

The mandates of the Chairperson-Rapporteur of the Working Group on the issue of discrimination against women in law and in practice, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and the Committee on the Elimination of All Forms of Discrimination against Women

3 November 2014

Dear Ms. Mohammed,

We have the honour to address you in our capacity as the Chair of the Working Group on Discrimination against Women in Law and in Practice, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, pursuant to Human Rights Council resolutions 26/5 and 24/6, and the Chairperson of the Committee on the Elimination of All Forms of Discrimination against Women.

In this connection, we would like to bring to your attention our concern regarding the **inadequate recognition given to the right to the highest attainable standard of physical and mental health, in particular sexual and reproductive health and rights, in the Post-2015 Development Agenda.**

While acknowledging efforts to include these rights in process leading to the outcome document of the Open Working Group for Sustainable Development Goals (in particular targets 3.7 and 5.6), we would like to highlight how sexual and reproductive health and rights are central to the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and essential for ensuring gender equality and non-discrimination, as expressed in the February 2014 Statement of the Committee on the Elimination of Discrimination against Women on “Sexual and reproductive health and rights: Beyond 2014 ICPD review”.

Target 3.7 for instance does not contain language to ensure that the core components of the right to health are included. Sexual and reproductive health services, information on such services, and sexuality education must not only be universal but also accessible, acceptable, available, affordable for all women and of good quality. In addition, target 3.1 focuses only on reducing maternal mortality ratio which is not adequate to prevent the full range of dangers to which women are exposed if access to such services is not guaranteed.

.../...

Ms. Amina J Mohammed
Secretary-General's Special Adviser on
Post-2015 Development Planning
United Nations Headquarters
New York

While acknowledging that its wording is the result of a carefully crafted political compromise, we regret that target 5.6, falls short of recognizing all dimensions of sexual and reproductive health and rights, including access to services (including abortion) and information (including comprehensive sexual education), which over the past 20 years have been found essential to ensure that women and girls can make meaningful decisions about their sexuality and reproduction.

In addition Goal 4 on education does not refer to comprehensive sexuality education which is essential for individuals to make informed choices about their sexuality and reproduction. States must take positive measures to ensure sexual and reproductive autonomy, so that the choices about sexuality and reproduction are not limited by laws, policies, or social norms that perpetuate gender inequalities and discrimination.

Drawing on the work of UN human rights mechanisms, including treaty bodies and special procedures, we would like to recall that lack of or limited access to sexual and reproductive health services, and at times the criminalization of those accessing or providing such services is the result of discrimination against women and girls, including gender stereotyping. In turn these situations perpetuate discrimination not only in relation to the enjoyment of the right to health but also of the right to education, employment and all other aspects of women's and girls' lives. The mandate of the Special Rapporteur on the right to health has repeatedly noted how laws and policies that restrict access to sexual and reproductive health services are based on discriminatory practices and stereotypical attitudes towards women perpetuate gender inequalities and violate the right to the highest attainable standard of physical and mental health for women and girls.

For women and girls, sexual and reproductive health and rights are fundamentally linked to their autonomy to take decisions about their bodies and their lives. The right to health is therefore inherently interlinked to a range of other rights, including the rights to life, non-discrimination, equality, education, information, and privacy, as well as the possibility to decide on the number and spacing of children.

The body of international human rights law and standards has made it clear that States must take positive measures to ensure women's substantive equality by, inter alia, ensuring access to safe and affordable sexual and reproductive services, including services related to pregnancy, information on contraception and related services, pre- and post-natal care, emergency obstetric care and access to abortion which should be legal at least in cases of therapeutic abortion, pregnancy resulting from rape or incest or teenage pregnancies. They should also provide comprehensive sexuality education starting prior to puberty.

In this connection, we would also like to bring to your attention the commitment to gender mainstreaming the Post-2015 development goals and the obligation under obligations under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

We believe that the Post-2015 Development Agenda should have a transformative impact on the lives of women and girls. In order for that to happen it must address the legal and institutional context in which violations of sexual and reproductive health and rights arise, as well as the gender inequalities, gender stereotypes, and other social barriers that prevent women and girls from accessing needed health services, information, and education.

In this regard, we believe that sexual and reproductive health and rights should be included as targets under both a goal on health and a goal on gender equality, and access to comprehensive sexuality education should be considered as a target or indicator under the goal on education. Targets focused on ensuring human rights can be both quantitatively measurable and qualitatively observable, as the work of UN human rights mechanisms has shown for decades, and thus can be measured and monitored alongside quantitative indicators in the Agenda.

We are further concerned that the Open Working Group report falls short in one other vital respect: it fails to ensure that States are held accountable to their development commitments. For the Post-2015 Development Agenda to be effective and ensure a human rights sensitive approach, it is imperative that the Agenda requires national plans for implementation, including access to justice for the full range of human rights, as well as a mechanism to hold States accountable for their development commitments. States must be required to collect disaggregated and transparent data, available to all, on their progress in implementing the Post-2015 Development Agenda. States should also periodically report on their progress in implementing the Agenda, allowing civil society organizations to contribute to the process of evaluation. As the work the Human Rights Council, the UN treaty bodies, and the UN special procedures shows, this regular and transparent monitoring and evaluation can help States in increasing their compliance with their international commitments.

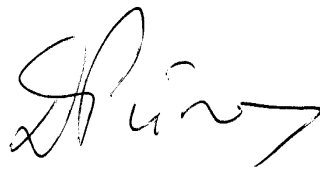
Thank you for taking the time to consider this letter alongside the many other inputs you are receiving for the Post-2015 Development Agenda. We would be happy to discuss this with you in more detail while you finalize the upcoming report on the way forward for the Post-2015 Development Agenda.

Please note that this letter will be made public since we consider these issues to be a matter of public concern and interest.


Please accept the assurances of our highest consideration.

A handwritten signature in black ink, appearing to read "Frances Raday". The signature is fluid and cursive, with the first name "Frances" written in a smaller, more compact script than the last name "Raday".

Frances Raday
Chairperson-Rapporteur of the Working Group on the issue of discrimination against women in law and in practice

A handwritten signature in black ink, appearing to read "Dainius Pūras". The signature is highly stylized and cursive, with the first name "Dainius" being the most prominent part of the signature.

Dainius Pūras
Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

A handwritten signature in black ink, appearing to read "Nicole Ameline". The signature is cursive and somewhat stylized, with the first name "Nicole" being the most prominent part of the signature.

Nicole Ameline
Chairperson of the Committee on the Elimination of All Forms of Discrimination against Women

Cc:
Mr. Thomas Gass
Assistant Secretary General for Policy Coordination and Inter-Agency Affairs in
United Nations Department of Economic and Social Affairs