

Realising the health-related rights of women, children and adolescents health Draft discussion paper¹

Abstract

Realising the human rights of women, children and adolescents health lies at the core of the Global Strategy on Women's, Children's and Adolescents' health. This is an important acknowledgment, which flows from the recognition that, unless human rights are integrated throughout the Strategy, the overall objective of every woman, every child and every adolescent will not be realised. Realising the right to health is not only important for health outcomes, it is a binding obligation.

Although important gains have been registered subsequent to the launch of the Global Strategy for Women and Children (2010), women, children and adolescents continue to face multiple barriers and violations in their realisation of their health and human rights. Socially-determined inequalities are responsible for many of these deaths, and insufficient attention to discrimination and social exclusion in policy development and service provision are undermining efforts to ensure and improve both access to, and quality of care for women, children and adolescents. Too few women, children and adolescents are able to participate meaningfully or even to have their interests represented in the development, implementation and evaluation of laws, policies and services which affect their health and well-being due, among other reasons, to gender-based stereotyping and entrenched patterns of discrimination, restrictive age norms, discriminatory or prohibitive legal environments and lack of education.

Health is a fundamental, justiciable human right indispensable for the exercise of other human rights and is, consequently, interdependent with and indivisible from other human rights, including the rights to life, bodily integrity, autonomy, legal capacity, information and privacy, to be free from torture or cruel, inhuman or degrading treatment or punishment, and to exercise control over one's sexuality. Key human rights interventions which would advance the health and health-related rights of women, children and adolescents include interventions in the area of policy and legislation, equality and non-discrimination, health service delivery, the underlying determinants of health and accountability.

I. Background and introduction

The 2010 Global Strategy for Women and Children's Health builds on commitments made by countries and partners in fora such as the Programme of Action agreed at the International Conference on Population and Development and the Beijing Declaration and Platform for Action agreed at the Fourth World Conference on Women.² It also builds on regional commitments such as the Maputo Plan of Action and the African Union Summit Declaration 2010 for Actions on Maternal, Newborn and Child Health.

The 2010 Global Strategy, with its emphasis on accountability, non-discrimination and equity and participatory decision-making processes, called for the integration of a human rights-based approach. The Strategy made recommendations highlighting: ensuring entitlements; context and capacities;

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² Other fora include the ECOSOC Ministerial Review on Global Health and the 54th session of the Commission on the Status of Women.

integration and innovation, equality and non-discrimination; monitoring and accountability; and sustainability.³

Although important gains have been registered, both in terms of levels of morbidity, mortality and human rights guarantees, women, children and adolescents continue to face multiple barriers and violations in their realisation of their health and human rights.⁴ Every preventable death poses a challenge to health, development, and human rights initiatives.⁵ Socially-determined inequalities are responsible for many of these deaths, and insufficient attention to discrimination and social exclusion in policy development and service provision undermine efforts to ensure and improve access to, and quality of, care for women, children and adolescents. The reaffirmation of the centrality of the rights of women, children and adolescents in the renewed Global Strategy⁶ is an important acknowledgment which flows from the recognition that, unless human rights are central and integrated throughout the Strategy, important protection gaps in this area will remain.

II. Stating the problem

The denial of human rights is implicated in many of the barriers to accessing health care which are experienced by women, children and adolescents. Health is a fundamental human right indispensable for the exercise of other human rights and is, consequently, interdependent with and indivisible from other human rights.⁷ The following section highlights some of the specific human rights concerns related to women's, children's and adolescents' health.

Women and girls

As noted by the 1998 World Health Report, women's health is "inextricably linked to their status in society" and "benefits from equality, and suffers from discrimination".⁸ The lower status of women and girls in society, and stereotyped gender roles, reflect the patterns of exclusion and power differentials that they face in their households, communities and in larger society. Laws, policies and practices often deny them control over their lives and well-being and an equal status in society,⁹ and the resulting differential access to health care accounts, for instance, for high maternal mortality rates and the disproportionate representation of women in the prevalence of many illnesses, including mental health problems. Applying a human rights framework is premised

³ Every Women Every Child, Recommendations on Human Rights, 2010, available at http://www.who.int/pmnch/activities/jointactionplan/100922_3_humanrights.pdf?ua=1

⁴ Trends in maternal mortality: 1990 to 2013, Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division; WHO, Geneva 2014. See also Levels and Trends in Child Mortality, Report 2014, Estimates developed by the UN Inter-agency Group for Child Mortality Estimation; UNICEF, New York, 2014.

⁵ S. Kuruvilla, F. Bustreo, P. Hunt et al., The Millennium Development Goals and Human Rights: Realizing Shared Commitments; Vol 34 No.1 HRQ pp.141-177, 2012.

⁶ The right to health is recognised by several human rights instruments, including the International Covenant on Economic, Social and Cultural Rights (article 12), the Universal Declaration of Human Rights (article 25(1)), the Convention on the Rights of the Child (article 24), the Convention on the Rights of Persons with Disabilities (article 25), the Convention on the Elimination of All Forms of Discrimination against Women and (articles 10(h), 11(f), 11(2), 12 and 14(2)(b)), the International Convention on the Elimination of Racial Discrimination (article 5(e) (iv)).

⁷ See CESCR, General comment No. 14, para. 1.

⁸ World Health Report 1998, Life in the 21st Century: A vision for all, p.6.

⁹ OHCHR, Preventable maternal mortality and morbidity and human rights, A/HRC/14/39.

upon the goal of empowering women and girls to claim their rights to live in dignity, and not merely avoiding ill-health or death.

Ensuring that women and adolescent girls have full autonomy over their bodies and their lives is the first crucial step towards achieving substantive gender equality and enhancing their health and well-being. The right of women and girls to make autonomous decisions about their personal lives is at the heart of living a life in dignity. Recognising women's autonomy also requires ensuring women's economic independence, especially within the household. This lack of autonomy and economic independence affects the ability of women to access health services or to interact with health systems in ways that respect their rights to privacy and confidentiality, which in turn may inhibit them from seeking these services.

A new Global Strategy which embraces women's and adolescent girls' human rights in their totality will need to actively combat gender stereotypes and affirm their equal rights and autonomy. In doing so, it would need to promote a comprehensive package of services¹⁰ for women's and girls' health and ensure the protection of women and girls from violence and harmful traditional or cultural practices, among other violations by third parties.¹¹ The Global Strategy should also advocate for greater accountability and access to remedies for rights violations, including through enabling environments for women to claim their rights, ensuring their full legal capacity, autonomy and agency, and protecting the rights to freedom of expression, association and assembly. In this regard, special attention to the health needs of the most marginalised groups of women and girls is required including, especially, women and girls with disabilities, women and girls belonging to sexual minorities and ethnic minorities, women and girls living with HIV/AIDS, sex workers, women discriminated against on account of their civil or mobility status and women and girls living in rural areas.

Children

The failure to accord to the child a full recognition of his or her status as a rights-holder, which is critical for any rights to be claimed, impacts negatively on the realisation of the child's right to health. Inadequate attention to the need to ensure that the best interests of the child are assessed and taken as a primary consideration in all actions affecting children is also implicated in poor responses to child health, as is the violation of the right of children to express their views and to have these views seriously taken into account, according to the age and maturity the child.¹²

Most mortality, morbidity and disabilities among children could be prevented with political commitment and the allocation of sufficient resources for the application of available knowledge and technologies for prevention, treatment and care.¹³ One major challenge is that the interlinked

¹⁰ Primary health care services for the treatment and prevention of illnesses affecting women, family planning services; prevention and management of sexually transmitted infections, including HIV; management of unintended pregnancies, including access to safe abortion services, wherever legal, and post-abortion care; appropriate antenatal care; detection of domestic violence; skilled birth attendance; comprehensive sexuality education; management of pre-labour rupture of membranes and preterm labour; induction of labour for prolonged pregnancy; prevention and management of post-partum haemorrhage; caesarean sections; and appropriate post-partum care.

¹¹ See CESCR, General comment No. 14, para. 51.

¹² Committee on the Rights of the Child (CRC), General comment No. 15 (2013) on the right of the child to the highest attainable standard of health, paras. 12 and 19. See also CRC General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration.

¹³ CRC General comment No. 15, para. 1. See also Levels & Trends in Child Mortality Report 2014, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, p. 2.

root causes of child mortality and morbidity are not systematically identified or adequately addressed.¹⁴ These root causes include poverty, malnutrition, gender inequality, harmful practices, violence, stigma, discrimination and unsafe households and environments.¹⁵

The diverse and particular health needs of marginalised or vulnerable groups of children, including children with disabilities, children affected by HIV/AIDS¹⁶ or other diseases, migrant children, indigenous children, children in detention, child refugees and IDPs, children living in rural areas, children in street situations and children living in poverty, require more focused attention.

Adolescents

While maternal and child mortality and morbidity have received increasing attention in recent years, adolescent health challenges have not benefited to the same extent despite the fact, for instance, that the highest rate of maternal deaths is among adolescent girls. Adolescence is an important developmental stage presenting particular challenges for health and well-being. From puberty, the risks associated with sexual violence, child and early marriage, unwanted pregnancy, maternal mortality and morbidity and the incidence of HIV and other sexually transmitted infections (STIs) increase exponentially.

Around 1 in 6 persons in the world is an adolescent and, while most are healthy, mortality and morbidity rates are still significant among adolescents. Poor health can hinder their ability to grow and develop to their full potential. Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence can jeopardise their current and future health, and nearly 35% of the global burden of disease has roots in adolescence.¹⁷

Adolescents also face significant barriers in accessing quality health care and services, particularly access to sexual and reproductive health services and information (including sexuality education), which are responsive to their particular needs and their evolving capacities. Access to sexual and reproductive health services and information is often hindered as a result of policies which facilitate the conscientious objection of health service providers, requirements for third party consent or accompaniment, cultural norms which discourage or prohibit access and gender discrimination.

III. Response and priority interventions

For the realisation of the right to health of all women, adolescents and children the renewed global strategy should require a comprehensive response that ensures: (a) the recognition in law

¹⁴ The leading causes of death and disability among children are pre-term birth complications, pneumonia, intra-partum-related complications, diarrhoea and malaria and, globally, nearly half of under-five deaths are attributable to under-nutrition. Levels & Trends in Child Mortality Report 2014, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, p.1. A high burden of child morbidity is also attributable to violence against children, including physical, sexual and psychological violence: See also Report of the United Nations High Commissioner for Human Rights on the right of the child to the enjoyment of the highest attainable standard of health, December 2012, A/HRC/22/31, paras. 54-56.

¹⁵ See Technical Guidance on Child mortality and morbidity (A/HRC/27/31), para. 21, which also refers to the denial of the right to safe drinking water and sanitation, lack of accessible, affordable and appropriate health services and medicines, late detection of childhood illnesses and denial of the right to education as other factors.

¹⁶ CRC General Comment No. 3 (2003) on HIV/AIDS and the rights of the child.

¹⁷ See Adolescents: health risks and solutions, WHO Fact sheet N°345 (Updated May 2014): Globally, the leading causes of death among adolescents are road injury, HIV, suicide, lower respiratory infections and interpersonal violence. Depression, road injuries, iron deficiency anaemia, HIV and suicide are the major causes of disability-adjusted life years lost in adolescents.

and in practice of the legal autonomy of women and adolescents as rights-holders, including the recognition of the legal status of specific groups in situations of marginalisation and exclusion, with the ability to claim rights¹⁸ and hold governments to account, as well as the protection of the best interests of the child; (b) respect for the voice, agency and active participation of women and adolescents, including their capacity to make informed decisions on their own health, and the right of children to be heard; (c) equality and non-discrimination in access to quality and acceptable health services and information in ways that respect the right to privacy and informed consent; and (d) accessible, transparent, inclusive and effective mechanisms for monitoring, review and redress in order to hold governments accountable for their human rights obligations and responsibilities.

The purpose of this section is to identify key human rights interventions which would advance the health and health-related rights of women, children and adolescents. As the normative framework is already well-established and the protection gaps are largely due to non-implementation rather than a lack of clarity on the applicable norms, the interventions proposed draw on an existing body of normative work in this area.

A. Enabling policy and legal environment

Laws and policies have a direct bearing on the realisation of health and human rights by women, children and adolescents, and an enabling legal and policy environment is, therefore, necessary.¹⁹ Legislative interventions in this area should be geared towards the enactment, amendment or repeal of laws, as necessary, in order to align the legal framework with human rights norms and standards and to ensure that international human rights norms and standards have been incorporated into domestic law.²⁰ Similarly, action should be taken at a policy level to ensure that health and health-related policies also accord with human rights.

This requires the **assessment of existing legal and policy frameworks as part of a comprehensive analysis**, through a participatory, inclusive and transparent process, with stakeholder consultation throughout. Measures should be taken to **enable the participation of disadvantaged or marginalised populations**, with the views of children and adolescents seriously taken into account in accordance with their age and maturity.

In accordance with the problems identified in section II above, proposed interventions in this area include:

- **Express legal recognition of equality between genders, sexual and reproductive health rights, and health as a human right**, accompanied by legal provision for women's, children's and adolescents' access to services:²¹ The objective of laws and policies addressing discrimination should include reducing inequalities both between the general public and the target groups, as well as inequalities within these groups.
- **The repeal, rescission or amendment of laws and policies that create barriers to access to health services and that discriminate**, explicitly or in effect, against

¹⁸ See 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 (A/HRC/21/22), para. 10.

¹⁹ Technical Guidance on Child mortality and morbidity (A/HRC/27/31), para. 35.

²⁰ See 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 (A/HRC/21/22), para. 30.

²¹ See 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 (A/HRC/21/22), para. 30.

women, girls and adolescents as such or on the basis of their gender, marital status, sexual orientation, health status, socio-economic, immigration or other status. Laws which criminalise specific sexual and reproductive conduct, decisions, and identities, such as abortion, same-sex intimacy, sex work, particular conduct during pregnancy and the delivery or receipt of sexual and reproductive health information should be repealed.²²

- Violence against women, children and adolescents, including gender-based violence, should be proscribed and prosecuted by law, with provision for victims' redress and/or compensation.
- Laws and policies should promote positive measures to ensure primary health care services, sexual and reproductive health services, maternal health services, neonatal, child and adolescent health services are available, accessible, acceptable and of good quality for all women, children and adolescents.
- Laws and policies should protect the right of all, including adolescents who often face particular restrictions either due to misconceptions around adolescent sexuality or legal requirements for parental authorisation, to privacy within health care settings.
- Ensuring stakeholder participation - through the creation of an enabling environment - in priority-setting, in policy and programme design, implementation, monitoring and evaluation, and in accountability mechanisms.²³

B. Planning and budgeting

States have an obligation to take steps to achieve the progressive realisation of the right to health of women, children and adolescents to the **maximum of their available resources**.²⁴ In this regard, it is vital that priority be given to securing adequate funding for the health and health-related sectors, primarily through domestic allocation.²⁵ With a view to facilitating the implementation of health policies and programmes for the target groups, health authorities are obliged under human rights law to elaborate comprehensive plans of action, in line with human rights obligations.

Interventions in this area could include:

- A systematic and human rights-based assessment of health and related sector needs as they apply to women, children and adolescents, taking into account the underlying determinants of health specific to these populations.
- The design of plans of action which mandate explicit action to ensure the accessibility, availability, acceptability and quality of facilities, goods, and services and address barriers to women, children and adolescent's access to health services.
- Ensuring that national plans of action are informed by appropriately **disaggregated data, incorporating attention to groups that are marginalised, discriminated against**

²² See Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, December 2009 (A/64/272), para. 62.

²³ Technical Guidance on Child mortality and morbidity (A/HRC/27/31), paras. 28 and 29.

²⁴ Covenant on Economic, Social and Cultural Rights (ICESCR), article 2(1). See also See 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 (A/HRC/21/22), para. 21.

²⁵ Covenant on Economic, Social and Cultural Rights (ICESCR), article 2(1).

and have the poorest health indicators, and integrating analysis of legal and policy barriers to the realisation of the right to health, particularly for women, adolescents, and children.

C. Equality and non-discrimination

Widespread **discrimination and prejudice against women seriously hampers their ability to enjoy their fundamental human rights**. This is true also for women, children and adolescents subjected to stigma and discrimination on account, for instance, of their sexual orientation, gender identification and HIV/AIDS, socio-economic, immigration or other status, who typically experience multiple forms of discrimination.

Affirming equal rights for all women, children and adolescents in all spheres and their autonomy to claim and exercise their rights requires the **dismantling of harmful social norms and gender stereotypes**.²⁶ For adolescents, particularly, these stereotypes encourage policies and practices which deny them access to essential information and services.²⁷

In addition to other interventions proposed elsewhere in this paper to address discrimination, interventions in this area include:

- Girls and boys should have equal access to **adequate nutrition, safe environments, and physical as well as mental health services. Harmful practices** (such as female genital mutilation, child, early and forced marriage and the preferential care of male children) affecting the health of children should be the subject of **robust measures designed to end these practices**.
- Ensuring women's freedom to claim their human rights, including through protection of freedoms of expression, assembly and association.
- **Re-orientation of the primary health care system to provide sexual and reproductive health information and services** as one of its key priorities, and the inclusion of essential sexual and reproductive health services in both supply and demand side financing schemes.

D. Delivery of rights-based services

A human rights framework for realising the right to health to health of women, children and adolescents calls for national governments to ensure that **health facilities, goods and services are of good quality, are available in sufficient quantity, and are physically accessible and affordable on the basis of non-discrimination**. Accessibility extends to the removal of barriers to accessing health facilities, goods and services as well as to the accessibility of health-related information (including information on sexual and reproductive health) which empowers individuals to make fully informed decisions about their health. Health facilities, goods and services are also required to be acceptable, that is, gender- and child-sensitive, culturally appropriate,

²⁶ OHCHR, Gender Stereotyping as a Human Rights Violation (2013), p. 27

²⁷ Key areas for action pertaining to human rights outlined in the ICPD beyond 2014 review process include: equality, quality and accountability. This reflects the continuing reality that (1) widespread discrimination and prejudice against women, and especially discrimination and stigma against particular groups of women, seriously hampers their ability to enjoy their fundamental human rights; (2) the lack of prioritization and investment in health services that only women require, or complete denial of such services, impacts negatively on women's enjoyment of a host of human rights; and (3) when these rights are violated, there is an accountability deficit which manifests in multiple ways including justification of violations in the name of culture, religion and tradition, lack of access to accountability mechanisms for social and economic reasons, and absence of appropriate remedies.

scientifically and medically appropriate, and respectful of the right to informed consent and confidentiality, as well as medical ethics.

Interventions in this area could include:

- Health authorities should invest adequate resources into the development of strong health systems which are responsive to needs of women, children and adolescents and enlist the participation of these populations in the **design of rights-based service delivery standards** and intervention strategies to improve quality of care.
- Health systems should be administered by well-trained and appropriately deployed health workforces with the **necessary competencies in women's, children's and adolescents' health and related human rights**. Training on the health rights of women, children and adolescents, including on rights related to accessing sexual and reproductive health services and information, should be an integral part of all training for health personnel.
- Access to rights-based services for women, children and adolescents requires interventions aimed at the **prevention and treatment of diseases affecting them, as well as the provision of high quality and affordable health care**. This involves the improvement of sexual and reproductive health services to meet human rights, medical ethics and public health standards and ensuring that sexual and reproductive health information, counselling and education, including comprehensive sexuality education, is evidence-based and supportive of human rights.
- Health authorities should take measures to reduce infant and child mortality and promote the healthy development of infants and children.²⁸ Promoting the healthy development of the child also entails providing access to essential health services for the child as well as comprehensive maternity benefits and pre- and post-natal care for mothers, given that maternal health is a strong determinant of neonatal and child health.
- Interventions geared towards adolescent health should aim to promote a safe and healthy passage through this crucial transition to adulthood by providing adolescents with the knowledge, information and support systems they need to make healthy choices. They should, in addition, ensure **access to a safe and supportive environment which affords them the opportunity to participate in decisions affecting their health**, to build life-skills, including those impacted by gender relations, to acquire appropriate information and to receive counselling. In accordance with their evolving capacities, adolescents should be able to access confidential and non-judgmental sexual and reproductive health services without the need for parental the consent or accompaniment of a parent or other adult *in loco parentis*.

E. Structural and other determinants of health

The right to health is an inclusive right, extending not only to timely and appropriate health care but also to the underlying determinants of health.²⁹ The factors that determine the ability to enjoy optimal health for women, children and adolescents include gender-based stereotyping and entrenched patterns of discrimination, which result in limiting access to determinants such as the

²⁸ Convention of the Rights of the Child, article 24.

²⁹ CESCR, *General Comment No. 14*, para. 11.

right to an adequate standard of living, the right to education and to autonomous decision-making in sexual and reproductive health issues, and structural determinants such as policies and administrative structures and systems. For children, key determinants include the realisation of the mother's right to health and the role of parents and other caregivers and determinants at work in the immediate environment of families, peers, teachers and service providers.³⁰ A human rights-based approach to women's, children's and adolescents' health requires a multi-faceted, multi-sectoral approach which addresses the determinants of health.

Interventions in this area could include:

- **Identifying and assessing the structural determinants of women's, children and adolescents health based on a participatory approach**, with a view to developing comprehensive strategies to advance women's, children's and adolescents' health. The collection of comprehensive data disaggregated by factors such as age, gender, socio-economic status, geographical region and ethnic group is indispensable to the identification of marginalised and vulnerable populations as well those subject to discrimination, and to the factors undermining the enjoyment of their health and health-related rights.
- **Addressing structural determinants of health:** This requires coordination between different ministries and departments, including education, health and finance and, similarly, multi-sectoral approaches to empowering women, children and adolescents to claim their health and health-related rights are critical to improving health and well-being.³¹

F. Accountability

A human rights-based approach depends on fostering the accountability of multiple actors at various levels, within and beyond the health sector, including, but not limited to professional, health system, institutional, private actor and donor accountability.³² According to a recently conducted review there are significant gaps in accountability mechanisms for **monitoring, review and remedy or action**, particularly relating to vital registration and health information systems, and to the activities of the non-state stakeholders who made commitments to the Global Strategy - including multilateral organisations, non-governmental organisations, donors, foundations, healthcare professional associations, academic institutions and the private sector - working in the area of women's and children's health. There is an urgent need for monitoring and independent review mechanisms that inform remedial actions for all stakeholders in order to achieve results for women's and children's health.³³

Human rights accountability requires multiple forms of review and oversight, including administrative, social, political, legal and international accountability, as more fully elaborated upon in the Technical Guidance on maternal morbidity and mortality.³⁴

³⁰ Committee on the Rights of the Child (CRC), General comment No. 15 (2013) on the right of the child to the highest attainable standard of health, paras. 17 and 18. See also See Committee on the Elimination of Discrimination against Women, general recommendation No. 24 (1999) on women and health, *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 38 (A/54/38/Rev.1)*, chap. I, sect. A.

³¹ *Every Woman, Every Child* Determinants of Health Working Group, Draft working paper: Socioeconomic, political and environmental determinants.

³² 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 (A/HRC/21/22), para. 75.

³³ PMNCH, Review of Global Accountability Mechanisms for Women's and Children's Health, 2011.

³⁴ 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, (A/HRC/21/22), para. 74.

Interventions in this area include:

- **Regular reviews**, conducted in a fully participatory and inclusive manner, of the performance of health systems and the identification of vulnerable groups or those experiencing discrimination in access to health care.³⁵
- **Establishing or strengthening existing systems to track the implementation of Universal Periodic Review (UPR)** recommendations in conjunction with recommendations by other international, regional and national human rights mechanisms.
- **Comprehensive data collection, including disaggregation according to factors such as gender, age, ethnicity, socio-economic background**, location, disability, civil status, HIV or other status, as well as the collection of qualitative and quantitative data, in order to identify such groups and analyse and address disparities in access to health care.³⁶
- **The establishment or strengthening of existing processes and mechanisms for independent accountability** at the national, regional and global level both within the health and the justice systems.³⁷ These include mechanisms such as national human rights institutions, ombudspersons, the UPR, the human rights treaty bodies and Special Procedures of the Human Rights Council.
- The establishment of processes and mechanisms, including courts or quasi and non-judicial bodies, such as national human rights institutions, ombudspersons and sub-national **social accountability and complaints mechanisms**, for the redress of violations of the right to health. These processes and mechanisms should be readily available and accessible to women, children and adolescents and decisions should be enforceable.³⁸

IV. Conclusion

Placing human rights at the heart of the renewed Global Strategy requires action beyond a broad statement of commitment to human rights. Every area covered by the Global Strategy includes critical human rights dimensions, which must be fully integrated in order to ensure that human rights are operationalised. To this end, the Global Strategy should draw on the available guidance, referred to in this paper, with a view not only to improving the practical implementation of health and health-related obligations but also to the development of best practices.

³⁵ UNFPA, *Lessons From the First Cycle of the Universal Periodic Review: From Commitment to Action on Sexual and Reproductive Health and Rights*, p.44, paras. 6-7.

³⁶ CESCR General comment No. 14, para. 20.

³⁷ The summary of the Stakeholders' Meeting in New Delhi in February 2015 makes reference to the following: "The centrality of human rights based approach for the updated Global Strategy was discussed with a particular focus on creating an enabling legal and policy environment for the promotion and protection of health and human rights of women, children and adolescents. Discussions focused on ways to ensure greater attention on these issues within existing UN human rights mechanisms and also explore the possibility of a global commission on health and human rights, as recommended by the iERG. Future discussions will need to determine the scope and viability for this commission and ensure that it builds on existing mechanisms rather than creating new ones."

³⁸ See Technical Guidance on Child mortality and morbidity (A/HRC/27/31), paras 64-67.

Annex I

I. Alignment with the existing SDG targets

The interventions and framework proposed here is aligned as follows with the targets proposed by the OWG for SDGs:

| No. | Proposed human rights interventions for women, children and adolescent health | SDG targets |
|-----|---|--|
| 1. | Ensuring an enabling legal and policy environment | 10.3, 16.9, 16.10 |
| 2. | Address structural determinants of women, children and adolescents health | 1.3, 1.4, 1.5, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5, 3.7, 4, 5, 6.1, 6.2, 8.5 |
| 3. | Address discrimination and inequalities in access | 3.8, 5, 10.2 |
| 4. | Enhance quality of care based on human rights | 3.8 |
| 5. | Ensure accountability | 16.3, 16.7 |