

The Universal Periodic Review: A Platform for Dialogue, Accountability, and Change on Sexual and Reproductive Health and Rights

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Abstract

This paper argues that the Universal Periodic Review (UPR) of the United Nations Human Rights Council can be a critical avenue for promoting a human rights-based approach to sexual and reproductive health and well-being due to its reliance on the principles of participation and accountability. Drawing on evidence from the UPR process since its inception in 2008, the paper analyzes the impact of the UPR in advancing sexual and reproductive health and rights. The evidence collected speaks to the political opportunity represented by the UPR at the country level to enhance government accountability and national dialogue on sexual and reproductive health and rights among key stakeholders. However, the UPR should not be seen in isolation from other human rights mechanisms. Countries' implementation of UPR recommendations should be done conjointly with the guidance provided by other human rights mechanisms, including the expert views of United Nations treaty monitoring bodies and Special Procedures, and alongside strong national human rights protection systems.

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Introduction

The Universal Periodic Review (UPR) is a unique mechanism established by the United Nations (UN) General Assembly, which in 2006 mandated the Human Rights Council (HRC) to “undertake a universal periodic review, based on objective and reliable information, of the fulfilment by each State of its human rights obligations and commitments in a manner which ensures universality of coverage and equal treatment with respect to all States.”¹ The outcome of the review includes (1) a set of recommendations made to the “state under review” by reviewing states, (2) the state’s response to each recommendation, and (3) any voluntary commitments expressed by the state during the review process. After the review, the state has the primary responsibility to implement the UPR outcome. However, it may do so with the assistance of the UN system and the participation of civil society, national human rights institutions, and other relevant stakeholders.

Despite its novelty, after the completion of its first cycle (2008–2012), the UPR was largely considered a success, receiving strong political support from member states. This political traction resulted in an effective universal review of all UN member states, as had been initially planned. Moreover, the fact that the state under review must formally express its views about the recommendations made by other reviewing states, either by “supporting” or “noting” them, generates an added expression of commitment that enhances accountability.² This feature is unique among international and national human rights mechanisms.

The UPR can be a valuable mechanism for reviewing governments’ performance regarding the promotion and protection of human rights related to sexual and reproductive health and well-being. As established in the International Conference on Population and Development and subsequently defined in the Beijing Platform for Action, reproductive rights and the equal right of women to have control over and decide freely and responsibly on matters related to their sexuality refer to a wide range of civil, political, economic, social, and cultural rights that can be found in an array of na-

tional laws, international human rights documents, and other consensus documents. The spread of human rights standards and obligations pertaining to sexual and reproductive health and well-being across different human rights instruments makes the UPR a unique mechanism with the potential to undertake a comprehensive review of all these rights in a single exercise. The premise of the UPR is that all member states will be reviewed, on the basis of the full range of human rights as enshrined in the Universal Declaration of Human Rights, in addition to the international human rights instruments to which the state under review is party.³

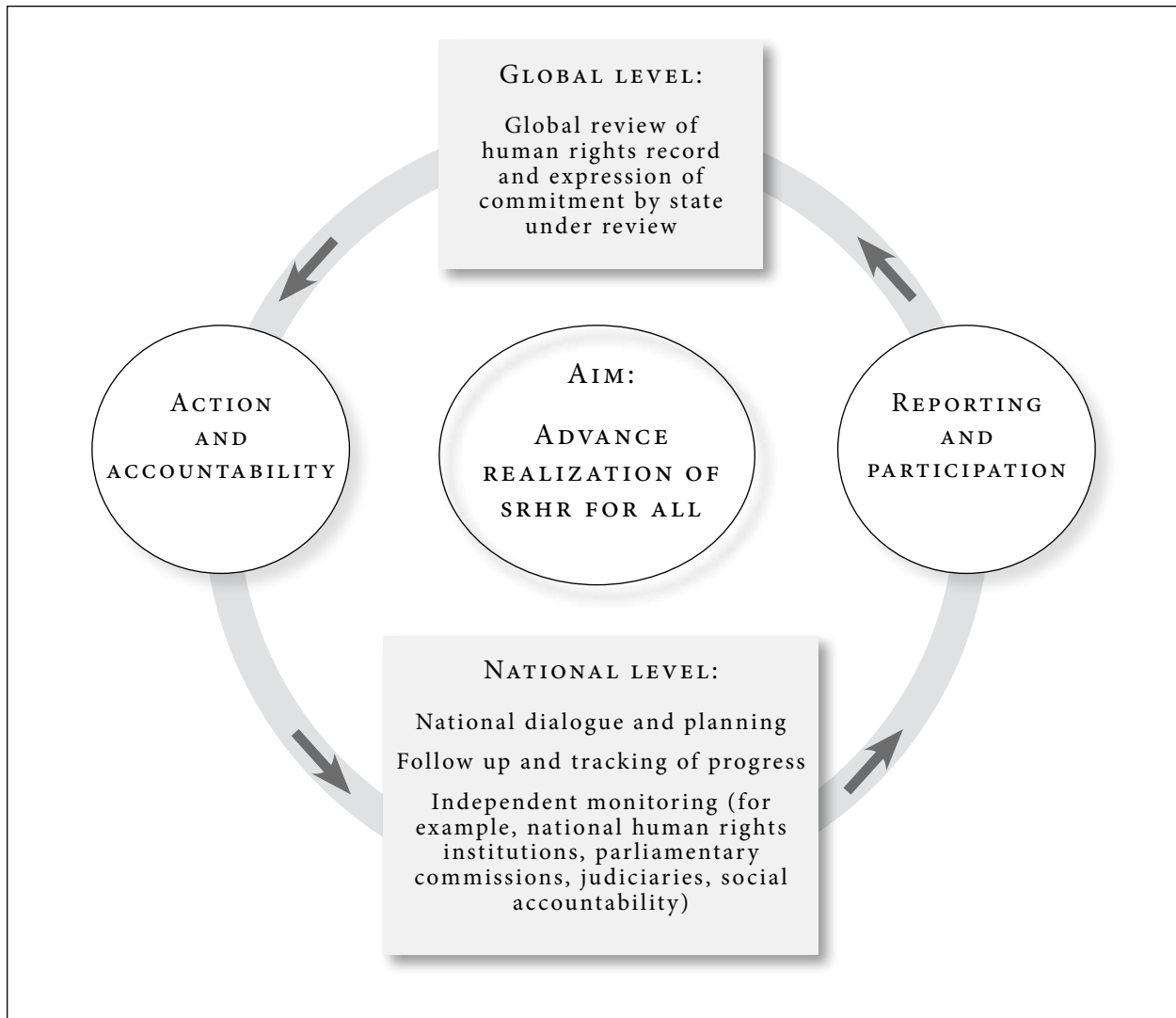
This article illustrates the UPR’s potential, as a mechanism built on the human rights principles of participation and accountability, for advancing sexual and reproductive health and rights (SRHR). If there is a meaningful investment in multi-stakeholder engagement, the UPR can become a powerful tool for applying a human rights-based approach (HRBA) to national processes of dialogue and policy change. In this context, the development of national capacities for participation and accountability becomes critical for successful impact on the ground.

Participation and accountability as foundational principles of the Universal Periodic Review

The working modalities of the UPR, according to the establishing HRC resolutions, are underpinned by the human rights principles of accountability, inclusion, and participation of all relevant stakeholders. The HRC expects states to consult widely with relevant stakeholders concerning their preparation for and follow-up to the review.⁴ The UPR accords particular importance to the participation of UN agencies, national human rights institutions, and civil society organizations in all stages of the UPR process, including the review phase and the adoption of the UPR outcome.

Once the UPR outcome is adopted, UPR recommendations can be used as advocacy tools by civil society and other national stakeholders for policy dialogue and social change. The political

FIGURE 1. Taking the Universal Periodic Review from global commitment to national action



momentum generated by the UPR can provide avenues for the participation of a range of stakeholders in national coordination, planning, and monitoring efforts for the effective implementation of UPR recommendations. Furthermore, broad engagement at the national level can generate diverse information to enhance government accountability both nationally and at the next global review phase in Geneva. The cyclical nature of the UPR thus creates a continuum of participation and accountability that can be extremely useful in advancing the realization of SRHR, as pictured in Figure 1.

At the global level, the formal space for the engagement of national human rights institutions

and civil society during the official review sessions is limited to an observer status and brief interventions following the adoption of the UPR outcome for each country. However, the UPR process offers other avenues for participation and advocacy around the review phase.

The sexual and reproductive rights civil society movement has been actively engaged in the UPR process in many ways.⁵ By way of illustration, prior to the review session, civil society organizations often undertake advocacy efforts with the permanent missions of member states in Geneva to ensure that SRHR issues are articulated in these states' recommendations during the review session.

For example, the civil society network Sexual Rights Initiative, comprising more than 30 nongovernmental organizations from the global North and South, has developed a database to track SRHR-related recommendations for and voluntary commitments of states under review, around which the network displays its advocacy efforts. In addition, the database provides information showing which states are more inclined to issue recommendations on a particular topic (for example, Argentina has issued the greatest number of recommendations on female genital mutilation). This information can be used to guide advocacy strategies, such as by targeting permanent missions with tailored briefings. In other instances, national human rights institutions and nongovernmental organizations travel to Geneva to participate in informal sessions with member states prior to the actual UPR review session or to organize side events providing information on the SRHR situation in their respective countries, including on the level of implementation of recommendations from the first UPR cycle. For example, the Dominican nongovernmental organization *Colectiva Mujer y Salud* conducted this type of advocacy during the review of the Dominican Republic in January 2014 and subsequently developed a monitoring system to track UPR recommendations pertaining to women's human rights.⁶

Later, this article will examine in more detail the level of engagement of civil society, national human rights institutions, and other relevant stakeholders during the national implementation of UPR recommendations.

Sexual and reproductive health and rights in the first Universal Periodic Review cycle (2008–2012)

Frequency of recommendations

SRHR is one of the most frequently cited issues in the UPR process.⁷ At the completion of the first cycle, in 2012, a total of 21,956 recommendations and voluntary commitments had been made, of which 5,720 (26%) pertained to SRHR and gender

equality; 77% of these were formally accepted by member states. An examination of the 12 sessions comprising the first UPR cycle reveals that the proportion of recommendations issued by reviewing states plus voluntary commitments made by states under review grew from 20% in the first session to 33% by the eleventh session. This shows that SRHR issues received increasing attention as the cycle progressed. Preliminary analyses of the second cycle show a consistent attention to these issues. For example, in the 19th UPR session in April 2014, voluntary commitments and human rights recommendations related to sexual and reproductive health comprised 29% of all recommendations and voluntary commitments.

Breadth of recommendations

While the level of attention to SRHR is commendable, a closer look at the recommendations and voluntary commitments shows that certain dimensions or issues within the broad spectrum of human rights obligations pertaining to SRHR have received far more attention than others. For instance, large numbers of recommendations refer to the ratification of human rights instruments and the lifting of reservations (1,530), gender equality (1,501), gender-based violence (732), discrimination based on sexual orientation (232), female genital mutilation (211), and maternal mortality and morbidity (92). Fewer recommendations have been made for other SRHR issues, such as those pertaining to sex work (16), sexuality education (15), family planning (9), and early pregnancy (7), while other human rights issues, such as those pertaining to the sexual and reproductive health of intersex persons, have not been mentioned at all.⁸

Despite this uneven engagement with SRHR, it is encouraging to note that certain issues that until recently had been seen mainly as public health issues are now widely understood as human rights concerns. In that respect, it is noteworthy how the number of recommendations on maternal mortality has increased since the HRC's recognition, in 2009, of preventable maternal mortality and morbidity as a human rights issue.⁹

Similarly, it is expected that renewed global attention and advocacy efforts around family planning and contraception, early pregnancy, and adolescents' health in the agenda for the Sustainable Development Goals will contribute to an increased focus on these issues in the UPR.

Quality of recommendations

Taking a closer look, it is clear that the nature of SRHR-related recommendations has also been quite uneven. While many recommendations could be considered general, and at times laudatory (for example, “continue the efforts to reduce maternal mortality”), other recommendations have been more specific and time-bound, and therefore easier to act on and be held accountable for. These include recommendations for states to sign, ratify, or accede to international human rights instruments; to review, enact, and implement specific laws and policies; to ensure the participation of rights-holders in decision making; to ensure good quality in the implementation of programs; and to collect and disaggregate data. Despite this uneven specificity, each recommendation can be a potential tool for dialogue, advocacy, and action for change.

A number of recommendations (630, or 11%) were not accepted by the state under review. These recommendations pertained, in particular, to the ratification, signature, accession, or withdrawal of reservations to international human rights instruments and to changes in laws and policies governing marriage, contraception, abortion, LGBTBI, and marital rape. For recommendations pertaining to international human rights instruments, reasons stated for non-acceptance included a lack of capacity to comply with treaty obligations and disagreement with provisions of the treaty. For recommendations pertaining to laws and policies, the states under review often did not provide a reason for their non-acceptance; in cases where they did, the reasons ranged from domestic-level procedural issues to capacity constraints to more political reasons.

Implementation of recommendations from the first Universal Periodic Review cycle: Methodological considerations

Consistent with an HRBA to programming, tracking and supporting the national implementation of recommendations from international human rights mechanisms is an important priority in UNFPA's work at the country level. In fact, UNFPA's strategic plan includes a specific indicator to measure whether states where UNFPA has a country office have taken specific actions to implement UPR recommendations pertaining to SRHR. To measure the level of implementation of recommendations issued and accepted during the first UPR cycle, UNFPA is conducting a systematic assessment of the information in the three main documents that form the basis of each state's review (a national report prepared by the state, a compilation of UN information, and a summary of information submitted by stakeholders). All these documents contain a section on the level of implementation of recommendations from the previous UPR. While they often do not elaborate on the implementation of each recommendation—mainly due to space limitations and the usually high number of recommendations to report against—the documents nonetheless provide a good basis on which to assess a given state's translation of commitment into meaningful action. Needless to say, moving from commitment to effective action cannot be attributed solely to the UPR, which does not function in a vacuum. Instead, the UPR builds political momentum and complements other international, regional, and national dynamics, such as electoral and social mobilization processes. The work of other human rights mechanisms, including UN treaty monitoring bodies and Special Procedures, should not be underestimated, nor should that of national accountability and oversight institutions, such as parliaments, national human rights commissions, women's commissions, and ombudspersons.

In order to better assess the impact of the UPR process in generating policy and social change, the aforementioned official documents should be trian-

gulated with field research. Collecting information on the ground from institutional sources, civil society actors, and other stakeholders is particularly useful for assessing whether the participation and accountability structures that governments establish to follow up on UPR recommendations actually work in practice. In this regard, UNFPA could conduct future research by undertaking a second, subsequent layer of analysis that looks at the impact of approaches that are adopted as a result of the UPR process.

While the level of attribution of policy and social changes to the UPR will always be a matter of debate, one undeniable fact is that by accepting a recommendation, a government is formally committing to taking action. Moreover, the government assumes the responsibility of reporting back to the UPR in four years' time on its efforts to meet its commitments, thereby enhancing global and national accountability.

One clear case illustrating a direct correlation between a formal expression of political commitment at the UPR and national action leading to concrete results is the voluntary commitment made by Ecuador, during its review in 2008, to ensure the systematic application of an HRBA to development planning and sectoral policies. This expression of commitment was followed by a letter to the UN High Commissioner for Human Rights in which Ecuador requested technical support to develop a methodology for that purpose, to which the High

Commissioner responded positively in 2009.¹⁰ Two years later, after the country completed a guide on an HRBA to policy formulation, Ecuador's president issued a governmental decree adopting this methodology and making its application mandatory in the formulation of sectoral policies and in national and subnational development plans.¹¹

Findings on the implementation of Universal Periodic Review recommendations

Preliminary analyses of the second UPR cycle, based on the state reports for sessions 13–19, show that 61% of the states under review in these sessions reported taking action on most SRHR-related recommendations (that is, on 75% or more of accepted recommendations). Such action includes legal and policy reforms; the creation of national machineries, institutions, and working groups; the training of public officials and community leaders; the establishment of community-level social accountability groups; investments in infrastructure and social services; and public education.

Table 1 denotes the proportion of *accepted* recommendations on SRHR issues on which any action was taken. This does not necessarily mean that the actions taken were commensurate with the intent of the recommendation or that the recommendations could be said to be fully implemented. However, it gives an indication of the relation between commitments and action.

TABLE 1. Proportion of states that reported taking action on recommendations regarding sexual and reproductive health and rights

	UPR session 13	UPR session 14	UPR session 15	UPR session 16	UPR session 17	UPR session 18	UPR session 19	Average UPR sessions 13-19
Proportion of states under review that have taken action on 100% of SRHR accepted recommendations	57%	0%	23%	29%	20%	21%	0%	21%
Proportion of states under review that have taken action on > 75% of SRHR accepted recommendations	64%	43%	46%	71%	53%	79%	71%	61%

The table shows that 21% of states under review during the first seven sessions of the second UPR cycle (sessions 13–19) have reportedly taken action on all SRHR-related recommendations that they accepted four years earlier, in the first UPR cycle. If the view is expanded to acknowledge action on most recommendations, data show that 61% of states have reportedly taken action on 75% of SRHR-related recommendations. The relatively high percentage of countries that reported having taken action on 100% of SRHR-related recommendations in the 13th session (57%) is probably due to the fact that these countries received a far lower number of recommendations compared to the countries reviewed in the other sessions. For example, the government of Brazil received only two SRHR-related recommendations when it was reviewed for the first time in 2008, and it subsequently reported having taken action on those two recommendations at its second review session in 2012. On the other side of the spectrum, the government of Uruguay received 32 SRHR-related recommendations at its first review and then reported having taken action on 27 of those recommendations when it was reviewed for the second time.

An examination of information contained in national reports, UN compilations, and stakeholders' reports makes clear that, in some cases, states are implementing recommendations that were not formally accepted. This was the case for six SRHR-related recommendations that had been "noted," as well as for eighty that had received unclear or no responses. In all these cases, the UN compilations and stakeholders' reports highlighted actions that states were not necessarily capturing in their national reports to the UPR. These examples illustrate the need for UN agencies, civil society organizations, and other stakeholders to not limit their advocacy and capacity-building efforts to the implementation of accepted recommendations. "Noted" or rejected recommendations should also be part of these efforts, with a view to helping governments reconsider their decisions to not undertake action on certain recommendations due to capacity constraints or other factors.

Maternal health

In the area of maternal health, 92 recommendations were made during the first UPR cycle. Of those, 85 were accepted, reflecting widespread commitment to the issue and scope for significant change. A number of recommendations were not specific, simply encouraging states to continue their efforts or share good practices. Several broad recommendations were made asking states to "take measures" or "adopt programs." Further, one recommendation was made to "reduce the maternal mortality rate" without any specificity therein. One recommendation asked the state under review to "include women in decision-making about maternal health, including in decisions on the design of local health care mechanisms, in a bid to strengthen its efforts to reduce maternal mortality," reflecting the human rights principle of participation outlined in the Office of the United Nations High Commissioner for Human Rights' 2010 report on preventable maternal mortality and morbidity and human rights, as well as its 2012 technical guidance.¹² A few recommendations recognized early pregnancy and unsafe abortions as underlying causes of maternal morbidity and mortality. Only two recommendations related to maternal morbidity specifically—and these did so only in a general manner. There were no recommendations on the treatment of obstetric fistula or the reduction of associated stigma and marginalization.

By way of illustrating implementation measures, in response to the recommendation "to address the issue of unduly protracted detentions and to promote the use of alternative measures to pre-trial detention, in particular for pregnant women and young children," Argentina provided information about a change in its domestic policy: "Act No. 24.660 on custodial sentences was amended to allow for sentences of house arrest for women prisoners who have children under 5 years of age living with them. The impact of this provision is on the rise, with a year-on-year increase of 77.4 per cent in its application in 2011."¹³

Bangladesh reported developing and upgrading maternal and child health facilities, as well as appointing additional physicians, which improved the country's doctor-patient ratio. Reporting on a

recommendation on the right to health, including maternal care, Cuba provided a general response:

*Changes were made to primary health care to increase the effectiveness of the doctor's visit programme (Programa de Atencion – Consultorio del Medico) and the Family Nurse (Enfermera de Familia) programmes. Priority was also placed on raising the quality of public health through more effective use of resources and changes in training. The Maternal-Child Health Programme was strengthened.*¹⁴

In Zambia, UNICEF reported that the government had implemented its recommendation by

*developing the National Community Health Worker Strategy with the goal of having an adequately trained and motivated community-based workforce that would contribute towards improved health service delivery and the attainment of national health priorities ... [and] the creation of the Ministry of Community Development, Mother and Child Health ... to contribute to further strengthening of community participation and engagement and facilitating integration of community experiences into policy discussions.*¹⁵

Female genital mutilation

Since 2008, female genital mutilation has been well featured on the UPR agenda.¹⁶ In the first cycle, 211 recommendations were issued on the topic. In sessions 13–19 of the second cycle, 201 recommendations on female genital mutilation were registered, indicating an increased interest in the issue.

A preliminary analysis of the first seven sessions of the second cycle (sessions 13–19) indicates that the implementation of recommendations has included legal and policy reforms, the establishment of prevention strategies, and investments in programs to address the issue. Burkina Faso reported establishing the National Council to Combat Female Circumcision and expanding the teaching of modules on female genital mutilation in primary and secondary education programs. Additionally, the government hosted a meeting on subregional cooperation and implemented a program to eliminate cross-border female genital mutilation.¹⁷

Implementation: Country case studies

This section explores two country case studies, Colombia and the former Yugoslav Republic of Macedonia, to provide a more detailed illustration of implementation measures. As explained earlier, the conclusions are based on an assessment of the three official and publicly available UPR documents.

Colombia (session 16, first cycle)

Colombia's first review took place in December 2008, during which it received and accepted nine SRHR-related recommendations. These recommendations called on Colombia to ensure birth registration, conduct public campaigns on social prejudices (including regarding sexual orientation and gender identity), address sexual violence against children in rural areas (including through data collection, reporting, policing, and juridical measures), mainstream gender issues, address gender-based violence broadly, support victims and punish perpetrators, address trafficking in women and girls, and complete a national action plan on sexual violence. Colombia also made three voluntary commitments related to reducing maternal mortality, implementing a sexual and reproductive health program, and combating HIV. The largest number of SRHR-related recommendations (six) pertained to violence against women, including sexual violence.

Information from the review documentation reveals that the government took action on 100% of the SRHR-related recommendations accepted during the first cycle of the UPR. Colombia's implementation of these recommendations involved actions in the following areas:

- *Law, policy, plans, and strategies*, including the implementation of the National Human Rights and International Humanitarian Law System, adoption of the 2013–2018 Comprehensive National Strategy to Combat Trafficking in Persons, adoption of the 2011 Anti-Discrimination Act, and inclusion of LGBTI issues in the National Development Plan.

- *Programs and activities*, including mobile camps for birth and other registrations, the Rural Women and Women Savers in Action programs, an evaluation of progress made in sexual violence cases, the incorporation of sexual violence into training programs for the armed forces, a training guide for teachers on sexual violence and the armed conflict, a round-the-clock national human trafficking hotline, new guidelines for a national policy on gender equality, plans to develop the Ad Hoc Plan for Comprehensive Assistance and Reparation for Women Victims of Forced Displacement and/or Other Offences connected with the Armed Conflict, and the Ad Hoc Protocol on a Gender Perspective and Women's Rights.
- *Institutional mechanisms*, including the creation of new institutions responsible for implementing the country's national strategy against trafficking, preparations to set up an observatory for the prevention of the recruitment and use of children for sexual exploitation and of sexual violence against children, the creation of a committee to evaluate risks and recommend measures for women, and first steps toward the development of national economic and social policy councils on female victims of the armed conflict. Information submitted by stakeholders revealed that of nearly two hundred cases of sexual violence referred by the Constitutional Court, only five sentences had been handed down, indicating the need to investigate all cases.

*The former Yugoslav Republic of Macedonia
(session 18, first cycle)*

The former Yugoslav Republic of Macedonia's (FYROM) first review took place in May 2009, during which it received 30 SRHR-related recommendations. Of these, the country accepted 29, related to developing a plan for civil registration; facilitating birth registration among the Roma; eliminating discrimination based on gender, sexual orientation, and gender identity through legislation and awareness-raising; combating trafficking in

women through awareness-raising and training; preventing girls dropping out of school; preventing and punishing violence against women, including Roma women; improving evidentiary requirements for domestic violence; ensuring protection and support for victims of violence; increasing women's participation in the public and private sectors; improving the situation of rural women; and ratifying international human rights instruments, the Convention on the Rights of Persons with Disabilities and its Optional Protocol, and the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights. The FYROM rejected one recommendation pertaining to equal rights for same-sex partners. The largest number of recommendations pertained to violence against women (seven), international human rights instruments (seven), women's participation (four), sexual orientation and gender identity (four), and gender equality and women's rights (four).

Information from the review documentation reveals that the government took action on 100% of the SRHR-related recommendations accepted during the first cycle of the UPR. The FYROM's implementation of these recommendations included actions in the following areas:

- *Law, policy, plans, and strategies*, including the ratification of the Convention on the Rights of Persons with Disabilities and its Optional Protocol; signing of the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights; adoption of an anti-discrimination law, a law on equal opportunities for women and men, and a law on child protection; creation of a registry of persons convicted of sexually abusing minors; adoption of the National Strategy on Equality and Non-Discrimination on Grounds of Ethnic Affiliation, Age, Mental and Physical Disability and Gender and an operative plan for its implementation; revision of the Standard Operative Procedures for Treatment of Victims of Trafficking in Human Beings; adoption of the National Strategy for the Prevention of and Protection against Domestic Violence;

adoption of a second national action plan for the advancement of the social position of Roma Women; adoption of a strategy and national action plan on gender equality; and adoption of a strategy on gender-responsive budgeting.

- *Programs and activities*, including a field study to identify unregistered persons, public awareness activities on non-discrimination, trainings for public officials on the issue of trafficking, the launch of a newsletter aimed at improving cooperation and coordination on trafficking, trainings for Roma women's organizations, and vocational training and employment for rural women.
- *Institutional mechanisms*, including the creation of a governmental working body on civil registration, establishment of the Commission for Protection against Discrimination, establishment of the Centre for Victims of Trafficking in Human Beings, creation of a national coordination body for domestic violence, creation of a mechanism on equal opportunities for women and men, and designation of a coordinator and deputy coordinator for equal opportunities within all ministries.

Multi-stakeholder engagement in national planning and follow-up

The UPR process has seen a resurgence of national human rights action plans and the creation of governmental bodies charged with overseeing the implementation and follow-up of UPR recommendations. These policy and institutional arrangements have taken different forms in different countries (for example, through inter-ministerial commissions, mechanisms led by ministries of justice, foreign affairs-led mechanisms, and so on). While in some cases more conventional institutional arrangements, such as those dependent on ministries of foreign affairs, are limited to a reporting and coordination role, in other cases more sophisticated arrangements, such as inter-minis-

terial commissions, combine that role with more specific planning and monitoring functions.

For example, in Costa Rica, the Inter-Institutional Commission on Follow-Up to and Compliance with International Human Rights Obligations was set up as a permanent consultative body of the executive branch attached to the Ministry of Foreign Affairs and Worship to ensure compliance with international human rights obligations and the coordination of international human rights initiatives. By establishing the Permanent Body for Consultation with Civil Society within this commission, the state has created a space for dialogue with organizations and representatives of civil society. In relation to the UPR, this body held three meetings with civil society organizations: one to formally initiate the dialogue; another to exchange views on the implementation of the recommendations from the first review and invite organizations to send comments; and the third to discuss the draft national report after it was circulated.

The HRC has encouraged governments to develop implementation plans for their UPR outcomes according to the national context. However, regardless of the form these plans may adopt, the process used for their design, implementation, and monitoring should always be participatory.¹⁸ Some governments have formulated a dedicated action plan for the implementation of UPR recommendations, specifying key objectives, concrete actions, indicators and time frames, allocated responsibilities at various levels, available resources, and required assistance and support. This involves ensuring that monitoring mechanisms and participatory review mechanisms are in place, appropriate data are collected and analyzed, timelines are set, and responsibilities are allocated for reporting.¹⁹

There are a number of examples demonstrating beneficial collaboration between UN agencies, civil society, and governments in the implementation of recommendations from the UPR's first cycle. For instance, in Mozambique, UNFPA mobilized civil society groups (including women's groups, girls, youth, and several marginalized populations) to advocate for the inclusion of ac-

cepted recommendations—such as those on early pregnancy and marriage, obstetric fistula, sexual abuse, and violence against women and girls—that had been neglected in the initial action plan developed by the Ministry of Justice in response to the UPR recommendations. These recommendations and corresponding actions were incorporated into Mozambique’s action plan at its UPR mid-term reporting in January 2014.²⁰

National implementation plans for UPR recommendations should include a monitoring and evaluation component in order to ensure that they are implemented in a timely and effective manner. This also contributes to fulfillment of the state’s reporting requirements by assisting in the preparation of its mid-term progress reports and its national reports for the UPR. The monitoring of and reporting on the implementation of UPR recommendations should be aligned with and strengthen the implementation of recommendations from other regional and international human rights mechanisms.

From the perspective of SRHR, it is important that the monitoring framework identify rights-holders and duty-bearers, as well as the kind of information that is relevant for monitoring whether duty-bearers are taking appropriate action to advance the implementation of UPR recommendations. This includes identifying and bringing together different stakeholders to contribute their perspectives to the monitoring process (for example, ministries and administrative organizations, institutions for marginalized groups, national human rights institutions, civil society organizations, and national statistical agencies), including the marginalized populations specific to the recommendations at hand. For example, in Mozambique, youth-led organizations have been equipped with monitoring tools and training to keep track of recommendations and actions pertaining to adolescent health.²¹

Ultimately, increased attention to the rights of people whose sexual and reproductive health and well-being is at stake—whether unmarried women, adolescent girls, people belonging to a sexual

minority, or those living in extreme poverty—will depend on these groups’ active, meaningful, and informed participation in all stages of decision-making processes. Since the human rights challenges affecting these groups are often rooted in entrenched patterns of discrimination, the effective promotion of their participation requires an enabling legal and policy environment and specific proactive measures to ensure that barriers preventing their participation—including fear of reprisals—are removed.

The UN Secretary-General has recently identified 30 cases of reprisals against individuals or groups seeking to cooperate, cooperating, or having cooperated with the UN in the field of human rights, including four cases related to civil society engaging in the UPR process.²² These cases illustrate the unfortunate challenges faced by human rights defenders when it comes to participating in UN human rights mechanisms. The High Commissioner for Human Rights has recently underscored a similar concern by recalling the commitment made by certain governments before the UPR to ensure that their national human rights commissions and members of civil society would be able to conduct their work, including participating in international mechanisms, without being subjected to reprisals.²³

Independent review mechanisms such as national human rights institutions and parliamentary committees play a critical role in enhancing accountability around government efforts to implement UPR recommendations. UNFPA supports national human rights institutions in integrating the monitoring of SRHR into their work, as well as in conducting assessments and public inquiries to explore issues of discrimination, barriers to access to sexual and reproductive health services, and shortcomings in ensuring that services meet quality of care and human rights standards. For instance, the Ugandan Commission on Human Rights has been included in the monitoring system of the Family Planning Costed Implementation Plan to strengthen its independent review. Moreover, the Malawi Commission on Human Rights recently conducted a public inquiry that looks into

addressing shortcomings in the area of maternal, newborn, and child health and is planning to convene a national dialogue around its findings. These national processes can provide valuable information to assess the level of implementation of UPR recommendations from an independent lens.

Conclusion

While state ownership of the UPR process is a clear strength, a number of additional factors are necessary for the process to lead to positive change in the area of SRHR.

First, accepted UPR recommendations are expressions of political commitment. In terms of content, many of these recommendations are generic in nature and thus should be seen as complementary to the expert views of international human rights mechanisms, such as UN treaty bodies, which usually provide more specific guidance on efforts governments need to make in order to meet their human rights obligations. An integrated planning and follow-up process for recommendations from the UPR and other human rights mechanisms will ensure a more comprehensive response to SRHR.

Second, national dialogue processes need to be clearly grounded in principles of meaningful participation, inclusion, and transparency.

Third, the UPR process provides avenues for ensuring that groups whose lives are affected by specific recommendations have a voice and contribute to defining the way forward. With regard to SRHR, the active participation of women's groups, youth-led organizations, persons with disabilities (such as women and girls suffering from fistula), people living with HIV, and other groups deprived of their sexual and reproductive health and well-being must be encouraged and supported.

Fourth, for the previous points to make sense, national UPR processes should occur in an enabling context within which independent institutions (such as national human rights institutions), civil society organizations, and the public (particularly those individuals and groups whose

rights are at stake) can express their voice without fear of reprisal, have access to public information, and hold governments to account on their human rights obligations. If restrictive laws and social norms limit the voice and agency of sex workers, or persons belonging to a sexual minority, or unmarried women, or adolescents, it is less likely that the UPR process will bring about positive change for those individuals.

Finally, government accountability requires effective and independent national human rights protection systems. The engagement of national human rights institutions, parliamentary bodies, and the judiciary in all stages of the UPR process can lend credibility to the entire exercise. While these actors have much to contribute, their involvement needs to be grounded on the premise that SRHR are enforceable human rights deserving of the highest protection on an equal and indivisible basis with other human rights. The high level of attention given by the UPR to SRHR contributes to emphasizing their status as enforceable human rights.

The strengthening of national protection systems and the active engagement of a broad range of stakeholders with international human rights mechanisms, including the UPR, is central to achieving a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled, as expressed in UNFPA's vision. UPR recommendations, together with those of other human rights mechanisms, shed light on neglected human rights issues, persistent patterns of discrimination, and legal and policy shortcomings that prevent the achievement of universal access to SRHR. By providing a particular reading of country situations, UPR recommendations offer an added value to conventional public health assessments and guide legal, policy, programming, and other measures for the respect, protection, and progressive realization of SRHR. More importantly, recommendations are sometimes the only tools available to support the demand for change and to help bring rights to bear for those people whose sexual and reproductive health and freedoms are at stake.

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