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## Human Rights Council

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**Annual report of the United Nations High Commissioner  
for Human Rights and reports of the Office of the  
High Commissioner and the Secretary-General**

Promotion and protection of all human rights, civil,  
political, economic, social and cultural rights,  
including the right to development

### **Summary report of the annual full day of discussion on women's human rights**

### **Report of the Office of the United Nations High Commissioner for Human Rights**



## **I. Introduction**

1. On 13 June 2017, pursuant to its resolution 6/30, the Human Rights Council convened its annual full day of discussion on the human rights of women. The discussion was divided into two panels: the first focused on the theme “Accelerating efforts to eliminate violence against women: engaging men and boys in preventing and responding to violence against girls”; the second, on “Women’s rights and the 2030 Agenda on Sustainable Development: health and gender equality”.
2. The webcast of the panel discussions is archived and can be reviewed at <http://webtv.un.org>.

## **II. Accelerating efforts to eliminate violence against women: engaging men and boys in preventing and responding to violence against women and girls**

3. The first panel discussion was opened by the Deputy High Commissioner for Human Rights and the Minister for Equal Opportunities and Nordic Cooperation of Denmark, Karen Ellemann, who gave a keynote speech. The panel was moderated by the Brenda Strafford Chair in the Prevention of Domestic Violence, University of Calgary, Canada, Lana Wells. The panel comprised the Special Rapporteur on violence against women, its causes and consequences, Dubravka Šimonović; the co-Chair of MenEngage Alliance and founder of Men’s Action for Stopping Violence against Women, Abhijit Das; youth activist at Curious Minds, Francis Oko Armah; and masculinities technical adviser at ABAAD Resource Center for Gender Equality, Anthony Keedi.

### **A. Statement by the United Nations Deputy High Commissioner for Human Rights**

4. In her opening remarks, the Deputy High Commissioner emphasized that gender-based violence against women and girls was one of the most prevalent and widespread human rights violations, which affected one third of all women and girls. She noted that the rates of such violence escalated in fragile settings and in the contexts of crisis and conflict. Although gender-based violence against women had direct and indirect physical and health consequences for victims, the Deputy High Commissioner pointed out that such acts were much more than a mere altercation, but also an expression of power and a source of fear in the lives of women and girls. The looming threat of violence from men in positions of power drove a climate of fear and intimidation, restraining freedom of movement and even freedom of dress. The fear, threat and reality of violence influenced the ability of women to make daily choices that most men took for granted with regard to marriage, education, employment, or participation in public life.

5. The Deputy High Commissioner also emphasized that intersecting and multiple forms of discrimination also affected women and girls, and that those women and girls were disempowered based on age, ethnicity, social and migratory status, poverty, disability, sexual orientation and gender identity. Women and girls facing multiple forms of discrimination were particular targets of intimate and public violence. She stated that international human rights standards guaranteed the equal enjoyment of rights for all, in both public and private domains, but remained an unmet promise for millions, while half the world population lived under a shadow of the fear, threat, or reality of attack against their physical and mental integrity. She also stated that such violence against women and girls amounted to cruel, degrading and inhumane treatment; it was a manifestation of discriminatory norms that established and reinforced current concepts of masculinity and femininity. She stressed that any practice that depended on attacks on the physical and mental integrity of a person, based on power and domination, was an unacceptable violation. Violating the rights of girls under the cover of marriage or union was not a cultural practice but an attack on the integrity of a culture; a rite of passage to adulthood

that required mutilation of a girl was not initiation but degradation; marriage that required sexual dignity for a man alone was not a marital contract, but oppression. The Deputy High Commissioner noted that gender-based violence could be prevented and human rights for all upheld, but that this would require the political will to dismantle and transform harmful social norms. There should be no exclusion by neglect or by design if the Sustainable Development Goals were to be achieved.

6. The Deputy High Commissioner stressed the need for new thinking to challenge the common but narrow conceptualizations of men and masculinity. Masculinity and femininity were not the primary state, humanity was. She stressed that any identity walled in by the rigidities of bigotry, about either the self or the other, confined human possibility, restricted human potential and undermined diversity. She underlined the need to release gender and other intersecting identities to flow into and fill out the fullest contours of human potential. Access to justice and services for victims was fundamental to breaking the cycle of violence and enabling women and girls to claim their rights. The Deputy High Commissioner highlighted the overdue need to situate men and boys in the call for gender equality. She stressed the necessity of claiming and better centring a place for men and boys in the struggle against gender-based violence and inequality. Governments as duty bearers must make the engagement of men and boys a central aspect of their national policies and programmes to eliminate gender violence and gender inequality in a way that such engagement would not undermine the empowerment of women. She acknowledged the role of men and expressed solidarity for those men who struggled to transform masculinity. However, she warned against the risk of allowing compassion at the expense of justice and the engagement of men as an excuse for impunity. She concluded that there could be no compassion without justice, no inclusion with impunity, no engagement unless there was also accountability and finally no hope without human rights.

## **B. Keynote speech by the Minister for Equal Opportunities and Nordic Cooperation, Denmark**

7. The Minister for Equal Opportunities and Nordic Cooperation of Denmark stressed that violence against women was a violation of human rights that was pervasive in all its forms. Such violence prevented women and girls worldwide from exercising the full enjoyment of all human rights. While admitting that there was no simple answer on how to prevent and eliminate violence against women, she stressed that such violence could not be eliminated if half the world population was excluded from the struggle against it. Engaging men and boys meant sensitizing them to realizing the consequences of violence, whether it was their own or the actions of others. Without the engagement of men and boys, the root causes of such violence, such as stereotypes and negative, patriarchal notions of masculinity and the harmful social norms underpinning such violence would not be challenged.

8. The Minister noted that despite declining rates of violence against women in Denmark, owing to awareness-raising efforts and public policies, the practice had not yet been eliminated. Denmark was among the countries in Europe where victims and witnesses openly shared their experiences and claimed their rights, and the taboo was slowly being broken. She presented a range of activities initiated in Denmark to create partnerships, alliances and cooperation between several actors to break the cycle of violence from childhood into adulthood. They included events at schools on domestic and dating violence, annual school competitions to counter violence and promote respect and balanced gender roles within the family; a comprehensive nationwide campaign to raise awareness of the causes and consequences of intimate partner violence; and counselling services for victims and families.

9. The Minister highlighted the positive effects of men taking an increased role in parenting and housekeeping. She stated that it allowed women to participate more in the labour market and created role models of men as caring fathers. Providing that alternative role model was necessary in combating all forms of violence against women. The Government of Denmark promoted this by working with companies and organizations to persuade fathers to take their share of parental leave. She concluded by emphasizing that

addressing the inherent biases carried on over generations was everyone's individual responsibility and asked everyone to think about ways to challenge self-bias around gender-based violence.

### C. Overview of presentations

10. The moderator welcomed the new narrative of engaging men and boys as partners, allies, leaders, social change agents and disrupters of violence against women, rather than simply as perpetrators. That narrative called for their engagement in new actions and strategies, in partnership with women's organizations and activists, researchers, and actors from multiple sectors and disciplines. She highlighted the need to unpack "masculinities" and what it meant to "be a man" in order to combat harmful stereotypes. Toxic masculinity and gender norms increased the likelihood of violent male behaviour.

11. She referred to the need to discuss other concepts such as gender norms, patriarchy, a structural system that valued the masculine over the feminine in virtually every sphere, and how to create partnerships with both informal and formal leaders that could reshape social and cultural norms. She pointed out some elements that could potentially reduce violence, including accessible and affordable childcare, wage parity, income support and comprehensive sexuality education in schools. She also mentioned the need to build the capacity of policymakers, donors, civil society leaders and informal leaders to reinforce and advocate for gender equality, promote and build healthy masculinities, build healthy relationship skills, equip men and boys with the skills to challenge violent masculinities and sexism. Finally, she noted the potential role of Governments and their education systems in promoting those values and skills that help to advance and reinforce gender equality, facilitating social and emotional learning and skills, and supporting healthy sexuality, healthy masculinities and media literacy on those issues.

12. The Special Rapporteur on violence against women recalled that gender discrimination and inequality were the root causes of violence against women and that the realization of gender equality and the empowerment of women should be a part of efforts to eradicate such violence. She pointed out that measures aimed at achieving gender equality were anchored in the Convention on the Elimination of All Forms of Discrimination against Women. She further elucidated on obligations under regional instruments, including the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) and the Protocol to the African Charter on Human and Peoples' Rights on the rights of women in Africa. She explained that the specific role of boys and men were enshrined in those international and regional instruments.

13. With regard to good practices, the Special Rapporteur referred to her recent visit to Argentina, where civil society had encouraged stakeholders to sign pledges of commitment to equality. She also noted that there were limits to what individual men and boys could do to prevent and respond to violence against women and girls, as certain systemic issues, such as discriminatory laws, had to be addressed at the State level.

14. The co-chair of the MenEngage Alliance and founder of Men's Action for Stopping Violence against Women, Abhijit Das, began by clarifying that not all men and boys were violent and that such violence was embedded in the wider social structure of patriarchy. He further highlighted the intersectional nature of inequality and recalled that throughout history, each gender identity and social inequality had seen embedded violence. Such violence manifested itself whenever the male identity appeared to be challenged and was not only directed at women. Mr. Das stressed the necessity of reshaping the hegemonic model of masculinity towards alternative models. Gender equality could not be a zero sum game, but must have a resolution whereby both male and female parties benefited, given how they closely interacted within the family and society.

15. Mr. Das noted that incorporating such an approach brought a range of benefits, including increased educational attainment, increasing the age of marriage for girls, higher participation rates of women in local government and joint ownership of property. He also stated that men benefited from gender equality pursued in this way, including increased intimacy and nurturing relationships in the home. That change in relationship patterns

allowed men to share the aspirations of women and girls, recalibrating gender relations away from competition and towards collaboration, and allowed a shared understanding of gender equality. However, he cautioned on settling for paternalistic models of male partnership as an end goal, by which men saw themselves as the benefactors of women, creating opportunities for them. He noted that gender equality could not be achieved through naming and shaming strategies, but that incentives to challenge patriarchy needed to be created.

16. A youth activist at Curious Minds, Francis Oko Armah, shared his experiences of engaging young people, both boys and girls, through informal discussions. He pointed out that in such informal settings, young people were able to share their own experiences and beliefs of what constituted masculinity and femininity. He stressed that the beliefs of men and boys were formed in culture and upbringing, which taught boys to be “tough” and that women were “weak”. The prevalent gender stereotypes dictated in childhood presented distinct barriers to access to justice for girls, as violence was characterized as not deserving of punishment. Mr Oko Armah also emphasized that such gender stereotypes were internalized by women and men alike. He noted that it was important to engage with children from an early age in discussions on gender roles and in sexuality education at the community level.

17. The masculinities technical adviser at the ABAAD Resource Center for Gender Equality, Anthony Keedi, addressed the issue of gender-based violence in conflict settings and insecure environments. In such contexts, men learned dominance and violence towards women. Mr Keedi asserted that violence was not inherent in men but that the problem was what they were taught about masculinity, and that this could lead to an endless cycle of patriarchal violence.

18. Sharing his experiences in Lebanon, Mr Keedi mentioned training workshops with men to challenge concepts of masculinity and to discuss violence and loss with a view to exploring their emotions. He stated that the stress of conflict or insecure environments often manifested itself in violence, when men felt emasculated as refugees or unable to provide for their families, or felt the need to display dominance over their surroundings. He stressed that men in crisis zones needed to be taught to be agents of change, of peace and of gender equality. Turning men into agents of change, peace and gender equality was possible. It was important to stress that men’s value went far beyond providing for their families or showing strength, but resided in giving care, in parenting and showing every facet of life in society, thus eliminating the excuse of some men that they had to protect women by curtailing their independence. Working with women’s organizations was essential to learn from their experience and men needed to support women in power and leadership positions.

#### **D. Interventions by representatives of States and other observers**

19. During the dialogue, delegates noted that violence against women and girls presented the most pervasive and widespread form of human rights abuse, occurring in both the public and private spheres. They acknowledged that the problem was exacerbated by intersecting forms of discrimination and required intersectional preventative solutions.

20. Delegates agreed that violence against women was rooted in gender inequality, power imbalances and discriminatory social norms that perpetuated unequal relations between men and women. Gender-based stereotypes of masculinity and femininity constricted women and negatively affected men, and were often the underlying cause of violence against women. Many stressed that breaking the cycle of violence required changing those social norms and reconstructing and expanding notions of masculinity. Some delegates also noted the links between gender inequality and harmful cultural practices, and stressed that changing attitudes and behaviour on gender was necessarily a long-term endeavour.

21. Delegates welcomed the emphasis on engaging men and boys in the struggle against gender-based violence and noted that men and boys constituted one of the most overlooked actors in the field. They acknowledged the importance of engaging with the widest possible range of stakeholders on the issue and the critical role of men as fathers was highlighted.

Some delegates noted however that male activism in this area was still limited and needed to be fostered. Men and boys needed to be encouraged to act at individual and institutional levels, both as influencers and role models, in reducing gender-based violence against women and girls and promoting gender equality. That was crucial in specific contexts such as post-conflict situations. Delegates also stressed that gender-based violence was not simply a “woman’s concern”, but the concern of all individuals and of society as a whole.

22. Several speakers stressed the responsibility of States to effectively empower women and work to attain gender equality. Comprehensive laws and public policies to promote gender equality needed improvement in many States, including on issues of the financial autonomy and political participation of women. Women were often victims of structural discrimination and States needed to promote and ensure access to justice for women in regard to gender-based violence through impartial legal systems.

23. Many delegates stressed that gender equality benefited both men and women, and was in the interests of society as a whole, whereas rigid gender norms impeded the advancement of all people. Efforts to change the role of women in society necessitated also changing the role of men and empowering men in new ways. Speakers gave examples of efforts to promote paternity leave, which resulted in men having better relationships with their children and contributed to providing new role models of men as caregivers and nurturers, reconceptualizing ideas of masculinity. A more equitable distribution of unpaid family care and domestic work was also critical to reducing intergenerational transmission of violence and transformed gender roles for future generations, while providing space and opportunity for more equal access to and participation in the labour market for women.

24. State education policies should challenge discriminatory gender norms in early childhood and States were urged to ensure that curricula were gender-transformative and gender-sensitive. They should incorporate comprehensive, scientifically-based, age-appropriate comprehensive sexuality education, including on violence, respect and consent.

## **E. Responses and concluding remarks by the panellists**

25. The Special Rapporteur on violence against women emphasized the importance of early education for gender equality and positive masculinity. She also recalled that legally binding instruments such as article 10 (c) of the Convention on the Elimination of All Forms of Discrimination against Women required all States parties to remove and eliminate stereotypical concepts of the roles of men and women at all levels of education. Similarly, article 14 of the Istanbul Convention obliged States to provide education on gender equality. She stressed that stereotypical notions of what it means to be a boy or a girl started to influence children at an early age. The Special Rapporteur also noted the importance of statistical data and awareness-raising activities on the prevalence of gender-based violence and measures to tackle it. She also stressed the particular need to collect and disseminate data on violence against women and on femicides worldwide. The Special Rapporteur concluded by calling on all States to implement the Convention on the Elimination of All Forms of Discrimination against Women and regional conventions, such as the Istanbul Convention, fully incorporate their provisions into national legislation and intensify efforts to prevent violence against women.

26. Mr. Das also pointed to the importance of data collection and collation to keep track of where work had started and where change was happening. He cautioned against the tendencies of the public health model to propose common solutions for diverse and complex issues and stressed the importance of understanding local contexts for culturally adapted strategies. He noted that existing egalitarian traditions could be found in a range of cultures and called upon actors to build upon them. Whilst there could be no common solutions, there could be common principles of gender equality. He cautioned against prioritizing working with men, where sufficient efforts had not been made to work with women and asserted that paternity leave should not take away from maternity benefits for women. He concluded by restating the importance of emphasizing how men stood to benefit from gender equality.

27. Mr. Oko Armah noted the importance of community action and stressed that accountability must start with policymakers in the education system. He underlined the pernicious impact of portraying women and girls as sexual objects in the media, which perpetuated discriminatory perceptions of women. He further emphasized the power of storytelling and the need for more efforts in the media to dismantle harmful stereotypes. He concluded by pointing to the importance of political leadership and accountability to eradicate violence against women.

28. In his concluding remarks, Mr. Keedi underscored the difference between education and gender awareness, pointing out that key actors might be highly educated but with minimal gender awareness. He noted the responsibility of States to recognize how State action could impact men and women differently. He concluded by saying that change was happening, work was being done on the ground and that States should seize the opportunity to use their power to accelerate that change.

29. The moderator concluded by emphasizing that the international community needed to build comprehensive strategies to better leverage the diverse settings where men and boys naturally congregated to infuse gender-equality messaging and skills. Finally, she reaffirmed that promoting healthy masculinities to achieve structural change required a commitment from everyone.

### **III. Women's rights and the 2030 Agenda for Sustainable Development: health and gender equality**

30. The second panel discussion was opened by the Deputy High Commissioner for Human Rights and moderated by the Permanent Representative of Fiji to the United Nations Office and other international organizations at Geneva, Nazhat Shameem Khan. The panel comprised the former President of Finland and Co-Chair of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, Tarja Halonen; the Vice-Minister of Health of Uruguay, Cristina Lustemberg; the Coordinator, Youth Champions Advocacy Network Nepal, Smriti Thapa; and the chief of the joint secretariat for the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, Rajat Khosla of the World Health Organization (WHO).

#### **A. Statement by the United Nations Deputy High Commissioner for Human Rights**

31. In her opening remarks, the Deputy High Commissioner recalled that in 2016 the panel had recognized the importance of achieving the 2030 Agenda for Sustainable Development through a human rights framework, with particular attention to gender equality. Building on that recognition, the Deputy High Commissioner emphasized that human rights could not be fully enjoyed unless the right to health was fully upheld and that enjoyment of the right to health was indivisible from a wider respect for human rights.

32. She noted, however, that the reality of the realization of the rights to and through health for women, children and adolescents, particularly with respect to their sexual and reproductive health and rights, remained unevenly attainable at country level. Discrimination, abuse and violence against women and girls remained one of the most widespread human rights violations. She reminded delegates that health outcomes for girls dramatically worsened at the onset of puberty, owing in part to harmful practices such as child, early and forced marriage and gender-based violence. She also stated that women were denied lifesaving health care because of discriminatory laws, policies and practices, including the criminalization of health-care services that only women needed, and the requirement of third party authorization for women to have access to health care. Those defending and championing health-related human rights were also at risk. She stressed that the need to realize the rights to and through health had never been more pressing, owing to conflict, urbanization, climate instability, environmental degradation and pollution, all of which increased and intensified known health risks.

33. The Deputy High Commissioner stated that positive change was also within reach, as the 2030 Agenda opened up an unprecedented opportunity to advance and realize human rights for all, leaving no one behind. Building on that unique opportunity, she introduced the report of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, launched at the World Health Assembly in May 2017. The High-level Working Group was established by the High Commissioner for Human Rights and the Director-General of WHO and its report built on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

34. Introducing the key recommendations in the report, the Deputy High Commissioner stated that the High-level Working Group urged greater leadership in an integrated health and human rights agenda and the creation of an enabling environment for the realization of the rights to and through health. To achieve this, the High-level Working Group recommended that the right to health be enshrined in law; that health financing be human-rights based; that human rights, including equality, be understood as a key determinant of health; and that social and cultural norms that curtail the right to health be challenged and removed. The High-level Working Group further urged partnering with people themselves as agents for their own health and called for people to be supported to claim their rights; for health workers and others upholding human rights to be protected and defended; and for health laws and policies to be accountable to the people and for the people. It also called for strengthening evidence-based public accountability to rights holders and called upon States to invest in more comprehensive and inclusive data collection and to report regularly on the progress made to the World Health Assembly and the Human Rights Council, underlining the need for increasing cooperation between the two bodies.

35. The Deputy High Commissioner noted that the recommendations of the High-level Working Group had led to unprecedented discussions on the rights to and through health, with States committing themselves to advancing in that area. Nevertheless, she pointed out that the gap between promises and delivery could only be filled by strong leadership in Governments, civil society, the private sector and traditional and faith leaders. She called for vocal champions on the right to and through health and emphasized the urgency of addressing this challenge in order to ensure that the fruits of development were equitably shared and that nobody was left behind.

36. The Deputy High Commissioner concluded by noting the commitment of the High Commissioner and his Office to collaborating with WHO on the implementation of the findings of the report in order to support States in this area. She reaffirmed that the world knew what had to be done in this area and why it was required, and that the only thing needed was the conviction amongst leaders that investment in this was indispensable for the future of all.

## B. Overview of presentations

37. The panel moderator noted that the panel would discuss the synergies between Sustainable Development Goal 3 on ensuring healthy lives and promoting well-being for all at all ages and Goal 5 on achieving gender equality and empowering all women and girls. The discussion intended to secure political support at both national and international levels for implementing human rights measures, as required by the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). She pointed out that the right to health enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights referred to the highest attainable standard of physical and mental health, but that the report of the High-level Working Group referred not only to the right to health, but to the rights both to and through health. This meant that the right to health was not autonomous, but was in fact indivisible from other human rights. Without good health, one could not pursue other human rights, while health could not be attained or upheld without the inherent dignity provided by other human rights.

38. The moderator further emphasized the importance of encouraging both national and international leadership in order to realize the rights to and through health. With or without resources, wise and progressive leadership could address inequities in health outcomes,

remove discrimination in health systems, commit to abandoning harmful practices and guide and inspire others to adopt a human rights-based approach to health policies as part of a transformative leadership agenda. In order to provide such leadership and to achieve effective momentum on such an agenda, in its report the High-level Working Group further called on States to create an enabling environment, forge partnerships with people who were rights holders, strengthen accountability and transparency, and report systematically on health and human rights. She concluded by stressing that political support was fundamental to achieving the agenda and that States must embrace this effort.

39. The former President of Finland and co-Chair of the High-level Working Group, Tarja Halonen, praised the historic moment of structural cooperation between WHO and the Office of the United Nations High Commissioner for Human Rights (OHCHR), created in order to support human rights to and through health. She cautioned that without achieving gender equality and upholding human rights, the Sustainable Development Goals would remain unachievable. Nowhere was the link between gender, human rights and sustainable development more obvious than in health, which she noted was at the heart of sustainable development and enhanced other human rights. Ms. Halonen pointed out that the High-level Working Group had been tasked with securing political support and the implementation of human rights in achieving the 2030 Agenda for Sustainable Development, issuing nine bold recommendations, including three specific recommendations to the Director-General of WHO, on how to realize this task. The nine recommendations were based on three key ideas: that health could not be improved without upholding human rights, that human rights could not be realized without health and that nothing was possible without bold leadership at the highest level. The report provided guidance on how to deliver those goals.

40. Pointing out that the world was at a crossroads of opportunities and challenges, Ms. Halonen noted that some regions were witnessing a backlash against health and human rights, and particularly against sexual and reproductive health rights, including access to safe abortion. Nevertheless, she emphasized that such trends could not halt progress on ending the preventable deaths of women, children and adolescents and achieving gender equality. She stated that it was possible to achieve those goals. Based on the experience of Finland, she stressed that the transformation was nothing to be afraid of and would lead to a better society and happier and healthier people. She noted that successful implementation of the Sustainable Development Goals required the involvement of national and local governments, civil society and the private sector. The report called on leaders in those sectors to take up the challenge to realize the rights to and through health. She stressed that only when health and human rights went hand in hand with a human rights-based approach across sectors, could communities not only survive, but thrive and transform. The main responsibility lay with Member States and Governments, but everyone had a role to play in achieving that reality. Ms. Halonen emphasized the urgency of acting now to ensure that the right to health was not an option that Governments could choose to respect or not, it was a human right.

41. The Vice-Minister of Health of Uruguay, Cristina Lustemberg, stated that in Uruguay the right to health was understood as a basic human right that was intertwined with other human rights that must be guaranteed by States, including the rights to food, water, sanitation, adequate housing, decent work, information, non-discrimination and freedom from violence. Those were examples of human rights determinants of health. The right to health covered both physical and mental health. She noted that psychological harm caused by violence and abuse was harder to heal than physical damage and that it was important to adopt comprehensive and intersectional policies with a central focus on the human being. She emphasized the need to work with victims, their families and the environment. That meant that public health policies should adopt an interdisciplinary and human rights-based approach to health.

42. Ms. Lustemberg also pointed to the experience of Uruguay with a human rights-based approach to health as positive. She noted that the 2008 reform of the national health system had reinforced participation as a guiding principle, with civil society playing a key role in both awareness-raising and implementation. Participation had yielded positive results, as rights holders and civil society had been empowered and actively involved in the

implementation of the reform. She also pointed out that a rights-based approach required the collection, collation and systematization of comprehensive data in order to design adequate policies. Efforts had also been made in health financing to enable universal health coverage. As for the empowerment of women and girls, since 2008 sexual and reproductive health rights had been guaranteed in Uruguay through legislation, including under the sexual and reproductive health law, which guaranteed access to social protection, free access to contraceptives, voluntary termination of pregnancy and freedom from homophobia. Ms. Lustemberg emphasized that health policies must provide adequate responses to local contexts and situations and noted that Uruguay had experienced excellent results in reducing maternal mortality and now had the lowest rate in Latin America.

43. Ms. Lustemberg noted that Uruguay would continue its efforts to address remaining challenges, such as insufficient support for early childhood development and care and remaining gender inequality, and further advance rights to and through health, including through regional collaboration in Latin America.

44. The coordinator of Youth Champions Advocacy Network Nepal, Smriti Thapa, taking the example of sexual and reproductive health, stressed that it was proven that a human rights-based comprehensive sexuality education was essential for young people to protect their health, dignity and well-being. Nevertheless, she pointed out that even where comprehensive sexuality education was put in place as a policy, young people had difficulty in gaining access to it owing to prevailing social stigma and the neglect of the subject in school curricula. She also referred to the obstacles that prevented women and girls from gaining access to sexual and reproductive health services owing to gender stereotyping in society, the horizontal gender segregation of health-care providers and the lack of medical curricula on the gender dimensions of health.

45. Ms. Thapa highlighted the fact that there were an unprecedented number of young people in the world and spoke about the necessity of ensuring youth participation, and particularly young women's participation, in developing, implementing and monitoring health policies and services. She stressed that young people were experts in their own field and not just a demographic dividend, vulnerable group or "the future", as they were frequently characterized. They were the present. As an example of youth taking an active role, she pointed to the strong influence of peers on youth health behaviours, highlighting the positive impact that youth-led initiatives in health, such as peer education programmes, had had. She emphasized that in order to ensure that no one was left behind by 2030, youth voices, their experience, their agency, bodies and life had to be acknowledged. She also stressed the role that youth leaders and youth educators could have as role models and by bringing in innovative solutions, including in achieving the 2030 Agenda.

46. The chief of the joint secretariat to the High-level Working Group, Rajat Khosla, began by recalling that the right of all to the highest attainable standard of physical and mental health without discrimination was first pronounced in 1948 in the WHO constitution and yet the discussion still began with why rather than how this could be attained. He noted that women's rights were still discussed with scepticism in international forums.

47. Mr. Khosla emphasized that in 2015, States had committed themselves to leaving no one behind under the 2030 Sustainable Development Agenda and that they were legally obliged under international law to enable everyone to realize the right to health. He stated that the right to health was a prerequisite for enjoying all other human rights and that good health could not be enjoyed unless human rights were realized. However, he pointed out that the realization of human rights and sexual and reproductive health rights, including access to safe abortion in particular, remained seriously uneven and stressed that without the realization of women's sexual and reproductive health and rights, not only Sustainable Development Goals 3 and 5 but the whole 2030 Agenda would be unachievable. In that regard, he called on all leaders, including those in the conference room, to be responsible and take concrete action not only at global forums, but once they were back in their countries and communities.

48. Mr. Khosla underlined the crucial role of health workers in implementing a human rights-based approach, as they played an important role in managing client complaints, civil registration, including birth registration, and reporting on the causes of death, which was a

bedrock for health systems and quality planning. He emphasized that committed leadership could achieve set targets and safeguard the rights of women and adolescents, provided that they were enabled to access comprehensive information, exercised autonomous decision-making and received services, *inter alia*, for mental, physical sexual and reproductive health. He concluded that it was possible to improve health outcomes for all and transform society, but only if everyone shouldered their responsibilities.

### **C. Interventions by representatives of Member States, observer States and other observers**

49. Delegates strongly affirmed that meeting the Sustainable Development Goals necessitated investing in women and girls, which should be seen as an investment in healthy and prosperous societies. Many delegations, across all regions, expressed strong appreciation of the report of the High-level Working Group and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Several delegations encouraged closer collaboration between WHO and OHCHR, including through the joint programme proposed by the High-level Working Group.

50. Many delegations emphasized the need to mainstream a gender perspective in all targets of the Sustainable Development Goals, while stressing that Goals 3 and 5 of were interlinked in nature. Attaining gender equality under Goal 5 required improving the access to health for all women and girls, as women's ability to enjoy rights to and through health depended on the absence of discrimination. Where the right to health was upheld, individuals were more likely to claim other rights, including the rights to education and to the equal participation of women in society and leadership. They identified gender inequality, intersecting forms of discrimination, harmful social and cultural norms and practices, and the gender-based violence faced by women and girls as major barriers for the enjoyment by women and girls of the right to and through health. Some delegates cautioned that efforts to achieve gender equality and health and well-being for all should be pursued based on the national priorities and cultural, religious, historical and development contexts of each State.

51. Many delegations expressed concern over the continuing lack of access for women and girls to sexual and reproductive health services. Several delegates emphasized the importance of realizing sexual and reproductive health and rights for women and girls, including access to comprehensive sexual education and safe abortion, as essential elements for achieving Sustainable Development Goals 3 and 5. Delegations stated that 40 per cent of the world population lived in countries with restricted access to abortion and that the need for family planning of 220 million women worldwide had not been met, resulting in 20 million unsafe abortions each year. Complications during childbirth and pregnancy were the second leading cause of death for girls aged between 15 and 19. The respect and fulfilment of sexual and reproductive health rights enabled women and girls to claim other rights. Delegations noted that harmful social and cultural norms presented a discriminatory barrier to the enjoyment by women and girls of their sexual and reproductive health rights, undermining their dignity and well-being. Delegations also emphasized that women and girls should have autonomy over their own lives and bodies, which should be guaranteed through choice and access to comprehensive sexual education, information and sexual and reproductive health services. Some delegates highlighted the heightened risk of discrimination and exclusion faced by lesbian, gay, bisexual, transgender and intersex persons, resulting in the denial of their enjoyment of the right to health, including sexual and reproductive health and rights.

52. Some delegates noted the disproportionate impact of humanitarian crises on women and girls, noting that more support needed to be given to women's groups operating in those contexts. In fragile or conflict situations, health rights might be marginalized by a focus only on peace. Delegates also emphasized the importance of access to sexual and reproductive health rights during crises and in humanitarian settings, in order to empower women. They noted the need to improve the collection of data and information on access to primary health care and sexual and reproductive health services in order to monitor the access of women and girls to services and improve accountability mechanisms. Some

underlined the importance of applying a human rights-based approach to health. Delegations also emphasized the importance of ensuring youth participation, addressing mental health and eliminating gender-discriminatory criminal laws and the gender divide in digital technology.

#### **D. Responses and concluding remarks**

53. Ms. Halonen commented on the way in which States could ensure the accessibility of good quality health systems, including service provision on sexual and reproductive health. She highlighted three points: (a) budget analysis to ensure sufficient resources were allocated for the health system; (b) the empowerment of health workers; and (c) adoption of a multi-stakeholder approach, involving all relevant actors. She stressed the crucial role of national and local governments, the need for States to work with civil society and the private sector, and the need to place the individual at the heart of designing health-care systems. In her concluding remarks, Ms. Halonen called for further cooperation between a wide range of United Nations entities. She also commented on the importance of demystifying the stigma surrounding mental health, the protection of sexual and reproductive health and the rights of lesbian, gay, bisexual, transgender and intersex persons.

54. Ms. Lustemberg reflected on the experiences of Uruguay in ensuring respect for the sexual and reproductive health needs of women and lesbian, gay, bisexual, transgender and intersex persons in health systems. She shared the actions taken by Uruguay in that regard, including: (a) the adoption of legislation guaranteeing sexual and reproductive health rights in both public and private health services; (b) the establishment of interdisciplinary teams in health-care institutions, which delivered confidential services to all users; (c) providing basic and free contraceptive services in public health structures; (d) accrediting health-care institutions that provided services free from homophobia and developing guidelines and a manual on guaranteeing the rights of lesbian, gay, bisexual, transgender and intersex persons in health-care settings; (e) developing a regional strategy for South America to reduce the number of teenage pregnancies by promoting the use of and access to contraceptives, and providing counselling and compulsory sexuality education in schools; and (f) legal recognition of safe and voluntary abortion. Ms. Lustemberg concluded that better political representation of women was required to address inequalities in and between countries and that real political leadership was needed at the highest levels in order to translate words into action.

55. Ms. Thapa highlighted the importance of gender-sensitive disaster preparedness, including measures to ensure access to sexual and reproductive health services in humanitarian situations. She noted the recent experience of Nepal in the aftermath of the earthquake, pointing out that despite the efforts made for disaster preparedness of the country prior to the earthquake, sexual and reproductive health services were not included in the immediate humanitarian response. The response lacked minimum services and did not even account for menstrual hygiene. She stated that based on that experience, the Government had worked together with civil society organizations and adopted guidelines and policies for humanitarian responses, addressing gender-related issues, including gender-based violence, safe abortion and women's health needs more generally.

56. Ms. Thapa further noted that many adolescents were not aware of their rights to sexual and reproductive health, stressing the need to address social and cultural barriers. In doing so, she urged working with religious organizations and leaders in order to combat extremism and empower young women with leadership and opportunities. She highlighted the need for qualitative indicators on sexual and reproductive health rights and obstetric violence, concluding that a truly gender-equal world was only possible when women and girls had autonomous authority over their own bodies based on the recognition that sexual and reproductive health rights were fundamental human rights.

57. Mr. Khosla considered that the issue of gender-based violence was intersectional, but that this aspect had not been properly addressed. In terms of a way forward, he stressed the importance of (a) applying evidence-based interventions; (b) engaging men and boys to

change harmful masculinity and gender norms; (c) adopting a long-term systematic approach, rather than ad hoc and short-term interventions; (d) respecting the leadership of women and girls as agents of change; and (e) strengthening the role of health workers to address violence against women and girls, including in the identification of early warning signs, based on the WHO Global Plan of Action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.

58. Mr. Khosla also emphasized that OHCHR and WHO should start working more closely together and confirmed the readiness of WHO to do so, referring to the statement by the new Director-General of WHO, in which he had recognized the importance of health and human rights.

59. On prioritizing sexual and reproductive health in humanitarian settings, Mr. Khosla stressed that an evidence-based approach had been established which required (a) recognizing the role of women as first responders and not merely as victims; (b) applying multi-hazard risk assessments and providing comprehensive sexual and reproductive health services from the onset of a humanitarian crisis; and (c) collecting good quality data on sexual and reproductive health.

60. Mr. Khosla concluded with a call to ensure accountability, which lay at the heart of the 2030 Agenda. He stressed that there was a need to go local and to recognize the role of young women effecting change at that level.

61. Recognizing the rich and constructive discussion, the moderator concluded by noting the broad understanding of the right to health as an enabler of other rights and the commitment expressed by many actors. She emphasized the need to fully utilize the political momentum created by the High-level Working Group in order to implement its recommendations for the well-being of the world population and particularly for women and girls. She urged each State to take ownership of the report of the High-level Working Group and to take action in order to move the agenda forward.

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