendations. In such cases, it might be difficult to match actions taken to recommendations. It is also common for some recommendations or parts of recommendations to be neglected in the reporting process. Particularly relevant for the quantitative analysis, a recommendation has been counted as being implemented even if actions

taken pertain to part of the recommendation. This also demonstrates the complexities associated with reporting on recommendations that raise or seek to address multiple issues. On the other hand, some States report systematically on each recommendation separately; in such cases the analysis is clearer.

### Degree of implementation

According to the information provided by States in the reports they submitted to the second cycle of the UPR, implementation (whether partial or full, completed or ongoing) of SRHR related recommendations attained 65 per cent on average, as indicated in Table 19. An examination of the compilations of United Nations information and stakeholder submissions reveals additional actions taken by governments at the national level that contribute towards the implementation of recommendations. This information highlights actions, which States are not necessarily capturing in their reporting. When considering the additional information provided by United Nations actors and other stakeholders, the reporting on recommendations indicates that 67 per cent of SRHR related recommendations are being implemented. It is clear from the table that States are implementing recommendations beyond those that they accepted. States reported implementing four SRHR related recommendations that had been rejected and 74 that had received unclear or no responses. Additionally, the United Nations system and other stakeholders reported implementation of two rejected recommendations and six that had received no response.

Table 20 reflects implementation trends between regions. Eastern European countries reported implementation of the highest proportion of SRHR related recommendations received (76%), followed closely by the Asian-Pacific region (74%).

Mid-term reporting is one of the indicators of State commitment to the UPR process. It

TABLE 19

#### SRHR related recommendations implemented

SRHR recommendations received during the first cycle	Accepted	548
	Other status	243
	<b>Total</b>	<b>791</b>
SRHR recommendations reported as implemented by Member States	Accepted	436
	Unclear response	55
	No response	19
	Rejected	4
	<b>Total</b>	<b>514 or 65%</b>
Additional SRHR recommendations reported as implemented by the UN system and other stakeholders	Accepted	6
	No response	6
	Rejected	2
	<b>Total</b>	<b>14 or 2%</b>
<b>Total SRHR recommendations reported as implemented</b>	<b>528 or 67%</b>	

TABLE 20

## Regional analysis of recommendations reported on by States

	Africa (16 countries)	Asia-Pacific (14 countries)	Eastern Europe (7 countries)	Latin America and the Caribbean (9 countries)	Western Europe and Others (10 countries)	<b>Total</b>
Number of recommendations received	295	194	94	94	114	<b>791</b>
Number of recommendations accepted	190	144	74	64	76	<b>548</b>
Number of recommendations reported on	175	144	71	53	71	<b>514</b>
Proportion of recommendations accepted that were reported on	92%	100%	96%	83%	93%	<b>94%</b>
Proportions of recommendations received that were reported on	59%	74%	76%	56%	62%	<b>65%</b>

provides an opportunity to demonstrate what the State is doing to implement its UPR outcome, and also provides information to other stakeholders to assess the State's performance and engage in dialogue accordingly. Table 21 shows the numbers of mid-term reports submitted by States who were reviewed during the 13<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> sessions, which are evidently quite low. States reviewed during late 2010 and after are still submitting mid-term reports and hence this analysis cannot be done for all 193 UN Member States.

### Thematic analysis of implementation of recommendations

The analysis in this section reflects information collected from the following sources:

- National reports submitted during the first four sessions of the 2<sup>nd</sup> cycle of the UPR;
- Summaries of stakeholder submissions; and
- Compilations of United Nations information.

TABLE 21

## Submission of mid-term reports

13 <sup>th</sup> session	7 (out of 14 States)
14 <sup>th</sup> session	6 (out of 14 States)
15 <sup>th</sup> session	1 (out of 14 States)
16 <sup>th</sup> session	2 (out of 14 States)
<b>Total</b>	<b>16 (out of 56 states)</b>

The figure on below reflects the issues that States reported having taken action on (see Appendix 6 for this information in tabular form). States reported greatest implementation of recommendations related to international human rights instruments, gender-based and sexual violence, gender equality and women’s rights, the integration of a gender perspective in the UPR process, discrimination based on sexual orientation and gender identity, family law, harmful traditional and cultural practices and trafficking of women.

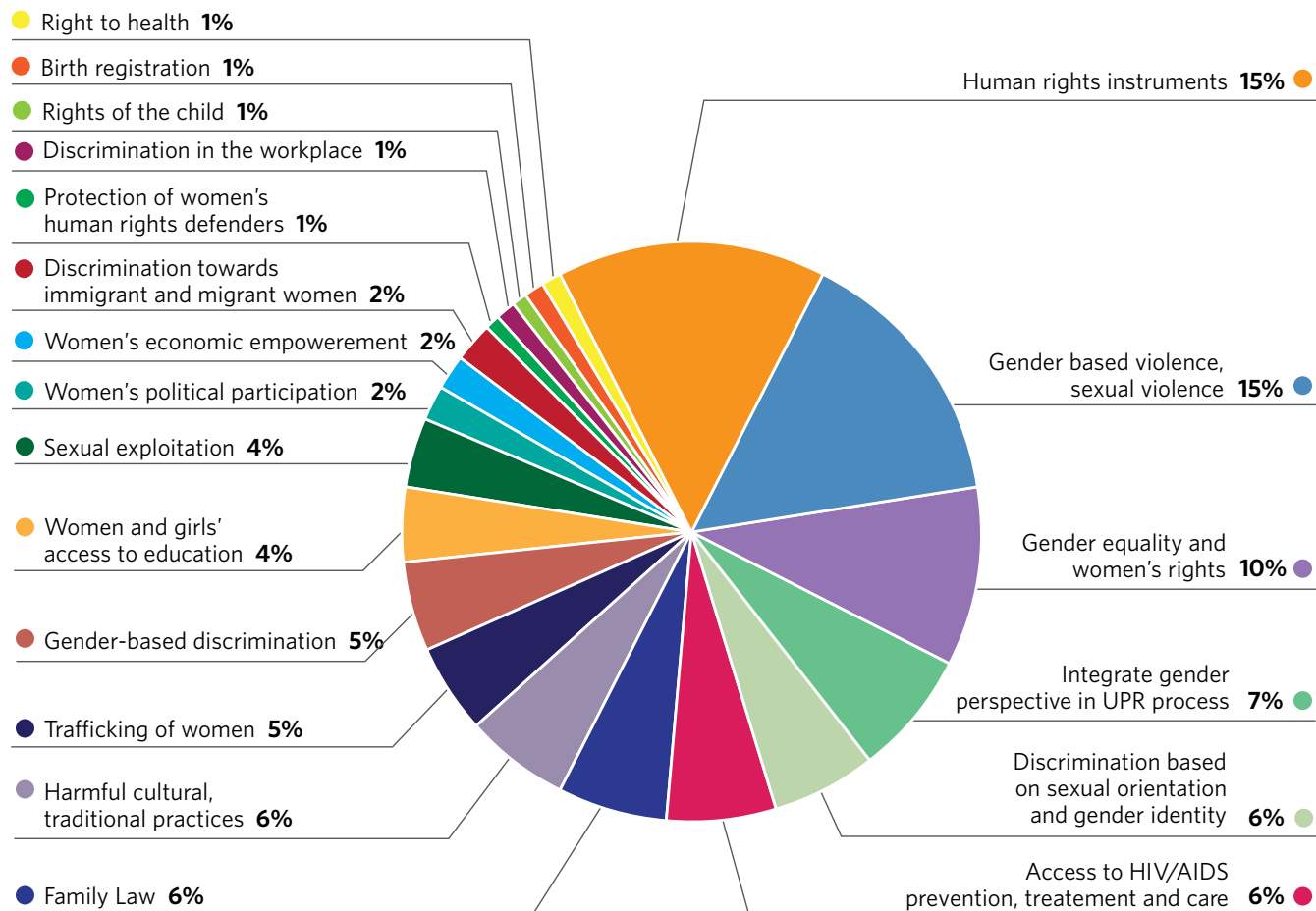
Available data has been examined and analysed for the SRHR issues discussed in Chapter 2. This

analysis also highlights the adoption of positive measures taken by different states.

**Maternal health, mortality and morbidity:** Four States accepted recommendations pertaining to maternal health. In response to the recommendation to “address the issue of unduly protracted detentions and to promote the use of alternative measures to pretrial detention, in particular for pregnant women and young children”, Argentina provided information about a change in policy: “Act No. 24.660 on custodial sentences has been amended to allow for sentences of house arrest for women

FIGURE 3

Implementation of recommendations on key issues (percentage of total SRHR-related recommendations that States reported implemented)



prisoners who have children under 5 years of age living with them. The impact of this provision is on the rise, with a year-on-year increase of 77.4 per cent in its application in 2011.”

Bangladesh reported developing and upgrading maternal and child health facilities and appointing additional physicians, contributing to improved doctor-patient ratio. Reporting on a recommendation on the right to health, including maternal care, Cuba provided a general response: “Changes were made to primary health care to increase the effectiveness of the doctor’s visit programme (Programa de Atencion – Consultorio del Medico) and the Family Nurse (Enfermera de Familia) programmes. Priority was also placed on raising the quality of public health through more effective use of resources and changes in training. The Maternal-Child Health Programme was strengthened.”

In Zambia, UNICEF reported that the government had implemented its recommendation by “developing the National Community Health Worker Strategy with the goal of having an adequately trained and motivated community-based workforce that would contribute towards improved health service delivery and the attainment of national health priorities...[and] the creation of the Ministry of Community Development, Mother and Child Health...to contribute to further strengthening of community participation and engagement and facilitating integration of community experiences into policy discussions.”

**Child, early and forced marriage:** Ten States took decisive action on the issue of early and forced marriage. Strategies adopted to address the issue of early and forced marriage include primarily actions in the realm of legal and policy reform. For example, Azerbaijan increased the minimum age of marriage to 18 years and criminalized the act of forcing women into marriage. In Pakistan, a legal amendment criminalized forced marriages, child marriages and other customary practices that are discriminatory towards women. In the Philippines,

the Autonomous Region in Muslim Mindanao passed its own Gender and Development Code to remove discriminatory provisions from the Code of Muslim Personal Laws, particularly those related to early marriage, forced marriage and polygamy, and Germany introduced a stand-alone criminal offence of forced marriage and a stand-alone right to re-immigration for persons who remained in Germany as minors and were prevented from returning to Germany after the forced marriage.

From a programmatic perspective, examples include Benin, where the Government has implemented, in partnership with national NGOs and with the support of technical and financial partners, programmes and projects to combat forced marriage. Cameroon established a federal Interdepartmental Working Group on Forced Marriage and “Honour” Based Violence to act as a focal point for collaborative efforts to support intervention and prevention efforts.

**Female genital mutilation/cutting (FGM/C):**

A total of six countries reported on the issue of FGM/C: Cameroon, Benin, Ghana, Burkina Faso, Mali and Djibouti. Actions in this area include legal and policy reform, establishing effective prevention strategies and investing in programmes to address the issue. Ghana highlighted amendments made to the “Criminal Offences Act, 1960 (Act 29) making harmful traditional practices like female genital mutilation and ‘trokosi’ an offence. The Ghanaian Ministry of Women and Children’s Affairs has trained some Traditional leaders on the Domestic Violence Act and other legal Instruments such as the Criminal Offences Act, and engages them on how to eradicate negative cultural practices from their communities.” Djibouti highlighted the ongoing implementation of a national strategy for the total elimination of all forms of excision.

Regarding programmatic responses, in Cameroon 50 community relay workers were trained, 40 local FGM/C control committees

were set up in prevalence areas, and material, financial and technical support was provided to help excisers to develop alternative income-generating activities. Burkina Faso established the National Council to Combat Female Circumcision, and is expanding the teaching of modules on FGM/C in primary and secondary education programmes in the country. Additionally, it hosted a meeting on sub-regional cooperation and implemented a programme to eliminate cross-border female circumcision.

**Comprehensive sexuality education:** Three States made direct reference to sexuality education in their reporting on implementation of recommendations. Argentina, in response to a recommendation to address discrimination against women, reported: “Steps have also been taken to strengthen the implementation of the following programmes: (...) Teacher Awareness for the Non-Discriminatory Implementation of Comprehensive Sex Education...” Similarly, Turkmenistan, in response to a recommendation on combating HIV/AIDS through educational and awareness-raising programmes, reported on “preparing and publishing information materials which take into account the age and specific nature of the target group.”

**Criminal laws related to sexual activity:** Burundi reported “discrimination against women observed in the past in regard to adultery has been remedied in the Criminal Code,” which now refers to a “spouse convicted of adultery” and no longer makes a distinction between husband and wife. Nor does the Code make any distinction as to the punishment incurred by the perpetrator of the offence. Recommendations related to decriminalizing consensual same-sex sexual activity were not accepted by any State, and their national reports did not provide information on any actions taken in this regard. As noted earlier, there were no recommendations on decriminalizing sex work.

**HIV/AIDS:** Twelve States reported implementing 18 recommendations on this issue. In regards to the strategies employed, the majority of actions taken related to programming and service provision. A total of 15 initiatives were documented in this regard, which included the development of programmes for the prevention of mother-to-child transmission, access to treatment, the integration of effective prevention strategies, and programmes tailored to key populations. Examples include the lowering of costs for contraceptives, emergency obstetric care and other services in Burkina Faso, HIV prevention programmes for prison populations in Botswana, and the opening of two youth centres in Turkmenistan to familiarize young people with HIV prevention.

In the realm of legal and policy reform, States identified seven separate initiatives, including Uzbekistan’s report on the introduction of “specific provisions into criminal legislation which make it a crime to infect another person with HIV as a result of non-performance or improper performance of professional duties, the aim being to stiffen penalties for medical staff for improper performance of professional duties, to correct investigative and judicial practice regarding offences in this category so as to reflect adequately the heightened danger for the population and to make measures for combating the spread of the HIV infection more effective.”

It is also worth noting that, in some cases, information provided by United Nations agencies and civil society organizations indicates that despite the introduction of new legislation and policies, the situation regarding HIV/AIDS continues to be a challenge. For example, a few reports pointed out gaps in national legislations in relation to discrimination against people living with HIV.

**Marital rape:** Four States accepted recommendations relating to marital rape. Botswana and the Republic of Korea reported



having laws that penalize rape, without an exception for marital rape. Further, Botswana reported passing the Domestic Violence Act, which provides legal remedies to victims of marital rape, and the Republic of Korea reported prosecuting cases of marital rape. At the same time, the United Nations system and other stakeholders provided information on the absence of laws criminalizing marital rape in numerous countries. Much of this information came in response to rejected recommendations related to the criminalization of marital rape. Other information came in response to recommendations on other, related issues such as domestic violence and violence against women.

Cuba responded to recommendations pertaining to gender equality, rights of the child, the right to health and the right to education by providing information on the provision of sexuality education: “There was continued development of [...] sex education from a gender perspective with an emphasis on gender and rights.” It elaborated regarding the introduction of a sexuality education curriculum throughout the national education system, for all levels of education: “The Ministry of Education, by Ministerial Resolution, adopted the Programme on Sexuality Education from a Gender and Sexual Rights Perspective in the school curriculum [...] This programme strengthened HIV/AIDS prevention, sexual and reproductive health care and sexual diversity. The Schools Promoting Health movement continued to develop, to promote healthy practices and environments in school life.”

Additionally, there were multiple reports of States committing to ensure that educational materials and curricula are non-discriminatory, emphasizing non-discrimination on the basis of sex, age, sexual orientation, marital and family status, among other factors. This indicates the scope for greater guidance and recommendations to States on this issue during the second and subsequent cycles of the UPR.

### Collaboration with the United Nations system and other stakeholders in implementing recommendations

From the information contained in national reports, compilations of United Nations information and summaries of stakeholder submissions, there emerge a number of examples demonstrating strong and beneficial collaboration between United Nations agencies, civil society and Governments in the implementation of UPR first cycle recommendations. Examples include implementation of recommendations related to FGM/C, provision of peer-to-peer sexuality education, and legal audits in the realm of HIV/AIDS legislation. Specifically, Burkina Faso reported implementing a joint UNFPA-UNICEF programme on eliminating cross-border female circumcision, which “aims to achieve zero tolerance of female circumcision by 2015.” This information was provided in response to the recommendation to “share best practices with other countries regarding female genital mutilation, pursue efforts to



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## Examples of UNFPA's involvement with the UPR process

- During the first UPR cycle (2008-2011) UNFPA country offices in Ecuador, Ghana, Madagascar, Pakistan, Russian Federation, Tajikistan and Tunisia prepared official submissions to the UPR. In several other countries UNFPA provided inputs to joint UN Country Team submissions. Additionally, UNFPA Country Offices have joined United Nations-wide efforts in different countries to support governments in the formulation of states' reports, and NGOs in the formulation of specific submissions.
- In **Malawi**, UNFPA is part of the United Nations Human Rights Group, which is supporting the National Human Rights Commission to play a leading role in monitoring the implementation of UPR recommendations. The Malawi Human Rights Commission has organized meetings with government, Parliamentarians, CSOs and the general public to assess progress in implementing UPR recommendations.
- In **Morocco**, UNFPA is part of a United Nations inter-agency project that works to enhance the capacity of the national body in charge of the UPR, Délégation Interministérielle des Droits de l'Homme (DIDH), to monitor the implementation of UPR recommendations in general, and to prepare the mid-term review report in particular. The first activity was organized in December 2013 related to "International Best practices for preparing midterm UPR reports". With the support of the joint United Nations project, DIDH is developing a dashboard to monitor the implementation of UPR recommendations, including those on SRHR. This dashboard has served to provide evidence for the mid-term review report due in May 2014.
- **Mozambique's** UPR review took place in February 2011, following which the Ministry of Justice (MoJ) developed, with the support of UNDP, an Action Plan that was enacted in September 2011. The MoJ sought advice from UNFPA on implementing select recommendations and requested training for government personnel. UNFPA consulted with civil society groups, including women's groups, girls, youth and several marginalized populations, and advocated with the MoJ for inclusion of accepted recommendations into the Action Plan, which had been left out due to their complexity, by providing the government with the assurances that UNFPA would support the implementation. These included critical actions for the advancement of SRHR and gender equality, such as those addressing early pregnancy, early marriage, obstetric fistula, sexual abuse, and violence against women. These recommendations and corresponding actions were incorporated in the Action Plan at its mid-term review in June 2013.
- **Tajikistan's** UPR review took place in October 2011 and the Action Plan for the implementation of UPR recommendations was enacted in April 2013. UNFPA and partners are assisting the government in implementing a few of the actions contained in the Action Plan. For instance, UNFPA assisted with drafting the law on domestic violence which is currently in the process of being adopted. It is also participating in a process of reviewing the National Health Strategy with the view to mainstream a gender perspective in it, and revising 17 health-related legislations. Further, UNFPA joined UNDP in providing technical assistance to the government in developing the Living Standards Improvement Strategy for 2013-2015, including the inclusion of a demographic chapter, thereby strengthening efforts to address poverty through population data collection, analysis and projections. UNFPA also planned several interventions in support of implementation of the new Strategy, including training on demographic issues and on monitoring and evaluation for high-level officials in the Ministry of Economic Development and Trade (MEDT), and initiating discussions with the MEDT on establishing a unit for demographic projections at the MEDT.

continue to make exemplary progress with regard to the effective abolition of sexual mutilation and continue efforts to fully eradicate it.” In Turkmenistan, following up on the recommendation to “take a proactive approach to combating HIV/AIDS through educational and awareness-raising programmes for both the general public and drug users,” the Government collaborated with UNFPA to establish “two youth centres to familiarize young people with HIV/AIDS prevention, at which they are taught on the basis of a peer-to-peer approach.”

In response to a recommendation pertaining to, *inter alia*, protection of women, Azerbaijan provided information on preparing a “National Strategy on reproductive health” with the support of the WHO Regional Office for Europe. “Moreover, the government together with UNICEF and UNFPA is implementing projects in the direction of combating maternal mortality and morbidity,” it shared. In Ghana, in 2009, “UNAIDS sponsored a legal audit on HIV and AIDS-related laws to ascertain the extent to which the existing laws promote the national response to HIV and AIDS, and how these laws are integrated into the Ghana judicial system. The findings of the Legal Audit have been disseminated to key stakeholders in Ghana and it recommends to national institutions to protect human rights within the public, health, justice systems and socio-cultural settings.” This information was provided in response to the recommendation “to take action in order to provide for effective education programmes with regard to HIV/AIDS prevention and to expand coverage and access to services that prevent transmission of HIV from mother to child.”

Concerning collaboration with other stakeholders, Indonesia reported having collaborated with national human rights commissions, educational institutions, civil society organizations, as well as with international partners in the delivery of human rights education and trainings to members of the national and provincial/district committees on

the implementation of the human rights National Action Plan. The trainings have been on thematic issues “such as... women’s rights, reproductive health and right to health, elimination of domestic violence, [and] trauma healing.”

## Conclusion

A number of points are clear from the above research and analysis:

- A specific recommendation rather than a general one, and one that addresses fewer issues rather than several is more effective for tracking its implementation and thus holding the SuR accountable.
- A consistent format in all three review documents<sup>35</sup> for reporting on the implementation of UPR outcomes during subsequent reviews would be helpful in tracking specific actions taken to implement specific recommendations or voluntary commitments. It would also highlight gaps in implementation requiring further attention from the SuR.
- Concrete information from the United Nations system, NHRIs and civil society on the implementation of UPR outcomes by the SuR, or the lack thereof, is critical to the UPR process.
- Some recommendations that received no/ unclear responses or were rejected were actually reported on by States. Hence it is observed that the governments changed stance and decided to report on implementation of the given recommendations.
- The implementation of recommendations formulated broadly around issues such as health, education, discrimination, violence, gender equality, human rights *et cetera* can involve specific actions pertaining to SRHR.

# FINAL CONSIDERATIONS FOR ADVANCING SRHR IN THE UPR

SUCCESSFUL

MECHANISMS

TRACKING

HUMAN

FRAMEWORK

ISSUES

REVIEW

GOVERNMENT

EXISTING

INCREASE

MONITOR

HEALTH

LEGAL

REPRODUCTIVE STAKEHOLDERS COMMUNITY

MINIMUM

DOMESTIC

LEVEL

SRHR

HUMAN

UNITED

OUTCOME

LAW

COORDINATION

INVEST

ADVANCED

ATTENTION

INFORMATION  
RECOMMENDATIONS

PUBLIC

ACTION

MECHANISMS  
SUCCESSFUL

EQUALITY

INTERNATIONAL

CIVIL

POSITIVE  
QUALITY

PUBLIC INVESTING

REGIONAL

CONCRETE

EDUCATION

STRENGTHENING

ADVANCED

As noted in the conclusions drawn from the previous chapters, the following key observations could be taken into account:

- Recommendations on sexual and reproductive health and rights (SRHR) issues have been steadily increasing, although a large proportion of these pertain to human rights instruments, gender equality, gender-based violence and women's human rights.
- As with the Universal Periodic Review (UPR) in general, recommendations made on SRHR issues included very general ones and others calling on States to consider taking actions towards guaranteeing rights. They also included recommendations that are robust, calling for specific actions and reflecting a human rights-based approach.
- Few recommendations have been made on a number of SRHR issues, indicating the need for greater engagement by stakeholders in the national reporting process in order to advance all aspects of the SRHR agenda.
- Concrete information from the United Nations system, NHRIs and civil society on the implementation of UPR outcomes by the SuR, or the lack thereof, is critical to the UPR process.
- Some recommendations that received no/unclear responses or were rejected were actually reported on by States as being implemented.
- The implementation of recommendations formulated broadly around issues such as health, education, discrimination, violence, gender equality, human rights *et cetera* can involve specific actions pertaining to SRHR.

In sum, the UPR along with other international and regional human rights mechanisms have generated a wealth of SRHR related recommendations to spur national action. The clustering of SRHR related recommendations in the context of national planning, coordination and tracking mechanisms will contribute to advance these rights in a less fragmented and mutually reinforcing way. UNFPA stands ready to support

the establishment and strengthening of sustainable, participatory, inclusive and transparent planning, coordination and tracking mechanisms so the UPR can contribute to realizing SRHR for all without discrimination. In doing so, the following considerations for advancing SRHR in the context of the UPR process could be made.

#### Considerations for governments:

- 1 Disseminating broadly in accessible ways - including translation into local languages - the following:
  - i. information regarding the UPR process and national level consultation processes at its different steps;
  - ii. key UPR documents such as the national report, the United Nations compilation and stakeholder summary, and the UPR outcome; and
  - iii. information on the status of implementation of UPR recommendations, specific actions taken towards full implementation and results achieved, in order to ensure transparency and empower the public and all relevant stakeholders to participate actively in national planning, implementation and monitoring efforts.
- 2 Consulting with stakeholders, including NGOs, CSOs, representatives of marginalized groups and independent NHRIs in the preparation of the national report; during the review in Geneva; when considering State responses to recommendations received; and in the implementation of the UPR outcome, so that their input is incorporated at every step of the UPR process;
- 3 Ensuring written submission of responses to recommendations at least three weeks prior to adoption of the UPR outcome in order to enable all relevant stakeholders to examine and prepare responses to the same;
- 4 Establishing or strengthening existing inter-ministerial mechanisms or other government-led human rights mechanisms,

ensuring transparency, to distribute tasks and to coordinate implementation of recommendations from the UPR and other international, regional and national human rights mechanisms;

- 5 Formulating an action plan to implement UPR recommendations including: unimplemented recommendations from previous reviews, specifying key objectives, concrete actions, clear targets and timeframes; allocated responsibilities at various levels; identified available resources and required assistance and support. Alternatively, include UPR recommendations in existing human rights action plans, national development strategies, poverty reduction strategies, sector-based strategies and plans or any other relevant national and/or sub-national planning frameworks;
- 6 Establishing or strengthening existing systems to track the implementation of UPR recommendations in an integrated manner with recommendations by other international, regional and national human rights mechanisms;
- 7 Monitoring the progress of implementing recommendations using existing mechanisms to collect/analyse data; define indicators and benchmarks in collaboration with other stakeholders to measure progress in accordance with the UPR recommendations and the action plan enacted to implement them;
- 8 Reporting on progress, through voluntary mid-term reports and periodic statements to the Human Rights Council (HRC) under agenda item 6;
- 9 As needed, accessing resources from the UPR Voluntary Fund for Financial and Technical Assistance<sup>36</sup> administered by OHCHR to, *inter alia*, build capacity of government officials, civil society and the media to engage with the UPR process; conduct inclusive and participatory consultations with national stakeholders; establish and operationalize coordination mechanisms within government; organize sub-regional or regional workshops for sharing best practices; and

formulate programs and projects for the implementation of the UPR outcome. For example, in Tajikistan the United Nations Human Rights Advisor assisted the government in preparing an application to the Fund on behalf of the government, Ombudsman and NGOs UPR coalition. It aims to address the revision of the Government's Decree on the Commission on implementation of the international human rights obligations from 2002 and the establishment of a new UPR/treaty body/Special Procedure coordination mechanism;

- 10 Ensuring good thematic coverage of SRHR issues when participating in the reviews of other countries, including by taking steps to reduce redundancy of recommendations with those of other governments.

#### Considerations for National Human Rights Institutions (NHRIs):

- 1 Reporting on national situations for the UPR, including on SRHR, ensuring broad national consultation processes, raising awareness and empowering local stakeholders, advising and assisting the government.
- 2 Between the review and the adoption of the UPR outcome, entering into dialogue with the government regarding acceptance of SRHR related recommendations. If relevant, advise the government to make voluntary commitments on matters not covered by recommendations.
- 3 Organizing regular post-UPR consultations with the government, the United Nations system and civil society, including on the tracking of the implementation of the recommendations.
- 4 Monitoring and disseminating information on the status of the implementation of UPR recommendations to all relevant stakeholders.
- 5 Seeking advice from NHRIs in neighbouring countries, including on examples of action plans from comparable countries for advocacy purposes

- 6 Conducting in-depth country assessments, research and national inquiries, and prepare thematic reports on SRHR in order to complement the UPR recommendations with more concrete recommendations and guide the formulation of action-oriented national implementation plans and tracking systems.
- 7 Participating in national planning and coordination processes for the implementation of the UPR recommendations or review existing national action plans to ensure that adequate attention is given to the implementation of UPR recommendations as well as recommendations from other international and regional human rights mechanisms.

#### Considerations for civil society organizations<sup>37</sup>:

- 1 Engaging with the UPR process by providing information on SRHR as well as guidance on how to make individual or joint submissions with others CSOs, as per OHCHR's guidelines for submissions.
- 2 Participating in consultations and dialogue with the government during the preparation of the State report and between the review and the adoption of the UPR outcome. If relevant, advocate for the government to make voluntary commitments on matters not covered by recommendations.
- 3 Organising parallel events and informal briefings on the country situation concerning human rights, with a focus on SRHR, during sessions of the UPR and the HRC.
- 4 Developing an action plan for follow-up of UPR recommendations, with milestones and a timeframe; incorporate a component of social media engagement with a view to engaging a wide and varied audience.
- 5 Publicizing the UPR outcome among civil society partners, the media and parliamentarians, drawing attention to SRHR issues.

- 6 Translating the UPR outcome into local languages so that other organizations working on a more local level are better equipped to engage in advocacy in support of the national implementation of UPR recommendations.
- 7 Advocating for the government to develop a UPR implementation action plan, functioning tracking systems and a mid-term report on its progress.
- 8 Participating in the design of the national Action Plan for the implementation of UPR recommendations, including the development of indicators, benchmarks and tracking mechanisms.
- 9 Setting up civil society working groups responsible for monitoring the implementation of UPR recommendations.
- 10 Advocating governments for the acceptance of recommendations that are consistent with international human rights norms, standards and principles.

#### Considerations for the United Nations system:

- 1 Submitting information for the UPR on the situation of human rights in the SuR, the status of implementation of UPR outcomes, and concrete recommendations either jointly by the United Nations Country Team or through individual United Nations agencies.
- 2 Providing support and technical assistance to governments regarding the processes for planning, enacting and monitoring the implementation of the UPR outcome.
- 3 Collaborating with NHRIs, CSOs and other relevant stakeholders to participate in the UPR process, including the dissemination of the UPR outcome and the implementation and monitoring of UPR recommendations.
- 4 Strengthening a system-wide engagement with international and regional human rights mechanisms by supporting national multi-stakeholders' dialogues , planning processes and tracking systems that bring together recommendations issued by all human rights mechanisms, e.g. through clustering of recommendations.

## APPENDICES

### Appendix 1: List of United Nations Member States comprising each region

Africa		
Algeria	Ethiopia	Niger
Angola	Gabon	Nigeria
Benin	Gambia	Rwanda
Botswana	Ghana	São Tomé and Príncipe
Burkina Faso	Guinea	Senegal
Burundi	Guinea-Bissau	Seychelles
Cape Verde	Kenya	Sierra Leone
Cameroon	Lesotho	Somalia
Central African Republic	Liberia	South Africa
Chad	Libya	South Sudan
Comoros	Madagascar	Sudan
Congo	Malawi	Swaziland
Côte d'Ivoire	Mali	Togo
Democratic Republic of the Congo	Mauritania	Tunisia
Djibouti	Mauritius	Uganda
Egypt	Morocco	United Republic of Tanzania
Equatorial Guinea	Mozambique	Zambia
Eritrea	Namibia	Zimbabwe

Asia-Pacific		
Afghanistan	Kuwait	Republic of Korea
Bahrain	Kyrgyzstan	Samoa
Bangladesh	Lao People's Republic	Saudi Arabia
Bhutan	Lebanon	Singapore
Brunei Darussalam	Malaysia	Solomon Islands
Cambodia	Maldives	Sri Lanka
China	Marshall Islands	Syrian Arab Republic
Cyprus	Micronesia (Federated States of)	Tajikistan
Democratic People's Republic of Korea	Mongolia	Thailand
Fiji	Myanmar	Timor-Leste
India	Nauru	Tonga
Indonesia	Nepal	Turkmenistan
Iran (Islamic Republic of)	Oman	Tuvalu
Iraq	Pakistan	United Arab Emirates
Japan	Palau	Uzbekistan
Jordan	Papua New Guinea	Vanuatu
Kazakhstan	Philippines	Vietnam
	Qatar	Yemen

Eastern Europe		
Albania	Estonia	Romania
Armenia	Georgia	Russian Federation
Azerbaijan	Hungary	Serbia
Belarus	Latvia	Slovakia
Bosnia and Herzegovina	Lithuania	Slovenia
Bulgaria	Montenegro	The former Yugoslav Republic of Macedonia
Croatia	Poland	Ukraine
Czech Republic	Republic of Moldova	



### Latin America and the Caribbean

Antigua and Barbuda	Dominican Republic	Paraguay
Argentina	Ecuador	Peru
Bahamas	El Salvador	Saint Kitts and Nevis
Barbados	Grenada	Saint Lucia
Belize	Guatemala	Saint Vincent and the Grenadines
Bolivia (Plurinational State of)	Guyana	Suriname
Brazil	Haiti	Trinidad and Tobago
Chile	Honduras	Uruguay
Colombia	Jamaica	Venezuela (Bolivarian Republic of)
Costa Rica	Mexico	
Cuba	Nicaragua	
Dominica	Panama	

### Western Europe and Others

Andorra	Iceland	Norway
Australia	Ireland	Portugal
Austria	Israel	San Marino
Belgium	Italy	Spain
Canada	Liechtenstein	Sweden
Denmark	Luxembourg	Switzerland
Finland	Malta	Turkey
France	Monaco	United Kingdom
Germany	Netherlands	United States of America
Greece	New Zealand	

## Appendix 2: Implementation of SRHR related recommendations of Member States reviewed during 13th-16th sessions of the UPR working group (based on the SRI database)

Country	Session	Total recommendations	Accepted recommendations	Recommendations State reported implementing				Additional recommendations being implemented		
				Accepted	Unclear response	No response	Rejected	Accepted	No response	Rejected
Bahrain	13 <sup>th</sup>	5	5	5						
Ecuador		4	4	4						
Tunisia		5	5	5						
Morocco		2	2	2						
Indonesia		2	2	2						
Finland		5	5	5						
UK		3	3	3						
India		8	2	2	6					
Brazil		2	2	1						
Philippines		5	2	2	1					
Algeria		9	5	4						
Poland		12	0	0	9					
Netherlands		8	6	1						
South Africa		15	0	0					6	
Czech Republic		14 <sup>th</sup>	11	11	9					
Argentina	7		7	7						
Gabon	10		0	0		10				
Ghana	29		25	25						
Peru	4		0	0		3				
Guatemala	10		10	6						
Benin	12		11	9						
Republic of Korea	12		10	8	2					
Switzerland	13		9	7			1			
Pakistan	34		30	30						
Zambia	16		13	5				2		
Japan	13		11	10						
Ukraine	8		7	6						
Sri Lanka	5		5	5						

Country	Session	Total recommendations	Accepted recommendations	Recommendations State reported implementing				Additional recommendations being implemented		
				Accepted	Unclear response	No response	Rejected	Accepted	No response	Rejected
France	15 <sup>th</sup>	6	1	0	2					
Tonga		22	16	15						1
Mali		24	15	15	9					
Romania		20	20	16						
Botswana		34	15	15						
Bahamas		22	15	9				1		1
Burundi		38	16	8	8					
Luxembourg		17	3	1	8	1				
Barbados		17	6	4						
Montenegro		14	14	12						
UAE		17	6	6		1				
Israel		11	5	5						
Liechtenstein		10	8	8						
Serbia		13	9	9	3	1				
Burkina Faso		16 <sup>th</sup>	20	17	15					
Cape Verde	20		20	12						
Turkmenistan	8		4	4	1	1				
Uzbekistan	9		4	4	1					
Colombia	9		9	8						
Tuvalu	25		23	21			1			
Azerbaijan	17		17	9				1		
Bangladesh	29		24	16						
Cameroon	28		20	8				2		
Canada	29		26	17						
Cuba	19		11	11						
Djibouti	19		12	7	5	1				
Germany	12		10	10		1	1			
Russia	13	10	8				1			
<b>TOTAL</b>		<b>791</b>	<b>548</b>	<b>436</b>	<b>55</b>	<b>19</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>2</b>

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UPR Info. 2010. *Analytical Assessment of the UPR, 2008-2010*. [http://www.upr-info.org/IMG/pdf/UPR-Info\\_Analytical\\_assessment\\_of\\_the\\_UPR\\_2008-2010\\_05-10-2010.pdf](http://www.upr-info.org/IMG/pdf/UPR-Info_Analytical_assessment_of_the_UPR_2008-2010_05-10-2010.pdf)

## END NOTES

1. Report developed by the United Nations Population Fund based on research and analysis conducted by Action Canada for Population and Development (ACPD) on the basis of the Sexual Rights Initiative (SRI) database of UPR recommendations: <http://sexualrightsinitiative.com/universal-periodic-review/data/>.
2. United Nations. 1994. *Report of the International Conference on Population and Development*. Cairo, Egypt, 5-13 September 1994.
3. Paragraph 7.2 in ICPD 7.2: “**Reproductive health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the **right of men and women** to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the **right of access** to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes **sexual health**, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases”. [emphasis added]
4. United Nations. 1995. *Report of the Fourth World Conference on Women*. Beijing, China, 4-15 September 1995. A/CONF.177/20.
5. For example, CPD Resolution 2012/1 (in E/2012/25-E/CN.9/2012/8).
6. SRI and IPPF. 2012. See also: Center for Reproductive Rights/UNFPA: “ICPD AND HUMAN RIGHTS: 20 years of advancing reproductive rights through UN treaty bodies and legal reform”. 2013.
7. Committee on Economic, Social and Cultural Rights (ESCR Committee), General Comment No. 14: The right to the highest attainable standard of health (Art. 12), (22nd Sess., 2000), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at para. 33, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter *ESCR Committee, Gen. Comment No. 14*]; CEDAW Committee, Gen. Recommendation No. 24, supra note 8, para. 14.
8. *ESCR Committee, Gen. Comment No. 14*, supra note 9, para. 34.
9. See *id.* para. 33; CEDAW Committee, Gen. Recommendation No. 24, supra note 8, para. 15.
10. *ESCR Committee, Gen. Comment No. 14*, supra note 9, para. 35.
11. *Id.* para. 33; see also CEDAW Committee, Gen. Recommendation No. 24, supra note 8, para. 17 (“The duty to fulfil rights places an obligation on States parties to take appropriate legislative, judicial, administrative, budgetary, economic and other measures to the maximum extent of their available resources to ensure that women realize their rights to health care.”).
12. *CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health*.
13. SRI and IPPF. 2012. See also: Center for Reproductive Rights/UNFPA: “ICPD AND HUMAN RIGHTS: 20 years of advancing reproductive rights through UN treaty bodies and legal reform”, 2013

For more information on Notes ix-xiii, please refer to Center for Reproductive Rights/UNFPA: “*ICPD AND HUMAN RIGHTS: 20 years of advancing reproductive rights through UN treaty bodies and legal reform*”. 2013.

14. All relevant documentation can be accessed on the website of OHCHR: <http://www.ohchr.org/en/hrbodies/upr/pages/uprmain.aspx>.
15. In June 2007, the HRC adopted Resolution 5/1, which serves to guide its work, and set up its procedures and mechanisms, including the UPR, the Advisory Committee and the Complaint Procedure. More information is available at <http://www.ohchr.org/EN/HRBodies/HRC/Pages/AboutCouncil.aspx>. Resolution 5/1 is available at [http://ap.ohchr.org/documents/E/HRC/resolutions/A\\_HRC\\_RES\\_5\\_1.doc](http://ap.ohchr.org/documents/E/HRC/resolutions/A_HRC_RES_5_1.doc).
16. The duration of the review was three hours for each country during the first cycle. From the second cycle onwards the time has been extended to three and a half hours.
17. HRC Member States are allowed three minutes, and observer States two minutes, when all those who wish to intervene can be accommodated. When it is not possible to accommodate all speakers based on these allocations, the speaking time is reduced to two minutes for all. If all speakers still cannot be accommodated, the speaking time is divided among all delegations who wish to intervene so as to enable each and every interested delegation to participate.
18. A/HRC/RES/16/21, *Review of the work and functioning of the Human Rights Council*, paragraph 20 of the Annex. [http://www2.ohchr.org/english/bodies/hrcouncil/docs/16session/A.HRC.RES.16.21\\_en.pdf](http://www2.ohchr.org/english/bodies/hrcouncil/docs/16session/A.HRC.RES.16.21_en.pdf).
19. From <http://www.upr-info.org/database/>, accessed 12 November 2013.
20. A/HRC/RES/5/1, paragraphs 15(a) and 33; A/HRC/RES/16/21, paragraph 17.
21. For more information, please refer to: <http://sexualrightsinitiative.com/universal-periodic-review/data/>.
22. Via the following page: <http://www.ohchr.org/EN/HRBodies/UPR/Pages/Documentation.aspx>, searchable by country.
23. It should be noted that Haiti was not reviewed during the 8th session as scheduled, upon the SuR's request, and was reviewed during the 12th session. Second, it should be noted that at the time of its review in Geneva during the 11th session, Sudan was one state. However, two months later South Sudan became a separate state. Following this, adjustments were made that allowed both states to be reviewed as part of the 11th session.
24. The OHCHR publication, *Human Rights Indicators: A guide to measurement and implementation* (HR/PUB/12/5, 2012) provides practical guidance on human rights indicators.
25. In total, 5,696 sexual and reproductive health and rights related recommendations were made during the first cycle of the UPR. The analysis in this section is done based on 5,662 recommendations, excluding a few that appear to be inconsistent with human rights norms, standards and principles, and recommendations by other international human rights mechanisms on similar issues.
26. Available at: <http://www.ohchr.org/EN/HRBodies/UPR/Pages/UPRMain.aspx>.
27. This includes UPR recommendations pertaining to the signing of/ ratification of/ accession to a human rights mechanism, withdrawal of reservations, reporting to treaty monitoring bodies, and implementation of treaty body recommendations.
28. A/HRC/14/39, *Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights*. Available at: <http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.39.pdf>.
29. A/HRC/21/22, *Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality*. Available at: [http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22\\_en.pdf](http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf).
30. On 29 November, 2012, the United Nations General Assembly passed resolution 67/19. Pursuant to operative paragraph 2 of that resolution, the General Assembly decided to "...accord to Palestine non-member observer State status in the United Nations..."
31. Available at: <http://www.who.int/mediacentre/factsheets/fs241/en/>, accessed December 10, 2013.
32. For details, refer to each SuR's draft Working Group report and its addendum. Where no addendum was provided, refer to the report of the related HRC session. The documents are available at <http://www.ohchr.org/EN/HRBodies/UPR/Pages/Documentation.aspx>, searchable by country.
33. Available at: [http://www.ohchr.org/Documents/Publications/Human\\_rights\\_indicators\\_en.pdf](http://www.ohchr.org/Documents/Publications/Human_rights_indicators_en.pdf).
34. Available at: <http://www.ohchr.org/EN/HRBodies/UPR/Pages/UPRVoluntaryFundFinancialAndTechnicalAssistance.aspx>
35. 1) A National Report prepared by the government; 2) A compilation prepared by OHCHR containing information from treaty bodies, special procedures and UN agencies; 3) A summary prepared by OHCHR containing information from the civil society.
36. Established by HRC Res. 6/17 in 2007.
37. Detailed recommendations are contained in the SRI-IPPF publication, *Sexual Rights and the Universal Periodic Review: A toolkit for advocates*. Available at <http://sexualrightsinitiative.com/universal-periodic-review/upr-toolkit/>





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