CHAPTER 3

The Human Rights-based Approach to Girls' and Women's Health

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THE HUMAN RIGHTS-BASED APPROACH TO HEALTH

The right to the highest attainable standard of health is a human right recognized in international human rights law, in various international and regional human rights instruments, including ICESCR (International Covenant on Economic, Social and Cultural Rights), CEDAW (International Convention on the Elimination of All Forms of Discrimination against Women), and CRC (Committee on the Rights of the Child) (Box 3.1).

Some human rights instruments address the right to health in general terms; others address this right in relation to specific groups, such as women, children, people with disabilities, or migrant workers.

Noteworthy is the fact that **every State of the world has ratified at least one of these international human rights instruments recognizing the right to health**. Therefore, under international human rights law, these States become duty-bearers with an obligation to respect, protect, and fulfill the right to health in their country. The obligation to fulfill means that the State must facilitate positive measures and take concrete steps toward the progressive realization of the right to health.

Committee on Economic, Social and Cultural Rights (CESCR) General Comment 14 on "the right to the highest attainable standard of physical and mental health" explains the normative content of Article 12 of the International Covenant on Economic, Social, and Cultural Rights. It describes the right to health as a "right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health".[1]

Box 3.1: The right to health in the core human rights instruments.

- *Article 5:* International Convention on the Elimination of All Forms of Racial Discrimination
- *Article 12:* International Covenant on Economic, Social and Cultural Rights
- *Articles 11, 12, and 14:* International Convention on the Elimination of All Forms of Discrimination against Women
- *Article 24:* Convention on the Rights of the Child
- *Articles 28, 43, 45:* International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
- *Article 25:* Convention on the Rights of Persons with Disabilities.

Human rights are interdependent, indivisible, and interrelated. Indeed, the Committee explains that "the right to health is closely related to and dependent upon the realization of other human rights; these rights and freedoms address integral components of the rights to health".[2]

The human right to health not only entitles everyone to have access to timely and appropriate health care, but it also includes and extends to the so-called *"underlying determinants of health"* that are factors and conditions, which protect and promote the right to health, beyond health services, goods, and facilities. Access to safe and potable water and adequate sanitation; an adequate supply of safe food, nutrition and housing; healthy occupational and environmental conditions; and access to health-related education and information, including on sexual and reproductive health, are some of the underlying determinants of health.[3]

Hence, the human rights-based approach to health aims to realize the right to the highest attainable standard of health and other health-related rights.[4]

The human rights-based approach to health **is also based on the four key components of the right to health,** which are **availability, accessibility, acceptability**, and **quality (AAAQ)** of healthcare facilities, goods, and services,[5] also **called the** *"AAAQ framework"* (Box 3.2), **as well as on the human rights principles of participation, nondiscrimination, and accountability**.[6]

Adhering to the human rights principles requires paying **special attention to the most marginalized groups** to ensure that they are not discriminated against in any form or on any grounds. Where there is discrimination, States should take immediate measures to eliminate it and all rights holders are to be supported and empowered to claim their rights and hold governments accountable to meet their obligations.

This means that the rights-based approach to health is not only about achieving certain goals or outcomes (the highest attainable standard of physical and mental health and other health-related rights), but it is also about achieving them through a participatory, inclusive, transparent, and responsive process. Indeed, according to the CESCR Committee, *"a further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels".*[3]

In other words, the **human rights-based approach considers the process as equally important and sometimes even more important than the final outcome**.

Although, under CESCR, the right to health is meant to be achieved through progressive realization, in the General Comment, the Committee identifies some **minimum core obligations** that should be of immediate effect, which include the guarantees of nondiscrimination and equal treatment and the obligation to take concrete steps to move as quickly and effectively as possible toward the full realization of the right to health by all. **Core obligations** also include *"to ensure reproductive, maternal and child health care".*[7]

Box 3.2: The AAAQ framework of the right to health.

- *Availability:* Sufficient quantity
- *Accessibility*, which includes four overlapping dimensions: Nondiscrimination on any ground, physical accessibility, economic accessibility (affordability based on the principle of equity), and information accessibility
- *Acceptability*: Respectful of medical ethics and culturally appropriate
- *Quality*: As well as being culturally acceptable, health facilities, goods, and services must also be scientifically and medically appropriate and of good quality.

THE HUMAN RIGHTS-BASED AND GENDER-TRANSFORMATIVE APPROACH TO GIRLS' AND WOMEN'S HEALTH

The human rights based approach to the health of girls and women, which is the primary target of International Federation of Gynecology and Obstetrics (FIGO) and its Members Societies, aims at realizing the right of all girls and women to health and other health-related human rights, without any discrimination.

The right of all girls and women to health encompasses sexual and reproductive health, as well as maternal and newborn health.

- **Sexual health** is defined by the World Health Organization as "the state of physical, emotional, mental and social well-being in relation to sexuality".[8] **Reproductive health** is defined as "*the state of complete well-being in all matters relating to the reproductive system, including the capability to reproduce and the freedom to decide if, when and how often to do so*".[9]
- **Maternal health** refers to the health of girls and women during pregnancy, childbirth, and the postpartum period. It encompasses prenatal care (antenatal) and postnatal care, provided within the first 24 hours of delivery, on the third day, and in the second and sixth weeks.[9]
- **Newborn health** encompasses the health of a child from the day of birth to the 28th day of age. This is the most vulnerable time for a child's survival and health. That is why appropriate feeding, health, and care provided during this period is pivotal in improving the child's probabilities of survival and in laying the foundations for a healthy life. Clearly, ensuring newborn survival and health is intrinsically linked to maternal health.[10]

The right to sexual, reproductive, and maternal health is enshrined in various international human rights instruments and other nonbinding international agreements. For example, Article 16 of the Convention on the Elimination of Discrimination against Women guarantees women equal rights in deciding "freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights". CEDAW's General Recommendation 24 recommends that States prioritize the "prevention of unwanted pregnancy through family planning and sex education".[11]

The 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 IV World Conference on Women in Beijing marked significant turning points in the process of shaping the discourse and understanding around sexual and reproductive health and rights. As a matter of fact, the Beijing Platform of Action established that human rights include the right of women to have control over and make decisions concerning their own sexuality, including their own sexual and reproductive health, freely and without facing coercion, violence, or discrimination.[12] Although **the Cairo and Beijing agreements** are not legally binding, they **have been endorsed by the majority of States and carry significant political weight and authority in the international community**.[13]

The 2030 Agenda makes explicit reference to these political agreements, particularly in target 5.6, which concerns the universal access to sexual and reproductive health and reproductive rights. Therefore, FIGO and its Member Societies can refer to these agreements to support and inform their advocacy work.

The Social and Cultural Determinants of Girls' and Women's Health

The rights-based approach to girls' and women's health pays special attention to the biological, social, and cultural determinants of girls' and women's health, with an emphasis on the social and cultural determinants of sexual, reproductive, and maternal health.

Biological determinants are those related to pregnancy (including unintended pregnancy) and delivery, diseases of the reproductive system, along with other biological factors that can influence girls' and women's health.

Social determinants are the societal factors and conditions (including cultural ones) girls and women are born, grow up, live, and work in, which have a direct or indirect impact on their health and well-being throughout their life course. These underlying factors are present at all levels, from the family to the community, from the health systems to the overarching legal, policy frameworks, and cultural environment.

To the social determinants such as adequate sanitation, healthy nutrition, housing, access to education, etc., those specifically related to girls and women in virtue of their gender identity must be added. Indeed, **as emphasized by the World Health Organization, it is very important to** *"draw attention to the role of gender inequality in increasing girls' and women's exposure and vulnerability to risks, limiting access to health care and negatively influencing health outcomes".*[14]

Gender-based discriminatory laws and practices, gender-based violence, unequal distribution of resources and power between men and women, gender-based inequalities in education, income or employment, gender-based harmful practices, including health-related social and cultural harmful practices [forced and early marriages, female genital mutilation/cutting (FGM/C), nutritional taboos, etc.], are all conditions that are experienced especially by girls and women simply because they are female. These conditions limit girls' and women's right to health.

Both CEDAW and CESCR contain clear provisions establishing that States must take all appropriate measures to eliminate discrimination against women in the field of health care, including gender-based violence, forced and early marriage, nutritional taboos, FGM/C, and other harmful practices.[15]

Moreover, the Committee on Social, Economic, and Cultural rights stressed that "the realization of women's right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health. It is also important to undertake preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights".[16]

Annexure 1 offers a compilation of the provisions of the core international human rights instruments that **directly refer to girls' and women's right to health or indirectly refer to it** by addressing one or more social determinants, including violence against women and girls, gender-based discrimination, harmful practices, etc. Therefore, it is a very useful tool to inform FIGO's rights-based advocacy actions.

What is unique about applying a rights-based approach to women's health is the fact that it provides a framework to analyze the gender-based power structures, social and cultural norms, and practices that impact girls' and women's health.[17] Therefore, **FIGO and its Member Societies should add to the human rights-based approach to girl's and**

women's health, a gender-transformative approach that addresses the root causes of gender inequality and improve the social position of girls and women in society.

The gender-transformative approach is a longer-term approach, as it pays attention to the **social transformation** required to address these social and cultural determinants, especially the patterns of discrimination and unequal power relations that affect the most vulnerable and excluded groups of girls and women, including adolescent girls.

In summary, from a **rights-based and gender-transformative approach**, the right of every girl and women to health is not only about proving technical health care and services but also entails girls' and women's **empowerment** and that of enabling them to have the **freedoms** and **entitlements** they need **to exercise autonomy and agency** over their lives and bodies and decide freely and responsibly on all matters directly or indirectly related to their health, free from violence and discrimination.

There are some widespread situations that affect girls' and women's health, which are **rooted in gender inequality and discrimination** and driven by patriarchal social values that place girls and women in a subordinate position and status to boys and men.

Harmful Practices

Harmful practices are forms of violence carried out in the name of social, cultural, and religious tradition and, therefore, considered acceptable and justifiable. Many of them are based on gender inequality and discrimination; some involve direct and even extreme violence. Two of the most widespread and pervasive harmful practices, which affect primarily girls and women, are **FGM/C** and **child, early and forced marriage (CEFM)**.

However, noteworthy is the fact that there are many more harmful practices affecting girls and women worldwide, many of which are directly linked to sexual and reproductive health and rights**. Corrective rape**,**virginity testing** often undertaken as part of the conditions of marriage or dowry, **other virgin myths**, **ostracism linked to menstruation**, **sex-selective abortions**, and **female infanticide**, **organ removal** (often genital organ removal) **for sacrificial purposes or traditional ceremonies, incest**, and **sexual initiation practices** are some of these less known, but unacceptable, harmful practices.[18]

All of them are violations of fundamental human rights that are enshrined in the core human rights instruments: The Right to Life and Survival, the Right to Protection from All Forms of Physical and Mental Violence, the Right to Protection from Torture and Cruelty, Inhuman or Degrading Punishment, and Treatment; the Right to Nondiscrimination and, of course, the Right to Health, including the Right to Sexual and Reproductive Health.

Both the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women have addressed harmful practices in their General Comments and Recommendations.[19]

The Agenda for Sustainable Development includes a specific target to eliminate harmful practices by 2030 and refers explicitly to FGM/C and CEFM.[20]

Female Genital Mutilation/Cutting is defined by the World Health Organization as comprising "all procedures undertaken that involve the partial or full removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons".[21] FGM/C is classified into four types, depending on degree and severity: clitoridectomy, excision, infibulation, and other types.[22]

The justifications of FGM/C include beliefs related to making girls more "suitable" for marriage, or to increasing their fertility. It is also linked to the perceived need to control female sexuality, which is rooted in the belief that the girl's sexual desire will decrease with FGM/C and, therefore, she will remain virgin until marriage and be more loyal afterwards.[23]

It is an issue of global concern, as it is very widespread in various regions of the world and can lead to major threats to the health of girls and women, in both the short- and long-term.[24] In 2012, the United Nations (UN) General Assembly adopted a resolution urging the international community to increase efforts to put an end to this harmful practice.[25] Currently, there are international, regional, and local campaigns all around the world, which focus both on the legal prohibition of FGM/C and on awareness-raising targeting in particular traditional and community leaders, educators, parents, and children themselves, with the aim of transforming social norms and attitudes and supporting long-lasting behavioral change.

Child, early and forced marriage is any formal marriage or informal union where one or both of the parties are under 18 years of age.[26] While it affects both girls and boys, girls are significantly more likely to marry before the age of 18 years.

Research has confirmed that girls who marry before the age of 18 years are at risk of a range of negative health and development outcomes in both the short- and in the long-term.[27] The CEFM is a powerful driver of early pregnancy, and increases the risks of childbirth complications, including miscarriage and maternal and infant mortality.[28] It reduces their ability to exercise sexual and reproductive health rights and increases the chances of experiencing intimate partner violence, domestic violence, abuse, and/or rape. It is also a driver of additional harmful practices such as virginity testing, FGM/C, and stove burning.[29]

Child, early and forced marriage is a very complex and multicausal issue, rooted in gender inequality and driven by the desire to control female sexuality. The CEFM is a good example of how gender-based discrimination and inequality that begins in childhood continues to have a negative impact throughout the women's future life. Therefore, CEFM as well as other harmful practices require a comprehensive, intersectoral, and life-course approach that analyzes and addresses the links between the human rights of children and women.

The Protection for children against marriage is covered by international human rights law,[30] which establishes that marriage must be entered into with the free and full consent of both parties, and that the age of marriage must be such as to enable each of the parties to give his or her free and full personal consent. Both the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women have made clear recommendations that marriage should not be permitted for either boys or girls below the age of 18 years.[31] However, many countries have not set the minimum age for marriage at 18 years[32] or, even if they have, they fail to implement and enforce the laws.

Menstruation ostracism refers to the myths, taboos, and sometimes even stigma surrounding menstruation. Indeed, girls and women throughout the world face huge challenges in managing their menstruation, which is a completely normal biological process.

On the one hand, obstacles to adequate and equitable access to safe water, sanitation and hygiene[33] limit what is called "menstrual hygiene management" (MHM); on the other hand, societal beliefs and taboos associated with menstruation restrict girls' and women's choices and freedoms in their home and community. This has a negative impact on their self-esteem and the enjoyment of human rights, such as the right to education, to work, and to health.[34]

Violence against Girls and Women

Gender-based violence refers to violence that targets individuals or groups of people on the basis of their biological sex, gender identity, or of their perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse, threats, coercion, arbitrary deprivation of liberty, and economic deprivation.[35]

In its General Recommendation 19 on violence against women, CEDAW defines gender-based violence as "violence that is directed against a woman because she is a woman or that affects women disproportionately".[36]

Although this does not mean that all victims of gender-based violence are female, it is important to recognize that gender-based violence does disproportionately affect girls and women because of their subordinate status to boys and men. That is why, for the purpose of this Handbook, we will refer to the gender-based violence against girls and women that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to girls and women.

The most common form of violence against girls and women is intimate partner violence (physical or sexual violence at the hands of a current or past partner). Indeed, according to recent data, more than one-third of all women have reported to have experienced either physical and/or sexual intimate partner violence or sexual violence by a nonpartner at some point in their lives.[37]

Gender-based violence against girls and women has very negative consequences not only on their health (physical injury, depression, sexually transmitted diseases, unwanted pregnancy, and even death)[38] but also on the enjoyment of other fundamental human rights.

The World Health Organization has defined violence against girls and women as a "*global health problem of epidemic proportion*".[39] It is widespread all over the world, including in the context of war and armed conflict. The International Criminal Court has recognized that sexual violence and the systematic rape of girls and women constitutes a war crime or a crime against humanity. Alarmingly, **the true magnitude of the problem is unknown due to the fact that the majority of girls and women do not report the violence they are subjected to and/or do not seek help and support**.

International Convention on the Elimination of All Forms of Discrimination against Women General Recommendation No. 24 on women and health has a strong focus on violence against girls and women and **details** the **State obligations** to address gender-based violence in the context of the health sector, because "gender-based violence is a critical health issue".[40] These are as follows:

- *The enactment and effective enforcement of laws and the formulation of policies, including healthcare protocols and hospital procedures to address violence against women and sexual abuse of girl children and the provision of appropriate health services;*
- *Gender-sensitive training to enable healthcare workers to detect and manage the health consequences of gender-based violence;*
- *Fair and protective procedures for hearing complaints and imposing appropriate sanctions on healthcare professionals guilty of sexual abuse of women patients;*
- *The enactment and effective enforcement of laws that prohibit female genital mutilation and marriage of girl children.*[40]

Target 5.2 of the Sustainable Development Agenda explicitly refers to eliminating violence against girls and women.[41]

Access to Comprehensive Sexuality Education

Research shows that many adolescents lack the information and knowledge they need to make safe and responsible decisions about their sexual and reproductive health. This increases the risks of unintended pregnancies at very early ages (adolescent pregnancies), sexual violence, and sexually transmitted infections.

Comprehensive sexuality education (CSE) is a rights-based and gender-transformative approach to sexuality education in formal and nonformal settings. It includes scientifically accurate, nondiscriminatory information about human anatomy and development, reproductive health, contraception, sexually transmitted infections, etc. However, it goes beyond information, as it helps children and young people to "explore and nurture positive values regarding their sexual and reproductive health".[42] By addressing human rights, gender equality, and power issues, it empowers young people to understand and claim for their rights and make informed decisions about their sexuality. This, in turn, leads to better health outcomes. In this sense, access to CSE is a key determinant of girls' and women's health and human rights.

Various human rights committees, including the Committee on the Rights of the Child[43] and the Committee on the Elimination of All Forms of Discrimination against Women, have urged States to ensure universal mandatory access to CSE in primary and secondary education, although, according to experts, CSE should start even earlier (in the preschool years), with content tailored to the evolving capacities of the child.

Unfortunately, **cultural and religious beliefs and patriarchal social values limit CSE both in terms of access and coverage, and in terms of content, making it less comprehensive than it should be.**

Access to Comprehensive Sexual and Reproductive Health Services, Including Access to Safe Abortion

Access to physical and mental sexual and reproductive health services is a critical factor to ensuring girls' and women's health and well-being.

Unfortunately, **worldwide, women face huge limitations and barriers to accessing these services**, sometimes because they are not available (especially in rural or remote areas) or accessible (e.g. when the costs of transportation and/or health care are too high), or even as a result of cultural factors that prevent girls and women accessing resources or making decisions about their own life and body.[44] In many places throughout the world, health providers refuse to provide contraceptive information and/or services to unmarried adolescents on the basis of cultural, social, or religious beliefs, related to premarital sex activity. Certain misinterpretations of religious teachings discourage the use of family-planning methods, particularly contraceptives. Other times, adolescent girls need parental or spousal consent. These are all major obstacles to accessing adequate health services.

Under international human rights law, **States should eliminate all legal, financial, social, and institutional barriers that prevent access to** comprehensive, quality, child-youth friendly **sexual and reproductive health services**, including age of consent for access to services. These services, besides being accessible, should be affordable, acceptable,

appropriate and free of discrimination, violence or coercion, available to all, regardless of marital status and provided in a nonjudgmental, respectful manner, guaranteeing privacy and confidentiality. In 2015, the World Health Organization called for more integrated, people-centered approach health systems.[45]

The provision of CSE and sexual and reproductive health services, including quality contraception services (and emergency contraception) **are fundamental strategies to avoid unintended pregnancies**.

Access to safe abortion and treatment for the complications of unsafe abortion, including postabortion care, is another complex determinant of girls' and women's health, which **can prevent maternal morbidity and mortality**. Indeed, studies have estimated that **between 8% and 18% of maternal deaths worldwide are due to unsafe abortion[46] and complications thereof**.

Safe abortion is legally restricted in many countries of the world. Some countries (e.g. Chile, Dominican Republic, El Salvador, Malta, Nicaragua) outlaw abortion in all circumstances, including if a women's life is endangered. A total of 67% and 64% of countries allow abortion to preserve a women's physical or mental health, respectively; only 51% of all countries permit abortion in the case of rape and/or incest, and 50% upon diagnosis of fetal impairment.

The World Health Organization has noted that *"legal restrictions do not lead to fewer abortions.* However, a lack of legal access to abortion services is likely to increase the number of women seeking illegal and unsafe abortions, leading to increased morbidity and mortality".[47]

As per other determinants described in this chapter, the lack of access to safe abortion is often a reflection of the denial of girls' and women's right to health and other related human rights, rooted in gender inequality and discrimination.

The ICPD has spelled out that all reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children. The CEDAW Committee recognized reproductive rights to include the right of girls and women to make autonomous decisions about their health and that denying girls and women access to safe abortion services prevent them from exercising this right.[48] Furthermore, the Human Rights Committee that monitors the International Covenant of Civil and Political Rights recommended that restrictive laws that only permit abortion where the mother's life is in danger be reformed to allow "effective, timely and accessible procedures for pregnancy termination".[49] They also affirmed that restricting legal access to safe abortion has the effect of subjecting girls and women to cruel, inhumane, and degrading treatment.[49]

Rights-holders and Duty Bearers

From a rights-based and gender-transformative approach, **women should be seen as active agents of change**, who are entitled to participate in decisions that affect their health **and girls should be considered rights-holders in their own rights** and not as "subgroups" of women or children.

On the other hand, **States** as **primary duty bearers**, under international human rights law, have the legal obligation to incorporate all relevant rights, standards, and principles into national measures aimed at improving the health and well-being of girls, women, and newborns.

The right to girls' and women's health has to be understood and granted throughout life. Indeed, what happens in the life of a young girl can affect her (positively or negatively) during her reproductive years and beyond.

States have to establish solid legal and policy frameworks in place, fully consistent with human rights instruments they have ratified. These constitute the standards and institutional mechanisms against which girls and women can make us of to claim their rights.

When States have ratified human rights instruments but made reservations to some particular provisions relating to sexual and reproductive health and rights, they should move toward withdrawing these reservations.

Laws and policies must address not only the provisions of health care and services but also the social determinants of sexual, reproductive, maternal, and neonatal health. Therefore, they should include legislation that protects girls and women from violence, discrimination, and harmful practices.

Governments should allocate the *"maximum available resources"* **to ensure the implementation of health-related policies and programs at all levels** (national and local) to allow for the progressive realization of the right to health and other related rights. If resources are scarce, the government should prioritize the most marginalized and disadvantaged groups of women and children, in line with a rights-based and gender-transformative approach.

Services and facilities should operate in accordance with the requirements of the AAAQ framework.[50] Therefore, Governments should remove any barrier to sexual and reproductive health information, to CSE, friendly sexual and reproductive services for all children, girls, and women, and create an enabling environment so that they can fully enjoy their rights.

Rights-holders should be involved in the design, implementation, monitoring, and evaluation of policies, programs, and services, in line with the human rights principles of participation and accountability. Girls and women (as rights holders) **should be supported by other nonstate actors** in this effort to hold governments to account on their obligations. Complaints mechanisms should be available and accessible to all and remedy processes established to provide compensation and redress to victims of human rights violations (Box 3.3).

SUMMARY NOTES

A comprehensive rights-based and gender-transformative approach to girls' and women's health is an approach that puts emphasis in addressing the social and cultural determinants of girls' and women's health. Indeed, it is possible to improve health outcomes by analyzing and acting on these determinants, especially those rooted in gender inequality and discrimination.[51]

A rights-based and gender-transformative approach to girls' and women's health recognizes girls and women as human rights holders and strengthens their capacities to claim for their rights; holds governments accountable for their obligations under international human rights law; works with boys and girls to deconstruct patriarchal social and cultural norms and promote a deeper understanding of masculinity grounded positive norms and values.

Box 3.3: Checklist for FIGO and its member societies.

Legal and policy frameworks:

- Is the legal and policy framework in relation to girls' and women's right to health and related rights in line with international human rights standards (AAAQ framework and fundamental human rights principles)?
- Does it cover the social determinants of girls' and women's health? Are there any gaps and/or barriers to the enjoyment of sexual, reproductive, and maternal health? Are there any groups of girls and women who have been left behind?

Resources:

- Are sufficient resources allocated to ensure the implementation of health-related policies and programs, especially for the most vulnerable and disadvantaged groups? Are the resources available at local levels? Are the resources allocated in a transparent and participatory manner?

Services and facilities:

- Are health services and facilities available, accessible, acceptable, and of quality for all women and children, without any kind of discrimination?
- Are measures implemented to prevent and eliminate barriers and obstacles that impede particular groups of children and women to enjoy the right to health, including sexual, reproductive, maternal, and neonatal health?

Follow-up and accountability:

- What follow-up and accountability mechanisms are there? Are rights-holders aware of these mechanisms?
- Do rights-holders participate in monitoring and evaluation processes?

Complaints mechanisms:

- What are the complaints mechanisms? Are these accessible to all girls and women?

(FIGO: International Federation of Gynecology and Obstetrics; AAAQ: Availability, accessbility, acceptability and quality)

What Opportunities do FIGO and its Member Societies have to Contribute to a Right-based and Gender-transformative Approach to Girls' and Women's Health and Rights?

First, FIGO and its Member Societies can **collect and disseminate evidence** of the magnitude of violence against girls and women and existing harmful practices, recognize that gender discrimination and inequality is inherent in them, highlight the negative impact they have on girls' and women's health, and emphasize that they are violations of fundamental human rights. FIGO member societies can draw on their experience on the ground and raise awareness of these key determinants that need to be addressed to fulfill the right of every girl and woman to health.

Second, **advocate** strongly for governments to prohibit and eliminate gender-based violence and harmful practices based on tradition, culture, religion, and/or superstition. For this to happen, States need to establish and enforce strong legal frameworks that prohibit all forms of violence, including harmful practices, ensuring that there are no provisions enabling parents and/or other adults to consent to such practices in the name of a child, and that prohibition is upheld even in States with multiple legal systems (like customary or religious laws).

Legal prohibition is only the first step. Indeed, **Governments should prioritize the allocation of resources** to health and education public policies and programs, as well as

to awareness-raising campaigns in order to transform social and cultural norms, practices, and attitudes, which condone or normalize gender-based violence and harmful practices. Moreover, in line with the gender-transformative and rights-based approach, resources must be allocated to programs that empower and enable girls and women to exercise their agency and claim for their sexual and reproductive rights.

Governments should support quality systems and mechanisms, which should be available and accessible to all girls and women victims of human rights violations and to survivors of violence. These should include legal assistance, confidential reporting services, safe houses, access to appropriate health care (including emergency contraception) and psychosocial support, and educational services.

The international human rights mechanisms presented in Chapter 2: United Nations Human Rights Mechanisms of this Handbook provide a platform for FIGO Member Societies to advocate for transformative and sustainable change at a national level. Engaging in human rights monitoring processes can be very effective. Participating in upcoming reviews, especially CRC and CEDAW or the Universal Periodic Review, briefing international human rights bodies, submitting complementary reports to highlight the status of implementation, protection and fulfillment of girls' and women's health and related rights, including the protection from violence and harmful practices, can achieve increased international pressure on States for addressing the social determinants of girls' and women's health.

FIGO Member Societies can:

- Urge UN treaty bodies and the Special Procedures highlighted in Chapter 2: United Nations Human Rights Mechanisms to address these issues within their mandates and reporting procedures and to provide clear recommendations to States;
- Lobby States involved in the third cycle of the Universal Periodic Review for the inclusion of these issues in questions and recommendations to States under Review;
- Provide advice and technical assistance to governments on these issues, by sharing relevant information, reports, and evidence from research and participating in technical processes to shape policies with them rather than through external advocacy;
- Encourage health practitioners (gynecologists and obstetricians) to contribute to the elimination of harmful practices as part of their codes of ethical conduct.[52]

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