



TOOLKIT:

**Leveraging the Universal
Periodic Review to Advance
the Rights of Women and
Girls to the Highest
Attainable Standards of
Health**

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Foreword: Navigating this Toolkit for Action

The pursuit of the full realisation of the right to health, for all women and girls, remains a critical global imperative. In many parts of the world, women and girls continue to face significant barriers in accessing essential health services, information and education. Discriminatory conduct, economic inequalities, conflict, and the escalating impacts of climate change often compound these challenges.

This toolkit is designed to address the pressing need for focused and effective action to dismantle these barriers and advance the rights of women and girls to the highest attainable standards of health and to serve as a comprehensive, practical guide for State officials, policymakers, regional human rights mechanisms, civil society organisations (CSOs), national human rights institutions (NHRIs), legal advocates, healthcare professionals, policymakers, and other stakeholders.

It aims to equip users with the knowledge and tools necessary to strategically and effectively leverage the United Nations (UN) Human Rights Council's Universal Periodic Review (UPR) mechanism to increase the opportunities to achieve tangible improvements in the right to health and Sexual and Reproductive Health and Rights (SRHR) for women and girls in all countries. The cyclical nature of the UPR, its reliance on multi-stakeholder input, and the public commitment of States to implement recommendations create repeated entry points for advocacy and accountability.

This toolkit emphasises how systematic engagement with the UPR, informed by a deep understanding of SRHR as human rights, can contribute to normalising these rights as core concerns within the international human rights agenda. By guiding users on how to frame SRHR issues within established human rights language and UPR procedures, this toolkit seeks to empower them to build a more consistent and robust international and national discourse, contributing to advance the fundamental right to health and SRHRs for all women and girls.

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Toolkit Overview: From Human Rights to National Implementation

Figure A. Toolkit Overview

| | |
|---|---|
| 1 | Module 1 introduces the UN Human Rights Council Foundational international normative framework |
| 2 | Module 2 provides a detailed overview of the UPR mechanism Explaining its processes and stages |
| 3 | Module 3 delves into analysing various outputs from the Human Rights Council Extract relevant information for SRHR advocacy |
| 4 | Module 4 offers strategic guidance on preparing and submitting effective UPR reports Analysis of existing UPR recommendations |
| 5 | Module 5 explores strategies for domestic programming and follow-up Translate UPR recommendations into concrete national action and policy change |

The toolkit contains 5 Modules. It begins by providing the foundational legal and institutional context and advances to the practical application of the Universal Periodic Review (UPR) process and its domestic implementation.

Module 1 introduces the foundational framework under which the UPR is built. It explains the United Nations Human Rights Council (HRC) as the central governing body and outlines the international normative framework -including treaties, declarations, and principles- that legally support the right to health of women and girls, including their sexual and reproductive health and rights (SRHR). It sets the scene by defining what the rights are and who is responsible for monitoring them.

Module 2 examines the UPR. It offers a clear and practical overview of the UPR procedures and phases, including the preparation of national reports, stakeholder submissions, the review process, and the final report adoption.

Module 3 provides instruction on how to utilise information already produced by the UN system. It involves analysing different outputs from the Human Rights Council, including resolutions, reports from UN experts (such as Special Rapporteurs), and panel discussions. The aim is to extract relevant data and arguments that can bolster the

inclusion of the right to health and SRHR in the UPR analysis.

Module 4 centres on practice and engaging directly with the UPR. It provides technical advice on preparing and submitting impactful UPR reports—commonly known as "shadow reports" or "stakeholder reports". Additionally, it examines existing UPR recommendations to identify trends, gaps, and best practices.

Module 5 focuses on the essential task of turning international recommendations into tangible action. It discusses strategies for local implementation and ongoing follow-up to translate UPR recommendations into meaningful national policies and reforms.

Module 1: The Human Rights Council and the Normative Framework for Women's and Girls' Right to Health and SRHR

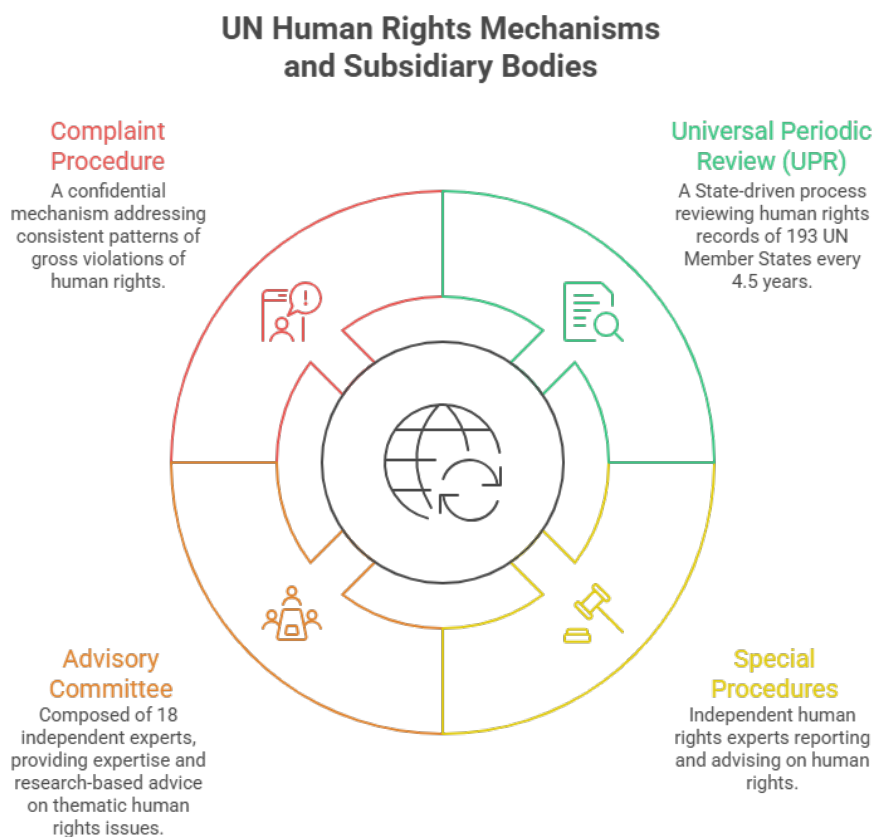
1.1. Understanding the UN Human Rights Council (HRC)

The United Nations Human Rights Council (HRC) is the principal intergovernmental body within the UN system responsible for strengthening the promotion and protection of human rights, as well as addressing situations of human rights violations and making recommendations on them (OHCHR, n.d.(a)).

Established by the General Assembly on 15 March 2006 through resolution 60/251 (G.A. Res. 60/251), the HRC replaced the former Commission on Human Rights with the mandate of addressing human rights violations, promoting human rights education, and contributing to the progressive development of international human rights law.

To fulfil its mandate, the HRC relies on several key mechanisms and subsidiary bodies, outlined in its "Institution-building package" (HRC Resolution 5/1), adopted in June 2007. These mechanisms offer various ways to address human rights issues, including those concerning the health and SRHR of women and girls (Figure 1.1).

Figure 1.1. UN Human Rights Mechanisms and Subsidiary Bodies



Reference: South Centre (2025), based on HRC Resolution 5/1

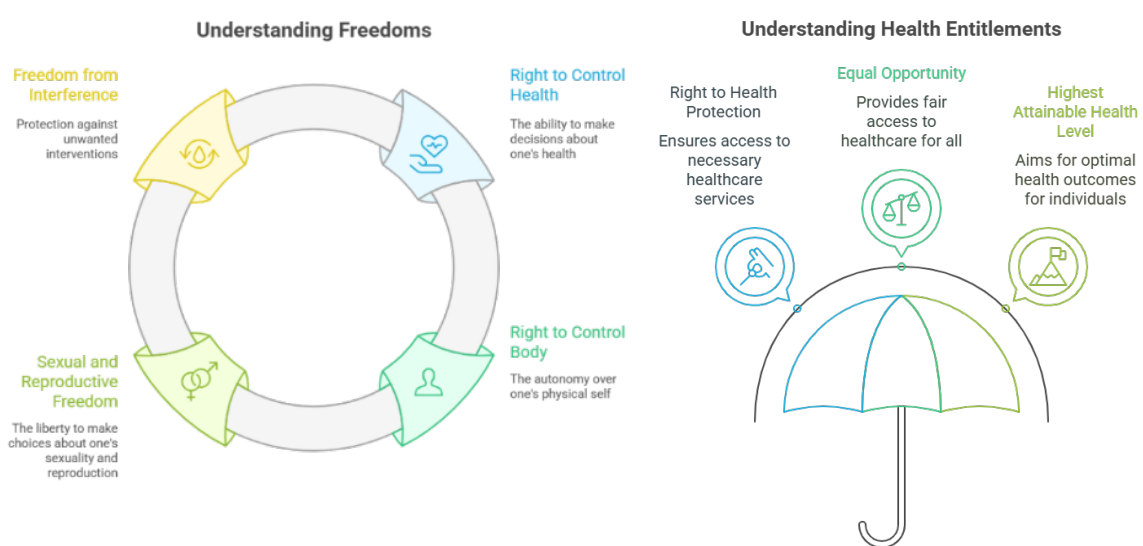
In addition, the HRC conducts mandated investigations, including fact-finding missions and commissions of inquiry, and appoints experts as designated by the UN High Commissioner for Human Rights. It also engages in open-ended intergovernmental working groups that negotiate new legal frameworks and participates in various forums dedicated to dialogue and cooperation (OHCHR, n.d.(b)).

The HRC mechanisms offer multiple, interconnected avenues for the promotion of health equity and SRHR beyond the UPR itself. For instance, information about SRHR abuses submitted to Special Procedures can be included in the OHCHR Compilation of UN Information prepared for a country's UPR, formally raising these concerns within the process and strengthening SRHR advocacy. While the UPR is a state-led process, the expert-led approach of Special Procedures and UN Treaty Bodies provides vital normative support. Reports and recommendations from Special Rapporteurs (such as those on Health, Violence Against Women, or Discrimination Against Women and Girls) and Treaty Bodies, like the Committee on the Elimination of Discrimination Against Women (CEDAW Committee) and the Committee on Economic Social and Cultural Rights (CESCR Committee) carry significant normative value and can be strategically used by civil society organizations (CSOs) and recommending States within the UPR to back up SRHR recommendations (Takata and Hamamoto, 2023).

1.2. International Human Rights Law: The Right to Health and SRHR for Women and Girls

The right to the highest achievable standard of health is a fundamental human right, enshrined in many international and regional human rights instruments and it is essential for exercising other human rights (CESCR Committee, 2000). This right encompasses both physical and mental health, including freedoms and entitlements (see Figure 1.2).

Figure 1.2. Understanding Freedoms and Entitlements

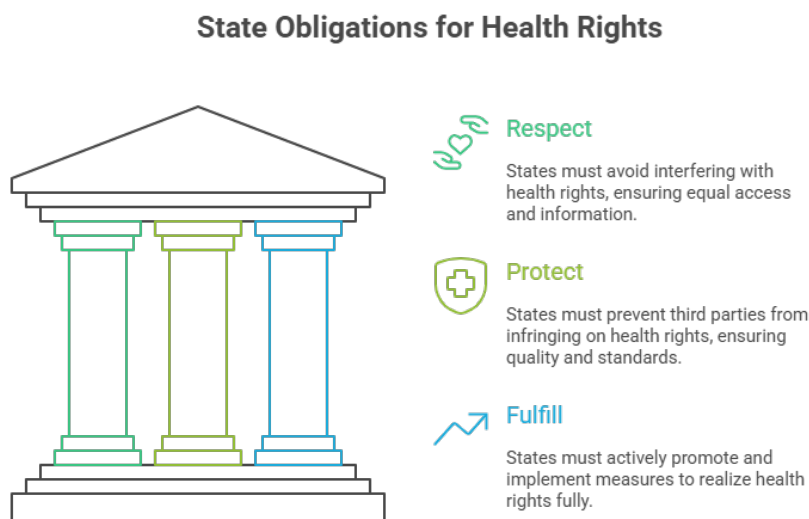


Reference: South Centre (2025), based on CESCR Committee, 2000

The concept of health has expanded significantly, moving beyond conventional healthcare to encompass factors such as resource allocation and gender disparities, as well as social issues like violence and armed conflicts (CESCR Committee, 2000). The CESCR has interpreted Article 12.1 as a broad right that extends beyond timely medical treatment, encompassing other social determinants such as nutrition, safe water, sanitation, adequate housing, healthy working and living conditions, and health education (CESCR Committee, 2000; CESCR Committee, 2016).

States that ratify international human rights treaties typically assume three key responsibilities to ensure these rights are upheld: to Respect, Protect, and Fulfil (CESCR Committee, 2000).

Figure 1.3. State Obligations for the Right to Health



Reference: South Centre (2025), based on CESCR Committee (2000)

The duty to respect means that the State must avoid interfering with the right to health, such as denying equal access to services or censoring health information, including information related to sexual and reproductive health (CESCR, 2000; Women Enabled International, n.d.). The duty to protect requires the State to prevent third parties, such as private companies, from infringing on this right, which includes regulating health sector privatisation and ensuring that healthcare professionals adhere to ethical standards (CESCR Committee, 2000; OHCHR, n.d.(b)). The obligation to fulfil requires the State to actively promote the right through measures such as implementing national health policies, supporting immunisation programmes, and ensuring access to basic conditions, including clean water and adequate housing, which are essential for realising health rights (CESCR Committee, 2000; Centre for Reproductive Rights, 2020).

The implementation of States’ obligations regarding the enjoyment of the right to health must adhere to the principles of availability, accessibility, acceptability, and quality (AAAQ) (CESCR, 2000; OHCHR, n.d.(d); Special Rapporteur on the right to health, 2019). These principles are described in the figure below.

Figure 1.4. Healthcare Principles

| Characteristic | Definition | Key Aspects |
|----------------|---|---|
| Availability | Sufficient quantity of resources | Safe water, sanitation, trained personnel, essential drugs |
| Accessibility | Services available to everyone without discrimination | Non-discrimination, physical, economic, and information accessibility |
| Acceptability | Respectful of ethics and culture | Cultural sensitivity, gender awareness, confidentiality |
| Quality | Scientifically sound and medically appropriate | Skilled personnel, approved drugs, safe water, sanitation |

Reference: South Centre (2025), based on CESCR (2000)

1.3. Core International Legal Provisions for Women's and Girls' Right to Health and SRHR

As mentioned above, the right to health is enshrined in different international human rights instruments. These instruments represent a comprehensive legal basis for women's and girls' right to health, and include a multi-layered normative framework built upon key international human rights treaties and their authoritative interpretations. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), have clearly defined States' obligations regarding non-discrimination, access to family planning, maternal care, and the prevention of harmful practices. From a policy

perspective, the World Health Organisation (WHO) and the Beijing Platform for Action (BPfA) provide an authoritative voice on the tools necessary to understand the crucial interlinkages between health, gender equality, and the underlying determinants of health for effective national and international advocacy.

Table 1.1. Core International Legal Provisions for Women's and Girls' Right to Health and SRHR

| Instrument | Relevant Articles | Key SRHR-related Obligation/Right | Source |
|--|--------------------------|---|---|
| International Covenant on Economic, Social and Cultural Rights (ICESCR) | Art. 12 | Right to the highest attainable standard of physical and mental health. | CESCR General Comment No. 14 (The Right to Health) ; CESCR General Comment No. 22 (Right to Sexual and Reproductive Health) |
| Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) | Art. 12 | Eliminate discrimination against women in health care; ensure access to health services, including family planning, pregnancy, confinement, and post-natal care. | CEDAW General Recommendation No. 24 (Women and Health) |
| CEDAW | Art. 10(h) | Access to specific educational information for family health and well-being, including family planning. | |
| CEDAW | Art. 16(1)(e) | Equal rights to decide freely and responsibly on the number and spacing of children; access to information, education, and means to exercise these rights. | |
| Convention on the Rights of the Child (CRC) | Art. 24 | Right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health; access to information and education on health and nutrition, including adolescent health and family planning. | CRC Committee General Comments (No. 4 on Adolescent Health, No. 15 on the Right to Health, No. 20 on Adolescents' Rights) |
| Beijing Platform for Action | Para. 96 | Women's human rights include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive | UN (1995) |

| | | | |
|--|------------|---|------|
| | | health, free of coercion, discrimination and violence. | |
| Universal Declaration of Human Rights (UDHR) | Art. 25(1) | Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including medical care. | UDHR |

Table 1.1. above provides a reference to foundational legal standards, consolidating information from diverse sources. It equips advocates with precise legal language crucial for UPR submissions and clarifies the legal basis for SRHR claims, which is essential for engaging effectively in a state-driven process like the UPR.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is a cornerstone for the right to health. Article 12 mandates the elimination of discrimination in healthcare access, guaranteeing equality for all women in family planning, pregnancy, and post-natal services (CEDAW Committee, 1999). Articles 10(h) and 16(1)(e) also safeguard women's rights to health education, family planning information, and the freedom to choose the number and spacing of children (Shalev, 1998).

The CEDAW Committee, through its General Comment 24, outlines States' responsibilities to respect, protect, and fulfil these rights, specifically addressing issues like HIV/AIDS, female genital mutilation (FGM), and the importance of referral systems when health providers exercise conscientious objection, with particular attention to vulnerable groups (CEDAW Committee, 1999). Likewise, the CESCR Committee in its General Comment 22, explicitly affirms SRHR as a key element of the right to health (Article 12), including access to a full range of services and information, as contraception and maternal care, all within the AAAQ framework (CESCR, 2016).

These frameworks are also supported by the public health expertise of the World Health Organisation (WHO) (Narasimhan et al., 2024) and the political commitment in the Beijing Platform for Action (BPfA, 2015), which affirms women's rights to control their sexuality and reproduction, free from violence and discrimination. The successful fulfilment of these rights requires a holistic approach that recognises the interconnectedness of health equity and SRHR with other rights, and addresses foundational health determinants, such as education, water, sanitation, and poverty, to enable comprehensive State action (CESCR, 2016).

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Module 2: The Universal Periodic Review (UPR) Mechanism: A Tool for Change

2.1. Introduction to the UPR

The Universal Periodic Review (UPR) is a unique process led by States and overseen by the Human Rights Council. It reviews the human rights situations in all 193 UN Member States (OHCHR, n.d.(a)). Created by the UN General Assembly through resolution 60/251 on March 15, 2006, it also established the Human Rights Council. The UPR is a significant innovation for the HRC, highlighting principles of equal treatment for every country, broad coverage, and collaboration.

The primary goal of the UPR is to improve the human rights conditions in every country, resulting in significant benefits for people globally. It aims to promote, support, and expand efforts to protect and uphold human rights locally. To accomplish this, the UPR assesses the human rights records of States, addresses alleged violations wherever they are identified, provides technical assistance to help States enhance their capacity to manage human rights issues effectively, and promotes the sharing of best practices among States and other stakeholders (OHCHR, n.d.(a)).

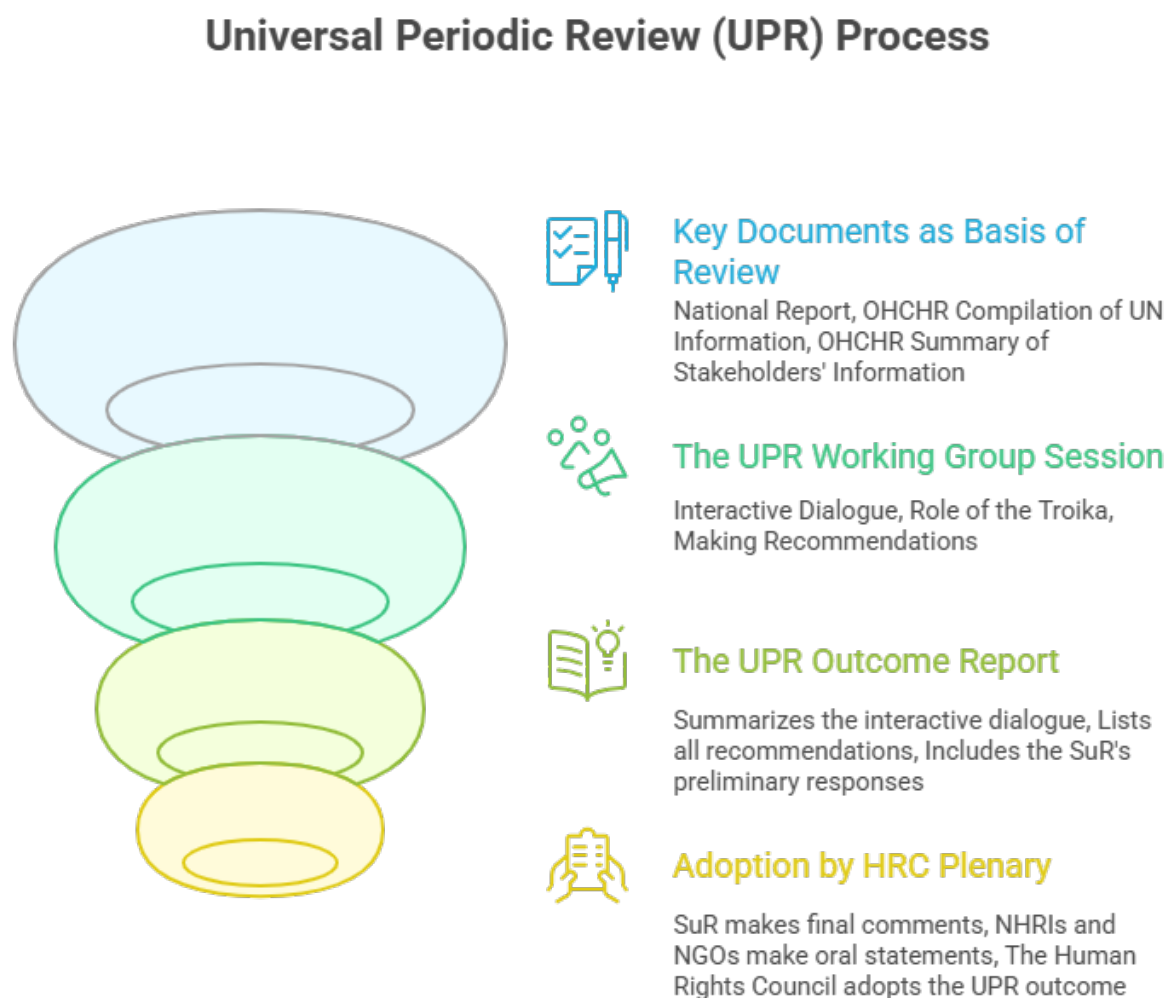
The universality of the UPR and its peer-review process creates a distinctive platform for tackling SRHR issues. This is particularly important in countries that are not parties to all human rights treaties or where SRHR topics require more attention. Since all UN Member States undergo this review, and other States make recommendations, a different dynamic is created compared to recommendations from treaty bodies or CSOs alone.

The peer review nature of the process can influence State conduct and provide a powerful forum for the fulfilment of health equality, including SRHR. Moreover, the UPR goal of sharing "best practices" offers a strategic route for protecting these rights by highlighting successful SRHR policies and programmes from other countries, especially those with similar socio-cultural or developmental backgrounds. This approach could make reform suggestions more feasible and encourage both the State under Review and recommending States to consider and adopt constructive SRHR measures.

2.2. The UPR Process: From National Report to Outcome Adoption

Each UN Member State's human rights record is reviewed every **4.5 years**. The first cycle of reviews began in 2008, and all 193 Member States have been reviewed three times since then (OHCHR, n.d.(b)). The UPR process is structured around several key stages and documents, ensuring a comprehensive review of each State's human rights situation (OHCHR, n.d.(a)).

Figure 2.1. The Process of the UPR Review



Reference: South Centre (2025) based on OHCHR (n.d.(a))

The review of a State is initiated by the submission of three primary documents (OHCHR, n.d.(a); OHCHR, n.d.(c)). **The first document is the National Report**, which the State under Review (SuR) prepares. The National Report should, in principle, outline the current state of human rights in the reviewed State, particularly the actions it has taken to improve the human rights situation in the country and fulfil its human rights obligations. This stage represents an opportunity for the State to present the efforts it has taken to fulfil its obligations under international human rights law, and its perspective on its human rights record.

The second document represents the OHCHR Compilation of UN Information that contains the different reports of treaty bodies, Special Procedures (independent human rights experts and groups), and other relevant UN entities on the situation of human rights in the SuR and provides an overview of UN concerns and recommendations regarding such situation.

The third document is the OHCHR Summary of Stakeholders' Information also known

as “shadow reports”. This document is also prepared by the OHCHR and includes a summary of information submitted by other relevant stakeholders, including National Human Rights Institutions, ombudsman offices, and other civil society actors. This document enables non-State actors to contribute their perspectives and evidence to the review of the human rights situation in the SuR.

After the documents are presented, the reviews are conducted by the **UPR Working Group**, which consists of the 47 members of the Human Rights Council; however, any UN Member State can take part in the interactive dialogue with the SuR (OHCHR, n.d.(a)). To support the SuR, the HRC has developed the “**Troika**”, a group comprising three States (peers) that assist the SuR and act as rapporteurs. The “Troika” aims to facilitate the review of these documents and is responsible for preparing the outcome report in consultation with the SuR and with the assistance of OHCHR (OHCHR, n.d.(a)).

For the preparation of the outcome document, the SuR presents its national report and responds to questions, comments, and recommendations made by other UN Member States during the approximately 3.5-hour **Interactive Dialogue** session. This dialogue is the cornerstone of the peer-review process. During this interactive dialogue, any UN Member State can pose questions and submit specific **recommendations** to the SuR. These recommendations are designed to be action-oriented and aimed at enhancing the country's human rights situation.

Following the interactive dialogue, the “Troika”, with the involvement of the SuR and assistance from OHCHR, prepares the **UPR Outcome Report** (OHCHR, n.d.(a)). This report summarises the interactive dialogue, including the questions, comments, and recommendations made by States. The outcome report also includes the preliminary responses of the SuR to these recommendations, indicating whether it “accepts” (supports) or “notes” each recommendation. The UPR Working Group then adopts the outcome report.

The final stage is the **Adoption of the UPR Outcome Report by HRC Plenary**, where the HRC considers the UPR outcome report at a plenary session of the Human Rights Council (OHCHR, n.d.(a); OHCHR, n.d.(c)). During this session, the SuR has the opportunity to make final comments on the recommendations and its position. In this session, accredited NHRIs and NGOs (with ECOSOC consultative status) can also make oral statements, providing their perspectives on the outcome and the human rights situation in the country. The Human Rights Council then formally adopts the UPR outcome for the reviewed State.

It is essential to recognise that when a State “**notes**” a recommendation, it signifies non-acceptance at that moment, but it does not imply that the issue is closed for future review. “Noted recommendations”, especially those concerning sensitive or controversial topics, can still be powerful tools. CSOs can use them to highlight unaddressed human rights concerns in their ongoing national efforts. Moreover, these “noted recommendations” can form the basis for new recommendations for the SuR and for other States to reiterate or rephrase them in subsequent UPR cycles. Persistent re-tabled recommendations of similar issues across cycles can demonstrate ongoing

international concern and gradually increase pressure on the SuR to address the problem. The United Nations Population Fund (UNFPA) has reported instances in which States eventually took action on SRHR recommendations that were initially only noted, indicating that sustained advocacy can yield results over time (UNFPA, 2023). Indeed, the cyclical nature of the UPR ensures that there will be future opportunities to revisit these issues.

2.3. Engaging Effectively in the UPR Process: A Guide for Stakeholders

The UPR process has been designed to be inclusive, providing multiple opportunities for stakeholders, particularly CSOs and NHRIs, to contribute to the review and participate in its outcomes (OHCHR, n.d.(c)). Effective engagement requires strategic planning and action across the UPR cycle.

Figure 2.2. Opportunities for Civil Society and NHRIs



Reference: South Centre (2025) based on OHCHR (n.d.(c))

Submitting written reports to the Office of the United Nations High Commissioner for Human Rights (OHCHR), often referred to as "shadow reports," presents a crucial opportunity for Civil Society Organisations (CSOs) and National Human Rights Institutions (NHRIs) to influence the Universal Periodic Review (UPR) process strategically. Successful participation depends on complying with the OHCHR technical and procedural standards, including proper formatting, specific content requirements, and compliance with the word limit (individual submissions should not exceed 2815 words, whereas joint submissions can be up to 5630 words) (OHCHR, 2022).

Late submissions of these reports are automatically rejected, therefore it is important to monitor the deadlines set by the OHCHR for report submissions (OHCHR, 2022). Reports must be submitted exclusively through the official Online UPR registration system and should also adhere to additional standards, such as being in an official UN language (preferably English, French, or Spanish) and include numbered paragraphs and pages for easy reference (OHCHR, 2022). Managing sensitive information carefully is essential, with strict guidelines against including details that could identify children or victims of sexual violence.

The pre-review involves a comprehensive groundwork for collecting raw data and using it to develop strong arguments and evidence for informing discussions in the UPR. The first step is to identify the applicable human rights treaties and the relevant rights in relation to specific treaty provisions (Advocates for Human Rights, n.d.). This legal review is followed by a detailed analysis of past UPR cycle results, the most recent report of the SuR, and earlier submissions. This research will enable the development of a straightforward, evidence-based narrative of the current human rights situation in the SuR, emphasising the implementation of previously accepted recommendations and noted recommendations from previous cycles. It also helps outline specific questions and suggestions which are specific, measurable, achievable, relevant, and time-bound (SMART) to promote human rights (Amnesty International & UNESCO, 2022). A critical proactive step is working with other States participating in the UPR session and providing them with briefings and suggested recommendations.

During **the review**, the interactive dialogue session enables CSOs to identify key delegations and share their findings. This helps decision-makers grasp the reports' conclusions, turning the process into a tool for enhancing the protection and realisation of human rights (Advocates for Human Rights, n.d.). **The Post-Review** phase focuses on obtaining the State's formal commitment to accepting recommendations, encouraging the SuR to adopt vital SRHR recommendations rather than merely noting them officially. Accredited organisations can also deliver oral statements during the HRC plenary adoption, urging governments to commit to implementation (Centre for Reproductive Rights, 2023).

The implementation phase is the most challenging stage, as it requires efforts to support and monitor the implementation of domestic efforts towards implementing the recommendations. Civil society organisations can support national-level advocacy for implementation and work with national authorities to create implementation action

plans. This sustained effort is reinforced by continuous Monitoring and Shadow Reporting (Advocates for Human Rights, n.d.), which support mid-term reviews and prepare for subsequent cycles.

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Module 3: Understanding the Human Rights Council Resolutions, Reports, and Panels on the Right to Health and SRHR

The Human Rights Council (HRC) resolutions and their related mechanisms and mandates are essential for effectively implementing the right to health and Sexual and Reproductive Health and Rights (SRHR). These outputs, such as HRC resolutions, reports from UN human rights bodies and independent experts, and general comments of UN Treaty Bodies, provide normative guidance that enables the identification of key areas of concern and serves as a basis for UPR submissions and national implementation efforts. In their entirety, these documents, resources, and mechanisms have strengthened the understanding of the right to health, including SRHR, as a human right.

The right to "the enjoyment of the highest attainable standard of physical and mental health" was first articulated in the 1946 WHO Constitution, which defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organisation, 1946). This understanding was also codified in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), and further strengthened by the Committee of Economic, Social and Cultural Rights (CESCR) General Comment No. 14, this is not a "right to be healthy" but a right to the **enjoyment of the "highest attainable standard of health conducive to living a life in dignity"** (CESCR, 2000). For the CESCR, the right to health encompasses both freedoms and entitlements that extend to the underlying determinants of health, including access to safe water, adequate sanitation, food, and a healthy environment (CESCR, 2000).

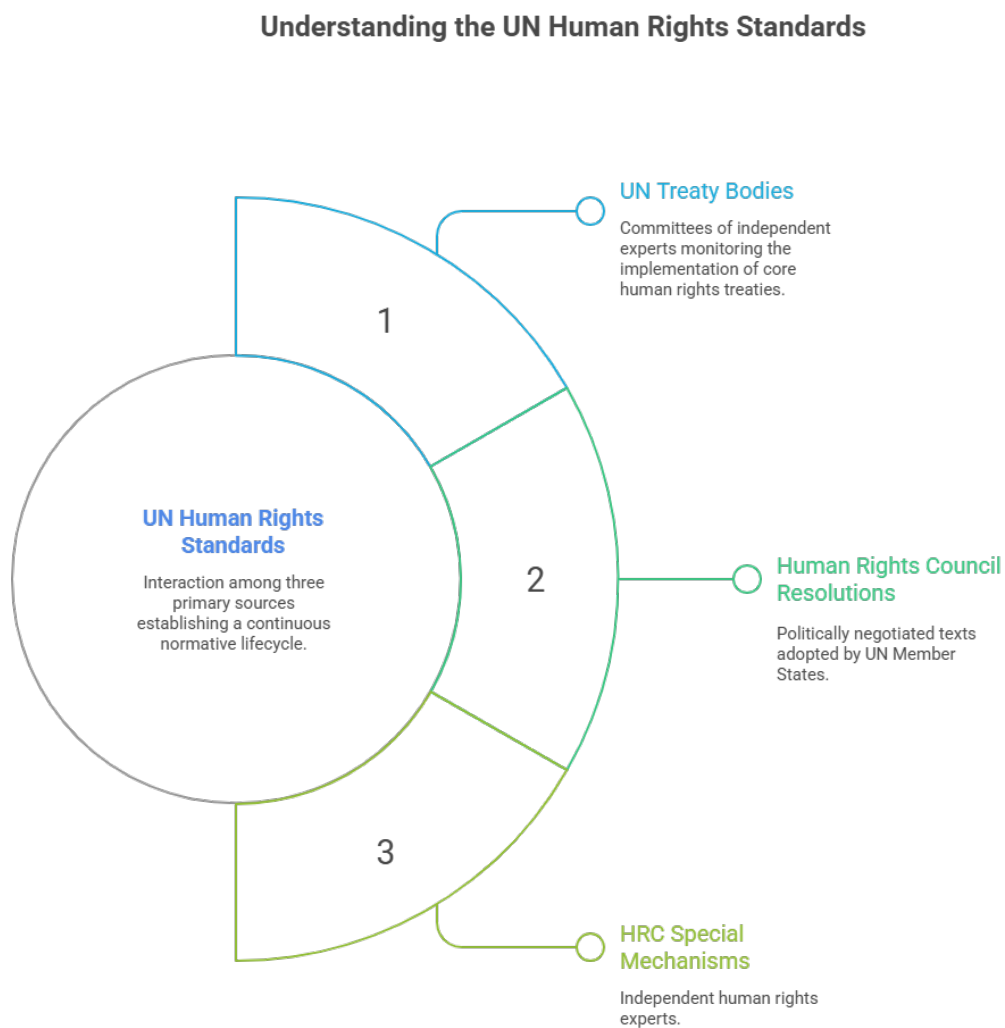
For the HRC, **Preventable Maternal Mortality and Morbidity (PMMM)** is considered a human rights violation, and is the result of systemic discrimination, the denial of other human rights, and the failure of States to provide access to essential health services, including sexual and reproductive health care (HRC, 2025). Likewise, anchored in the Programme of Action of the 1994 International Conference on Population and Development (ICPD), SRHR are recognised as fundamental to human rights and sustainable development, and include sexual and reproductive healthcare, services, goods and facilities (OHCHR, n.d.).

3.1. Understanding the Interplay of UN Human Rights Mechanisms

This framework has been built on the interaction among three primary sources of UN human rights standards, which do not exist in isolation but establish a continuous normative lifecycle, building legal and political momentum for the right to health and SRHR. The first pillar is founded on the work of UN Treaty Bodies, which are composed of committees of independent experts mandated to monitor the implementation of core human rights treaties, particularly the Covenant on Economic, Social and Cultural Rights and the Convention on the Elimination of All Forms of Discrimination Against Women. These committees issue General Comments or Recommendations that provide the **authoritative interpretation** of treaty obligations, establishing the legal foundation for state duties.

The second pillar consists of Human Rights Council (HRC) Resolutions, which are politically negotiated texts adopted by UN Member States. These resolutions reflect political consensus, outline State commitments, and establish mandates for actions such as investigation and reporting by other UN bodies or special mechanisms. The third pillar comprises the HRC Special Mechanisms, including independent human rights experts such as Special Rapporteurs and Working Groups. These experts report and advise on human rights issues from both thematic and country-specific perspectives. They offer detailed analyses, interpret legal and political norms in practical contexts, and identify gaps and violations (HRC, 2007). This ecosystem operates dynamically, reflecting the political will of Member States on various health-related human rights issues, which are valuable for the UPR process.

Figure 3.1. Understanding the UN Human Rights Standards



Reference: South Centre (2025)

3.2. Identifying Trends in HRC Engagement with SRHR

The evolution of language and focus in HRC resolutions and reports over time reveals important trends in the Council's engagement with SRHR. One discernible trend is a more explicit recognition of sexual and reproductive healthcare in current resolutions, moving beyond general references to maternal health, to acknowledging the impact of intersectional discrimination on access to SRHR (HRC, 2025). For example, recent thematic reports from various Special Procedures also demonstrate a more nuanced and comprehensive understanding of SRHR, addressing the rights of specific marginalised groups (Mofokeng, 2022).

However, it is also essential to consider the ongoing political sensitivities and cultural diversity surrounding SRHR, particularly during the UPR cycle, as its universal reach and can continuously reinforce SRHR norms, hold States accountable for their commitments, and counter attempts to dilute these fundamental rights. By strategically using the outputs of the HRC and its mechanisms, advocates can significantly enhance the impact of their SRHR advocacy within the UPR and at the national level (see Table 3.1.).

Table 3.1. Matrix of Key HRC Documents and their Relevance to Specific SRHR Issues

| Document Type | Document Symbol | Date | Key Themes Addressed | Key Recommendations |
|-----------------|-------------------------------|--------------|--|---|
| General Comment | E/C.12/2000/4 | 11 Aug 2000 | CESCR General Comment No. 14: The right to the highest attainable standard of health (Art. 12). Defines the right to health, including freedoms and entitlements. Establishes underlying determinants of health (food, water, sanitation, environment). Defines AAAQ (Availability, Accessibility, Acceptability, Quality). | States must ensure non-discriminatory access to health facilities, goods, and services, especially for vulnerable groups. Ensure access to a minimum essential level of food, basic sanitation, and safe water. Take steps to reduce infant and maternal mortality. Address harmful traditional practices. |
| General Comment | E/C.12/GC/22 | 01 May 2016 | CESCR General Comment No. 22: The right to sexual and reproductive health (Art. 12). Defines SRHR as an indivisible and interdependent right, linked to civil and political rights (life, autonomy, privacy, freedom from torture). Extends beyond services to the underlying determinants. | States must repeal or eliminate laws, policies, and practices that criminalise, obstruct, or undermine access to SRH services, including contraception and safe abortion. Ensure SRH services are available, accessible, acceptable, and of good quality (AAAQ). Guarantee access to comprehensive sexuality education (CSE) and services for all, including adolescents. |
| General Comment | CCPR/C/GC/36 | 03 Sept 2019 | CCPR General Comment No. 36: | States must take measures to |

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| | | | <p>Article 6: Right to life. Defines the right to life as a supreme right, not to be interpreted narrowly, and to be enjoyed with dignity. Establishes the positive duty of states to protect life.</p> | <p>reduce maternal and infant mortality. States must ensure that women and girls do not have to resort to unsafe abortions. Restrictions (e.g., criminalisation) that lead to unsafe abortions and maternal death constitute an arbitrary deprivation of life.</p> |
| General Recommendation | A/54/38/Part I | 1999 | <p>CEDAW General Recommendation No. 24: Article 12: Women and Health. Affirms that access to health care, including reproductive health, is a basic right. Frames denial of women-specific health services as discrimination. Covers the full life cycle of women.</p> | <p>States must prioritise the prevention of unwanted pregnancy through family planning and sex education. States must ensure women's right to safe motherhood and emergency obstetric services, allocating maximum available resources. Require all health services to be consistent with women's rights to autonomy, privacy, confidentiality, and informed consent.</p> |
| General Recommendation | CEDAW/C/GC/35 | 2017 | <p>CEDAW General Recommendation No. 35: Gender-based violence against women. Updates GR No. 19. Defines gender-based violence (GBV) broadly. Provides the normative basis for analysing</p> | <p>Recommends that States ensure effective access to remedies and redress for victims of GBV.</p> |

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| | | | harmful practices and violence within health settings as a form of GBV. | |
| General Comment | CRC/GC/2003/4 | 01 July 2003 | CRC General Comment No. 4: Adolescent health and development. Defines adolescence as a distinct period. Establishes the right to non-discrimination based on sexual orientation and health status. Emphasises the need for confidential services. | States must ensure that adolescents have access to health information and services. Health-care providers must keep medical information confidential. Protect adolescents from harmful traditional practices (e.g., early marriage, FGM). |
| General Comment | CRC/C/GC/15 | 17 Apr 2013 | CRC General Comment No. 15: The right of the child to... health (Art. 24). Defines the inclusive right to health, extending to prevention, promotion, and treatment. Addresses adolescent health, including sexual and reproductive health. | Prohibit discrimination based on adolescent pregnancy (e.g., school expulsion). Ensure access to comprehensive SRH information and services. Integrate education for boys and men on healthy pregnancies and SRH. |
| General Comment | CRC/C/GC/20 | 06 Dec 2016 | CRC General Comment No. 20: Implementation of the rights of the child during adolescence. Focuses on the "evolving capacities" of adolescents. Recognises adolescents as rights-holders with the capacity to make decisions, including regarding their health. | States must provide guidance on legislation and policies needed to promote comprehensive adolescent development. Enhance respect for the evolving capacities of adolescents and their right to be heard and have their autonomy |

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| | | | | respected, including in health-care decisions. |
| HRC Resolution | A/HRC/RES/11/8 | 17 June 2007 | Preventable maternal mortality and morbidity and human rights. The first in the PMMM series. Establishes PMMM as a human rights issue. | Calls on States to apply a human rights-based approach to reducing PMMM. Requests the High Commissioner to prepare a report. |
| HRC Resolution | A/HRC/RES/12/24 | 02 Oct 2009 | Access to medicine in the context of the right... to health. Highlights the right to health as including access to essential medicines. | Calls upon States to promote access to medicines for all, including through cooperation, research and development, and the application of flexibilities in trade agreements. |
| HRC Resolution | A/HRC/RES/47/25 | 14 July 2021 | Preventable maternal mortality and morbidity and human rights. (Part of the PMMM series). Reaffirms the human rights-based approach. | Urges States to strengthen efforts to eliminate PMMM and ensure access to sexual and reproductive health services. |
| HRC Resolution | A/HRC/RES/54/16 | 12 Oct 2023 | Preventable maternal mortality and morbidity and human rights. Reaffirms the International Conference on Population and Development (ICPD) and SRHR. Links PMMM to SDG 3. | Urges States to eliminate PMMM and address underlying determinants, including gender and racial discrimination. Ensure equitable and timely access to health services. Conduct reviews of maternal deaths. |
| HRC Resolution | A/HRC/RES/56/11 | 11 July 2024 | Menstrual hygiene management, human rights and gender | Urges States to ensure affordable and accessible |

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| | | | equality. Affirms menstrual health as a human rights issue, linked to dignity and SRHR. | menstrual hygiene products. Integrate menstrual hygiene into national policies (e.g., in schools, humanitarian efforts). Promote awareness to reduce stigma. |
| HRC Resolution | A/HRC/RES/56/21 | 12 July 2024 | Accelerating progress towards preventing adolescent girls' pregnancy. Frames adolescent pregnancy as a human rights issue that requires the attention of the international community. | Calls on a comprehensive report on how to accelerate progress towards preventing adolescent girls' pregnancy |
| HRC Resolution | A/HRC/RES/59/16 | 07 July 2025 (likely 2024) | Elimination of female genital mutilation. Recognises FGM as torture or ill-treatment. Acknowledges new forms (medicalisation, cross-border). | Urges States to prohibit FGM. Calls for access to remedies, redress, and healthcare services, "including sexual and reproductive health," for victims and survivors. |
| SR Health Report | A/61/338 | 13 Sept 2006 | (Paul Hunt) Maternal mortality. Frames maternal mortality as a human rights violation. Identifies sharp discrepancies in maternal mortality as a failure to realise women's SRH rights. | States must address the human rights dimensions of maternal mortality. |
| SR Health Report | A/HRC/14/20 | 27 Apr 2010 | (Anand Grover) Criminalisation of same-sex conduct, sex work, and HIV transmission. Examines how criminalisation creates barriers to the right to health, driving marginalised groups | States should repeal laws criminalizing same-sex conduct and sex work. Implement human rights-based approaches to HIV/AIDS prevention and |

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| | | | underground and away from essential services. | treatment. |
| SR Health Report | A/66/254 | 03 Aug 2011 | (Anand Grover) Impact of criminalisation on sexual and reproductive health services. Analyses how criminalising abortion, adolescent sexuality, and SRH information leads to adverse health outcomes and rights violations. | States should decriminalise abortion and ensure access to safe and legal abortion. Repeal laws that punish adolescents for seeking SRH services or information. |
| SR Health Report | A/HRC/32/32 | 04 Apr 2016 | (Dainius Pūras) Right to health of adolescents. Highlights significant discrimination and barriers adolescents face in accessing SRH information and services. ⁶³ | States should adopt a comprehensive, gender-sensitive, and non-discriminatory SRH policy for all adolescents. Ensure confidential, youth-focused services. Integrate CSE into national programmes. |
| SR VAW Report | A/74/137 | 17 July 2019 | (Dubravka Šimonović) Mistreatment and violence against women in reproductive health services (Obstetric Violence). Frames disrespect, abuse, and mistreatment during childbirth and in reproductive health services as a form of gender-based violence. | States must adopt a human rights-based approach to reproductive health services. Ensure accountability and redress for victims of obstetric violence. Train health workers on respectful care and informed consent. |
| SR Health Report | A/76/172 | 16 July 2021 | (Tlaleng Mofokeng) SRHR: challenges and opportunities during the COVID-19 pandemic. | States must designate SRH services (incl. contraception and abortion) as <i>essential</i> |

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| | | | Documents the diversion of resources, disruption of SRH services, and increase in gender-based violence during the pandemic. | and ensure their continuity during crises. Address intersectional discrimination in pandemic responses. |
| WGDAWG Report | A/HRC/47/38 | 28 Apr 2021 | (WGDAWG) Women's and girls' sexual and reproductive health rights in crisis. Examines threats to SRH autonomy before and during crises, exacerbated by systemic discrimination. | Institutionalise and strengthen monitoring and accountability for SRHR in crisis settings. Ensure the full participation of women and girls in crisis management. Actively push back against conservative ideologies that undermine gender equality. |
| SR Health Report | A/77/197 | 20 July 2022 | (Tlaleng Mofokeng) Racism and the right to health. Analyses how systemic racism functions as a key social determinant of health, leading to stark disparities in health outcomes, including in maternal mortality and SRH. | States must adopt an anti-racist lens in all health policies. Dismantle structural racism in health systems. Ensure accountability for race-based discrimination in health care. |
| WGDAWG Report | A/HRC/56/51 | 15 May 2024 | (WGDAWG) Escalating backlash against gender equality... A "stock-taking" report that analyses the global, coordinated backlash against gender equality and the human rights of women and girls. | Calls for a renewed commitment to substantive gender equality. Recommends coordinated efforts by States and civil society to counter the gender backlash and misinformation. |

This matrix provides an overview of the HRC work on SRHR, helping users quickly identify relevant authoritative documents. This facilitates the process of finding UN sources to support UPR submissions and inform national advocacy strategies, thereby strengthening the overall impact of efforts to promote and protect the SRHR of women and girls.

Sources Module 3

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Module 4: Strategic UPR Reporting on Women's Right to Health and SRHR

The effectiveness of the Universal Periodic Review (UPR) in advancing human rights depends on the quality, accuracy, and depth of information submitted to the Human Rights Council. For the State under Review (SuR), accurately identifying and recording the human rights situation related to women's health, including sexual and reproductive health and rights (SRHR), requires tracking the progressive realisation of these rights. This stage involves moving from mere observation to careful, data-based governance, which calls for active cooperation among State agencies, National Human Rights Institutions (NHRIs), and civil society.

4.1 Evidence-Gathering Strategies and the Human Rights-Based Approach to Data

Under international law, and in accordance with the Institution-building package of the Human Rights Council (HRC,2007), States have the obligation to collect information, including data and statistics, that are not only accurate but also relevant to the enjoyment of human rights by all, and particularly by the most marginalised populations (OHCHR, 2018 and OHCHR, 2021). This stage involves shifting from anecdotal observations to a strict, data-based governance approach, which requires active cooperation among state agencies, National Human Rights Institutions (NHRIs), and civil society.

In order to achieve this objective, the Office of the High Commissioner for Human Rights has developed the "Human Rights-Based Approach to Data" (HRBAD). The HRBAD aims to institutionalise the collection of disaggregated data in line with the 2030 Agenda for Sustainable Development. SDG target 17.18 urges countries to improve access to high-quality, disaggregated data by income, gender, age, race, ethnicity, migratory status, disability, and location. For example, in the case of preventable maternal mortality and morbidity (PMMM), this means that States should not only report overall maternal mortality rates but also analyse whether certain groups, such as rural populations or specific ethnicities, experience higher mortality, helping identify populations that are "left behind," and other social and economic variants that might increase the risk of women and girls to face obstacles for the enjoyment of all human rights, including the right to health and SRHR (HRC, 2025).

Table 4.1. The Six Principles of the Human Rights-Based Approach to Data (HRBAD) and UPR Implications

| Principle | Core Requirement | Impact on UPR Mechanism |
|-----------------------|--|--|
| Participation | Involvement of rights-holders in the entire data cycle (design, collection, analysis). | Mandates inclusive national consultations for report drafting; empowers CSOs to validate data; ensures indicators reflect lived realities. |
| Disaggregation | Breaking down data by prohibited grounds of discrimination (sex, age, | Exposes inequalities hidden by national averages; allows for targeted recommendations; operationalises |

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| | race, disability, etc.). | the "Leave No One Behind" pledge. |
| Self-Identification | Individuals have the right to define their own identity categories (race, gender, ethnicity). | Ensures data reflects lived reality rather than State imposition; protects dignity; critical for indigenous and minority rights reporting. |
| Transparency | Methodologies and datasets must be open, accessible, and public. | Allows verification of National Reports; prevents statistical manipulation; enables "Shadow Reporting" by civil society. |
| Privacy | Strict protection of individual data; confidentiality; data firewalls. | "Do No Harm" principle; ensures data collection doesn't lead to persecution; critical for sensitive groups (LGBTQ+, migrants). |
| Accountability | Use of data to hold duty-bearers answerable for human rights obligations. | Transforms UPR recommendations into measurable benchmarks; links UPR compliance to statistical indicators. |

Countries might consider that a UPR submission will require triangulating data and information from diverse sources. In the case of the right to health for example, the State will usually use national census data, health management information systems (HMIS), and demographic health surveys (DHS), but these must be combined with qualitative data to offer a fuller understanding of human rights conditions. This will also need to consider the role of non-state actors, such as CSOs and NHRIs, which are essential for providing the qualitative context often missing from quantitative data. Investigations and information by civil society organisations and community monitoring initiatives serve as a bridge between official data and the "lived realities" behind the numbers. For example, government data might indicate that reproductive health clinics are physically available, but information from CSOs might mention that women are effectively denied access to services because of provider bias, conscientious objection, or privacy issues.

In cases where specific requirements exist for SRHR documentation, States could consider collecting and analysing official national statistics on key indicators such as contraceptive prevalence rates, adolescent birth rates, the incidence of sexually transmitted infections (including HIV), and the prevalence of gender-based violence (GBV) and harmful practices. The Human Rights Council Resolution 15/17 mandates the collection of disaggregated data specifically for maternal mortality and morbidity. Without this level of detail, State reporting risks becoming a superficial exercise that conceals violations of the right to non-discrimination (UNGA, 2017).

A key step in the documentation process involves analysing the three primary documents from previous UPR cycles to establish a baseline of State performance and maintain consistency between reviews. Additionally, the OHCHR compilation of UN Information consolidates concerns and recommendations from UN treaty bodies and Special Procedures, along with General Comments and Recommendations from Treaty Bodies, offering crucial interpretive guidance on these obligations (Takata and Hamamoto, 2023). Lastly, the OHCHR Summary of Stakeholders' Information identifies common

concerns and areas of consensus among non-state actors. Integrating these sources — State statistics, UN assessments, and civil society monitoring—enables States and stakeholders to develop a comprehensive, credible overview of the SRHR situation.

4.2. Preparation of Comprehensive Reports and the National Report

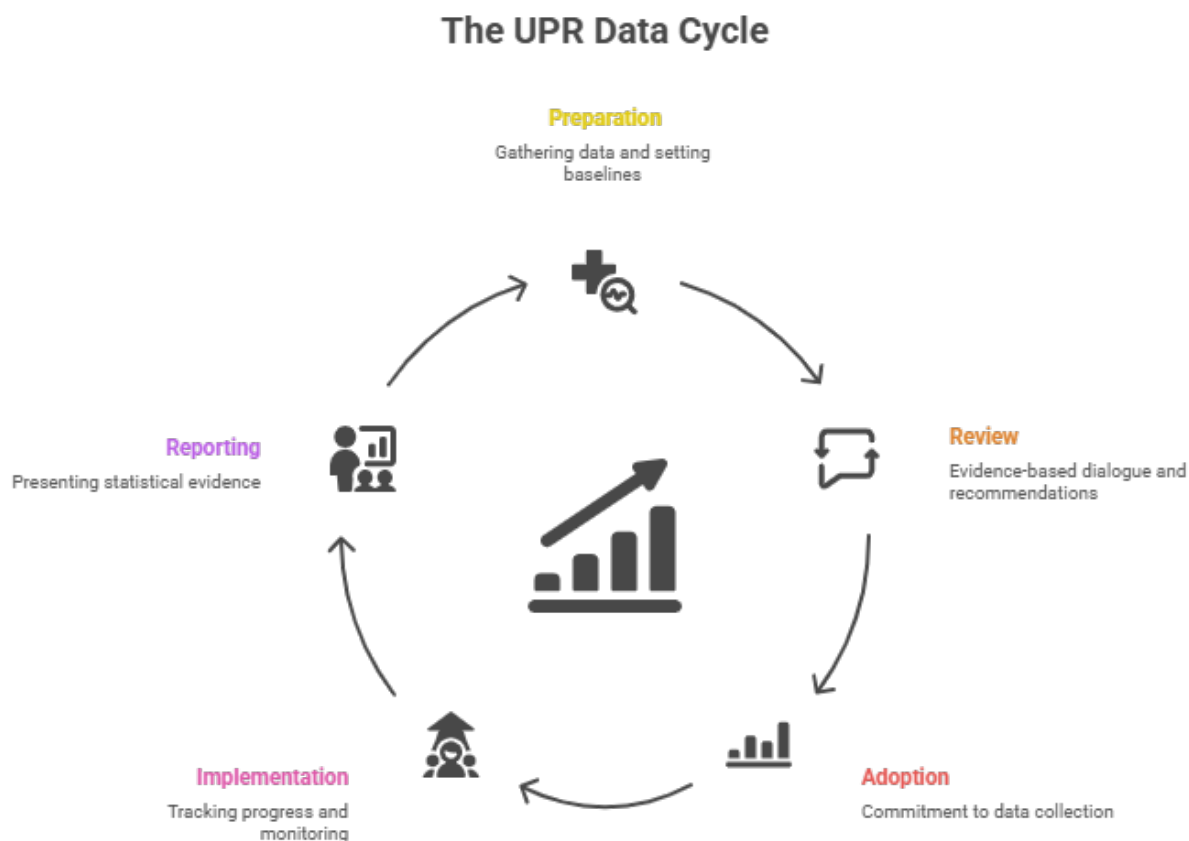
The preparation of the National Report is a unique opportunity for the State under Review (SuR) to conduct a comprehensive self-assessment of its human rights infrastructure. Although on certain occasions it is seen as only an issue of diplomatic compliance, the drafting of the National Report is a complex and comprehensive domestic policy exercise that should involve extensive inter-ministerial coordination and broad national consultation. The legitimacy of the report, and by extension, the review itself, will depend on the inclusivity and rigour of this preparatory phase.

The National Report must follow the General Guidelines set by the Human Rights Council, which require a structure that promotes a focused and interactive dialogue. It should clearly state the methodology used in its preparation (HRC, 2011). The report must also record inter-institutional consultations with line ministries, local and regional governments, the Parliament, and the judiciary. It will also be important to include detailed consultations with NHRIs and civil society, demonstrating that the State has actively engaged diverse perspectives on sensitive human rights issues, such as SRHR (OHCHR, 2016).

The integration of the HRBAD is best understood by examining its role at each stage of the Universal Periodic Review cycle, transforming procedural formality into an evidence-based dialogue. During the **preparation of the report**, the SuR should conduct a self-assessment of its human rights situation and draft the National Report. At this stage, the civil society and UN entities prepare their own submissions to provide alternative perspectives (shadow reports). The Human Rights-Based Approach to Data (HRBAD) principles of participation and transparency are paramount during this phase. The Guidance Note for UPR 4th Cycle National Reports explicitly requires States to describe their national consultation processes (OHCHR, 2022) to increase the credibility of the report and ensure that marginalised groups participate in defining the indicators of progress. For example, if a State reports on poverty reduction, the HRBAD requires that the poverty definition reflect the lived experiences of the poor, rather than a mere economic metric.

Furthermore, this phase is where the principle of disaggregation is applied to baseline data. States must gather disaggregated statistics to establish the current status of human rights implementation and identify gaps to be addressed in the report. Civil society organisations utilise this phase to submit shadow data, often challenging official government statistics by providing data on groups that the State may have failed to count, such as the Roma population in Bulgaria (Center Amalipe, 2025).

Figure 4.1. The UPR Cycle



Reference: South Centre (2025) based on OHCHR (2022)

As mentioned above, **the review phase** aims to foster an interactive dialogue in which peer States ask questions, raise concerns, and make recommendations to the SuR. During the interactive dialogue, the HRBAD transforms the nature of diplomatic exchange. Recommending States can use data from the UN Compilation and Stakeholder Summaries, as evidence to build improved recommendations (UPR Info, 2015). Instead of vague calls to improve rights, recommendations become data-driven mandates, such as a request to collect and publish disaggregated data on police stops by ethnicity. The HRBAD principle of accountability can be operationalised to respond to empirical evidence rather than political rhetoric.

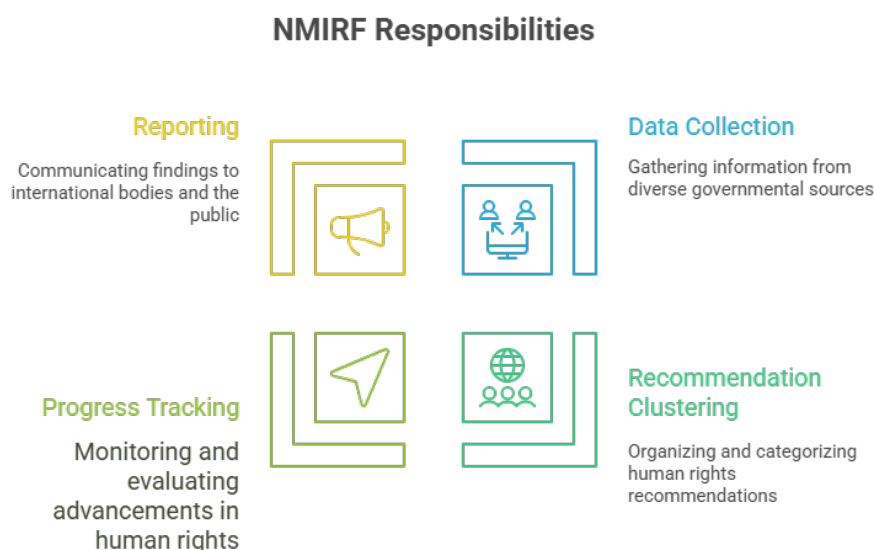
Through **the adoption of the report**, the SuR commits to collect necessary data to demonstrate the improvement of human rights protections in its jurisdiction. For example, when a State supports a recommendation to reduce maternal mortality among indigenous women, it implicitly accepts the obligation to apply the HRBAD principle of disaggregation to monitor that specific demographic. The HRBAD ensures that these commitments are not only political statement, but a commitment to a measurable outcome (Danish Institute for Human Rights, 2017). The transparency of the adoption process, where these commitments are recorded in the Outcome Report, provides the baseline against which future accountability will be measured.

The final stage of the UPR cycle, which involves **implementation and monitoring**, is the most vital phase and lasts about four years. Its purpose is to translate the approved recommendations into concrete actions such as legal reforms, policy updates, and budget allocations. During this period, the HRBAD becomes fully operational through the National Mechanisms for Implementation, Reporting, and Follow-up (NMIRFs). These inter-ministerial bodies use digital tracking tools to organise recommendations and link them to statistical indicators – for instance, associating housing improvement suggestions with relevant housing data. Transparency is maintained through the platforms' public interfaces, allowing citizens to observe government activities in real time. This data then supports the next National Report, creating a cycle of continuous, evidence-based improvements (Geneva Academy, 2023).

4.3. National Mechanisms for Implementation, Reporting and Follow-up

National Mechanisms for Implementation, Reporting, and Follow-up (NMIRFs) are government bodies responsible for coordinating interactions with international human rights authorities. These mechanisms are a key recommendation from the Office of the High Commissioner for Human Rights to address the UPR implementation gap (OHCHR, 2016). These mechanisms can support the HRBAD at the national level by gathering data from different ministries, consolidating recommendations, monitoring progress through indicators, reporting findings to the UN through the UPR and treaty bodies, and increasing efficiency and coherence of data collected by individual ministries, supporting the country's ability to demonstrate compliance effectively.

Figure 4.2. Responsibilities of National Mechanisms for Implementation, Reporting, and Follow-up



Reference: South Centre (2025) based on OHCHR (2016)

At the same time, the NMIRFs support the management of recommendations adopted and accepted during the UPR cycle. NMIRFs are increasingly using open-source software to promote the HRBAD principles of Transparency and Accountability. This open-source software focuses on actions rather than just recommendations, clustering obligations that require the same policy response to reduce the reporting burden (Geneva Academy, 2023). The software allows for the definition of indicators and reporting schedules, facilitating public communication of progress and lowering barriers for developing countries, ensuring that the capacity to track human rights data is also accessible to them (Geneva Academy, 2024).

The System for Monitoring Recommendations in Paraguay (SIMORE and SIMORE Plus)

Paraguay, with the support of the OHCHR, developed **SIMORE** a System for Monitoring Recommendations, an online database that systematises human rights recommendations (OHCHR, 2019). SIMORE allows the government to link specific UPR recommendations to the institutions responsible for their implementation and to track the actions taken to implement them (laws, policies, budget allocations).

After adopting the Sustainable Development Goals, Paraguay upgraded its system to **SIMORE Plus**, which links human rights recommendations to the SDGs. This linkage was crucial for the implementation of HRBAD because it allows the State to use SDG data (which is often more robust) to report on human rights compliance.

Both **SIMORE** and **SIMORE Plus** enhance *Transparency*, as it is publicly accessible, and *Accountability*, given that citizens can see which ministry is lagging. It also increases interministerial coordination by avoiding siloed actions in implementing the UPR recommendations. Paraguay has exported this model to other countries in the region and beyond (e.g., Chile, Uruguay, and the Dominican Republic) through South-South cooperation.

Figure 4.3. System for Monitoring Recommendations

System for Monitoring Recommendations (SIMORE and SIMORE Plus Comparison) - Paraguay

| Characteristic | Focus | Functionality | Data Use | Impact | Export |
|--------------------|------------------------------|---------------------------------------|-----------------------------|--|-----------------------------|
| SIMORE | Human rights recommendations | Links recommendations to institutions | Tracks actions taken | Enhances transparency and accountability | Exported to other countries |
| SIMORE Plus | Human rights and SDGs | Links recommendations to SDGs | Uses SDG data for reporting | Enhances transparency and accountability | Exported to other countries |

Reference: South Centre (2025) based on OHCHR (2019)

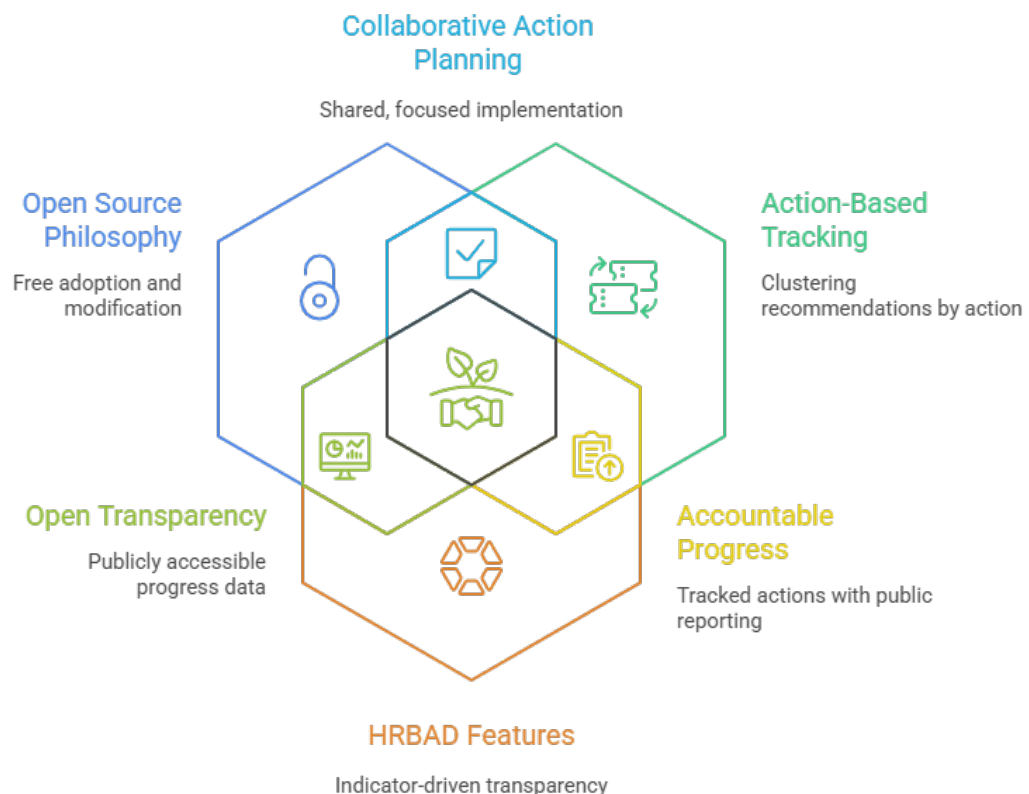
IMPACT OSS and SADATA (The Samoa/New Zealand Model)

The Pacific region developed the Integrated Management and Planning of Actions Open Source Software (IMPACT OSS) (IMPACT OSS Trust, n.d.), originally developed by the Samoa NMIRF in partnership with the New Zealand Human Rights Commission, it is known in Samoa as SADATA (Samoa Ministry of Foreign Affairs, n.d.).

Unlike proprietary systems, IMPACT OSS is open source (MIT License), allowing any country to adopt and modify it freely. This lowers the barrier cost for developing States implementation. At the same time, IMPACT OSS focuses on **actions**. It clusters recommendations from the UPR, Treaty Bodies, and SDGs that require the same action (e.g., "strengthen access to basic health services").

This practice reduces "reporting fatigue" for States facing overlapping recommendations (Geneva Academy, 2024). Likewise, the software allows for the definition of indicators and reporting schedules. It facilitates the **public communication** of progress, directly supporting the transparency principle. During the UPR Working Group, Samoa was commended for SADATA as a best practice for implementation (Human Rights Council, 2022).

Figure 4.4. Synergy of Openness, Action and Transparency in IMPACT OSS
Synergy of Openness, Action, and Transparency in IMPACT OSS

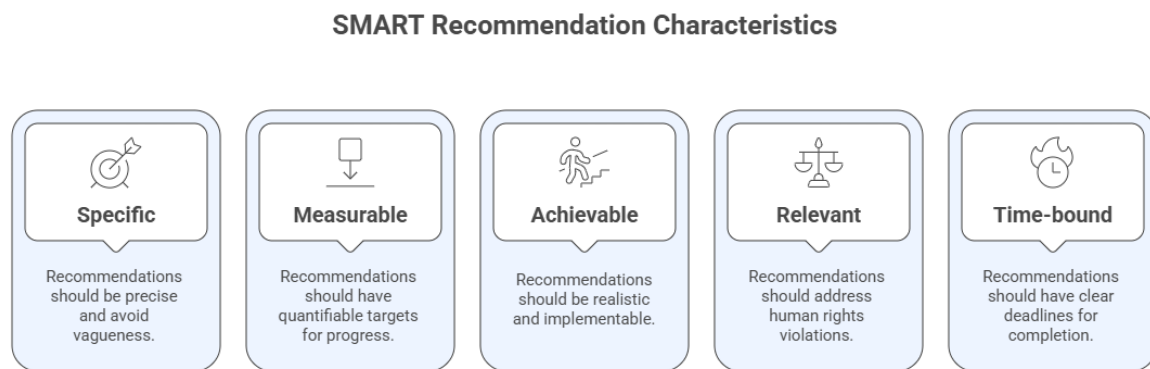


Reference: South Centre (2025) and Samoa Ministry of Foreign Affairs (n.d.)

4.4. The SMART Framework and Strategic Contextualization of Recommendations

A key aspect of crafting persuasive reports is developing strong recommendations grounded in the SMART framework, Specific, Measurable, Achievable, Result-Oriented and Time-Bound, and linked to the themes addressed in the main submission (OHCHR, 2022). Recommendations should be **Specific**, clearly outlining the exact action needed and the rights issue that is trying to address; **Measurable**, with indicators or targets to monitor progress; **Achievable**, suggesting realistic actions that the State can implement considering available resources and context; **Relevant**, directly addressing documented human rights violations and aligned with the State's international obligations; and lastly, **Time-bound**, with clear deadlines like "within two years," "by the mid-term review," or "before the next UPR cycle."

Figure 4.5. Characteristics of Smart Recommendations



Reference: South Centre (2025) based on OHCHR (2022)

Instead of using a vague recommendation such as **"Improve access to SRH services,"** a recommendation using the SMART framework will consider **"Establish and staff fully functional Emergency Obstetric and Newborn Care (EmONC) units in at least 80 percent of rural district hospitals to reduce the maternal mortality ratio disparity between rural and urban areas by the next UPR cycle."**

The relevance and feasibility of SMART recommendations can be improved by recognising the country's specific socio-cultural and developmental context, generating ownership and efficiency (see Table 4.2.). This requires more than recognising diversity; it involves intentionally framing recommendations to align with national priorities or existing legal and policy frameworks. For instance, if a country's poverty-reduction strategy emphasises improving maternal health or empowering women, UPR recommendations on SRHR can be linked to these national objectives. Citing national laws or constitutional provisions that support SRHR aspects can also help recommendations meet domestic commitments.

Table 4.2. Template for Formulating SMART SRHR Recommendations (OHCHR, 2014)

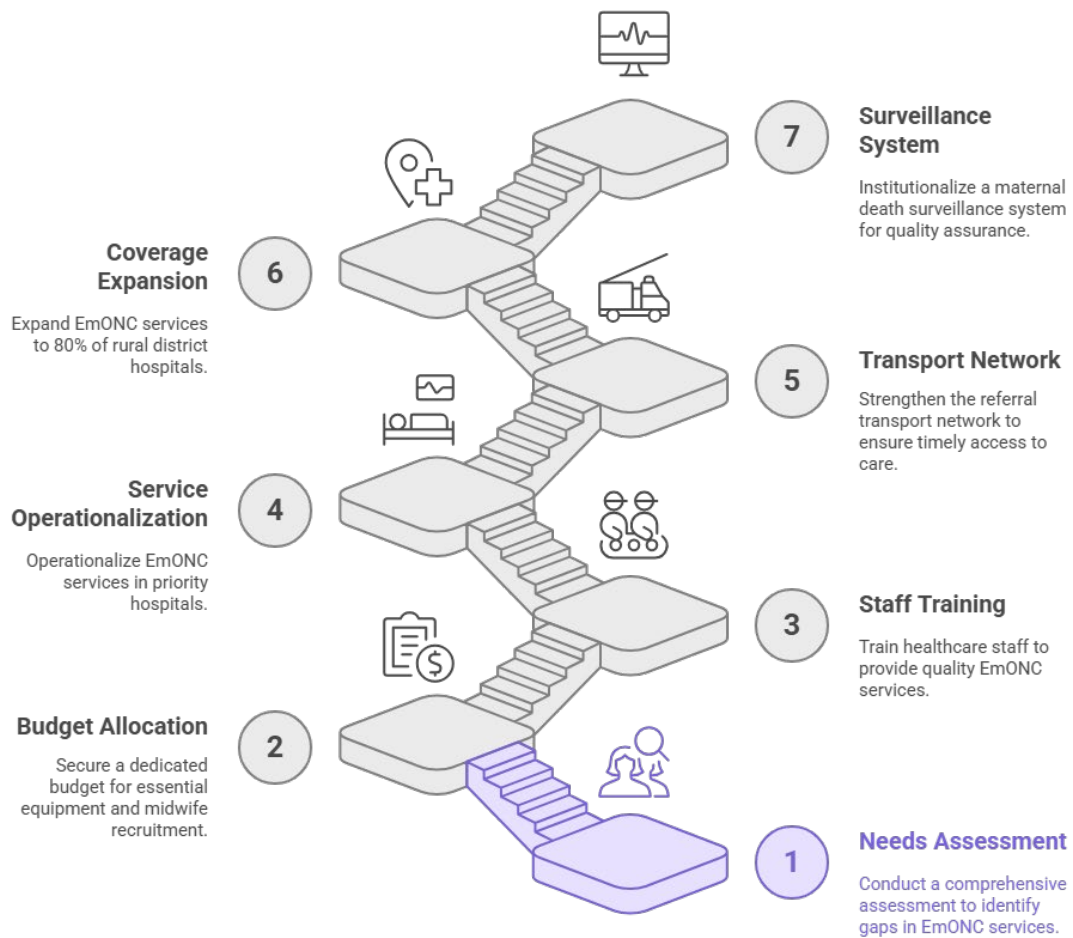
| SRHR Issue | Vague Recommendation (Example) | SMART Recommendation (Example) | Key Elements of SMART Recommendation |
|---|--|---|--|
| Lack of Comprehensive Sexuality Education (CSE) | "Promote sex education in schools." | "Develop and fully implement a national, age-appropriate, and evidence-based comprehensive sexuality education curriculum in all public secondary schools by 2027, ensuring it is aligned with international technical guidance." | S: Develop and implement a national CSE curriculum. M: In all public secondary schools. A: Phased implementation is achievable. R: Addresses adolescent SRHR needs. T: By 2027. |
| High Maternal Mortality | "Take steps to reduce maternal mortality." | "Increase the national budget allocation for maternal health services by 15% over the next three years to ensure all primary health centres are equipped for emergency obstetric care, and publish annual progress reports." | S: Increase budget for EmOC. M: 15% over 3 years. A: A specific budget target is achievable. R: Directly addresses a key cause of maternal death. T: Over three years, with annual reports. |
| Restrictive Abortion Law | "Reform the abortion law." | "Review and amend the Penal Code within two years to decriminalize abortion and, at a minimum, ensure legal access to safe abortion in cases of rape, incest, severe foetal impairment, and to preserve the physical and mental health of the | S: Review and amend the Penal Code to decriminalize and expand legal grounds. M: Specific grounds for legal access are listed. A: Proposes review and amendment, a standard legislative |

| | | | |
|-------------------------------------|--|---|--|
| | | pregnant person." | process. R: Aligns with international human rights guidance. T: Within two years. |
| Barriers to Contraception for Youth | "Improve youth access to contraception." | "Remove legal and policy barriers requiring third-party consent for adolescents' access to contraceptive information and services, and issue clear guidelines to all public health facilities to this effect by the end of 2025." | S: Remove consent barriers and issue guidelines. M: All public health facilities. A: A policy and administrative change. R: Addresses a key barrier for adolescents. T: By the end of 2025. |

For complex SRHR reforms, proposing "tiered" recommendations that differentiate between immediate, short-term, and medium-term actions can make suggestions more manageable and achievable for States, especially those with limited resources or facing significant systemic challenges. Instead of a single, broad recommendation that may seem overwhelming for Emergency Obstetric and Newborn Care (EmONC), as mentioned above, the recommendation could be addressed through a tiered implementation strategy to establish functional EmONC units in 80 percent of rural district hospitals. Immediate action in the first year requires conducting a comprehensive needs assessment and securing a ring-fenced budget for essential equipment and midwife recruitment. Over the subsequent two years, the focus must shift to training staff and operationalising services in 40 percent of priority hospitals, supported by a strengthened referral transport network. By the end of the UPR cycle, the State should expand coverage to the full 80 per cent target and institutionalise a mandatory maternal death surveillance system to ensure quality and accountability.

Figure 4.6. Example of Coverage on Emergency Obstetric and Newborn Care

Achieving EmONC Coverage



Reference: South Centre (2025)

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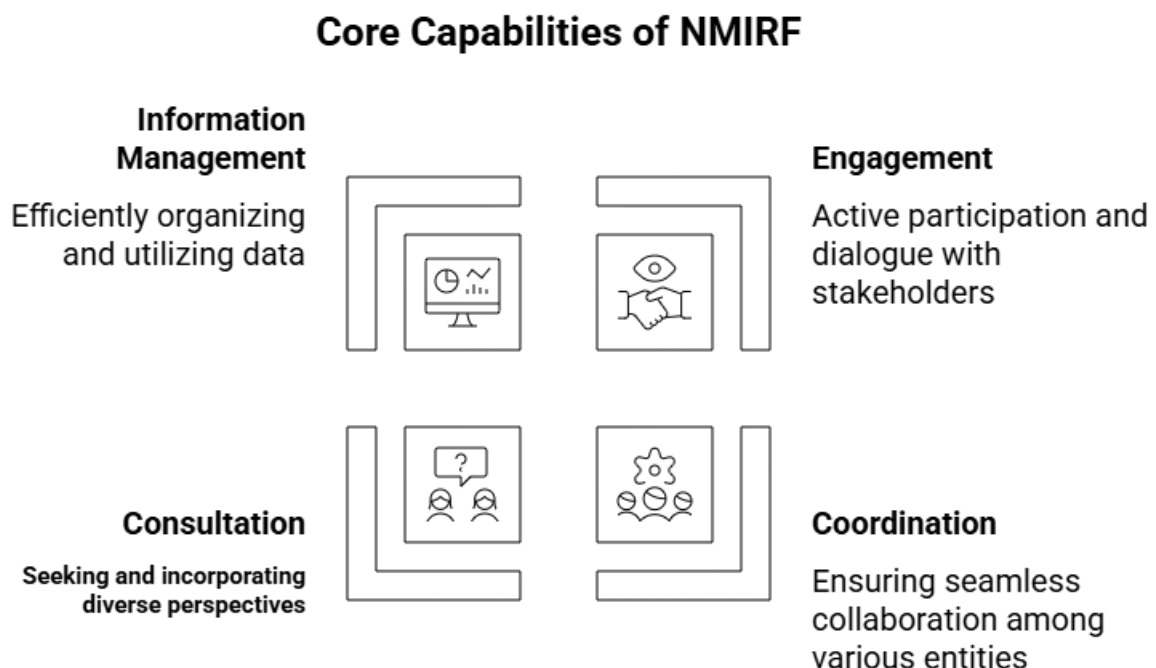
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Module 5: Translating UPR Recommendations to National Implementation Strategies on the Right to Health and SRHR

The effectiveness of the UPR mechanism depends on concrete changes at the national level. Moving from diplomatic recommendations to actual implementation requires a sophisticated National Implementation Strategy, supported by institutionalised mechanisms and integrated into the country’s overall development plans. Creating a National Mechanism for Implementation, Reporting, and Follow-up (NMIRF), as mentioned above, is widely regarded as best practice for closing the "implementation gap."

Unlike temporary committees, an NMIRF is a permanent government body with continuous authority. Its primary role is to coordinate the implementation of recommendations from all international human rights bodies, the UPR, Treaty Bodies, and Special Procedures, ensuring a consistent and effective response. A NMIRF requires four core capabilities: engagement, coordination, consultation, and information management (OHCHR, 2016). In the area of SRHR, the NMIRF systematically monitors accepted recommendations, such as expanding access to contraceptives or criminalizing marital rape, and assigns them to relevant ministries for action.

Figure 5.1. Core Functions of National Mechanisms for Implementation, Reporting, and Follow-up



References: South Centre (2025) based on OHCHR (2016)

The development of a National Action Plan on Human Rights (NAP) is a vital tool for achieving these objectives (World Conference on Human Rights, 1993). The World Conference on Human Rights promoted the NAPs as a mechanism for identifying steps to improve the protection and promotion of human rights. In the case of the UPR, NAPs

can help clarify the allocation of specific budgets and assign clear responsibilities to agencies for UPR engagement in developing thematic Action Plans. For SRHR, the development of NAPs will also involve measures to address gender-based violence, empower women and girls, and link international human rights commitments to domestic policies.

Likewise, it would be important for States to align UPR recommendations with National Development Plans and SDG targets, such as linking efforts to reduce maternal mortality to SDG 3, thereby enhancing coordination between human rights and development goals. This approach fosters increased political support by framing SRHR as vital to national development and a human rights issue and helps attract development funding for human rights initiatives. It is also important to note that national implementation strategies are often supported by technical assistance. The UNFPA has actively collaborated with NMIRFs to provide technical expertise on SRHR, ensuring that national laws align with the ICPD agenda (UNFPA, 2025). Additionally, States can access the UPR Voluntary Fund, which provides both financial and technical support for implementation (OHCHR, 2025).

5.1 Implementing SRHR Recommendations in Developing Countries

The implementation of UPR recommendations at the national level is best understood through specific country examples. These case studies show how countries navigate legislative and policy changes to promote SRHR, often working with international partners.

Figure 5.2. Implementing Recommendation from the UPR

UPR Recommendation Implementation: Country Examples

| Characteristic | Costa Rica | Côte d'Ivoire | Kingdom of Jordan | Maldives |
|--------------------|-----------------------------------|--|-------------------------------------|--------------------------|
| UPR Recommendation | Maternal health mistreatment | Eliminate female genital mutilation | Protect against domestic violence | Revise school curriculum |
| Implementation | Legal and medical acknowledgement | Strengthen regulations, societal changes | Enact legislation, improve services | Include sexual education |
| Support | UNFPA | UN Country Team | None mentioned | UNFPA, SHE |
| Key Action | Created "Women's Agenda" | Combined enforcement, dialogues | Enacted legislation | Developed "Siththaa" app |

Reference: South Centre (2025)

For instance, Costa Rica responded to recommendations on maternal health, supported by UNFPA, initiating steps to legally and medically acknowledge mistreatment during childbirth as a human rights violation (UNFPA and Universal Rights Group, 2023). The

government conducted extensive consultations, including with indigenous and Afro-descendant women, leading to the creation of the "Women's Agenda," a strategic plan that involved civil society in its implementation. This example demonstrates how a country can turn general recommendations into concrete medical protocols and legal measures, ensuring practices meet international standards for dignity.

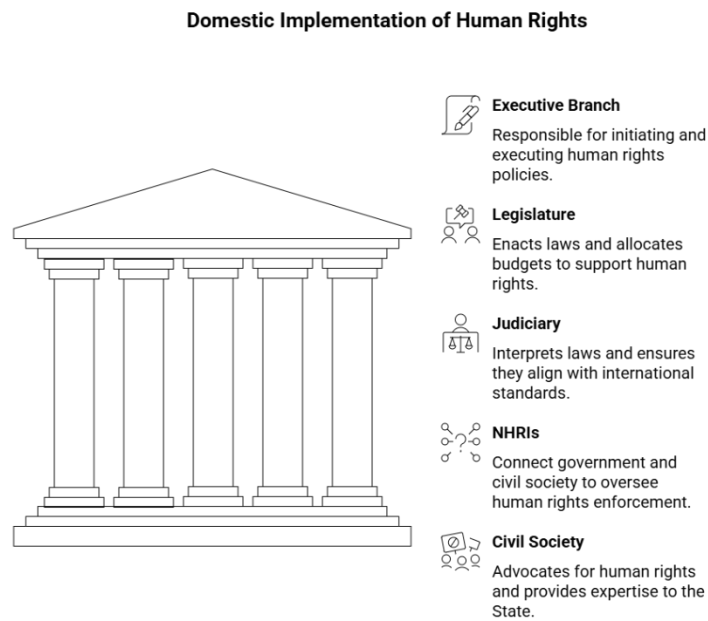
Likewise, Côte d'Ivoire used recommendations from the UPR to intensify its efforts to eliminate female genital mutilation (FGM). Collaborating with the UN Country Team, the government used the UPR results to strengthen regulations against this practice and influence societal changes (UNFPA and Universal Rights Group, 2023). Their strategy combined the enforcement of criminal laws with culturally aware community dialogues and the promotion of alternative traditions. This comprehensive approach demonstrated the State's responsibility to change harmful cultural practices, including efforts to align national laws with international standards and to establish specialised agencies dedicated to protecting women's rights. In the case of the Kingdom of Jordan, the UPR enabled the government to enact legislation to protect against domestic violence and to improve services for violence survivors (UNFPA and Universal Rights Group, 2023). While the State accepted recommendations to prevent violence against women, it noted recommendations to amend Article 292 of the Criminal Code, illustrating the selective nature of State engagement.

Finally, Maldives accepted recommendations to revise the school curriculum; the Ministry of Education, supported by UNFPA and the Society for Health Education (SHE), worked to include age-appropriate comprehensive sexual education, including the development of the "Siththaa" app to provide SRH information to adolescents, and integrating SRH information into the formal education system, demonstrating a willingness to use the UPR to drive sensitive educational reforms (UNFPA and Universal Rights Group, 2023).

5.2. Multi-Stakeholder Collaboration for Domestic Implementation

Domestic implementation relies not only on the executive branch, but also on the active participation of the Legislature, Judiciary, NHRIs, and civil society. This requires a "whole-of-society" approach. For example, Parliaments are key to the implementation of human rights, as they are responsible for enacting laws and allocating budgets. Without parliamentary action, accepted recommendations remain aspirational. The Human Rights Council (HRC, 2018) explicitly encourages the establishment of parliamentary human rights committees to oversee executive action.

Figure 5.3. Domestic Implementation of Human Rights Policies



Reference: South Centre (2025) based on HRC (2018)

For example, the Parliament of Uzbekistan held hearings on the draft UPR report, and the Chair of a Parliamentary Committee led the delegation to present the report in Geneva, ensuring the legislative branch was fully invested (IPU, n.d.). Similarly, in Uganda, the Parliamentary Human Rights Committee reviews the national report to ensure it reflects the ground reality before submission (Commonwealth Secretariat, 2018). The Inter-Parliamentary Union notes that active parliaments contribute to national reports and encourage governments to host broad consultations (IPU, n.d.).

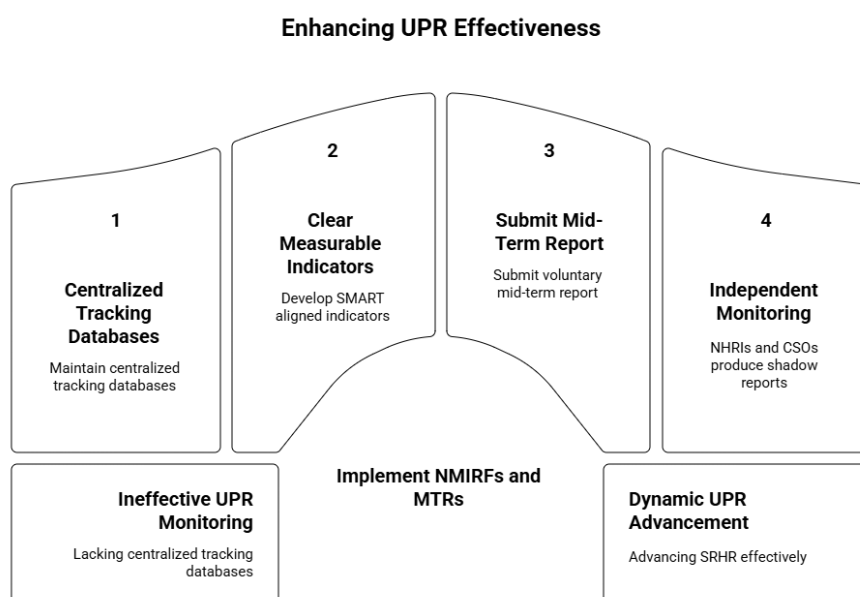
At the same time, the Judiciary plays an important role in "domesticating" international norms into domestic law. Courts can uphold UPR recommendations by aligning their interpretations of national laws with international standards. The International Bar Association's Human Rights Institute (IBAHRI) has created "Tips for Enhancing Judicial Engagement with the UPR," urging judges to cite UPR recommendations in their decisions (IBAHRI, 2024). Courts also serve as a check on the executive branch, thereby providing a mechanism of control and offering remedies if a State does not implement an accepted recommendation.

Most importantly, NHRIs that adhere to the Paris Principles help connect government and civil society. These institutions oversee the enforcement of human rights and can voice their views and comments during the UPR process at the Human Rights Council. Civil Society Organisations (CSOs) are vital for advocacy efforts, and their cooperation with the State, through NMIRF consultations or shadow reports, supports States' efforts and expertise in promoting the implementation of UPR recommendations. Therefore, successful implementation depends on the State recognising CSOs as partners rather than opponents, valuing their data and community access (GANHRI, 2025).

5.3. Monitoring, Evaluation, and Mid-Term Reporting on SRHR Implementation

Finally, it is worth noting that the effectiveness of the UPR relies on ongoing monitoring throughout the four-and-a-half-year cycle. States should use NMIRFs to maintain centralised tracking databases. These databases would, in turn, enable the clustering of recommendations, assigning responsibilities to specific ministries, and monitoring progress against defined indicators. The development of clear and measurable indicators aligned with SMART recommendations is also essential; therefore, national data systems need to be calibrated to capture these indicators, with data disaggregated to reflect progress for marginalised groups in particular.

Figure 5.4. Enhancing UPR effectiveness



Reference: South Centre (2025)

Although submitting a Mid-Term Report (MTR) is voluntary, it is a best practice that reinforces accountability while simplifying the report process for the next cycle. Usually, this MTR is submitted around two years after the latest review. The MTR serves as a formal checkpoint, offering the State an opportunity to highlight achievements and to renew national dialogue before the next review cycle.

If initiated early, the MTR allows for self-correction during the drafting process. For example, suppose the NMIRF finds that CSE recommendations are delayed. In that case, the MTR can facilitate coordination between the Ministries of Health and Education to achieve the full implementation of the recommendations. Similarly, independent monitoring by NHRIs and CSOs, through producing "shadow" mid-term, also supports these processes, creating a combination of State-led monitoring and evaluation and independent oversight, which keeps the UPR a dynamic tool for advancing SRHR.

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Annex 1.- Breakdown of Actions: The UPR Cycle Matrix

The UPR is an ongoing process rather than a one-time event. To utilise it effectively, specific actions are necessary at each stage.

Phase 1: Preparation (Months 1–12 before Review)

Objective: Evidence gathering, coalition building, and framing the narrative.

| Stakeholder | Key Actions for SRHR Advocacy | Strategic Insight / Tools |
|-----------------------------|---|---|
| Civil Society (CSOs) | <p>1. Coalition Building: Form a national SRHR coalition. Joint reports carry significantly more weight with diplomats than individual submissions.</p> <p>2. Evidence Collection: Move beyond anecdotes. Conduct community scorecards on health facility functionality (e.g., availability of contraceptives).</p> <p>3. Drafting: Submit the Shadow Report (max 5,630 words for coalitions). Focus on "SMART" recommendations.</p> | <p>Tool: Use the OHCHR "Universal Human Rights Index" to identify previous Treaty Body recommendations that can be reinforced in the UPR.</p> <p>Insight: Focus on "noted" (rejected) recommendations from previous cycles to highlight persistent intransigence.</p> |
| NHRI | <p>1. National Consultation: Convene consultations ensuring the participation of marginalised groups.</p> <p>2. Independent Reporting: Submit a stakeholder report that acts as a neutral arbiter between the State and CSOs.</p> <p>3. Advisory: Advise the State on drafting the National Report to ensure it addresses sensitive issues like unsafe abortion objectively.</p> | <p>Tool: NHRIs with "A" status (Paris Principles) have speaking rights at the HRC plenary adoption.</p> <p>Insight: NHRIs can raise highly sensitive issues in a "legalistic" manner that might be too politically risky for the government to raise itself.</p> |
| The State | <p>1. NMIRF Coordination: Convene the National Mechanism for</p> | <p>Tool: Examples SIMORE (Paraguay) or</p> |

| | | |
|------------------------|---|--|
| (SuR) | <p>Implementation, Reporting and Follow-up (NMIRF). Ensure the Ministry of Health and the Ministry of Finance are active participants, not just the Ministry of Foreign Affairs.</p> <p>2. Self-Assessment: Review the implementation status of the previous cycle using a tracking database (e.g., SIMORE).</p> <p>3. Drafting: Draft the National Report based on inputs from line ministries and national consultations.</p> | <p>SADATA (Samoa) software for tracking implementation.</p> <p>Insight: A "whole-of-government" approach is vital. The MoFA drafts the report, but the MoH must provide the technical EmONC data.</p> |
| UN Country Team | <p>1. Compilation: Submit information for the "UN Compilation Report." Highlight gaps in SRHR services and discrepancies between national law and international standards.</p> <p>2. Capacity Building: Provide technical assistance to the State on data collection and to CSOs on report writing.</p> | <p>Role: UNFPA plays a critical role here in ensuring ICPD commitments are reflected in the official UN input.</p> |

Phase 2: The Review (The Working Group Session)

Objective: Influencing the interactive dialogue and securing strong recommendations.

| Stakeholder | Key Actions for SRHR Advocacy | Strategic Insight / Tools |
|-----------------------------|--|--|
| Civil Society (CSOs) | <ol style="list-style-type: none"> 1. Advocacy Missions: Participate in "UPR Pre-sessions". Brief diplomatic corps from potential Recommending States. 2. Fact Sheets: Distribute 1-2 page summaries with suggested questions and specific recommendation language. 3. Advocating: Target "friendly" states known to champion | <p>Insight: CSOs cannot speak during the Working Group. Framing sensitive issues as "maternal health" or "right to life" can sometimes garner broader support.</p> |

| | | |
|----------------------------|--|--|
| | SRHR to ensure specific issues are raised. | |
| Recommending States | <p>1. Advance Questions: Submit written questions 10 days before the review to signal priorities (e.g., "What steps is the State taking to increase comprehensive sexuality education?").</p> <p>2. Interactive Dialogue: Make interventions during the 3.5-hour review. Propose specific, action-oriented recommendations.</p> <p>3. Peer Pressure: Use the peer-review dynamic to urge alignment with international standards.</p> | Insight: "Advanced Questions" force the SuR to prepare a response before the session, putting the issue on the official record even if it is not discussed orally. |
| The State (SuR) | <p>1. Presentation: The Head of Delegation presents the National Report.</p> <p>2. Response: Respond to questions and recommendations. The State can "Support" (accept) or "Note" (reject/defer) recommendations immediately or reserve a position until the Plenary.</p> <p>3. Defence: Clarify context regarding cultural or resource constraints.</p> | States often "Note" sensitive SRHR recommendations citing cultural values or national sovereignty. |

Phase 3: Adoption and Implementation (The 4-Year Follow-up)

Objective: Translating diplomatic promises into domestic policy and budget allocations.

| Stakeholder | Key Actions for SRHR Advocacy | Strategic Insight / Tools |
|--------------------------|---|--|
| The State (NMIRF) | 1. Action Plan: Develop a National Human Rights Action Plan (NAP) integrating accepted UPR | Tool: SIMORE Plus links UPR recommendations to SDG targets, reducing reporting fatigue. |

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| | <p>recommendations. Assign responsible ministries and <i>budget lines</i>.</p> <p>2. Clustering: Cluster recommendations (e.g., all health recs) and link them to SDGs (e.g., SDG 3.7) via tracking tools like SIMORE Plus.</p> <p>3. Monitoring: Report quarterly on indicators (e.g., % of births attended by skilled personnel).</p> | <p>Insight: Implementation requires <i>budgeting</i>. A recommendation to build clinics is useless without Treasury buy-in.</p> |
| Parliament | <p>1. Legislation: Oversee enactment of laws required by recommendations (e.g., passing a Gender Equality Act).</p> <p>2. Budgetary Oversight: Ensure the national budget allocates sufficient funds to SRH programs to meet commitments.</p> <p>3. Committee Work: Establish a parliamentary human rights committee to question ministers on UPR compliance.</p> | <p>Insight: Parliaments are the domestic "checks and balances." If the Executive accepts a recommendation to end child marriage, Parliament must pass the law to make it enforceable.</p> |
| Civil Society | <p>1. Shadow Implementation: Monitor progress independently. Publish "Mid-term Reports" (2.5 years in) to highlight stagnation.</p> <p>2. Advocacy: Use accepted recommendations as advocacy tools (e.g., "The government promised the UN it would fix this hospital; why hasn't it happened?").</p> <p>3. Litigation: Use UPR commitments in strategic</p> | <p>Insight: Accepted recommendations are <i>political commitments</i>. While not legally binding like a treaty judgment, they carry diplomatic weight and can be used to "shame" governments into action.</p> |

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| | litigation to hold the government accountable in domestic courts. | |
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Annex 2.- Case Examples of Universal Periodic Review Reports

Mexico: The Fourth Cycle National Report of Mexico (A/HRC/WG.6/45/MEX/1) highlights exemplary state reporting on SRHR. Unlike previous cycles, which may have focused on maternal mortality statistics, the Fourth Cycle report reflects a constitutional transformation driven by the Supreme Court of Justice of the Nation (SCJN). The excerpts from Mexico's report illustrate a definitive move towards the decriminalisation of abortion and the recognition of reproductive autonomy as a fundamental human right.

Excerpts from A/HRC/WG.6/45/MEX/1

Para. 191: "As a response to violence against women during childbirth, the Ministry of Health is fostering the application of a patient-centred, intercultural and safety-focused care model for women."

Para. 192: "In 2019, the Ministry of the Public Service issued guidelines for gender-sensitive investigation and due diligence in cases of violence against pregnant women."

Para. 193: "The total number of maternal deaths recorded in 2022 was 655, which is the lowest annual figure in the country's history. The Ministry of Health is engaged in various initiatives to reduce maternal mortality."

Para. 194: "Regarding access to abortion, in 2021, the Supreme Court declared the criminalization of abortion to be unconstitutional in that it violated the right to reproductive autonomy. It also found unconstitutional the imposition of a gestational limit for the practice of abortion in cases of sexual violence."

Para. 195: "The General Victims Act and Mexican Official Standard NOM-046-SSA2-2005 protect the right to voluntary termination of pregnancy for victims of rape, without the need for a complaint. In 2022, the Supreme Court ruled that Official Standard NOM-046-SSA2-2005 was in line with the Constitution and that persons over 12 years of age may request its application of their own motion."

Para. 196: "In 2022, 105 health facilities in the 32 federative entities were providing abortion services, applying the Technical Guidelines for Safe Abortion Care in Mexico."

Para. 197: "In September 2023, the Supreme Court ruled that the provisions of the Federal Criminal Code that criminalize the right to decide to terminate a pregnancy were unconstitutional. As of October 2023, at the federal level and in 12 federative entities, abortion has been decriminalized up to at least 12 weeks of gestation. OHCHR has highlighted the importance of this decision."

South Africa: The National Report of South Africa (A/HRC/WG.6/41/ZAF/1) considers the tension between progressive constitutional guarantees and traditional practices. The report details maternal mortality statistics and the legislative fight against harmful cultural practices.

Excerpts from A/HRC/WG.6/41/ZAF/1

Para. 52: "There is a progressive and sustained reduction in maternal mortality in all provinces, the institutional maternal mortality ratio (iMMR) was below 100 per 100,000 live births in 2019 for the first time ever recorded by the National Committee for Confidential Enquiries into Maternal Deaths."

Para. 53: "Access to Choose on Termination of Pregnancy (CTop) service has improved as...[source](#) the services is ongoing."

Para. 62: "Government continues to implement measures to eradicate cultural practices that are harmful particularly to women and girls such as Ukuthwala, virginity testing, widow's rituals, ukungena, breast sweeping/ironing, and other practices that may be discriminatory and harmful."

Para. 64: "On 16 March 2021, the National Assembly officially adopted the Customary Initiation Bill. The Bill which is before Parliament for consideration is a significant step towards formalising the customs and norms of the traditional institution of initiation. It is hoped that it would make life better for future initiates and make this traditional practice more efficient. Once promulgated into law by the President, it will prohibit customary initiation practices that infringes on the dignity and wellbeing of both girls and boys respectively."

Para. 65: "Section 17 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 prohibits the sexual exploitation of children by their parents and others. Parents, relatives or others who collude in, or aid and abet, the unacceptable practice of ukuthwala of a girl child commit the crime of the sexual exploitation of children. These parents and relatives also face being charged with Trafficking in Persons Act, under section 71 of this Act. Perpetrators, parents and community members who aid, support or participate in forced...[source](#) hide behind antiquated customs."

Para. 68: "The Sexual Offences Act 32 of 2007 rightfully criminalises all forms of forced sexual penetration. This includes digital penetration, such as a finger which occurs during virginity testing. The Children's Act 38 of 2005 has made it illegal for Children under the age of 18 to be subjected to virginity testing and female genital mutilation. Virginity testing is widely practiced in some parts of the country and is regulated in section 12 of the Children's Act. During the parliamentary process, when the amendments to the current Children's Act was debated and drafted, the issue of banning virginity testing was highly debated and various... opinions, research papers and submissions were considered. The current section as it stands is a result of robust debates and to some degree a compromise from certain sectors of society."

Costa Rica: The National Report of Costa Rica (A/HRC/WG.6/19/CRI/1) outlines a comprehensive strategy to combat gender discrimination through widespread institutional training and public awareness campaigns that challenge stereotypes. The report details the evolution of sexual and reproductive health policies, emphasising the integration of sex education in schools and legislative measures regarding HIV and in-vitro fertilisation.

Excerpts from A/HRC/WG.6/19/CRI/1

Para. 66. With a view to reducing all forms of discrimination against women, gender-sensitive training courses have been held for court personnel who receive complaints from women of discrimination or violence. A number of actions have also been carried out to promote a cultural exchange in favour of gender equality, with ongoing training and awareness-raising classes on gender and human rights for the personnel of the Ministry of Education, the Ministry of Justice and Pardons, the Ministry of Health, the Ministry of Culture and Youth, the Ministry of the Environment and Energy, PANI, the National Council on Rehabilitation and Special Education, the Costa Rican Social Security Fund, the National Emergency Commission and the Costa Rican Institute of Water Supply and Sanitation Systems.

Para. 67. Steps are being taken to combat gender stereotypes through media campaigns on television and radio and in the press, as well as through the use of posters with educational messages concerning women's rights on topics such as equal pay, the rights of domestic workers, the fight against domestic violence and femicide and the commitment of the community to report and help prevent such phenomena. Emphasis is placed on the need to report assaults and to ensure public involvement in that regard.

Para. 69. The study covered the following topics: poverty and gender inequality; economic and labour rights of women; violence against women; and women's right to sexual and reproductive health, autonomy, citizenship and political participation. It examined the findings of the first national survey on opinions and perceptions concerning women's rights, which was designed to use gender-related indicators and statistics to measure cultural changes in society that are conducive to gender equality and equity.

Para. 100. Sex education has been taught since 2001 through an educational policy on the expression of human sexuality, which incorporates the topic into the school curriculum on a cross-cutting basis. In 2009, the subject was made part of the civic education programme, which for the first time contained units on youth identity, sexual identity and diversity (interculturality).

Para. 102. In June 2012, the Supreme Council of Education adopted a comprehensive educational programme on emotional relations and sexuality which is conducted as part of science classes in the third cycle of basic general education (seventh, eighth and ninth grades) and focuses on seven topics: (a) interpersonal relations; (b) culture, power and responsibility; (c) pleasure as a source of well-being; (d) gender; (e) psychosexual identity; (f) reproductive health; and (g) human rights.

Para. 106. With regard to the strengthening of the institutional and normative framework in respect of the right to health and safe, informed and responsible sex, Costa Rica has signed and ratified the main international human rights and population and development treaties and has adopted national legislation facilitating the implementation of international provisions. A number of public policies, plans of action and strategic plans

have been elaborated and put in place to guide the work of State institutions.

Para. 107. With respect to better access to comprehensive sexual and reproductive health-care services, the challenge is to incorporate sex education as a central element. This is of particular importance because over the past 10 years, the prevalence of HIV in Costa Rica has been growing. Inter-agency coordination is continuing in the National Council on Comprehensive Treatment of HIV-AIDS, which seeks to identify and assist women working on the issue and to mainstream the gender perspective in all projects and programmes. Measures conducted for women with HIV focus on education, awareness raising and empowerment. A joint initiative of INAMU and the Costa Rican Social Security Fund has been launched which targets indigenous women in the south and supports education and information campaigns on HIV. The General HIV/AIDS Act is currently under review by the Ministry of Health.

Para. 108. The data point to the need to redouble efforts in broad, comprehensive programmes on sex education, the prevention of sexually transmitted diseases, including HIV, and quality and youth-friendly sexual and reproductive health services which ensure easy access to protection methods and are tailored to the needs and characteristics of adolescents and young persons. From a perspective of diversity, the services should also consider the specific needs of sexually diverse population groups.

Para. 109. The executive branch has proposed a bill to regulate in-vitro fertilization techniques, for which the Ministry of Health and other institutions would be responsible, in order to give effect to the decision of the Inter-American Court of Human Rights. A proposed revision of the chapter on sexual and reproductive health of the Comprehensive Health Care Act has been referred to the Legislative Assembly.



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