

Women's health and human rights: Monitoring the implementation of CEDAW



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For more information

Readers wishing to obtain more information on WHO's work in this area can access the web pages of:

GWH (<http://www.who.int/gender/en>), and

RHR (<http://www.who.int/reproductive-health/>).

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Preface

This guide explains how human rights related to health are enshrined in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), governmental obligations to implement those rights and monitoring of those obligations by the CEDAW Committee. It concludes with suggestions for maximizing WHO's use of the CEDAW monitoring process.

The guide was prepared for staff at WHO Headquarters and in regional and country offices and is part of WHO's wider efforts to become involved in the monitoring and implementation of United Nations treaties.

The guide provides information on how WHO can assist countries in complying with their treaty obligations for women's rights, including the elimination of discrimination against women in the area of health care. The framework of the CEDAW and country-specific recommendations from the CEDAW Committee can be used to strengthen partnerships between governments and WHO, as well as with other national and international partners, to promote rights-based policies and programmes for women's health at country level.

1. Introduction

International human rights treaties have established an important role for the United Nations system, including specialized agencies such as WHO, in supporting the implementation of treaties at national level. WHO's interaction with the United Nations human rights treaty monitoring system must be seen as an integral part of WHO's contribution to ensuring the attainment by all people of full enjoyment of their fundamental human rights.¹

1.1 Human rights

Human rights are commonly understood as being those rights that are inherent to all human beings. The concept of human rights acknowledges that each individual is entitled to enjoy his or her rights without distinction as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Human rights are legally guaranteed by national constitutions and laws, regional and international treaties and documents. They protect individuals and groups against actions that interfere with their fundamental freedom and human dignity.

Some of the most important precepts are as follows:

- Human rights are founded on respect for the dignity and worth of each person.
- Human rights are universal and are thus applied equally and without discrimination to all people.
- Human rights are inalienable, in that they cannot be taken away, except in specific situations; for example, the right to liberty can be restricted if a person is found guilty of a crime by a court of law.
- Human rights are indivisible, interrelated and interdependent; thus, it is insufficient to respect some human rights and not others.
- In practice, the violation of one right often affects the respect of several other rights. All human rights should therefore be seen as of equal importance and equally essential for the dignity and worth of each person.

Human rights provide a useful legal and normative framework, vocabulary and form of guidance for public health actions, while enhancing the accountability of governments. Human rights and public health have the common objective of promoting and protecting the well-being of all individuals. Human rights must be promoted and protected in order to address the underlying determinants of

¹ World Health Assembly resolution 23.25 (1970).

health, including the empowerment of individuals and communities to respond to health challenges and ensuring equitable, effective delivery of services.

1.2 Human rights treaties

Adoption of the Universal Declaration of Human Rights in 1948 was the first step towards progressive codification of international human rights. The principles of the Universal Declaration were translated into treaties, thus States that ratified them are legally bound by the terms and conditions of the treaties. Eight international human right treaties have been adopted up to 2007:

- International Convention on the Elimination of All Forms of Racial Discrimination (1965).
- International Covenant on Economic, Social and Cultural Rights (1966).
- International Covenant on Civil and Political Rights (1966).
- International Convention on the Elimination of All Forms of Discrimination against Women (1979).
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).
- Convention on the Rights of the Child (1989).
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (2002).
- Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities (2006).

Every WHO Member State has ratified (formally consented to be legally bound by) at least one human rights treaty, all of which have direct or indirect bearing on the promotion and protection of the right to health and health-related rights.²

1.3 Treaty monitoring bodies and mechanisms

The treaty monitoring system is a mechanism by which the United Nations promotes and protects the human rights of all individuals. The main purpose of the system is to encourage governments to comply fully with their treaty obligations. It also facilitates periodic, comprehensive, multisectoral assessment of issues that have political, social, economic and cultural impacts on people's

² A chart showing ratifications of all the main human rights treaties can be found at: <http://untreaty.un.org>. This site is updated periodically and is useful for determining the international human rights obligations of any country. See also Annex 4.

lives and well-being. Each of the eight major international human rights treaties provides for the establishment of committees (Table 1), the primary mandate of which is to monitor the progress of governments on the basis of country reports.

Table 1. Key human rights treaties and their monitoring committees

Human rights treaty	Monitoring committee
International Covenant on Civil and Political Rights	Human Rights Committee
International Covenant on Economic, Social and Cultural Rights	Committee on Economic, Social and Cultural Rights
Convention on the Elimination of All Forms of Discrimination against Women	Committee on the Elimination of Discrimination against Women
International Convention on the Rights of the Child	Committee on the Rights of the Child
International Convention on the Elimination of All Forms of Racial Discrimination	Committee on the Elimination of Racial Discrimination
International Convention against Torture and Other Cruel, Inhuman or Degrading Treatment	Committee against Torture
International Convention on Migrant Workers and their Families	Committee on Migrant Workers and their Families
Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities	Committee on the Rights of Persons with Disabilities

Each treaty body is composed of members, who are elected by the States Parties (or by the United Nations Economic and Social Council in the case of the Covenant on Economic, Social and Cultural Rights) and who act as experts in an independent capacity.

The functions of the treaty – monitoring bodies include monitoring, normative interpretation and clarification of rights, which are expressed in General Comments or General Recommendations. Some of the treaty bodies also have the mandate to consider complaints from individuals or groups that their rights under a treaty have been violated, and some may initiate inquiries.

1.4 Relevance of treaty monitoring to WHO's work

As a member of the United Nations family, WHO is committed to making human rights a central concern, and its Constitution reaffirms this commitment. Treaty monitoring is one way in which WHO helps countries to integrate human rights into their laws, policies and programmes. The United Nations human rights treaties specify the role of specialized agencies like WHO in monitoring, and a number of them, including the CEDAW, explicitly invite United Nations agencies to assist States Parties and the committees in effective implementation.³ Furthermore, every year since 1993, the United Nations General Assembly has adopted resolutions encouraging cooperation between United Nations specialized agencies and the treaty bodies.⁴

The mechanism for reporting on and monitoring implementation of treaties is critical in helping governments to comply with their human rights obligations, including those specifically related to health. Reporting can thus contribute to the achievement of national objectives for health. By helping governments to provide relevant information to treaty bodies, WHO can draw attention to challenges and successes in health programmes. By engaging with treaty bodies, WHO can help them understand the significance of the information provided by governments and in drafting appropriate conclusions. At many levels and stages, WHO can work directly with governments in preparing reports, provide country-specific information and data for health policy and help them to act on the comments and observations of the treaty bodies to improve health policies and programming at national level.

2. The Convention on the Elimination of All Forms of Discrimination against Women

The CEDAW (see Annex 2) was adopted in 1979 by the United Nations General Assembly and entered into force in 1981. While all the human rights treaties protect and promote the rights of all peoples, the CEDAW specifically addresses the rights of women and girls. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and establishes an agenda for national action to end such discrimination. As of 2 November 2006, **185** countries – over ninety percent of the members of the United Nations – are party to the Convention. (see Annex 4).⁵

³ Article 22 of the Covenant on Economic, Social and Cultural Rights, Article 45 of the Convention on the Rights of the Child, Article 22 of the CEDAW, Article 74 of the International Convention on Migrant Workers and their Families, Article 38 of the Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

⁴ A/RES/58/165, A/RES/57/202, A/RES/56/144, A/RES/55/90, A/RES/54/157, A/RES/53/138, A/RES/52/118, A/RES/51/87, A/RES/50/170, A/RES/49/178, A/RES/48/119, A/RES/48/120.

⁵ See: <http://www.un.org/womenwatch/daw/cedaw/states.htm> for specific information.

2.1 A short history

Equality of rights for women is a basic principle of the United Nations. The Preamble to the Charter of the United Nations states that “faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women” is one of the Organization’s central goals. The Universal Declaration of Human Rights proclaims the entitlement of everyone to equality before the law and to the enjoyment of human rights and fundamental freedom, without distinction of any kind, including sex. The International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights, both of which entered into force in 1966, translate the principles of the Declaration into legally binding form and clearly specify that the stated rights are applicable to all persons, without distinction of any kind, including distinction based on an individual’s sex.

The Commission on the Status of Women was established in 1946 with the mandate to elaborate the general guarantees of non-discrimination from a gender perspective. The Commission was originally established as a subsidiary body of the Commission on Human Rights but was granted the status of a full commission as a result of pressure exerted by women’s activists. In response to a call to set international standards for the equal rights of men and women, the Commission on the Status of Women drafted a Declaration on the Elimination of Discrimination against Women, which was adopted by the General Assembly in 1967. This was not, however, a legally binding treaty. In 1972, the Commission asked the Secretary-General to call upon United Nations Member States to consider the possibility of preparing a legally binding treaty that would give normative force to the provisions of the Declaration. In 1974, it was agreed that a single, binding treaty on the elimination of discrimination against women should be drafted. The text of the CEDAW was prepared by working groups of the Commission during 1976 and was the subject of extensive deliberations by a working group of the Third Committee of the General Assembly between 1977 and 1979. The CEDAW was adopted by the General Assembly in 1979. On 2 September 1981, 30 days after the twentieth Member State had ratified it, the Convention entered into force—more rapidly than any previous international human rights convention.

The Committee on Elimination of All Forms of Discrimination against Women (CEDAW Committee) was established under Article 17 of the CEDAW, with the mandate to monitor States’ compliance with their obligations under the Convention.

Table 2. CEDAW provisions related to health

Provision	Significance	CEDAW source
<p>Non-discrimination in the field of health care</p>	<p>States shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning and to eliminate discrimination against women in rural areas in order to ensure to such women the right to have access to adequate health care facilities, including information, counselling and services in family planning. The duty of States parties to ensure, on a basis of equality between men and women, access to health care services, information and education implies an obligation to respect, protect and fulfil women's rights to health care.</p>	<p>Articles 11(1)(f), 12, 14(2)(b); General Recommendation 24 on women and health⁶</p>
<p>Non-discrimination and the principle of equality</p>	<p>States must ensure that no laws, policies or practices discriminate in access to services for women and children on the grounds of race, colour, sex, national or social origin, or any other status. Governments should not restrict women's access to health services by requiring the authorization of spouse, parent, health authorities or their marital status. States should modify any harmful aspects of certain traditional, customary or modern practices which affect women.</p>	<p>Articles 1, 2, 3, 4, 5(a); General Recommendation 24 on women and health</p>

⁶ For further information on General Recommendation 24 see: IV. 2.2 Normative function: General Recommendations, page 15. See also Annex 3 to this guide.

<p>Equal rights to seek, receive and impart information</p>	<p>States Parties shall take all appropriate measures to eliminate discrimination against women and in particular to ensure access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning. States parties should ensure, without prejudice and discrimination, the right to sexual health information, education and services for all women and girls. Particular attention should be paid to the health education of adolescents, including information and counselling on all methods of family planning.</p>	<p>Articles 10(h), 14(2)(b), 16(1)(e); General Recommendation 24 on women and health</p>
<p>Equal right to education</p>	<p>States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure for them equal rights with men in the field of education. Particular problems faced by rural women should be taken into account, in particular to ensure the rights to obtain all types of training and education.</p>	<p>Articles 10, 14(2)d; General recommendation No. 3 – sixth session, 1987 education and public information programmes</p>
<p>Equality in marriage and family</p>	<p>States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure the same right to enter into marriage; to choose a spouse and to enter into marriage only with their free and full consent; to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights; etc. Legislation action should be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.</p>	<p>Article 16(e); General Recommendation 21 on equality in marriage and family relations</p>

2.2 How the CEDAW protects and promotes the right to non-discrimination in women's health

CEDAW defines discrimination against women in Article 1 as “... any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.” The CEDAW gives the basis for realizing equality between women and men by ensuring equal access to and equal opportunities for women in political and public life, education, employment and health.

The CEDAW contains a number of articles that are directly related to WHO's objective of assisting governments in protecting and improving women's health. Article 12 specifically calls on States to take all appropriate measures to eliminate discrimination against women in the field of health care, while others have a direct or indirect bearing on the enjoyment of the highest attainable standard of health. These articles enshrine the right to non-discrimination and equal rights to education, to seek, receive and impart information, to marry and found a family and equality in private and family life (Table 2).

2.3 Governments' obligations regarding health-related rights

The duty of States to ensure, on a basis of equality of men and women, access to health care services, information and education, implies an obligation to respect, protect and fulfil human rights related to women's health. States have the responsibility to ensure that legislation, executive action and policy comply with these three obligations. They must also put in place a system that ensures effective judicial action.⁷

The obligation to **respect** rights requires States Parties to refrain from obstructing action taken by women in pursuit of their health goals. This obligation applies, for example, to women's access to both public and private health care. States Parties should not restrict women's access to health services on the grounds that women do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried or because they are women. Other barriers to women's access to appropriate health care include laws that criminalize medical procedures only needed by women and punish women who undergo those procedures.⁸

⁷ CEDAW General Recommendation 24, para 13.

⁸ CEDAW General Recommendation 24, para 14.

The obligation to **protect** women's rights relating to health requires States Parties, their agents and officials to take action to prevent and to impose sanctions for violations of rights by private persons and organizations. For instance, as gender-based violence is a critical health issue for women, States Parties should ensure:

- the enactment and effective enforcement of laws and the formulation of policies to address violence against women, including sexual abuse of girls, and the provision of appropriate health services;
- the enactment and effective enforcement of laws that prohibit female genital mutilation and forced marriage of girls and other harmful traditional practices;
- gender-sensitive training to enable health-care workers to detect and manage the health consequences of gender-based violence; and
- fair and protective procedures for hearing complaints and imposing appropriate sanctions on health-care professionals guilty of sexual abuse of patients.⁹

The duty to **fulfil** rights places an obligation on States Parties to take appropriate legislative, judicial, administrative, budgetary, economic and other measures to the maximum extent of their available resources to ensure that women realize their rights to health care. High maternal mortality and morbidity rates worldwide, for example, are an important indication for States Parties of possible breaches of their duty to ensure women's access to reproductive health care services. States Parties should also ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their rights to privacy and confidentiality.¹⁰

2.4 Importance of a multisectoral approach

In many States Parties to the CEDAW, national bodies for the advancement of women are entrusted with the responsibility of implementing the Convention.¹¹ Such bodies facilitate and support gender mainstreaming and play a role in ensuring that governments fully consider the gender implications of laws, programmes and policies in all areas of their responsibility. Although national bodies for the advancement of women vary considerably, they tend to be located within governments, with the involvement of ministries for women, children or

⁹ CEDAW General Recommendation 24, paras 15 and 16.

¹⁰ CEDAW General Recommendation 24, para 17.

¹¹ As of March 2004, national mechanisms for the advancement of women had been established in 165 Member States of the United Nations.

social welfare, and are the official bodies responsible for promoting women's issues, gender mainstreaming and gender equality across government sectors. Some countries also place gender focal points in particular ministries. In others, bodies outside government ministries, such as equality commissions, a national commission on women, a national human rights commission or an ombudsman are established.¹²

Although the respect and protection of human rights in the context of health are increasingly understood to be multisectoral, implementation of CEDAW often falls under the responsibility of ministries of women's affairs or their equivalent, while women's health issues are dealt with by the ministry of health. Addressing women's health and rights, however, requires the involvement of a variety of government ministries and national partners. A multisectoral approach that involves various government ministries as well as other government and nongovernmental actors is therefore key to achieving effective implementation of the human rights principles related to health enshrined in CEDAW.¹³

2.5 Relevance of States Parties' reservations

In ratifying the Convention, a State can enter reservations to the Convention, indicating that, while it consents to be legally bound by most of the provisions, it does not agree to be bound by certain others. A number of States Parties have entered reservations to particular articles on the grounds that their national laws, traditions, religion or culture are incongruent with those principles.¹⁴ According to Article 28(2) of the CEDAW, reservations are not permitted if they are incompatible with the objective and purpose of the Convention. The CEDAW Committee identified two articles that are core provisions of the Convention and should not, therefore, be subject to reservations:

- Article 2, dealing with the various legislative and other measures to be introduced to combat discrimination against women; and
- Article 16, covering the elimination of discrimination against women in all matters relating to marriage and family relations, including the right of women to decide freely and responsibly on the number and spacing of their children.

¹² Round table of national human rights institutions and national machineries for the advancement of women, Ouarzazate, Morocco, 15–19 November 2004. Available at: <http://www.un.org/womenwatch/daw/meetings/rt-natmach-nov04.pdf>.

¹³ For information on how the Convention has been used to advance women's rights in countries, including a definition of norms for constitutional guarantees of women's human rights, interpretation of laws, elaboration of policies and challenges to discriminatory laws and practices, see *Bringing equality home, implementing the Convention of All Forms of Discrimination against Women*. Available at: <http://www.unifem.org>.

¹⁴ For specific reservations by country see: <http://www.un.org/womenwatch/daw/cedaw/reservations-country.htm>

Nevertheless, despite the fundamental nature of these provisions, some States Parties have entered reservations to them. The Committee is concerned about the number and extent of such reservations. Although some States Parties have withdrawn their reservations to these articles, the Committee remains convinced that such reservations are incompatible with the CEDAW, are therefore impermissible and should be reviewed, modified or withdrawn. The Committee also called upon States to question the validity and legal effect of reservations to the Convention in the context of reservations with regard to other human rights treaties and to reconsider their reservations with a view to strengthening the implementation of all human rights treaties.¹⁵

3. Monitoring implementation of the Convention on the Elimination of All Forms of Discrimination against Women

3.1 The CEDAW Committee

The CEDAW Committee was established in 1982. It consists of 23 members with expertise in international women's human rights, who serve in their personal capacity and not as representatives of their governments. Members are elected by States Parties in a secret ballot, with due regard to equitable geographical representation and diversity of legal systems and cultural backgrounds.

Originally, the Committee met twice a year, usually in January or February and June or July, to review States' efforts to bring their laws, policies and practices into compliance with the CEDAW.¹⁶ To overcome the backlog of reports awaiting consideration, the Committee will meet three times in 2006 and 2007, in January or February, June or July and August, and will meet in parallel during some of the sessions in order to consider periodic reports from States Parties.

The threefold mandate of the Committee is:

1. to review national reports submitted by each State Party within one year of ratification or accession and thereafter every four years;
2. to make recommendations on any issue affecting women to which it believes the States Parties should devote more attention, or the Committee's view of the obligations assumed under the Convention requires further elaboration; and

¹⁵ CEDAW, General Recommendation No. 20 (11th session, 1992).

¹⁶ For information about the sessions and current membership see: <http://www.un.org/womenwatch/daw/cedaw/sessions.htm>

3. to receive and consider complaints from individuals or groups within its jurisdiction, as recognized by those States that have ratified the Optional Protocol to the Convention.¹⁷

3.1.1 Monitoring

Each State that has ratified the CEDAW is required to submit a report to the Committee at least every four years, detailing its efforts to implement the Convention and progress in achieving women's rights. At a formal meeting following submission of the country report, Committee members have an opportunity to discuss the content of the report with country representatives. Furthermore, the CEDAW Committee considers input from nongovernmental organizations and United Nations agencies. These exchanges are a major strength of the reporting process and provide opportunities for a number of groups to improve government compliance with the Convention. Committee members then issue concluding comments to the reporting government, which are compiled in an annual report and sent to the United Nations General Assembly. These steps are summarized in Figure 1.

3.1.2 Normative function: General Recommendations

Article 21 of the Convention empowers the Committee to make General Recommendations about specific provisions of the Convention and on the relation between the articles and issues that the Committee has described as "cross-cutting". As of January 2004, the CEDAW Committee had adopted 25 General Recommendations. That most relevant to health is General Recommendation 24 on women and health (1999). It might be particularly useful for WHO in working with governments on improving women's health (see box on page 14). Other General Recommendations that address issues of women's health include:

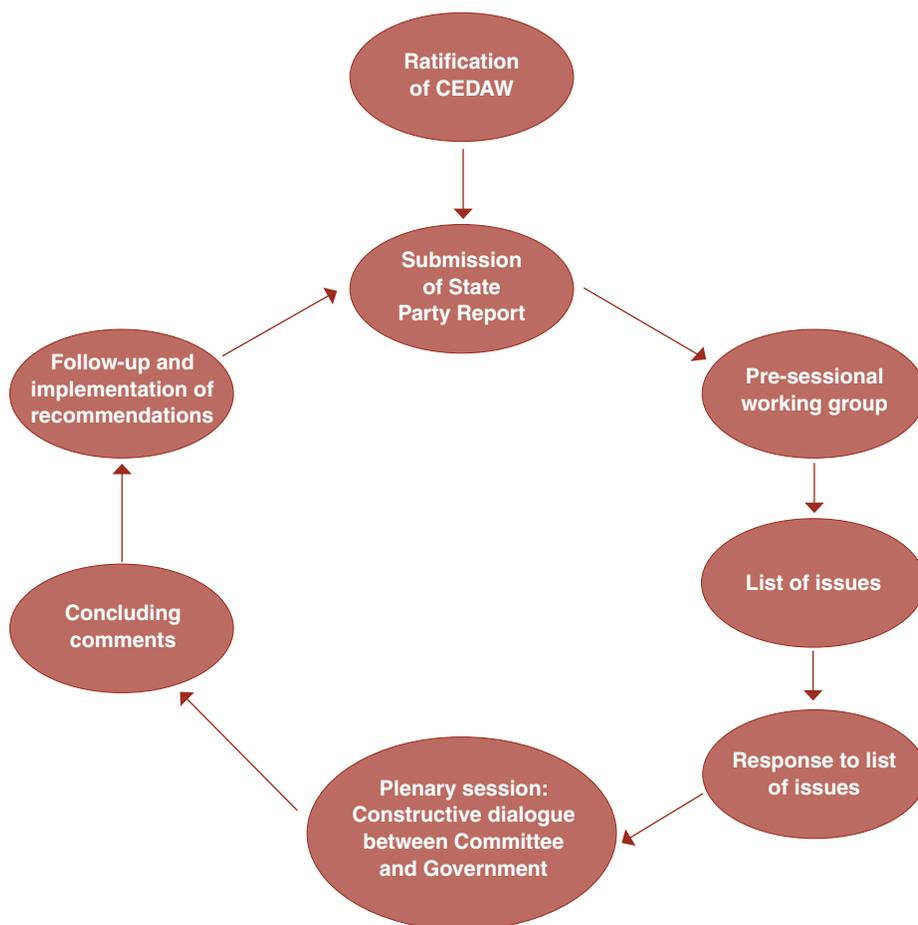
- No. 14, on female circumcision, 1990;
- No. 15, on women and AIDS, 1990;
- No. 18, on disabled women, 1991;
- No. 19, on violence against women, 1992;
- No. 21, on equality in marriage and family relations, 1994; and
- No. 25, 1995, on Article 4(1), temporary special measures, 2004.

The Committee's interpretation of non-discrimination in the context of women's health is based on the programme of action elaborated at the 1994 International

¹⁷ See Section 3.1.3 for more information about the CEDAW Optional Protocol.

Conference on Population and Development (Cairo) and the platform of action adopted at the 1995 Fourth World Conference on Women (Beijing). These international agreements provided information to the CEDAW Committee on international and national political commitments to women’s sexual and reproductive health and rights.¹⁸

Figure 1. Reporting to the CEDAW Committee



Section 3.2 of this guide provides more detailed information about the monitoring process and a discussion of WHO’s potential role at each step.

¹⁸ The texts of the conference outcome documents can be found at www.unfpa.org and www.un.org/womenwatch, respectively.

General Recommendation 24 on women and health
(20th Session, 1999)

General recommendations give the Committee's views of the obligations assumed under the Convention. General Recommendation 24 on women and health states the Committee's definitive interpretation of the Convention and:

- requires governments to eliminate discrimination against women in their access to health care services, throughout the life cycle, particularly in the areas of family planning, pregnancy, confinement and during the postnatal period;
- provides specific direction to governments on their obligations to end discrimination against women under Article 12. The health status of vulnerable groups of women—rural, minority, older and disabled—is also of interest to the CEDAW. For example, the CEDAW requests that governments report on health legislation, plans and policies for women with reliable data, disaggregated by sex, on the incidence and severity of diseases and conditions hazardous to women's health and nutrition and on the availability and cost-effectiveness of preventive and curative measures;
- in relation to maternal health issues, directs governments to include information on measures they have taken to ensure appropriate services for pregnancy, confinement and the postnatal period, and on the rates at which these measures (including the provision of free services) have reduced maternal mortality and morbidity in the country in general and in vulnerable groups, regions and communities in particular;
- recommends a number of actions for governments to consider in eliminating discrimination against women, for example: implementing a comprehensive national strategy to promote women's health throughout their lifespan; allocating adequate budgetary, human and administrative resources to ensure that women's health receives a share of the overall health budget comparable with that for men's health; and placing a gender perspective at the centre of all policies and programmes affecting women's health.

WHO's role in formulation of General Recommendations

In 1997, the Committee adopted a three-stage process for formulating General Recommendations:

- open discussions among the Committee, nongovernmental organizations, United Nations agencies and others on topics for General Recommendations;
- initial drafting of General Recommendations for discussion at the session; and
- adoption of a revised draft by the Committee.

United Nations agencies, including WHO, are thus invited to contribute and to make statements during the first step.

3.1.3 The CEDAW Optional Protocol

The Optional Protocol to the CEDAW provides two additional mechanisms for holding governments that have ratified it accountable for their obligations under the CEDAW:

- a communications procedure, which gives individuals and groups the right to lodge complaints with the CEDAW Committee, and
- an inquiry procedure, which allows the CEDAW Committee to conduct inquiries into serious or systematic abuses of women's rights.

It must be emphasized that these mechanisms are applicable only in countries that are States Parties to the Optional Protocol and have thus separately ratified it.¹⁹ As of June 2006, 79 States were parties to the Optional Protocol.

WHO and the Optional Protocol

The Committee invites United Nations bodies and specialized agencies to include descriptions of efforts made to supporting ratification of the Optional Protocol in their country-specific reports. At the request of the Committee, a government or the complainer, WHO can provide official public health information or statements in connection with consideration of individual cases.

3.2 Potential role of WHO in monitoring the implementation of the CEDAW

3.2.1 Relevance to WHO's work

As a member of the United Nations family, WHO is committed to making human rights a central concern, and its Constitution reaffirms this commitment. Monitoring the implementation of the CEDAW—one of the key means by which the United Nations promotes and protects the rights of women—can potentially contribute to advancing the right to health and other health-related rights of women and girls around the world.

¹⁹ More information and the full text of the Protocol are available at: <http://www.un.org/womenwatch/daw/cedaw/protocol>

Periodic review of States Parties' reports can include an assessment of progress made and weaknesses revealed with regard to achieving women's rights to health in those countries.

The Committee has emphasized the importance it attaches to assistance from and cooperation with specialized agencies in implementing its mandate under the Convention and the Beijing Platform of Action. Article 22 of the Convention specifically provides that "specialized agencies shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their activities. The Committee may invite the specialized agencies to submit reports on the implementation of the Convention in areas falling within the scope of their activities."

As the main purpose of monitoring the CEDAW is to encourage governments to comply fully with their treaty obligations for women's rights, including the elimination of discrimination in health care, WHO can use the monitoring process to strengthen the technical support it gives to countries. Furthermore, the framework of the CEDAW and the country-specific recommendations of the Committee can strengthen partnerships between governments, other national and international actors and WHO to promote rights-based policies and programmes and their implementation for women's health issues at country level. WHO can work with United Nations country teams in monitoring the implementation of CEDAW and assisting countries in this regard (see below).

Participation of the United Nations in monitoring the implementation of the CEDAW might be coordinated by a United Nations agency, such as the United Nations Development Fund for Women (UNIFEM), the United Nations Development Programme (UNDP), the Office of the High Commission of Human Rights (OHCHR), or by the United Nations resident coordinator. If there is no coordination, WHO might liaise directly with the ministry of health and other relevant ministries.

Working with United Nations country teams: added value

United Nations country teams are in a unique position to use the treaty body system in field activities, in a common effort to strengthen national systems for the protection of human rights.

- The human rights treaties form a reference system and minimum standard for the action of country teams, as they clarify the meaning of universal human rights standards. Implementation of treaties (including the CEDAW) by States Parties, such as the preparation of reports and follow-up to the recommendations of treaty bodies, can lead to legislative, policy and programme change and accountability at national level by serving as:

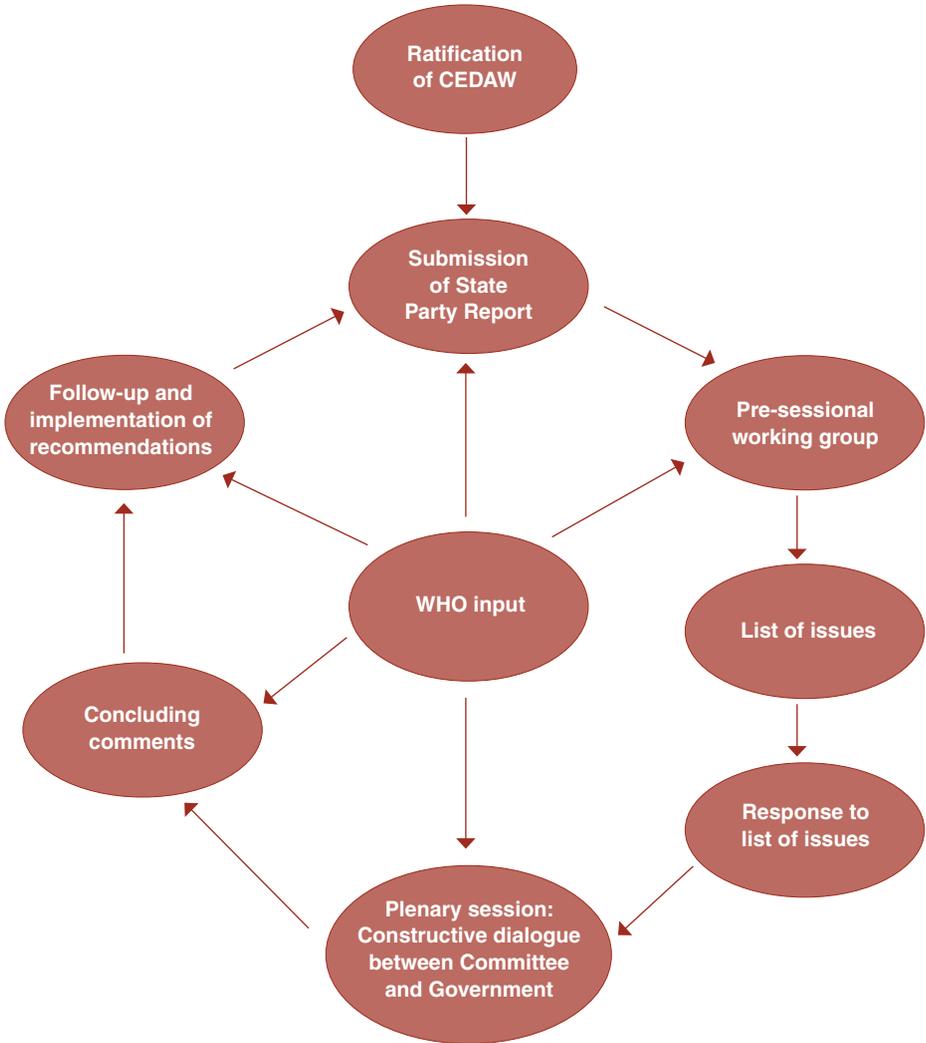
- a tool for benchmarking current knowledge and implementing relevant human rights obligations;
 - a tool for assessing gaps between human rights obligations and the experience of the population in general and children, women and minorities in particular, as well as the capacity of institutions and mechanisms to address the situation;
 - a tool for emphasizing the legal responsibilities of governments for protecting and promoting human rights during dialogue with governments;
 - an opportunity to establish national mechanisms for monitoring the implementation of various human rights treaties;
 - an opportunity for public scrutiny of government policies and the participation of various sectors of society in the formulation, evaluation and review of policies; and
 - an entry point and platform for national dialogue on human rights among relevant stakeholders, including government agencies, the media, national human rights institutions, nongovernmental organizations, parliaments, women and young people and civil society as a whole.
- The concluding observations and recommendations of treaty bodies identify specific human rights concerns, which can be used to help set priorities at national level. These can provide a framework for joint action by governments, United Nations agencies, nongovernmental organizations and other partners and serve as a reference for programming consistent with the provisions of the relevant treaties. These programmes should be used in the Common Country Assessment and the United Nations Development Assistance Framework.
 - International human rights standards and the output of treaty bodies, including their General Comments, form a reference system for national courts and a framework for human rights accountability at international and national levels.
 - Treaty bodies provide information for national human rights institutions, whose responsibilities often include encouraging ratification or accession to international human rights instruments and ensuring their implementation, as well as contributing to reporting.

Source: Office of the United Nations High Commissioner for Human Rights, 2006.

3.2.2 Reporting and WHO's potential role at each step

WHO can provide support to governments throughout monitoring. Figure 2 shows the stages at which WHO can provide input. The text provides more detailed information.

Figure 2. WHO's role in the CEDAW monitoring process



Step 1. Preparation of States Parties reports and their submission

Once States Parties have ratified the CEDAW, they are under an obligation to submit periodic reports to the Committee on the legislative, judicial, administrative or other measures that they have adopted to implement the Convention. The initial report must be submitted within one year; subsequently,

periodic reports are submitted at least every four years or whenever the CEDAW Committee so requests. These reports can indicate difficulties encountered in implementation.

The Committee has adopted guidelines to help States to prepare these reports.²⁰ According to these guidelines, the initial report should be a detailed, comprehensive description of the position of women in the country at the time of submission, to be used as a benchmark against which progress can be measured. Subsequent periodic reports are to focus on the concerns and recommendations resulting from the Committee's consideration of the previous report, giving details of significant developments over the past four years, noting key trends and identifying obstacles to full implementation of the Convention. Sex-disaggregated statistics and data relevant to each article and General Recommendation are also requested. The Committee specifically requests that governments provide information on health and health-related issues that are compatible with WHO's indicators.

In many countries, a ministry of women's affairs or its equivalent coordinates interaction with the CEDAW Committee, including preparation and submission of reports. In some countries, the ministry of foreign affairs may be the institution that coordinates interaction with United Nations treaty monitoring bodies, with support from other ministries. Ideally, the responsible ministry invites all stakeholders, both governmental and nongovernmental, to discuss the content of the report.

Example of report of a consultative process

"Submission of this report was preceded by widespread consultation throughout the country between 1993 and 1996. Over 20 meetings with a number of women's organizations were held during this period, which gave the Government and participants considerable insight into a wide range of gender issues and issues relevant to womenThe present report takes into account the discussions and conclusions of this long, broad consultative process. Further, detailed discussions were held and written inputs received from various ministries and departments of the Government on various articles of the Convention."

CEDAW/C/Ind/1; 10 March 1999

²⁰ For more information, see: <http://www.un.org/womenwatch/daw/cedaw/reporting.htm#guidelines>.

How WHO can contribute to preparation of a State Party report

WHO can provide valuable support to a government and assist the ministry of health during preparation of a report, in particular by:

- informing the ministry of health about the reporting schedule of the CEDAW Committee and about how the ministry can contribute to the report;²¹
- contributing to discussions to ensure that health-related issues are adequately reflected throughout the report;
- ensuring that the data provided are relevant to the articles of the Convention, especially to Article 12 and General Recommendation 24 on women and health, and help the government to identify relevant data and their interpretation; and
- assisting in ensuring that the report submitted to the Committee is accurate, objective and responsive to the questions presented in relation to health and health-related issues.

Step 2. Pre-sessional review

In order to consider States' reports adequately, the Committee holds pre-sessional working group meetings prior to each regular session. The groups review the reports submitted by States Parties and prepare lists of issues and questions to be sent in advance to the reporting States.

The list of issues and questions resulting from the pre-sessional review indicates issues to which the Committee wishes to pay particular attention during the formal review session and includes requests for further information that arose during discussions. The lists are submitted to the States Parties before the formal review session, thus allowing reporting States to prepare replies for presentation.²² An example of such a list is shown in the box below.

Specialized agencies, United Nations bodies and intergovernmental and nongovernmental organizations are invited to submit information, orally or in writing, to the pre-sessional review of State Party reports in areas within the scope of their activities. During the meeting, Committee members can pose questions to the representatives of the United Nations and nongovernmental organizations. The pre-sessional working group meeting is closed to the public unless the Committee decides otherwise.²³ United Nations agencies can ask

²¹ See: <http://www.un.org/womenwatch/daw/cedaw/reports.htm>

²² Committee on the Elimination of Discrimination against Women, Annex I, Report (A/56/38). Rules of procedure of the Committee on the Elimination of Discrimination against Women, Rules 44–47.

²³ *Idem*, Rule 28.

that the representatives of nongovernmental organizations and other observers be excluded when they are presenting their reports if they are confidential.

Annex 1 gives a list of questions that can be used by WHO personnel or United Nations country teams in helping to prepare reports to the CEDAW Committee with regard to women's health issues. The questions are based on key indicators for women's health and can be adapted for use by countries.

Example of list of issues with regard to a periodic report of a State Party: Health

22. Please provide details regarding the status of implementation of the structural reform in the health sector adopted by the Government in September 2000, as noted in the report, and its implications for women.
23. The report states that the national survey conducted in 1999 in every commune in Algeria "provided useful elements for strengthening the national programme to combat maternal and perinatal mortality". The report further states that neonatal mortality "currently accounts for 60 per cent of all deaths among children". Further to the 1999 survey, what measures is the Government implementing to improve maternal health and combat perinatal and neonatal mortality?
24. Kindly provide details on the progress made with regard to implementation of the policy objectives and strategies for 2001–2010 related to reproductive health prepared by the National Population Committee. Has women's access to reproductive health services, including family planning and referral services, increased since the policy was put in place?
25. Please provide details on the measures undertaken under the programme to combat sexually transmitted diseases and AIDS, particularly with regard to the main areas of focus for the period 2002–2006.
26. The report (English version, p. 56; French version, p. 70) states that "continuing attention is paid to the health of adolescents and young adults through, inter alia, school and university health programmes". Please provide information on the study, concluded in January 2002, to evaluate young people's needs in reproductive health, including whether the recommendations of the study have been implemented. Are there any public education programmes on adolescent reproductive health outside the school system and, if so, do they reach all adolescents?"

CEDAW/PSWG/2005/I/CRP.1/Add.1

Step 3. The session

The Committee meets twice or, in exceptional circumstances, three times a year for three weeks. During the sessions, the Committee discusses the States Parties' reports with government delegations. The objective is to hold constructive dialogues with government representatives about implementation of the Convention and to raise any concerns that the Committee might have on the basis of a State Party report, the reports of nongovernmental organizations and United Nations agencies, and the outcome of the pre-sessional working group and United Nations agencies, and the outcome of the pre-sessional working group.

The meetings between government delegations and the Committee typically last 1–2 days. The delegation usually includes high-level officials with the authority to speak on behalf of the government, as well as persons more directly involved in implementation of the treaty. The Committee usually prefers that the delegation come from the country rather than the diplomatic mission in New York, so that the members can respond to specific questions. State representatives are given the opportunity to introduce their reports orally, and Committee members then raise questions relating to specific articles of the Convention.

As at the pre-sessional meeting, specialized agencies, United Nations bodies and intergovernmental and nongovernmental organizations are invited to submit information, orally or in writing, regarding the States Parties' reports. During the meeting, which usually takes place at the beginning of the session, Committee members can pose questions to these representatives. The plenary session, unlike the pre-sessional meeting, is held in public, unless the Committee decides otherwise, and the media and the public can attend. As at the pre-sessional review, however, a United Nations agency can ask for the exclusion of representatives of nongovernmental organizations, the media and other observers while it is presenting its report.²⁴

The outcome of this meeting is a series of concluding comments, prepared in the light of the State Party report, discussions held with the government delegation and other national stakeholders, including nongovernmental organizations and United Nations agencies. Examples of concluding comments are shown in the box on pages 25–26.

The concluding comments start with an introduction, followed by an acknowledgement of the positive steps that the State Party has made towards

²⁴ Annex I, Report of the Committee on the Elimination of Discrimination against Women (A/56/38). Rules of procedure of the Committee on the Elimination of Discrimination against Women, Rule 28; Rules 44–47.

implementing the Convention. Then, the principal areas of concern are outlined, with recommendations. The comments then contain a request for wide dissemination of the concluding comments, so that government officials, politicians, parliamentarians and women's nongovernmental organizations, are made aware of the steps taken to ensure equality for women and the future steps required. Furthermore, the government is requested to continue to disseminate (in particular to women's and human rights organizations) the Convention and its Optional Protocol, the Committee's General Recommendations, the Beijing Declaration and Platform for Action and the results of the twenty-third special session of the United Nations General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century". The comments end with a call for effective implementation of the Convention, which is indispensable for attaining the Millennium Development Goals.

How WHO can contribute to the pre-sessional review meeting and the session

The CEDAW Committee has repeatedly stressed during its meetings that the quality of its review of country reports depends on the availability of accurate, understandable information, including sex-disaggregated data. As health-related issues tend to receive little attention in States Parties' reports, they are sometimes discussed less comprehensively than other issues during the pre-sessional review and session. Accurate information from WHO could increase attention to health matters and would give Committee members an opportunity to include health matters in their list of issues and among the questions discussed during the session.

WHO could increase the visibility of health issues in a number of ways. Staff at WHO Headquarters could organize informal meetings with Committee members on various women's health issues, perhaps held in collaboration with other United Nations agencies and nongovernmental organizations. Such briefings could give Committee members who are not health professionals up-to-date data on specific public health matters and give them a better insight into the health data presented.

The Division for the Advancement of Women at the United Nations serves as the secretariat for the Committee and notifies the Director-General of WHO of the opening date, duration, place and agenda of each session of the Committee and of the pre-sessional working groups.²⁵ In its letter, the Division invites WHO to provide brief reports on those States that will be presenting their reports. Upon receiving this notification, WHO Headquarters should send

²⁵ This structure might change in the near future when the Office of the United Nations High Commissioner for Human Rights may serve as the secretariat.

all appropriate information, including the States Parties' reports, to the relevant regional and country offices.

WHO staff could prepare technical reports to be submitted to the Committee for consideration during the pre-sessional review and the session. (See Annex 4.) These reports should provide technical information and a description of the health of women in a country. Selection of countries and preparation of WHO reports requires collaboration between Headquarters and regional and country offices; however, as the Committee considers reports from States in various regions during the same session, preparation and submission of the reports should be coordinated by Headquarters. According to the guidelines for United Nations agencies, the reports of United Nations bodies and agencies should contain country-specific information, as well as information on the efforts made by the United Nations body or agency to promote the provisions of the Convention at national and regional levels through its own policies and programmes.

WHO reports could be structured as follows:

Introduction, which provides information on efforts made by WHO to promote the provisions of the Convention at national, regional and international levels through its own policies and programmes.

Principal areas of concern, or priorities, for the country can be identified by Headquarters and by regional and country offices. For each priority, a brief description should be given of the current situation, achievements and any problems or challenges. The primary sources of information should include official WHO data, official statistics from the United Nations Statistics Division and Population Division, regional commissions and other entities in the United Nations system (ILO, UNESCO, UNIFEM, UNICEF), reports of special rapporteurs of the United Nations Office of the High Commission of Human Rights, official World Bank data, Poverty Reduction Strategy Papers, national Human Development Reports and Millennium Development Goal reports. This section should also include information on the efforts made by WHO to promote the Convention at national and regional levels through its own policies and programmes.

Recommendations, should be country-specific and technical, for measures that the State Party might take to improve the health of its population or of a specific population, including suggestions about how WHO could provide support through its technical programmes. These recommendations can be drawn from strategic directions and work plans in country cooperation strategies, Poverty Reduction Strategy Papers, Millennium Development Goal reports and specific strategies of technical programmes.

Examples of concluding comments related to health

- "...The Committee expresses concern about the persistence and social acceptability of harmful traditional practices, including widowhood practices, female genital mutilation, and child and forced marriage, despite prohibitions in State or Federal legislation....It urges the State Party to ensure full compliance with the Child Rights Act, 2003, which sets the statutory minimum age of marriage at 18 years in all parts of the country"

(CEDAW A/59/38 part I (2004) para 299. 30)

- "...The Committee is concerned about the situation of women's health and particularly their reproductive health....The Committee recommends that the State Party should give priority to the situation of the adolescent population and also urges it to adopt measures to strengthen the family planning programme and to guarantee access to sexual and reproductive health services, attending to the information needs of the population, particularly adolescents....It also urges the State Party to promote sex education for the entire population, including adolescents, giving special attention to efforts to prevent and combat HIV/AIDS and to improve the dissemination of information about risks and ways of transmission"

(CEDAW, A/57/38 part III (2002) 212 at paras 482 and 483)

- "...The Committee expresses concern that budget cuts in the health-care system severely limit women's access to health care. It is concerned about the status of women's health, especially their reproductive health, and the increase in the rate of maternal mortality. The Committee is concerned at the widespread use of abortion as a commonly used means of birth control, particularly in rural areas. The Committee urges the State Party to maintain access to affordable and adequate health care. Drawing attention to its General Recommendation 24 on women and health, the Committee calls on the State Party to ensure the availability and accessibility of affordable contraceptive means to both women and men as part of a comprehensive health policy....The Committee calls on the State Party to take all appropriate steps to foster responsible sexual behavior and take all appropriate steps to stop the use of abortion as a means of birth control"

(CEDAW, A/57/38 part III (2002) 150, paras 52 and 53)

- "...The Committee welcomes legislative measures on trafficking, prostitution, nationality, employment and child labour introduced from 1992 to 1998, as well as the compulsory education policies that have been adopted, which indicate that the State Party has made serious efforts to integrate the standards of the Convention into domestic laws and policies."

(CEDAW, A/754/38/Rev.1 (1999) para 226)

- "...The Committee commends the State Party for the achievement of gender parity in school enrollment at the primary and secondary levels, and has succeeded in decreasing girls' dropout rates. The Committee also appreciates the successful efforts to increase girls' and women's literacy rates."

(CEDAW, A/59/38 part II (2004) para 223)

The Committee regularly invites representatives of the United Nations system, including WHO, to briefly summarize their reports at a closed pre-session meeting or session. The representatives should be able to make an oral presentation of the material contained in the technical report and be prepared to answer questions raised by Committee members. If the representative is unable to answer a question immediately, she or he can provide a written answer shortly thereafter.

Annex 1 gives a list of questions that can be used by WHO personnel in helping to prepare reports to the CEDAW Committee with regard to women's health issues. The questions are based on key indicators for women's health and can be adapted for use by countries.

Step 4. Implementation of concluding comments at country level

The Committee adopts its concluding comments before closure of the session. The comments are the result of constructive dialogue during the session. They reflect the main discussion points, highlight problems in implementation of the Convention and recommend action.

The concluding comments are sent to the appropriate representatives of the State Party and are freely available on the website of the United Nations Division for the Advancement of Women and the Office of the United Nations High Commissioner for Human Rights.²⁶ Governments are requested to report back to the treaty bodies on the steps taken to implement the concluding comments in their next report.

²⁶ Available at: <http://www.un.org/womenwatch/daw/> and <http://www.unhchr.ch/tbs/doc.nsf>

Follow-up to the concluding comments is essential to ensure that all the relevant national actors participate in implementing the recommendations. Their issuance therefore presents an opportunity to enlist support and resources from all appropriate government sectors, as well as other partners such as donor governments and nongovernmental organizations. The follow-up can include:

- general dissemination of the concluding observations;
- establishment of a multi-stakeholder mechanism; and
- assessment and revision of national laws, policies and programmes.

In order to involve various national stakeholders, the responsible body can convene a meeting with the relevant ministries and other actors, disseminate the comments and design an implementation plan. In many countries, nongovernmental organizations play an important role in disseminating information about the Convention and the concluding comments of the CEDAW Committee and encourage governments to design strategies for implementation. The media can use the concluding comments to draw attention to specific women's rights issues in the country.

WHO's role in following up the concluding comments

Provided that the concluding comments give clear guidance to governments on the measures to be taken to ensure health and health-related rights, WHO can support government and other national actors in following up the concluding comments and translating them into laws, policies and programmes. This is also an opportunity to build multisectoral collaboration for addressing women's health issues from a human rights perspective.

At country level, Headquarters, Regional and Country offices can collaborate in:

- facilitating multisectoral communication among national stakeholders, including ministries of health, women's affairs, education and finance, nongovernmental organizations, professional associations and academics for implementing the concluding comments related to women's health;
- facilitating implementation of the concluding comments by revising or drawing up laws and policies on women's health issues and integrating the provisions of the Convention into programmes. Current WHO-assisted programmes and dissemination of WHO guidelines can help to improve women's health and implement the concluding comments. Useful documents include the WHO Reproductive Health Strategy, tool on using human rights for maternal and neonatal health: strengthening laws, policies

and standards of care²⁷, technical and policy guidance on safe abortion²⁸, ethical and safety guidelines for conducting research on domestic violence²⁹ and the WHO multi-country study on violence against women³⁰.

- training health managers on human rights and how they relate to women's health, as well as how the Convention can be used in line with other, related international and regional treaties, as a framework for policy and programmes; (Use and adaptation of the training programme *Transforming health systems: gender and rights in reproductive health*³¹ might be useful for this purpose.)
- assisting States in monitoring, evaluating and documenting efforts made and obstacles encountered in fulfilling the recommendations; and
- collaborating with other United Nations agencies to ensure follow-up and implementation of the concluding comments.

At the regional level, WHO Headquarters and regional and country offices can collaborate with other United Nations agencies to organize regional workshops involving persons from countries that have recently reported or are about to report to the CEDAW Committee, to discuss how monitoring can promote and protect women's right to health and health-related rights.

3.2.3 Examples of good practice in monitoring the treaty

Encouraging accession or ratification

Good practice: At the initiative of the United Nations country team in Chile, in particular the thematic working group on gender, a study is being undertaken with Diego Portales University, Santiago, Chile, on the difficulties faced by Chile in ratifying the Optional Protocol to the CEDAW, the Convention on Migrant Workers and the Rome Statute of the International Criminal Court. The aim of the study is to identify the obstacles and design a strategy to overcome them.

Participating in the reporting process

Good practice: WHO contributed to preparation of a United Nations country team report to the 36th session of the CEDAW Committee on the combined fifth and sixth periodic reports of the Philippines. Country and regional offices

²⁷ WHO, 2006. Available at: <http://www.who.int/reproductive-health/>

²⁸ WHO, 2003. Available at: http://www.who.int/reproductive-health/publications/safe_abortion/safe_abortion.html

²⁹ WHO, 2001a. Available at: <http://www.who.int/gender/documents/en/>

³⁰ WHO, 2005. Available at http://www.who.int/gender/violence/who_multicountry_study/en/index.html

³¹ WHO, 2001b. Available at: <http://www.who.int/reproductive-health/gender/tools.html>

and Headquarters cooperated with UNFPA, UNDP, UNICEF, UNIFEM, UNAIDS and other United Nations agencies represented in the country.

Encouraging treaty compliance, follow-up and implementation of concluding comments

Good practice: WHO has conducted a field test of a means for taking into account human rights in maternal and newborn health in Indonesia. A participatory process was begun, with the involvement of Government and nongovernmental institutions, such as the Human Rights Commission and the Commission on Women's Rights, professional associations, nongovernmental organizations, universities, United Nations agencies and donors. The aim was to examine the Government's actions towards eliminating legal and regulatory barriers to maternal and newborn health in a human rights framework. Indonesia's compliance with international human rights treaties that it had ratified was examined, taking into account the concluding observations and recommendations of various treaty monitoring bodies, most notably the CEDAW Committee.

Building national capacity for monitoring the treaty

Good practice: UNIFEM regional and country offices in the Lao People's Democratic Republic, with technical support from WHO, organized a 2-day workshop in 2005 on the CEDAW and its monitoring as it relates to health. More than 100 mid-level health managers, including provincial staff, and policy-makers from the health sector participated in the workshop.

Collaborating with the Committees

Good practice: In 1996, in Glen Cove, New York, the United Nations Population Fund (UNFPA) in collaboration with the Office of the United Nations High Commissioner for Human Rights (then, Center for Human Rights), the Division for the Advancement of Women and WHO organized a meeting on "Human rights approaches to women's health, with a focus on sexual and reproductive health and rights". The purpose was to contribute to the work of treaty bodies in interpreting and applying human rights standards to issues relating to women's health and to encourage collaboration in formulating methods and indicators for use by both treaty bodies and United Nations agencies to promote, implement and monitor women's right to health, in particular reproductive and sexual health. This meeting was the first occasion on which members of the six treaty bodies met to discuss the interpretation and application of human rights in the context of a specific issue. A follow-up meeting was organized in Geneva in 2001.³²

³² Available at: <http://www.unfpa.org/intercenter/reprights/glen.htm>

4. Conclusion

Human rights provide a framework within which to respond to gender-based discrimination and other social determinants that have a significant impact on women's health. In many cases, women's ill-health is the direct result of violation of the principle of non-discrimination based on sex and of many other fundamental human rights, such as the right to education and information, the right to participate in decision-making, equality in employment and the right to the highest attainable standard of health. Participating in the monitoring process of the CEDAW is therefore an opportunity to support Member States in designing and implementing policies and programmes that can contribute to the elimination of discrimination and to improving the health and well-being of all women and girls.

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Using human rights for maternal and neonatal health: a tool for strengthening laws, policies and standards of care. World Health Organization, Reproductive Health and Research Department, Harvard University School of Public Health. Unpublished draft, 2006. Available at: <http://www.who.int/reproductive-health/>

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Annex 1.

Health questionnaire for WHO Headquarters and regional and country offices and for United Nations country teams for use in preparation of technical contributions and reports to the CEDAW Committee

The following questionnaire was prepared for WHO Headquarters and regional and country personnel and for United Nations country teams, to assist them in preparing country-specific technical input to the CEDAW Committee. The questionnaire can be adapted to country needs and the health data available.

The purpose of technical reports is to complement the reports of States Parties, giving more information about the health situation of women.

Article 12 of the CEDAW requires States Parties to take all appropriate measures to eliminate discrimination in the field of health care, so that women have equal access to health care services. The CEDAW contains a number of other articles designed to protect women's health and which call for State action to improve women's health.

Please provide a short summary on key women's health issues, using the indicators identified under each issue. The indicators comprise structural (regulatory and policy framework), process (health systems, coverage) and outcome indicators (under each issue). Please answer the questions that are relevant to [the country], and indicate the questions that are not relevant or not applicable to the country or for which data cannot be found. When available, please provide sex-disaggregated data in your summary (also by age, rural/urban, socioeconomic status, ethnicity and race, if possible) and trends. Please do not hesitate to add information that is specific to the country and is not addressed in this questionnaire. The final report will be in narrative form, and prepared by the WHO country office or Headquarters or by the United Nations country team coordinator on the basis of the responses to this questionnaire.

Sources of information can include official WHO data and information available in WHO country cooperation strategies, United Nations country team common country assessments, official statistics from the United Nations Statistics Division, the Population Division and regional and other entities in the United Nations system (ILO, UNESCO, UNIFEM, UNICEF), reports of special rapporteurs of the Office of the United Nations High Commissioner for Human Rights, official World Bank data, Poverty Reduction Strategy Papers, national human development reports, Millennium Development Goal reports and demographic health surveys. Please specify your source under each question.

Constitutional framework

- Are there constitutional provisions on the right to health, women's health, or maternal health or other specific women's health issues?

Financing

- Are health services that women use (e.g. reproductive health, maternal health, family planning, prevention of violence against women) publicly funded?
- Are there waivers or exceptions to any fee-for-service scheme for the poor or other mechanisms to ensure that persons in need can access and use services? Are women specified in this scheme?

Gender mainstreaming in the health sector

- Are there institutionalized mechanisms for gender mainstreaming in the health sector? Please specify number of focal points, reporting lines, level of seniority, budget and responsibilities.

Maternal health

- Are there regulation, policies, strategies or plans for maternal health or making pregnancy safer? (Key provisions might include maternal protection, establishment of maternal death audits and referral system for obstetric emergencies.)
- Number of facilities per 500 000 population providing basic obstetric care and comprehensive obstetric care.
- Percentage of births attended by skilled health personnel.
- Maternal mortality ratio (number of maternal deaths per 100 000 live births).
- Prevalence of HIV infection among pregnant women aged 15–24.
- Neonatal mortality rate (number of infant deaths within one month of birth per 1000 live births) or infant mortality rate (number of infant deaths within one year of birth per 1000 live births).

Family planning

- Does the State have regulations, policies, strategies or plans for family planning? Please summarize key provisions and specify restrictions, which might include third-party authorization for women to receive family planning services or family planning services only for married women. Please provide information (if possible) on implementation.
- Number of family planning service delivery points per 500 000 population offering comprehensive family planning services or percentage of primary health care facilities providing comprehensive family planning services.

- Prevalence of contraceptive use.
- Unmet need for family planning, i.e. percentage of women at risk of pregnancy who wish to avoid pregnancy but who are not using (and whose partner is not using) a contraceptive method. Please provide disaggregated data by age, rural/urban, race and ethnicity, if possible.

Unsafe abortion, post-abortion care

- Are there laws on abortion or termination of pregnancy? Please specify whether the law makes abortion services accessible on request or only under certain circumstances, such as for economic or social reasons, for the health of the woman, to save the life of the woman, for cases of rape or incest, for fetal impairment, or under no circumstances. Please summarize key provisions. Is there a law that criminalizes abortion?
- Are there policies, strategies or plans for preventing unsafe abortion and providing post-abortion care?
- Percentage of service delivery points providing abortion or post-abortion care.
- Abortion rate (number of abortions per 1000 women of reproductive age).
- Percentage of maternal deaths attributed to unsafe abortion.

Adolescent sexual and reproductive health

- Are there regulations, policies or strategies for adolescent sexual and reproductive health? Restrictions might include provisions that allow family planning services only for married people.
- Mortality ratio of mothers under the age of 18.
- Prevalence of contraceptive use by persons under the age of 18.
- Age-specific fertility rates for girls and women aged 15–19 and 20–24.
- Age at marriage.
- Age at first pregnancy.

Sexually transmitted infections, cervical cancer and other gynaecological conditions

- Are there regulations, policies, strategies or plans for the prevention and treatment of sexually transmitted infections and cervical cancer?
- Number of condoms available for distribution nationwide during the preceding 12 months per population aged 15–49; or percentage of family planning service delivery points offering counselling on protection from sexually transmitted infections including HIV and unwanted pregnancies.

- Percentage of women screened for cervical cancer within the past 5 years and receiving treatment when required.
- Population with self-reported or diagnosed symptoms of bacterial or viral sexually transmitted infections and reproductive tract infections.
- Prevalence of HIV infection among pregnant women and in sub-populations with high-risk behaviour.
- Percentage of women with cervical cancer.

Mental health

- Do mental health laws, policies, plans, programmes and strategies take into consideration the particular vulnerability of women to mental and behavioural disorders?
- Proportion of female patients (of total of male and female users) being treated for mental health problems or proportion referred to specialized services, including mental health outpatient facilities.

Practices that are harmful to women's health

Harmful traditional practices include female genital mutilation, forcible feeding of women, early marriage, the various taboos or practices that prevent women from controlling their fertility, nutritional taboos, traditional birth practices, preference for sons and its implications for the status of the girl child, female infanticide, early pregnancy and dowry price. Despite their harmful nature and the violations of international human rights laws involved, such practices persist.

- Do practices harmful to women's health exist in the country? What is their prevalence?
- Are there regulations, policies, strategies or plans to address the harmful traditional practices? How are they addressed in the health sector?

HIV and AIDS³³

- Percentages of young women and men aged 15–24 who are infected with HIV.
- Percentages of women and men with advanced HIV infection who are receiving antiretroviral combination therapy.

³³ HIV indicators drawn from *Guidelines on construction of core indicators: monitoring the Declaration of Commitment on HIV/AIDS* (Geneva: Joint United Nations Programme on HIV/AIDS). July 2005, document UNAIDS/05.17E. Available from http://data.unaids.org/publications/irc-pub06/jc1126-constrcoreindic-ungass_en.pdf

- Does your country have a multisectoral strategy or action framework to combat HIV/AIDS? Can you describe the main components and level of implementation? Is reduction of gender inequality as it relates to HIV/AIDS prevention and care part of the strategy?
- Does your country have laws and regulations that protect people living with HIV and AIDS against discrimination?
- Does your country have a policy to ensure equal access of men and women to prevention and care?
- Does your country have non-discrimination laws or regulations that specify protection for groups of people identified as being especially vulnerable to discrimination because of HIV and AIDS, e.g. sex workers and intravenous drug users?
- Does your country have policies or strategies to promote HIV/AIDS-related sexual and reproductive health education for young people? Does the strategy or curriculum provide the same sexual and reproductive health education for young men and young women?

Violence against women

- Are there laws, policies or strategies for the prevention of violence against women?
- Are there policies or strategies for medical response to violence against women?
- Is there a budget allocation for services for women living in abusive situations?
- Proportion of health services that have sensitized or trained providers with regard to violence against women.

Annex 2.

Convention on the Elimination of All Forms of Discrimination against Women

The States Parties to the present Convention,

Noting that the Charter of the United Nations reaffirms faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women,

Noting that the Universal Declaration of Human Rights affirms the principle of the inadmissibility of discrimination and proclaims that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, including distinction based on sex,

Noting that the States Parties to the International Covenants on Human Rights have the obligation to ensure the equal rights of men and women to enjoy all economic, social, cultural, civil and political rights,

Considering the international conventions concluded under the auspices of the United Nations and the specialized agencies promoting equality of rights of men and women,

Noting also the resolutions, declarations and recommendations adopted by the United Nations and the specialized agencies promoting equality of rights of men and women,

Concerned, however, that despite these various instruments extensive discrimination against women continues to exist,

Recalling that discrimination against women violates the principles of equality of rights and respect for human dignity, is an obstacle to the participation of women, on equal terms with men, in the political, social, economic and cultural life of their countries, hampers the growth of the prosperity of society and the family and makes more difficult the full development of the potentialities of women in the service of their countries and of humanity,

Concerned that in situations of poverty women have the least access to food, health, education, training and opportunities for employment and other needs,

Convinced that the establishment of the new international economic order based on equity and justice will contribute significantly towards the promotion of equality between men and women,

Emphasizing that the eradication of apartheid, all forms of racism, racial discrimination, colonialism, neo-colonialism, aggression, foreign occupation and domination and interference in the internal affairs of States is essential to the full enjoyment of the rights of men and women,

Affirming that the strengthening of international peace and security, the relaxation of international tension, mutual cooperation among all States irrespective of their social and economic systems, general and complete disarmament, in particular nuclear disarmament under strict and effective international control, the affirmation of the principles of justice, equality and mutual benefit in relations among countries and the realization of the right of peoples under alien and colonial domination and foreign occupation to self-determination and independence, as well as respect for national sovereignty and territorial integrity, will promote social progress and development and as a consequence will contribute to the attainment of full equality between men and women,

Convinced that the full and complete development of a country, the welfare of the world and the cause of peace require the maximum participation of women on equal terms with men in all fields,

Bearing in mind the great contribution of women to the welfare of the family and to the development of society, so far not fully recognized, the social significance of maternity and the role of both parents in the family and in the upbringing of children, and aware that the role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a sharing of responsibility between men and women and society as a whole,

Aware that a change in the traditional role of men as well as the role of women in society and in the family is needed to achieve full equality between men and women,

Determined to implement the principles set forth in the Declaration on the Elimination of Discrimination against Women and, for that purpose, to adopt the measures required for the elimination of such discrimination in all its forms and manifestations,

Have agreed on the following:

Part I

Article I

For the purposes of the present Convention, the term 'discrimination against women' shall mean any distinction, exclusion or restriction made on the basis

of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

Article 2

States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake:

- (a) To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle;
- (b) To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women;
- (c) To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination;
- (d) To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation;
- (e) To take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise;
- (f) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women;
- (g) To repeal all national penal provisions which constitute discrimination against women.

Article 3

States Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.

Article 4

1. Adoption by States Parties of temporary special measures aimed at accelerating de facto equality between men and women shall not be considered discrimination as defined in the present Convention, but shall in no way entail as a consequence the maintenance of unequal or separate standards; these measures shall be discontinued when the objectives of equality of opportunity and treatment have been achieved.

2. Adoption by States Parties of special measures, including those measures contained in the present Convention, aimed at protecting maternity shall not be considered discriminatory.

Article 5

States Parties shall take all appropriate measures:

(a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;

(b) To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases.

Article 6

States Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.

Part II

Article 7

States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right:

(a) To vote in all elections and public referenda and to be eligible for election to all publicly elected bodies;

(b) To participate in the formulation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of government;

(c) To participate in nongovernmental organizations and associations concerned with the public and political life of the country.

Article 8

States Parties shall take all appropriate measures to ensure to women, on equal terms with men and without any discrimination, the opportunity to represent their governments at the international level and to participate in the work of international organizations.

Article 9

1. States Parties shall grant women equal rights with men to acquire, change or retain their nationality. They shall ensure in particular that neither marriage to an alien nor change of nationality by the husband during marriage shall automatically change the nationality of the wife, render her stateless or force upon her the nationality of the husband.

2. States Parties shall grant women equal rights with men with respect to the nationality of their children.

Part III

Article 10

States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women:

(a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training;

(b) Access to the same curricula, the same examinations, teaching staff with qualifications of the same standard and school premises and equipment of the same quality;

(c) The elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods;

- (d) The same opportunities to benefit from scholarships and other study grants;
- (e) The same opportunities for access to programmes of continuing education, including adult and functional literacy programmes, particularly those aimed at reducing, at the earliest possible time, any gap in education existing between men and women;
- (f) The reduction of female student drop-out rates and the organization of programmes for girls and women who have left school prematurely;
- (g) The same opportunities to participate actively in sports and physical education;
- (h) Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.

Article 11

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:

- (a) The right to work as an inalienable right of all human beings;
- (b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment;
- (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training;
- (d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work;
- (e) The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;
- (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

2. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:

(a) To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;

(b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;

(c) To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities;

(d) To provide special protection to women during pregnancy in types of work proved to be harmful to them.

3. Protective legislation relating to matters covered in this article shall be reviewed periodically in the light of scientific and technological knowledge and shall be revised, repealed or extended as necessary.

Article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Article 13

States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular:

(a) The right to family benefits;

(b) The right to bank loans, mortgages and other forms of financial credit;

(c) The right to participate in recreational activities, sports and all aspects of cultural life.

Article 14

1. States Parties shall take into account the particular problems faced by rural women and the significant roles which rural women play in the economic survival of their families, including their work in the non-monetized sectors of the economy, and shall take all appropriate measures to ensure the application of the provisions of the present Convention to women in rural areas.

2. States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right:

(a) To participate in the elaboration and implementation of development planning at all levels;

(b) To have access to adequate health care facilities, including information, counselling and services in family planning;

(c) To benefit directly from social security programmes;

(d) To obtain all types of training and education, formal and non-formal, including that relating to functional literacy, as well as, inter alia, the benefit of all community and extension services, in order to increase their technical proficiency;

(e) To organize self-help groups and cooperatives in order to obtain equal access to economic opportunities through employment or self-employment;

(f) To participate in all community activities;

(g) To have access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes;

(h) To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications.

Part IV

Article 15

1. States Parties shall accord to women equality with men before the law.

2. States Parties shall accord to women, in civil matters, a legal capacity identical to that of men and the same opportunities to exercise that capacity. In particular, they shall give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals.

3. States Parties agree that all contracts and all other private instruments of any kind with a legal effect which is directed at restricting the legal capacity of women shall be deemed null and void.

4. States Parties shall accord to men and women the same rights with regard to the law relating to the movement of persons and the freedom to choose their residence and domicile.

Article 16

1. States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

- (a) The same right to enter into marriage;
- (b) The same right freely to choose a spouse and to enter into marriage only with their free and full consent;
- (c) The same rights and responsibilities during marriage and at its dissolution;
- (d) The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;
- (e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;
- (f) The same rights and responsibilities with regard to guardianship, wardship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;
- (g) The same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;

(h) The same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.

2. The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.

Part V

Article 17

1. For the purpose of considering the progress made in the implementation of the present Convention, there shall be established a Committee on the Elimination of Discrimination against Women (hereinafter referred to as the Committee) consisting, at the time of entry into force of the Convention, of eighteen and, after ratification of or accession to the Convention by the thirty-fifth State Party, of twenty-three experts of high moral standing and competence in the field covered by the Convention. The experts shall be elected by States Parties from among their nationals and shall serve in their personal capacity, consideration being given to equitable geographical distribution and to the representation of the different forms of civilization as well as the principal legal systems.

2. The members of the Committee shall be elected by secret ballot from a list of persons nominated by States Parties. Each State Party may nominate one person from among its own nationals.

3. The initial election shall be held six months after the date of the entry into force of the present Convention. At least three months before the date of each election the Secretary-General of the United Nations shall address a letter to the States Parties inviting them to submit their nominations within two months. The Secretary-General shall prepare a list in alphabetical order of all persons thus nominated, indicating the States Parties which have nominated them, and shall submit it to the States Parties.

4. Elections of the members of the Committee shall be held at a meeting of States Parties convened by the Secretary-General at United Nations Headquarters. At that meeting, for which two-thirds of the States Parties shall constitute a quorum, the persons elected to the Committee shall be those nominees who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.

5. The members of the Committee shall be elected for a term of four years. However, the terms of nine of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these nine members shall be chosen by lot by the Chairman of the Committee.
6. The election of the five additional members of the Committee shall be held in accordance with the provisions of paragraphs 2, 3 and 4 of this Article, following the thirty-fifth ratification or accession. The terms of two of the additional members elected on this occasion shall expire at the end of two years, the names of these two members having been chosen by lot by the Chairman of the Committee.
7. For the filling of casual vacancies, the State Party whose expert has ceased to function as a member of the Committee shall appoint another expert from among its nationals, subject to the approval of the Committee.
8. The members of the Committee shall, with the approval of the General Assembly, receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide, having regard to the importance of the Committee's responsibilities.
9. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention.

Article 18

1. States Parties undertake to submit to the Secretary-General of the United Nations, for consideration by the Committee, a report on the legislative, judicial, administrative or other measures which they have adopted to give effect to the provisions of the present Convention and on the progress made in this respect:
 - (a) Within one year after the entry into force for the State concerned;
 - (b) Thereafter at least every four years and further whenever the Committee so requests.
2. Reports may indicate factors and difficulties affecting the degree of fulfilment of obligations under the present Convention.

Article 19

1. The Committee shall adopt its own rules of procedure.
2. The Committee shall elect its officers for a term of two years.

Article 20

1. The Committee shall normally meet for a period of not more than two weeks annually in order to consider the reports submitted in accordance with Article 18 of the present Convention.
2. The meetings of the Committee shall normally be held at United Nations Headquarters or at any other convenient place as determined by the Committee.

Article 21

1. The Committee shall, through the Economic and Social Council, report annually to the General Assembly of the United Nations on its activities and may make suggestions and general recommendations based on the examination of reports and information received from the States Parties. Such suggestions and general recommendations shall be included in the report of the Committee together with comments, if any, from States Parties.
2. The Secretary-General of the United Nations shall transmit the reports of the Committee to the Commission on the Status of Women for its information.

Article 22

The specialized agencies shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their activities. The Committee may invite the specialized agencies to submit reports on the implementation of the Convention in areas falling within the scope of their activities.

PART VI

Article 23

Nothing in the present Convention shall affect any provisions that are more conducive to the achievement of equality between men and women which may be contained:

- (a) In the legislation of a State Party; or
- (b) In any other international convention, treaty or agreement in force for that State.

Article 24

States Parties undertake to adopt all necessary measures at the national level aimed at achieving the full realization of the rights recognized in the present Convention.

Article 25

1. The present Convention shall be open for signature by all States.
2. The Secretary-General of the United Nations is designated as the depositary of the present Convention.
3. The present Convention is subject to ratification. Instruments of ratification shall be deposited with the Secretary-General of the United Nations.
4. The present Convention shall be open to accession by all States. Accession shall be effected by the deposit of an instrument of accession with the Secretary-General of the United Nations.

Article 26

1. A request for the revision of the present Convention may be made at any time by any State Party by means of a notification in writing addressed to the Secretary-General of the United Nations.
2. The General Assembly of the United Nations shall decide upon the steps, if any, to be taken in respect of such a request.

Article 27

1. The present Convention shall enter into force on the thirtieth day after the date of deposit with the Secretary-General of the United Nations of the twentieth instrument of ratification or accession.
2. For each State ratifying the present Convention or acceding to it after the deposit of the twentieth instrument of ratification or accession, the Convention shall enter into force on the thirtieth day after the date of the deposit of its own instrument of ratification or accession.

Article 28

1. The Secretary-General of the United Nations shall receive and circulate to all States the text of reservations made by States at the time of ratification or accession.
2. A reservation incompatible with the object and purpose of the present Convention shall not be permitted.

3. Reservations may be withdrawn at any time by notification to this effect addressed to the Secretary-General of the United Nations, who shall then inform all States thereof. Such notification shall take effect on the date on which it is received.

Article 29

1. Any dispute between two or more States Parties concerning the interpretation or application of the present Convention which is not settled by negotiation shall, at the request of one of them, be submitted to arbitration. If within six months from the date of the request for arbitration the parties are unable to agree on the organization of the arbitration, any one of those parties may refer the dispute to the International Court of Justice by request in conformity with the Statute of the Court.

2. Each State Party may at the time of signature or ratification of the present Convention or accession thereto declare that it does not consider itself bound by paragraph 1 of this Article. The other States Parties shall not be bound by that paragraph with respect to any State Party which has made such a reservation.

3. Any State Party which has made a reservation in accordance with paragraph 2 of this Article may at any time withdraw that reservation by notification to the Secretary-General of the United Nations.

Article 30

The present Convention, the Arabic, Chinese, English, French, Russian and Spanish texts of which are equally authentic, shall be deposited with the Secretary-General of the United Nations.

IN WITNESS WHEREOF the undersigned, duly authorized, have signed the present Convention.

Available at: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>

Annex 3.

General Recommendation No. 24 (20th session, 1999), Article 12, Women and health

1. The Committee on the Elimination of Discrimination against Women, affirming that access to health care, including reproductive health is a basic right under the Convention on the Elimination of Discrimination against Women, determined at its 20th session, pursuant to Article 21, to elaborate a General Recommendation on Article 12 of the Convention.

2. States Parties' compliance with Article 12 of the Convention is central to the health and well-being of women. It requires States to eliminate discrimination against women in their access to health care services, throughout the life cycle, particularly in the areas of family planning, pregnancy, confinement and during the postnatal period. The examination of reports submitted by States Parties pursuant to Article 18 of the Convention demonstrates that women's health is an issue that is recognized as a central concern in promoting the health and well-being of women. For the benefit of States Parties and those who have a particular interest in and concern with the issues surrounding women's health, the present general recommendation seeks to elaborate the Committee's understanding of Article 12 and to address measures to eliminate discrimination in order to realize the right of women to the highest attainable standard of health.

3. Recent United Nations world conferences have also considered these objectives. In preparing this general recommendation, the Committee has taken into account relevant programmes of action adopted at United Nations world conferences and, in particular, those of the 1993 World Conference on Human Rights, the 1994 International Conference on Population and Development and the 1995 Fourth World Conference on Women. The Committee has also noted the work of the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and other United Nations bodies. It has also collaborated with a large number of nongovernmental organizations with a special expertise in women's health in preparing this general recommendation.

4. The Committee notes the emphasis which other United Nations instruments place on the right to health and to the conditions which enable good health to be achieved. Among such instruments are the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Racial Discrimination.

5. The Committee refers also to its earlier general recommendations on female circumcision, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), disabled women, violence against women and equality in family relations, all of which refer to issues which are integral to full compliance with Article 12 of the Convention.

6. While biological differences between women and men may lead to differences in health status, there are societal factors which are determinative of the health status of women and men and which can vary among women themselves. For that reason, special attention should be given to the health needs and rights of women belonging to vulnerable and disadvantaged groups, such as migrant women, refugee and internally displaced women, the girl child and older women, women in prostitution, indigenous women and women with physical or mental disabilities.

7. The Committee notes that the full realization of women's right to health can be achieved only when States Parties fulfill their obligation to respect, protect and promote women's fundamental human right to nutritional well-being throughout their life span by means of a food supply that is safe, nutritious and adapted to local conditions. Towards this end, States Parties should take steps to facilitate physical and economic access to productive resources especially for rural women, and to otherwise ensure that the special nutritional needs of all women within their jurisdiction are met.

Article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

8. States Parties are encouraged to address the issue of women's health throughout the woman's lifespan. For the purposes of this general recommendation, therefore, 'women' includes girls and adolescents. This general recommendation will set out the Committee's analysis of the key elements of Article 12.

Key elements

Article 12 (1)

9. States Parties are in the best position to report on the most critical health issues affecting women in that country. Therefore, in order to enable the Committee to evaluate whether measures to eliminate discrimination against women in the field of health care are appropriate, States Parties must report on their health legislation, plans and policies for women with reliable data disaggregated by sex on the incidence and severity of diseases and conditions hazardous to women's health and nutrition and on the availability and cost-effectiveness of preventive and curative measures. Reports to the Committee must demonstrate that health legislation, plans and policies are based on scientific and ethical research and assessment of the health status and needs of women in that country and take into account any ethnic, regional or community variations or practices based on religion, tradition or culture.

10. States Parties are encouraged to include in their reports information on diseases, health conditions and conditions hazardous to health that affect women or certain groups of women differently from men, as well as information on possible intervention in this regard.

11. Measures to eliminate discrimination against women are considered to be inappropriate if a health care system lacks services to prevent, detect and treat illnesses specific to women. It is discriminatory for a State Party to refuse to legally provide for the performance of certain reproductive health services for women. For instance, if health service providers refuse to perform such services based on conscientious objection, measures should be introduced to ensure that women are referred to alternative health providers.

12. States Parties should report on their understanding of how policies and measures on health care address the health rights of women from the perspective of women's needs and interests and how it addresses distinctive features and factors which differ for women in comparison to men, such as:

(a) Biological factors which differ for women in comparison with men, such as their menstrual cycle and their reproductive function and menopause. Another example is the higher risk of exposure to sexually transmitted diseases which women face;

(b) Socioeconomic factors that vary for women in general and some groups of women in particular. For example, unequal power relationships between women and men in the home and workplace may negatively affect women's nutrition and health. They may also be exposed to different forms of violence which

can affect their health. Girl children and adolescent girls are often vulnerable to sexual abuse by older men and family members, placing them at risk of physical and psychological harm and unwanted and early pregnancy. Some cultural or traditional practices such as female genital mutilation also carry a high risk of death and disability;

(c) Psychosocial factors which vary between women and men include depression in general and post-partum depression in particular as well as other psychological conditions, such as those that lead to eating disorders such as anorexia and bulimia;

(d) While lack of respect for the confidentiality of patients will affect both men and women, it may deter women from seeking advice and treatment and thereby adversely affect their health and well-being. Women will be less willing, for that reason, to seek medical care for diseases of the genital tract, for contraception or for incomplete abortion and in cases where they have suffered sexual or physical violence.

13. The duty of States Parties to ensure, on a basis of equality between men and women, access to health care services, information and education implies an obligation to respect, protect and fulfill women's rights to health care. States Parties have the responsibility to ensure that legislation and executive action and policy comply with these three obligations. They must also put in place a system which ensures effective judicial action. Failure to do so will constitute a violation of Article 12.

14. The obligation to respect rights requires States Parties to refrain from obstructing action taken by women in pursuit of their health goals. States Parties should report on how public and private health care providers meet their duties to respect women's rights to have access to health care. For example, States Parties should not restrict women's access to health services or to the clinics that provide those services on the ground that women do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried or because they are women. Other barriers to women's access to appropriate health care include laws that criminalize medical procedures only needed by women and that punish women who undergo those procedures.

15. The obligation to protect rights relating to women's health requires States Parties, their agents and officials to take action to prevent and impose sanctions for violations of rights by private persons and organizations. Since gender-based violence is a critical health issue for women, States Parties should ensure:

(a) The enactment and effective enforcement of laws and the formulation of policies, including health care protocols and hospital procedures to address violence against women and abuse of girl children and the provision of appropriate health services;

(b) Gender-sensitive training to enable health care workers to detect and manage the health consequences of gender-based violence;

(c) Fair and protective procedures for hearing complaints and imposing appropriate sanctions on health care professionals guilty of sexual abuse of women patients;

(d) The enactment and effective enforcement of laws that prohibit female genital mutilation and marriage of girl children.

16. States Parties should ensure that adequate protection and health services, including trauma treatment and counselling, are provided for women in especially difficult circumstances, such as those trapped in situations of armed conflict and women refugees.

17. The duty to fulfil rights places an obligation on States Parties to take appropriate legislative, judicial, administrative, budgetary, economic and other measures to the maximum extent of their available resources to ensure that women realize their rights to health care. Studies such as those which emphasize the high maternal mortality and morbidity rates worldwide and the large numbers of couples who would like to limit their family size but lack access to or do not use any form of contraception provide an important indication for States Parties of possible breaches of their duties to ensure women's access to health care. The Committee asks States Parties to report on what they have done to address the magnitude of women's ill-health, in particular when it arises from preventable conditions, such as tuberculosis and HIV/AIDS. The Committee is concerned at the growing evidence that States are relinquishing these obligations as they transfer State health functions to private agencies. States Parties cannot absolve themselves of responsibility in these areas by delegating or transferring these powers to private sector agencies. States Parties should therefore report on what they have done to organize governmental processes and all structures through which public power is exercised to promote and protect women's health. They should include information on positive measures taken to curb violations of women's rights by third parties, to protect their health and the measures they have taken to ensure the provision of such services.

18. The issues of HIV/AIDS and other sexually transmitted disease are central to the rights of women and adolescent girls to sexual health. Adolescent girls and women in many countries lack adequate access to information and services necessary to ensure sexual health. As a consequence of unequal power relations based on gender, women and adolescent girls are often unable to refuse sex or insist on safe and responsible sex practices. Harmful traditional practices, such as female genital mutilation, polygamy, as well as marital rape, may also expose girls and women to the risk of contracting HIV/AIDS and other sexually transmitted diseases. Women in prostitution are also particularly vulnerable to these diseases. States Parties should ensure, without prejudice and discrimination, the right to sexual health information, education and services for all women and girls, including those who have been trafficked, even if they are not legally resident in the country. In particular, States Parties should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their rights to privacy and confidentiality.

19. In their reports States Parties should identify the test by which they assess whether women have access to health care on a basis of equality of men and women in order to demonstrate compliance with Article 12. In applying these tests, States Parties should bear in mind the provisions of Article 1 of the Convention. Reports should therefore include comments on the impact that health policies, procedures, laws and protocols have on women when compared with men.

20. Women have the right to be fully informed, by properly trained personnel, of their options in agreeing to treatment or research, including likely benefits and potential adverse effects of proposed procedures and available alternatives.

21. States Parties should report on measures taken to eliminate barriers that women face in gaining access to health care services and what measures they have taken to ensure women timely and affordable access to such services. Barriers include requirements or conditions that prejudice women's access such as high fees for health care services, the requirement for preliminary authorization by spouse, parent or hospital authorities, distance from health facilities and absence of convenient and affordable public transport.

22. States Parties should also report on measures taken to ensure access to quality health care services, for example, by making them acceptable to women. Acceptable services are those which are delivered in a way that ensures that a woman gives her fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives. States Parties should not permit forms of coercion, such as non-consensual

sterilization, mandatory testing for sexually transmitted diseases or mandatory pregnancy testing as a condition of employment that violate women's rights to informed consent and dignity.

23. In their reports, States Parties should state what measures they have taken to ensure timely access to the range of services which are related to family planning, in particular, and to sexual and reproductive health in general. Particular attention should be paid to the health education of adolescents, including information and counselling on all methods of family planning.

24. The Committee is concerned about the conditions of health care services for older women, not only because women often live longer than men and are more likely than men to suffer from disabling and degenerative chronic diseases, such as osteoporosis and dementia, but because they often have the responsibility for their ageing spouses. Therefore, States Parties should take appropriate measures to ensure the access of older women to health services that address the handicaps and disabilities associated with ageing.

25. Women with disabilities, of all ages, often have difficulty with physical access to health services. Women with mental disabilities are particularly vulnerable, while there is limited understanding, in general, of the broad range of risks to mental health to which women are disproportionately susceptible as a result of gender discrimination, violence, poverty, armed conflict, dislocation and other forms of social deprivation. States Parties should take appropriate measures to ensure that health services are sensitive to the needs of women with disabilities and are respectful of their human rights and dignity.

Article 12 (2)

26. Reports should also include what measures States Parties have taken to ensure women appropriate services in connection with pregnancy, confinement and the postnatal period. Information on the rates at which these measures have reduced maternal mortality and morbidity in their countries, in general, and in vulnerable groups, regions and communities, in particular, should also be included.

27. States Parties should include in their reports how they supply free services where necessary to ensure safe pregnancies, childbirth and postpartum periods for women. Many women are at risk of death or disability from pregnancy-related causes because they lack the funds to obtain or access the necessary services, which include antenatal, maternity and postnatal services. The Committee notes that it is the duty of States Parties to ensure women's right to safe motherhood and emergency obstetric services and they should allocate to these services the maximum extent of available resources.

Other relevant articles in the Convention

28. When reporting on measures taken to comply with Article 12, States Parties are urged to recognize its interconnection with other articles in the Convention that have a bearing on women's health. Those articles include Article 5(b), which requires States Parties to ensure that family education includes a proper understanding of maternity as a social function; Article 10, which requires States Parties to ensure equal access to education, thus enabling women to access health care more readily and reducing female students' drop-out rates, which are often due to premature pregnancy; Article 10(h) which requires that States Parties provide to women and girls specific educational information to help ensure the well-being of families, including information and advice on family planning; Article 11, which is concerned, in part, with the protection of women's health and safety in working conditions, including the safeguarding of the reproductive function, special protection from harmful types of work during pregnancy and with the provision of paid maternity leave; Article 14(2)(b), which requires States Parties to ensure access for rural women to adequate health care facilities, including information, counselling and services in family planning, and Article 14(2)(h), which obliges States Parties to take all appropriate measures to ensure adequate living conditions, particularly housing, sanitation, electricity and water supply, transport and communications, all of which are critical for the prevention of disease and the promotion of good health care; and Article 16(1)(e), which requires States Parties to ensure that women have the same rights as men to decide freely and responsibly on the number and spacing of their children and to have access to information, education and means to enable them to exercise these rights. Article 16(2) also proscribes the betrothal and marriage of children, an important factor in preventing the physical and emotional harm which arise from early childbirth.

Recommendations for government action

29. States Parties should implement a comprehensive national strategy to promote women's health throughout their lifespan. This will include interventions aimed at both the prevention and treatment of diseases and conditions affecting women, as well as responding to violence against women, and will ensure universal access for all women to a full range of high-quality and affordable health care, including sexual and reproductive health services.

30. States Parties should allocate adequate budgetary, human and administrative resources to ensure that women's health receives a share of the overall health budget comparable with that for men's health, taking into account their different health needs.

31. States Parties should also, in particular:

(a) Place a gender perspective at the centre of all policies and programmes affecting women's health and should involve women in the planning, implementation and monitoring of such policies and programmes and in the provision of health services to women;

(b) Ensure the removal of all barriers to women's access to health services, education and information, including in the area of sexual and reproductive health, and, in particular, allocate resources for programmes directed at adolescents for the prevention and treatment of sexually transmitted diseases, including HIV/AIDS;

(c) Prioritize the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance. When possible, legislation criminalizing abortion could be amended to remove punitive provisions imposed on women who undergo abortion;

(d) Monitor the provision of health services to women by public, nongovernmental and private organizations, to ensure equal access and quality of care;

(e) Require all health services to be consistent with the human rights of women, including the rights to autonomy, privacy, confidentiality, informed consent and choice;

(f) Ensure that the training curricula of health workers includes comprehensive, mandatory, gender-sensitive courses on women's health and human rights, in particular gender-based violence.

Adopted by the Committee at its 24th meeting on 11 August 1983.

Available at:

<http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24>

Annex 4.

Status of ratification of the Convention on Elimination of All Forms of Discrimination against Women

As of 18 March 2005, 180 countries, representing over 90% of the members of the United Nations, were Parties to the Convention. An additional State has signed the treaty, binding itself to do nothing in contravention of its terms. There are thus 98 signatures and 180 ratifications, accessions and successions. The latest signature is that of San Marino, on 26 September 2003, and the latest accession is that of Monaco, on 18 March 2005.

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Afghanistan	14 August 1980	5 March 2003	Accession
Albania		11 May 1994	Accession
Algeria		22 May 1996	Accession with declaration or reservation
Andorra		15 January 1997	Accession
Angola		17 September 1986	Accession
Antigua and Barbuda		1 August 1989	Accession
Argentina	17 July 1980	15 July 1985	Declaration or reservation
Armenia		13 September 1993	Accession
Australia	17 July 1980	28 July 1983	Declaration or reservation
Austria	17 July 1980	31 March 1982	Declaration or reservation
Azerbaijan		10 July 1995	Accession
Bahamas		6 October 1993	Accession with declaration or reservation
Bahrain		18 June 2002	Accession
Bangladesh		6 November 1984	Accession with declaration or reservation

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Barbados	24 July 1980	16 October 1980	
Belarus	17 July 1980	16 October 1980	
Belgium	17 July 1980	10 July 1985	Declaration or reservation
Belize	7 March 1990	16 May 1990	
Benin	11 November 1981	12 March 1992	
Bhutan	17 July 1980	31 August 1981	
Bolivia	30 May 1980	8 June 1990	
Bosnia and Herzegovina		1 September 1993	Succession
Botswana		13 August 1996	Accession
Brazil	31 March 1981	1 February 1984	Declaration or reservation
Bulgaria	17 July 1980	8 February 1982	Reservation subsequently withdrawn
Burkina Faso		14 October 1987	Accession
Burundi	17 July 1980	8 January 1982	
Cambodia	17 October 1980	15 October 1992	Accession
Cameroon	6 June 1983	23 August 1994	Accession
Canada	17 July 1980	10 December 1981	Reservation subsequently withdrawn
Cape Verde		5 December 1980	Accession
Central African Republic		21 June 1991	Accession
Chad		9 June 1995	Accession
Chile	17 July 1980	7 December 1989	Declaration or reservation
China	17 July 1980	4 November 1980	Declaration or reservation
Colombia	17 July 1980	19 January 1982	
Comoros		31 October 1994	Accession
Congo	29 July 1980	26 July 1982	
Costa Rica	17 July 1980	4 April 1986	
Côte d'Ivoire	17 July 1980	18 December 1995	Accession
Croatia		9 September 1992	Succession
Cuba	6 March 1980	17 July 1980	Declaration or reservation

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Cyprus		23 July 1985	Accession with declaration or reservation
Czech Republic		22 February 1993	Reservation subsequently withdrawn; accession
Democratic People's Republic of Korea		27 February 2001	Accession
Democratic Republic of the Congo	17 October 1986	16 November 1986	
Denmark	17 July 1980	21 April 1983	
Djibouti		2 December 1998	Accession
Dominica	15 September 1980	15 September 1980	
Dominican Republic	17 July 1980	2 September 1982	
Ecuador	17 July 1980	9 November 1981	
Egypt	16 July 1980	18 September 1981	Declaration or reservation
El Salvador	14 November 1980	19 August 1981	Declaration or reservation
Equatorial Guinea		23 October 1984	Accession
Eritrea		5 September 1995	Accession
Estonia		21 October 1991	Accession
Ethiopia	8 July 1980	10 December 1981	Declaration or reservation
Fiji		28 August 1995	Accession with declaration or reservation
Finland	17 July 1980	4 September 1986	

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
France	17 July 1980	14 December 1983	Declaration or reservation; reservation subsequently withdrawn
Gabon	17 July 1980	21 January 1983	
Gambia	29 July 1980	16 April 1993	
Georgia		26 October 1994	Accession
Germany	17 July 1980	10 July 1985	Declaration or reservation
Ghana	17 July 1980	2 January 1986	
Greece	2 March 1982	7 June 1983	
Grenada	17 July 1980	30 August 1990	
Guatemala	8 June 1981	12 August 1982	
Guinea	17 July 1980	9 August 1982	
Guinea-Bissau	17 July 1980	23 August 1985	
Guyana	17 July 1980	17 July 1980	
Haiti	17 July 1980	20 July 1981	
Honduras	11 June 1980	3 March 1983	
Hungary	6 June 1980	22 December 1980	Reservation subsequently withdrawn
Iceland	24 July 1980	18 July 1985	
India	30 July 1980	9 July 1993	Declaration or reservation
Indonesia	29 July 1980	13 September 1984	Declaration or reservation
Iraq		13 August 1986	Accession with declaration or reservation

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Ireland		23 December 1985	Accession with declaration or reservation; reservation subsequently withdrawn
Israel	17 July 1980	3 October 1991	Declaration or reservation
Italy	17 July 1980	10 June 1985	Declaration or reservation
Jamaica	17 July 1980	19 October 1984	Declaration or reservation
Japan	17 July 1980	25 June 1985	
Jordan	3 December 1980	1 July 1992	Declaration or reservation
Kazakhstan		26 August 1998	Accession
Kenya		9 March 1984	Accession
Kiribati		17 March 2004	Accession
Kuwait		2 September 1994	Accession with declaration or reservation
Kyrgyzstan		10 February 1997	Accession
Lao People's Democratic Republic	17 July 1980	14 August 1981	
Latvia		14 April 1992	Accession
Lebanon		21 April 1997	Accession with declaration or reservation
Lesotho	17 July 1980	22 August 1995	Accession with declaration or reservation
Liberia		17 July 1984	Accession

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Libyan Arab Jamahiriya		16 May 1989	Accession with declaration or reservation
Liechtenstein		22 December 1995	Accession with declaration or reservation
Lithuania		18 January 1994	Accession
Luxembourg	17 July 1980	2 February 1989	Declaration or reservation
Madagascar	17 July 1980	17 March 1989	
Malawi		12 March 1987	Accession; reservation subsequently withdrawn
Malaysia		5 July 1995	Accession with declaration or reservation
Maldives		1 July 1993	Accession with declaration or reservation
Mali	5 February 1985	10 September 1985	
Malta		8 March 1991	Accession with declaration or reservation
Mauritania		10 May 2001	Accession
Mauritius		9 July 1984	
Mexico	17 July 1980	23 March 1981	
Micronesia		1 September 2004	Accession
Monaco		18 March 2005	Accession
Mongolia	17 July 1980	20 July 1981	Reservation subsequently withdrawn

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Morocco		21 June 1993	Accession with reservation subsequently withdrawn
Mozambique		16 April 1997	Accession
Myanmar		22 July 1997	Accession with reservation subsequently withdrawn
Namibia		23 November 1992	Accession
Nepal	5 February 1981	22 April 1991	
Netherlands	17 July 1980	23 July 1991	Declaration or reservation
New Zealand	17 July 1980	10 January 1985	Declaration or reservation; reservation subsequently withdrawn
Nicaragua	17 July 1980	27 October 1981	
Niger		8 October 1999	Accession
Nigeria	23 April 1984	13 June 1985	
Norway	17 July 1980	21 May 1981	
Pakistan		12 March 1996	Accession with declaration or reservation
Panama	26 June 1980	29 October 1981	
Papua New Guinea		12 January 1985	Accession
Paraguay		6 April 1987	Accession
Peru	23 July 1981	13 September 1982	
Philippines	15 July 1980	5 August 1981	

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Poland	29 May 1980	30 July 1980	Declaration or reservation
Portugal	24 April 1980	30 July 1980	
Republic of Korea	25 May 1983	27 December 1984	Declaration or reservation; reservation subsequently withdrawn
Republic of Moldova		1 July 1994	Accession
Romania	4 September 1980	7 January 1982	Declaration or reservation
Russian Federation	17 July 1980	23 January 1981	Reservation subsequently withdrawn
Rwanda	1 May 1980	2 March 1981	
Saint Kitts and Nevis		25 April 1985	Accession
Saint Lucia		8 October 1982	Accession
Saint Vincent and the Grenadines		4 August 1981	Accession
Samoa		25 September 1992	Accession
San Marino	26 September 2003	10 December 2003	
Sao Tome and Principe	31 October 1995	3 June 2003	
Saudi Arabia	7 September 2000	7 September 2000	Declaration or reservation
Senegal	29 July 1980	5 February 1985	
Serbia and Montenegro		12 March 2001	Succession
Seychelles		5 May 1992	Accession

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Sierra Leone	21 September 1988	11 November 1988	
Singapore		5 October 1995	Accession with declaration or reservation
Slovakia		28 May 1993	Succession
Slovenia		6 July 1992	Succession
Solomon Islands		6 May 2002	
South Africa	29 January 1993	15 December 1995	Accession
Spain	17 July 1980	5 January 1984	Declaration or reservation
Sri Lanka	17 July 1980	5 October 1981	
Suriname		1 March 1993	Accession
Swaziland		26 March 2004	Accession
Sweden	7 March 1980	2 July 1980	
Switzerland	23 January 1987	27 March 1997	Accession with declaration or reservation
Syrian Arab Republic		28 March 2003	Accession
Tajikistan		26 October 1993	Accession
Thailand		9 August 1985	Accession with declaration or reservation; reservation subsequently withdrawn
The former Yugoslav Republic of Macedonia		18 January 1994	Succession
Timor-Leste		16 April 2003	Accession

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Togo		26 September 1983	Accession
Trinidad and Tobago	27 June 1985	12 January 1990	Declaration or reservation
Tunisia	24 July 1980	20 September 1985	Declaration or reservation
Turkey		20 December 1985	Accession with declaration or reservation
Turkmenistan		1 May 1997	Accession
Tuvalu		6 October 1999	Accession
Uganda	30 July 1980	22 July 1985	
Ukraine	17 July 1980	12 March 1981	Reservation subsequently withdrawn
United Arab Emirates		6 October 2004	Accession
United Kingdom of Great Britain and Northern Ireland	22 July 1981	7 April 1986	Reservation subsequently withdrawn
United Republic of Tanzania	17 July 1980	20 August 1985	
United States of America	17 July 1980		
Uruguay	30 March 1981	9 October 1981	
Uzbekistan		19 July 1995	Accession
Vanuatu		8 September 1995	Accession
Venezuela	17 July 1980	2 May 1983	Declaration or reservation
Viet Nam	29 July 1980	17 February 1982	Declaration or reservation

State	Date of signature	Date of receipt of instrument	Accession, reservation or succession
Yemen		30 May 1984	Accession with declaration or reservation
Zambia	17 July 1980	21 June 1985	
Zimbabwe		13 May 1991	Accession

States that became Parties in 2004

Kiribati	17 March 2004
Swaziland	26 March 2004
Micronesia	1 September 2004

States that became Parties in 2003

Afghanistan	5 March 2003
Syrian Arab Republic	28 March 2003
Timor-Leste	16 April 2003
San Marino	10 December 2003

States that became Parties in 2002

Solomon Islands	6 May 2002
Bahrain	18 June 2002

States that became Parties in 2001

Democratic People's Republic of Korea	27 February 2001
Mauritania	10 May 2001

States that became Parties in 2000

Saudi Arabia	7 September 2000
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For further information, visit the web site:

<http://www.un.org/womenwatch/daw/cedaw/states.htm>