

REPORT OF THE CONFERENCE RAPPORTEUR

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I. INTRODUCTION

This summary constitutes my Final Report to the *Conference on the International Protection of Reproductive Rights* (the "Conference") jointly sponsored by the Women & International Law Program at the Washington College of Law of the American University and the Women in the Law Project of the International Human Rights Law Group. The Conference focused on issues that affect the role of women in society and the role played by rules of law in defining and marginalizing women's existence in society. The Conference goals included the reformulation of the international human rights construct to advance and implement women's rights, particularly women's sexual and reproductive health rights and freedoms, in order to create a world for women that makes equality theory a reality in everyday life. To achieve this end, experts in international law, international and domestic women's rights law, and women's health explored international and domestic "rights" law and analyzed its usefulness in protecting and promoting women's reproductive and sexual health rights and freedoms. Participants from all disciplines, after exploring the complex interrelationships between and among (a) domestic and international norms, (b) international norms and cultural/religious customs, and (c) women's well-being and the accessibility, availability, acceptability, and affordability of health care services and facilities, agreed that the development of procedural

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mechanisms is vital to the effective implementation of a reformulation of rights that focuses on the well-being of women.

To be sure, sex is not the only classification within the human rights construct in which the world has evidenced a gap between rules and realities. Apartheid is an example of a system of discrimination based on race that while expressly proscribed in international law in reality existed as a formal practice long after its prohibition. Because every possible classification applies to women—women have, for example, a race, a national origin, and a color—women are affected by all forms of discrimination. Law—domestic, regional, and international—has developed, however, in a way that has placed public (i.e., male) interests at the center while relegating to the periphery concerns viewed as private (i.e., female) such as the family and the home. Thus, to effect women's rights and eradicate sex-based discrimination against women, law must be developed and applied in a creative and expansive way that eliminates the public/private distinction which has served to ghettoize women's interests. To effect this transformation of law, existing rights and procedures must be developed and extended to eliminate women's historic marginalization. Activists, lawyers, doctors, and sociologists must be trained to rethink the formal construct, work together, and integrate various interdisciplinary approaches adequately to reflect and resolve the plethora of issues that concern women around the world.

The dual themes of reformulation of rights and effective implementation resurfaced throughout the Conference. Participants discussed methods of utilizing the human rights construct to develop, expand, and transform the content and meaning of existing rights; to articulate new, emerging rights to reflect women's realities; and to implement women's human rights. All agreed on the need for government accountability regarding promotion and protection of promised rights.

In this regard, Conference participants articulated goals in the context of the global initiatives framed by the World Conference on Human Rights (Vienna, Austria, June 1994) (the Vienna Conference) where women were vocal about joining the global rights discourse and started shattering the flawed private/public dichotomy; the International Conference on Population and Development (Cairo, Egypt, September 1994) (the Cairo Conference) where, upon women's insistence, women's health rights were viewed as part of their over-all well-being for the first time in history; the upcoming World Summit for Social Development (Copenhagen, Denmark, March 1995) (the Social Summit) where women will demand that any focus on

development issues must include the concerns of women; and the Fourth World Conference on Women (Beijing, China, September 1995) (the Beijing Conference) where women will insist that women's human rights cannot be discussed as separate from health and development rights. Such international fora have been, and continue to be, critical venues for women to present their claims for economic, social, and political rights and to strengthen international networking and solidarity. An immediate goal of this Conference is to carry forward and expand the progresses achieved at Vienna and Cairo to the upcoming social Summit in Copenhagen and the Beijing Conference.

The recent Cairo Conference built on the political momentum and successes of the Vienna Conference and insisted on a focus on women in the context of reproductive and sexual health rights and freedoms. It represented a dramatic and welcome shift in the rights discourse by rejecting the traditional focus on population control, and instead embracing a holistic approach that integrates women's health and empowerment as imperative to achieve their general well-being. Cairo Conference participants recognized that women's rights to health, reproductive choice, and autonomy are critical to their full participation in society—a concept incorporated into the ICPD Programme of Action. Thus, the perception of women changed from being viewed as “wombs,” with their roles being narrowly limited to their position with the family, to being human beings with myriad diverse functions within society, including positions in the economic and political spheres.

This report will provide a substantive overview of the Conference. It will focus first on the need to reformulate the rights construct discussed in the keynote addresses. Next, it will review and harmonize the various panel discussions that elaborated on the myriad issues and concerns relating to such reformulation. Finally, the report frames recommendations for forward-looking strategies to effect the international protection of reproductive and sexual health rights and freedoms to be followed-up in Copenhagen, Beijing, and beyond at all relevant levels—domestic, regional, and international; villages, cities and states; intergovernmental and international organizations and nongovernmental organizations (NGOs)—and with all relevant participants—academics, practitioners, and activists in law, health, and development.

II. KEYNOTE ADDRESSES: REFORMULATION OF THE RIGHTS CONSTRUCT AND IMPLEMENTATION OF RIGHTS

Professor Rebecca Cook,¹ in an address entitled *The Human Rights Imperative for Reproductive Self-Determination*, emphasized that although the human rights construct mandates a nondiscriminatory, universal application, the development of international law "rights" followed a traditional (male) perspective that advanced a myopic view of women's roles. This limited view recognized only women's roles as child-bearers, child caretakers, and their functions within the family.

The current discourse, however, seeks to transform and broaden the human rights dialogue into an expanded perspective which will recognize women's roles outside the traditional purview, including their rights to participate in all aspects of public and private life. Such a broader perspective renders the right to decide whether to reproduce both integral to women's general well-being and a significant component of women valuing themselves in roles other than that of motherhood. The ICPD Programme of Action reflects such a perspective by recognizing the nexus between women's empowerment and economic well-being on the one hand, and their reproductive and general health and over-all well-being on the other hand. Because human rights are those that *individuals* can exercise, women's voices must become part of the rights discourse and urge a perspective that incorporates women in all facets of global participation. Any reformulation of the rights construct must *include* the concept of women's reproductive self-determination.

Professor Cook suggested that a broader rights construct, one that provides women full access to the amalgam of women's rights and interests, will be more effective in making reproductive and sexual health rights and freedoms a reality. This result can be achieved by taking a "clustering" of rights approach that allows a creative and fair application of many existing rights—including the rights to life, to liberty and security, to marry and found a family, to health, and to be free from torture—to confront the problems women face in the real world. For example, a focus on reproductive *interests* includes various rights and concerns, such as reproductive security and sexuality, equality, decisionmaking, and health. Such a multilayered classification scheme is more likely to resolve women's health concerns—ranging from maternal and infant health to reproductive security—than a single-right approach that might not be deemed to

1. *Human Rights and Reproductive Self-Determination*, 44 AM. U. L. REV. 975 (1995).

reach any of these concerns. Similarly, with such analytical framework, the right to life can be expanded beyond its traditional scope both to include issues such as maternal mortality and to find solutions to that tragedy which claims over 500,000 women's lives every year. This is in stark contrast to the traditional focus on maternal mortality and morbidity which has sought only to protect women in their traditional roles as child-bearers and caretakers without regard to the ultimate impact on their lives. Likewise, because of the resulting threat to women's lives, the lack of means to control fertility can be seen as a public act violating the rights to liberty and security, rather than merely a private family concern.

Thus, the proposed clustering approach creates an analytical construct that reflects the reality of women's lives as an intersection of myriad roles (mother, worker) and classifications (gender, race, class, religion, culture). In order to effect women's self-determination this different, a realistic perspective on "rights" is imperative, as it acknowledges the indivisibility of the various articulated rights and affords greater protection to women. Only with this new perspective will gender equality become a reality.

Professor Cook recognized that the adoption of this new approach will evolve over time. She urged, however, that as an immediate tact towards the achievement of sex equality, women should use the upcoming Social Summit and Beijing Conference to insist that the U.N. General Assembly adopt the draft protocol to the Convention on the Elimination of All Forms of Discrimination Against Women, which will both enable the Committee on the Elimination of Discrimination Against Women (CEDAW) to examine existing claims and review procedures and also provide a platform to incorporate women's voices and evolving perspectives into international law.

Mona Zulficar's² presentation, *From Human Rights to Program Reality: Vienna, Cairo, and Beijing in Perspective*, addressed the importance of the Vienna, Cairo, and Beijing Conferences to the implementation and evolution of the women's rights generally, and their right to health in particular. While the impact of the economic and political changes that have resulted in an evolving new global order remains undefined, Ms. Zulficar emphasized that these shifts will be of critical importance to women. For example, although some evidence of patterns of global integration is apparent (e.g., the European Union and the North America Free Trade Agreement), ample evidence of

2. *From Human Rights to Program Reality: Vienna, Cairo, and Beijing in Perspective*, 44 AM. U. L. REV. 1017 (1995).

disintegration exists (e.g., regional strife, world-wide poverty, unemployment, and failure of structural adjustment programs). These elements of disintegration have profound social impacts—such as the rise of religious and political fundamentalism—that have potentially deleterious and long-lasting effects on women, especially in so far as women's health and other reproductive freedoms are concerned.

To combat the impact of disintegration and effect positive change, women must become involved at local, regional, national, and international levels. Women achieved much heralded successes in Vienna by organizing NGOs, articulating women's needs, demanding rights for women, and submitting to the United Nations formal recommendations for the achievement of women's equality in the global setting. It is significant that virtually all of the demands made by the women's groups were addressed in Vienna, including the notion of the integration of women's rights as human rights in the United Nation's substantive and procedural contexts. For example, women caused the recognition of particular concerns—such as the substantive right to development and the need to eradicate gender-based violence and harassment (including those pretextually designated as culturally-based norms)—practices previously not incorporated. Women highlighted the importance of changing and strengthening formal procedures for evaluating state compliance with human rights obligations (e.g., U.N. procedures) and triggered the breakdown of the public/private dichotomy that often shields abuses against women. Finally, women illustrated the need to implement monitoring mechanisms under CEDAW, and successfully influenced the appointment of a Special Rapporteur on Violence Against Women with a mandate to seek information regarding the causes and consequences of gender-based violence and to respond effectively at violence.

The process whereby women took center stage in the global rights agenda succeeded mainly because of the expanded notions of population issues that were integrated with development issues. Bringing of women to center stage in all aspects of their lives in this was the most basic and important challenge to the full implementation of international human rights. In Vienna, notions of women's rights (such as the expansion of health rights to include women's general well-being) were reaffirmed, developed, and refined. The Cairo Conference continued the expansionist trend. The ICPD Programme of Action and its concern with women's rights (including, in particular, issues of empowerment, general health, reproductive

and sexual health, and implementation) is evidence of the move towards a holistic perspective of health that considers women's over all well-being. The Programme of Action, however, must be translated into programmatic reality and monitored to ensure that its implementation provides a safety net for women and guarantees women's rights.

The panels that followed elaborated on the basic themes set forth by the keynote speakers: the importance of reconfiguring the rights construct (i.e., by developing, expanding, and transforming the content and meaning of "rights" to include women and reflect the realities of their lives) and of establishing effective means of implementation. The panelists advocated the use of existing systems and the creation of new ones to accommodate women's rights.

III. PANEL DISCUSSIONS: THE IMPACT OF REFORMULATION OF THE RIGHTS CONSTRUCT AND IMPLEMENTATION OF WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AND FREEDOMS—PAST, PRESENT, AND FORWARD-LOOKING STRATEGIES

In the first panel, *Reproduction, Rights, And Reality: How Facts And Law Can Work For Women*, experts from different disciplines proposed methods of reconfiguring the rights discourse and of developing and implementing laws to secure reproductive and sexual health rights and freedoms. Scholars, medical and legal practitioners, and medical researchers reviewed rights development in the context of regional and feminist jurisprudence and conducted a "reality check" to evaluate the effectiveness of current analytical constructs.

First, Katarina Tomaševski³ explored and critiqued European regional human rights jurisprudence, which generally has embraced and promoted the protection of civil and political rights. This perspective has generated a general infrastructure capable of aiding women to achieve self-determination and equality. In fact, Western European jurisprudence has developed a strong individual rights construct that has included protection of reproductive and sexual health rights and freedoms. Notwithstanding this progressive attitude, several flaws exist in the development of this jurisprudence in terms of women's equality. For example, women continue to experience different treatment, particularly within the marital context, and gender stereotypes persist. Elimination of such sex-based discrimination is crucial to the full enjoyment of reproductive and sexual health rights and freedoms, and the overall empowerment of women.

3. *European Approaches to Enhancing Reproductive Freedom*, 44 AM. U. L. REV. 1037 (1995).

In contrast to the Western European model, Eastern European governments have rejected the individualistic focus of human rights. Instead, these States have advocated an approach that emphasizes family and state interests. Unfortunately, this construct has facilitated continued governmental/state interference with reproductive and sexual health rights and freedoms, thereby frustrating the realization of women's self-determination and equality.

Regrettably, both approaches to rights have failed to eliminate gender discrimination or adequately to protect women's rights. Remedial action, for example, the imposition of positive duties upon States to establish equal rights and to create links between economic and reproductive issues to increase the availability of employment opportunities for women, to provide adequate funding for reproductive health, and to ensure access to birth control, is necessary.

Elizabeth Spahn's⁴ feminist jurisprudential analysis of international human rights norms revealed the same disturbing discrepancy between the theoretical rights and the every-day life realities of women. Despite the inclusion in international human rights documents of the rights of privacy, equality, and health, a feminist critique, like the regional critique, reveals that inequality persists and widespread and serious abuses of women with respect to reproduction remain. A feminist critique also showed that other accepted basic human rights, such as the right of free speech and the right to information, are denied to women daily, further impeding their achievement of full equality and of reproductive and sexual health rights and freedoms. For example, women in Ireland cannot freely contact abortion clinics in England; Muslim women cannot obtain information regarding the efficacy of breast-feeding as a method of birth control; and children in school cannot receive information regarding sexuality.

Altering the approach to human rights by building upon the "legitimate" articulated and accepted human rights, while concurrently guarding against the "ghettoization" of women's rights by virtue of a marginalizing perspective of women as important only in their mother roles, also is essential to transforming the rights discourse into a format that includes women and their realities. Thus, a feminist critique urges an "indivisibility of rights" approach—paralleling Professor Cook's clustering construct—that eschews the exclusively

4. *Waiting for Credentials: Feminist Theories of Enforcement of International Human Rights*, 44 AM. U. L. REV. 1053 (1995).

male-defined view of rights and standards as the means to attain full equality.

Lynn Freedman and Deborah Maine⁵ came to a similar conclusion concerning the deleterious effects of excluding women's concerns from the global agenda. Despite problems inherent in sharing information across disciplines, the utility of a holistic and interdisciplinary approach is clear when considering the integrated interests embodied in women's health issues. The parallels between the legal issues and women's health issues demonstrate both the similarity of problems and complexity of solutions to women's reproductive and sexual health rights and freedoms within and across disciplines. For example, a right to contraception achieves nothing if access to contraceptives is denied or if information about the efficacy of different technologies is unavailable. Thus, from a medical perspective, just as from a legal viewpoint, women's health must be considered in its own right as a complex and compound condition that cannot be understood solely as a biological birthing process or family (social) mothering role, but rather as one that is influenced by socioeconomic and political conditions. In this regard, any women's health data collected must be applied in a manner that serves to supply necessary information to evaluate women's reproductive health issues in all aspects of women's lives so that the information will improve the overall condition of women.

The range of the rights thus demands not only an indivisibility approach, but one driven by an interdisciplinary perspective. Admittedly, a holistic paradigm that will seek interdisciplinary collaboration in interpreting and applying data is not an easy challenge—the relevant professional specialties speak various languages, have distinct analytical skills and diverse training, and thus disparate approaches to problem-solving. Such an integrated approach, however, necessitates a focus that precludes prejudice or prejudgment in areas such as culture.

Despite the Conference participants' uniform agreement on and preference for an integrated approach, certain roadblocks must be recognized. As Cecilia Medina⁶ noted, the recent struggle simply to achieve recognition of the presence of women in the rights construct illustrates the difficulties of an innovative, nontraditional, inclusive perspective. Such difficulties and the limited vision of the traditional

5. *Facing Facts: The Role of Epidemiology in Reproductive Rights Advocacy*, 44 AM. U. L. REV. 1085 (1995).

6. *Remarks of Cecilia Medina-Quiroga*, 44 AM. U. L. REV. 1093 (1995).

view explain why the principle of autonomy, included in the human rights framework and vital to liberate women and alter the cultural norms that oppress women, has yet to be fully used to achieve these ends. Perhaps now that women are at least recognized as humans, they are better positioned to continue the transformation of the rights framework to achieve and maintain change.

The second panel, *The Utilities and Limits of Rights-Based Approaches* further demonstrated the need of an indivisibility of rights construct by showing the inadequacy of a single-right approach. Monica Sharma⁷ echoed the need for an integrated system of health services that holistically identifies and prioritizes health problems. Only this type of setting will permit the development of strategies and marshaling of available services and resources both to accommodate the varying requirements of different communities and to identify the diversity of resources—from governments to community activists—that are available to provide services. She proposed a collaborative effort by governmental, intergovernmental, and international organizations and NGOs to develop and implement time-bound goals regarding the achievement of reproductive and sexual health rights and freedoms that take into account the distinct needs that exist at the varying geographic levels (e.g., village needs as opposed to national needs) at which the rights must be realized. In an effort to ensure specific minimum outcomes and provide a framework for such collaborative efforts, Ms. Sharma detailed the need to articulate definite goals. Such goals may provide an effective management tool for the optimal allocation and utilization of scarce resources, while simultaneously generating pressure and thereby enhancing the probability of greater commitment and accountability.

The proposed rights-based integrated system is useful to interpret and expand rights concepts beyond the traditional narrow context, an approach that will promote reproductive autonomy within the various relative jurisdictions. For instance, the multifaceted right to information, which is particularly significant both because of its role in defining policies and as a necessary tool for empowerment, would be carried out differently according to the needs of the particular local community.

Reinforcing this expanded vision of the right to information, Sandra Coliver⁸ provided support for the indivisibili-

7. *What Role Can Rights Play in the Work of International Agencies*, 44 AM. U. L. REV. 1097 (1995).

8. *The Right to Information Necessary for Reproductive Health and Choice Under International Law*, 44 AM. U. L. REV. 1279 (1995).

ty/integration/clustering of rights approach(es) by describing the range of rights intertwined with the right to information. She noted that in the reproductive and sexual health and freedom context, the right to information contained in the International Covenant on Civil and Political Rights (Civil and Political Covenant) would include the rights to life, health, privacy, spacing and number of children, equality, and nondiscrimination—each an independent right articulated in the Covenant. Such a broadened view of rights then becomes a catalyst to the achievement of women's well-being.

Similarly, as María Isabel Plata⁹ recognized, when governments, intergovernmental and international organizations, or NGOs implement the broader indivisibility/integration/clustering of rights approach(es) they reach women's social, economic, and medical well-being. This, in turn, facilitates the development of programs that respond holistically to women's daily realities. Such programs view reproductive self-determination as a component of women's empowerment rather than an end in itself. Consequently, this broad approach includes domestic violence in the construct of family and reproductive issues and can work towards eradicating inequality at all levels both in the so-called "private" and "public spheres." On the other hand, the schism between rules and realities will persist so long as the prism through which rights are interpreted is limited to and by traditional views imposed by male-dominated cultural and religious perspectives. These limitations reinforce the need for the transformation of the rights framework to develop new forms of advocacy that will assist in the restructuring of rights and the reconstitution of the content and meaning of rights.

By developing a methodology that serves to deconstruct problems into their underlying parts and to generate constructive solutions at each relevant geographic level, the holistic/integration of rights framework simplifies problem-solving. Caroline Moser and Anne Tinker¹⁰ emphasized that as every problem is broken down into its many components, each potentially corresponding to a different "right," the deconstruction permits the design of an effective and creative problem-solving mechanism that will address the various elements and ultimately enables the realization of the myriad, clustered rights.

9. María Isabel Plata & Maria Cristina Calderon, *Legal Services: Putting Rights into Action—PROFAMILIA-COLOMBIA*, 44 AM. U. L. REV. 1105 (1995).

10. *Gender Planning: Different Policy Approaches to Reproductive Health*, 44 AM. U. L. REV. 1113 (1995).

The Right To Health panel illustrated the impact that women have had in transforming the terms of the rights discourse. Women's participation has shifted from a separatist to an integrationist approach. This shift placed the forward-looking emphasis on the formulation of strategies within the formal international legal structures. Of course, this integrationist trend is essential to, and dependent upon, the adoption of the indivisibility approach to rights which, in turn, is a prerequisite to the realization of women's human rights.

The traditional male-gendered perspective effectively has limited women's roles in the public sphere and has prevented the full implementation of women's rights. Aart Hendricks¹¹ articulated how the male-defined interpretation of rights, such as those articulated in the Covenant on Economic and Cultural Rights, clearly has distorted the rights framework by limiting the content and meaning of rights—as evidenced by the designation of women's child-bearing capacity as a disability. In this regard, experts recognize that for health rights articulated in the various documents to have meaning for women, they must be interpreted through the lens of emerging jurisprudential constructs, such as feminist theory, that would embrace a more comprehensive view of women's health as a human rights issue and recognize the intrinsic interrelationship between health and human rights.

Carlota Bustelo¹² carried forward this theme, noting that the Women's Convention, as adopted, deliberately included a women's perspective in addressing myriad social and economics issues in a holistic, integrated manner. For example, the Women's Convention addressed issues ranging from economic aspects of gender concerns relating to childbirth, to childbirth issues in the health context. Thus, a new conceptualization of the relation between women's rights and health evolved, underscoring the importance of the indivisibility of rights approach. CEDAW has had an impact in transforming rights by enforcing and monitoring such an integrated rights construct. While CEDAW as a monitoring body definitely constitutes a move in the right direction, its full potential is marred by limitations of time, finances, and resources. Additionally, CEDAW's access to information and information-gathering methodologies must be improved to reflect women's realities and ensure that effective solutions can be crafted.

11. *Promotion and Protection of Women's Right to Sexual and Reproductive Health Under International Law: The Economic Covenant and the Women's Convention*, 44 AM. U. L. REV. 1123 (1995).

12. *Reproductive Health and CEDAW*, 44 AM. U. L. REV. 1145 (1995).

Finally, the inadequacies of the current complaint structure must be corrected in order realistically to enable the requisite changes to the global rights construct.

Audrey Chapman¹³ cautioned that both the inadequacies of the information infrastructure and ineffectual implementation of rights substantially hinder the realization of goals stated in the broad range of documents that include the right to health as a human right. The absence of effective mechanisms to monitor compliance with the articulated rights highlights the disparity between the rhetorical commitment to rights and the persistent refusal to provide concomitant resources. That disparity ultimately frustrates any attempts to effectuate and expand health rights to protect women's overall well-being. Only by focusing on second generation social and economic rights (frequently ignored by NGOs)—in addition to first (civil and political) and third generation (solidarity) rights—can the right to health be monitored effectively. Additionally, the right to health itself, particularly women's health, must reflect the many complex levels of women's well-being—such as freedom from coercive birth control practices and other sex-based discriminatory practices that exist in systems (ranging from health care delivery, to education, to culture).

In this regard, leading off the panel that focused on *The Impact Of Reproductive Subordination On Women's Health*, Dr. Mahmoud Fathalla¹⁴ emphasized that the lack of women's empowerment is not only a civil, social, and political issue, but also constitutes a significant health hazard. Women are consistently deprived of the power to exercise their reproductive and sexual health rights and freedoms, a practice that denies women complete control over their own bodies. Universally, governments and religious leaders and institutions have set forth coercive contraception policies. Those policies have a deleterious impact upon women's rights irrespective of the particular position advocated—forced abortions and sterilizations are as much an affront to women's autonomy as forced pregnancies.

One example that plainly shows how the disempowerment of women is a health hazard is the invisibility of women in the HIV/AIDS discourse. To be sure, this is a health issue that has

13. *Monitoring Women's Right to Health Under the International Covenant on Economic, Social, and Cultural Rights*, 44 AM. U. L. REV. 1157 (1995).

14. *The Impact of Reproductive Subordination on Women's Health-Family Planning Services*, 44 AM. U. L. REV. 1179 (1995).

obtained international attention. Sophia Gruskin's¹⁵ presentation identified that the absence of women from this discourse reveals how public health fora have ignored and marginalized women, denied women equality, and placed women at grave health risks. Indeed, given that HIV infection and AIDS present risks to women and their children possibly greater than the risks to any other segment of the population, the fact that they have been ignored underscores the importance of an international rights framework that promotes women's participation and considers their condition in studying and defining rights and in developing health policies. This can only be achieved by viewing rights as including women's concerns.

According to Lori Heise,¹⁶ absent such an integrated/indivisibility construct, other concerns central to women's lives, such as violence against women, might not even be considered a health issue. But women, in one of their first successes in both the domestic and international arenas, insisted upon, and succeeded in defining violence as a health issue. In so doing, women crushed the false public/private dichotomy, created an interplay between theory and practice, and effectively transformed the concept of health rights to focus on women. In transforming international (and domestic) law to reach gender-based violence, which is a grave obstacle to economic and social development, women succeeded in employing the strength and support of the State on their side. The law alone, however, is not enough. Social attitudes and the balance of power between women and men at all levels of society must be renegotiated to eradicate all abuses against women.

The initial and major inroads in the rights discourse to include gender-based violence were effected at the NGO level—an unofficial parallel track to the formal international rights system—and eventually infiltrated the formal track. Similarly, other concerns such as economic and empowerment issues followed the progression from NGOs to the formal structures. As a result, women have moved closer to the goal of being active and equal participants in the international human rights discourse.

Unfortunately, however, inequality remains the norm. The distressing realities of women in refugee camps described by Lauren Gilbert¹⁷ aptly demonstrate this persisting schism between rights and

15. *Negotiating the Relationship of HIV/AIDS to Reproductive Health and Reproductive Rights*, 44 AM. U. L. REV. 1191 (1995).

16. *Violence Against Women: Translating International Advocacy into Concrete Change*, 44 AM. U. L. REV. 1207 (1995).

17. *Rights, Refugee Women & Reproductive Health*, 44 AM. U. L. REV. 1213 (1995).

realities. As a matter of course, refugee women's needs are not met, and when they are it is limited to women's roles as mothers. To counteract the marginalization of refugee women as well as of other women in disadvantaged situations, human rights norms must be broadened to include their concerns. This can only be achieved by implementing a holistic approach that creatively interprets and protects the rights of all women in all aspects of their lives.

Rhonda Copelon¹⁸ explained why this task of reconfiguring, reinterpreting, and expanding rights is a risky and difficult one, as tasks that take marginal issues to the center often are. The male-gendered perspective has directed the existing interpretation of rights, advanced the less-than-a-whole-person view of women, and insisted on fragmenting rights analysis into single-right approach that is, at best, ill-suited to studying women's reproductive and sexual health rights and freedoms. That traditional construct is at the core of women's subordination. An indivisibility construct that will apply *all* human rights documents to women in general, and to reproductive and sexual health rights and freedoms in particular, in a creative way so as to include, rather than render peripheral, women's concerns is the only way truly to integrate women into the global framework.

The *Civil & Political Rights and the Right to Non-Discrimination* panel underscored the benefits of the indivisibility construct and the importance of taking an integrative approach to rights. For example, Reed Boland¹⁹ identified how the application of a single-right framework to population policies results in excluding any consideration of the human rights dimensions of such policies. Typically, the sole focus of such policies was on their social and economic impact. More recently, based upon a reformulated concept, the rights analysis of population policies has been more holistic, including consideration of the impact they may have on civil and political rights (such as the rights to life, family, security of the person, and freedom from sex discrimination) in addition to social and economic rights. This broader view results in a more realistic approach to articulating sensitive population policies and studying their possible effects. This perspective demands that careful attention be given to the varying needs of different geographic areas, for example, the needs of villages as opposed to the need of cities; the needs of a developing state versus the needs of an industrial state.

18. *Remarks of Rhonda Copelon*, 44 AM. U. L. REV. 1253 (1995).

19. *Population Policies, Human Rights, and Legal Change*, 44 AM. U. L. REV. 1257 (1995).

According to Sarah Lai, any restructuring of rights also must consider the many contexts in which human rights standards are applied. Aside from the initial struggle of obtaining recognition that certain subjects, like population policies, are human rights issues, there is also the difficulty of transcending narrowly defined human rights standards and enlarging them so they are effective in dealing with issues that are viewed differently based on sex. For example, in the area of sexuality, cultures have viewed women's and girls' needs as different from the needs of men and boys, and, as a result, the needs of women and girls historically have been ignored. Thus, when confronting problems caused by the practice of child marriage, one is not dealing with a general situation of a child marrying an adult. Rather, the problem arises in the sex-specific context of a *girl* child marrying an adult male. As a consequence, this practice involves many levels of women's rights. Initially, one confronts the different treatment of persons engaging in the practice of sex, based on gender.

Using a traditional human rights analytical construct in the context of child marriages would therefore be defective for several reasons. First, given the traditional public/private dichotomy, it is likely that the practice would altogether escape scrutiny as being in the private sphere, thereby denying girls much needed protection. Next, the concept of culture may be used pretextually to mask or wholly shield the practice from the universal application of a rights construct. A culturally relativistic approach to rights would fail to protect girls based on sex. Finally, a traditional analysis would ignore the general and reproductive health issues of child marriage—such as the health risks associated with early (and often multiple) child bearing. This dangerous practice evidences the need for continued work to expand women's rights to include protection of reproductive and sexual health rights and freedoms in the real world where, regardless of documentary provisions to the contrary, women are not equal.

Significantly, the aim of reconstructing rights is not limited to developing, expanding, and transforming the content and meaning of existing rights, but also includes articulating new rights that are broad-reaching and can be creatively applied. One such new right that may be useful to achieve women's equality is the right to democracy grounded on the new political environment in Latin America where every government except Cuba is now democratically elected. This evolving right to democracy invites a reconstitution of the rights framework creatively to expand reproductive and sexual health rights and freedoms, a point expertly made by Claudio

Grossman.²⁰ It certainly is arguable that for a true democracy to exist, women's rights in general, and reproductive and sexual health rights and freedoms in particular, must be recognized. This new right presents a valuable example of how and why it is important to use the human rights system in a fashion that changes the existing concept of rights and enlarges it to include women.

Such suggestions for an expansive perspective on rights—both existing and evolving rights—also reveal the difficulty of integrating women in the rights discourse. The challenge of a new vision is evident in the context of women's subordination and marginalization—not only in extreme situations but in every day life as well. The range of the historical exclusion of women from participation at all levels in the international field is broad; women have been barred not only from discussion of women's concerns, but from the entire rights discourse. Women have been absent from all strata of the formal international system.

Yet, even between and among women committed to making women central to the rights discourse, there is disagreement on the best means to achieve the agreed upon goal. Some, like Anne Goldstein,²¹ suggest that women should use the Civil and Political Covenant, rather than the Women's Convention, as a tool to expand, develop, and transform rights. The reasoning behind this approach is that the Civil and Political Covenant is the most respected, widely accepted, and seriously taken international agreement. This strategy seeks to incorporate women's concerns into the established, mainstream discourse. Others, like Professor Copelon, strongly disagree with that approach and with any attempt to incorporate women's concerns into a structure that historically has excluded women. Rather, such activists and lawyers urge that the Women's Convention, a document created for women in reaction to the marginalization of women and their concerns, is the preferable vehicle through which to promote women's reproductive and sexual health rights and freedoms. Precisely because its primary focus is women's equality and it places women and their broad rights at the center, some consider the Women's Convention the document of choice.

Considering the universal agreement at this Conference regarding the preference for an indivisibility of rights construct, two observations are pertinent. First, both the Civil and Political Covenant and the Women's Convention (as well as any and all other documents that

20. *The Inter-American System: Opportunities for Women's Rights*, 44 AM. U. L. REV. 1305 (1995).

21. *Remarks of Anne Tierney Goldstein*, 44 AM. U. L. REV. 1315 (1995).

protect rights of concern to women) should be used to further women's rights—no helpful document should go unused. Second, the Women's Convention, more than any other international human rights instrument, best reflects the indivisibility approach as it incorporates the three generations of human rights—(1) civil and political; (2) economic, social and cultural; and (3) solidarity (group) rights—to achieve women's equality, empowerment, and self-determination in all spheres of life.

The panel *Religious and Cultural Rights* addressed yet another set of "rights" that affect women's lives. While both religious and cultural rights are human rights protected by international human rights instruments, customs—both religious and cultural—that have developed and evolved over time have not always worked in tandem with the promotion of equality, self-determination, and empowerment of women. Rather, custom often has worked against the empowerment of women by giving religious and/or cultural significance to women's subordinated roles and positions. In this context, international and regional documents that reflect existing rights can be useful within cultures to promote and protect reproductive and sexual health rights and freedoms. Any such application must, however, be with sensitivity to cultural and religious norms. Otherwise, as Fitnat Naa-Adjeley²² and Abdullahi An-Na'im²³ described, the international norms may be interpreted as outsiders' dictates, which then might be the basis for their rejection.

The intersection of rights and religion is often more problematic than the intersection of rights and culture in terms of seeking to achieve women's equality. The new and still evolving world order provides a greater opportunity for women to be heard because new perspectives are sought. Regrettably, as noted by Sara Hossain²⁴ and Frances Kissling,²⁵ it also includes a greater danger that women's accomplishments will be reversed by a resurgence of religious fundamentalism, typically considered a pretext for intolerance and intransigence regarding the role of women in society. Both Muslim and Christian fundamentalist religious attitudes can have grave, harmful effects on women, not only preventing educational achievement, but also impinging upon women's self-determination, empower-

22. *Reclaiming the African Woman's Individuality: The Struggle Between Women's Reproductive Autonomy and African Society and Culture*, 44 AM. U. L. REV. 1351 (1995).

23. *Remarks of Abdullahi An-Na'im*, 44 AM. U. L. REV. 1383 (1995).

24. *Women's Reproductive Rights and the Politics of Fundamentalism: A View from Bangladesh*, 44 AM. U. L. REV. 1319 (1995) (with Sajeda Amin).

25. *The Challenge of Christianity*, 44 AM. U. L. REV. 1345 (1995).

ment, and equality. In this instance, however, the proposed indivisibility construct provides no easy answers because the rights of religion and culture are factors that must be addressed as well, and indeed are rights that within the present construct coexist with the right to equality. Consequently, complexity and confusion may often arise when these rights collide. The challenge, then, is to evaluate whether the clash is real or merely constitutes a pretext to maintain the status quo which ensures that women remain disempowered and silenced.

IV. CONCLUSION

The cross-cutting themes of this conference have been the dual needs to eradicate the institutionalized invisibility of women and to craft a methodology to implement existing women's rights while simultaneously effecting a reconstruction of rights by developing, expanding, and transforming the content and meaning of such rights, as well as articulating new, emerging rights to reflect women's realities. Notwithstanding roadblocks in law and life, women have refused to accept invisibility and silence. Women have made unrelenting efforts to raise their voices, urge their perspectives, demand that their needs be met, and present and construct their separate realities. Women have been at the forefront, insisting that reproductive rights be deemed an integral part of the human rights construct.

Initially, women achieved global visibility, not within the formal international system itself, but by creating an informal track running parallel to the formal system. This parallel track was necessary because women were excluded from all aspects and levels of official international structures. Grassroots activism by individual women and through NGOs erected a bridge to the formalistic/traditional international framework. This informal parallel system has met with unprecedented success, as evidenced in Vienna and Cairo. Such actions have initiated the reconstitution of the rights construct to meet women's real needs, effect women's self-determination, and ensure women's visibility in the global sphere at all levels—locally, statewide, regionally, and internationally.

Significantly, these efforts have transformed the concept of women's reproductive rights from the narrow concept of women's health involving only maternal health, which stereotypes "women as wombs," to a holistic view that coalesces a great amalgam of rights including first (civil and political rights), second (social and economic rights), and third (solidarity) generation human rights. These three generations of rights are all promised by, and included in, the

Universal Declaration of Human Rights,²⁶ as well as in various other international and regional documents, such as the International Covenant on Civil and Political Rights;²⁷ the International Covenant on Economic, Social and Cultural Rights;²⁸ the Convention on the Elimination of All Forms of Discrimination Against Women;²⁹ the Convention on the Elimination of All Forms of Racial Discrimination;³⁰ the American Convention on Human Rights;³¹ the African Charter on Human and People's Rights;³² and the European Convention for the Protection of Human Rights and Fundamental Freedom.³³ These instruments include the protection of rights to privacy, health, equality and nondiscrimination, education, religion, travel, family life, decisionmaking regarding the number of children and their spacing, information, life, liberty, security of the person, integrity of the person, freedom from torture, freedom from slavery, political participation, free assembly and association, work, enjoyments of the benefits of scientific progress, development, environment, peace, democracy, self-determination, and solidarity to name a few that have been addressed in this Conference as pertinent to the protection of reproductive and sexual health rights and freedoms.

Considering women's reproductive and sexual health rights and freedoms as basic to the international human rights construct is not only appropriate, but necessary. The breadth and depth of issues pertinent to women's reproductive rights simply reflect existing problems in the world at large. Thus, women's reproductive health issues afford a sharp focus on rights within the macrocosm of international law. This focus will prevent those scholars and activists in the United States, as well as those in other Western States, from considering problems of women's health concerns as existing only in Third World States to the South or to the East. Indeed, the concept of "women as wombs" is pervasive worldwide and is central to the global failure to recognize the plethora of issues attendant to women's health—which include, but are not limited to, bearing children. Most important, the concept of women's health must be reconstructed beyond "sick" or "medicalized" needs to include well-being issues such as education (both in terms of schooling generally and reproductive

26. Universal Declaration of Human Rights, *infra doc. biblio.*

27. Civil and Political Covenant, *infra doc. biblio.*

28. Economic Covenant, *infra doc. biblio.*

29. Women's Convention, *infra doc. biblio.*

30. Convention on Racial Discrimination, *infra doc. biblio.*

31. American Convention, *infra doc. biblio.*

32. African Charter, *infra doc. biblio.*

33. European Convention, *infra doc. biblio.*

issues in particular), economic self determination, political participation, environmental safety, and personal security to name a few.

These concerns are integral to the reproductive and sexual health rights and freedoms of women and highlight the critical importance of the indivisibility of rights in any discussion of women's rights. A single-right approach is underinclusive and lends itself to a critique from a feminist perspective, from a race-ethnicity-culture-religion perspective, and from epidemiological and lay fact-finding perspectives. Thus, when dealing with women's issues—both domestically and internationally—it is vital to insist upon an inclusive, holistic, multidimensional, and interdisciplinary perspective.

In this regard, in order to attain more fully the spirit of inclusion proposed in this Conference, a broader consideration of rights in future meetings is necessary. In this entire Conference, not one speaker focused on the concerns of lesbians', bisexual persons', or gay men's reproductive and sexual health rights and freedoms. Only one speaker, Sofia Gruskin, addressed the issue of homosexuality at all, and that was in the narrow context of HIV/AIDS. Certainly, persecution and abuses because of sexuality affect the reproductive and sexual health rights and freedoms of lesbians, bisexual persons, and gay men. Particularly because one of the basic notions of this conference is to transmogrify (1) the concept of women's health from the context of women as wombs and of sick needs to a context of holistic overall well-being, including freedom from violence and (2) the narrow interpretation of rights into a broad-reaching concept of evolving rights by developing, expanding, and transforming the content and meaning of articulated rights as well as articulating new rights, in formulating forward-looking strategies pertaining to the international protection of reproductive and sexual health rights and freedoms, the concerns of such groups cannot be rendered invisible.

The following recommendations are designed to facilitate the creation and implementation of a realistic and holistic construct that integrates a woman-based perspective of indivisible rights in which women are not, and cannot be, marginalized. These recommendations focus on a way of inclusion—a system that defines women's rights as human rights and thus protects all women's reproductive and sexual health rights and freedoms.

RECOMMENDATIONS

I. REFORMULATION OF THE RIGHTS CONSTRUCT

Indivisibility of Rights

1. The recognition of the indivisibility of the myriad articulated and recognized international rights that safeguard reproductive rights as human rights is a fundamental prerequisite to the achievement of the international protection of reproductive and sexual health rights and freedoms.

Reconstruction of Rights

2. In order to accommodate the recognition of this indivisibility construct, any evaluation of rights must take a multidimensional, interdisciplinary approach that serves to develop, expand, and transform the content and meaning of international human rights norms.

3. In order to effect a multidimensional analytical construct, the process of development, expansion, and transformation of international human rights must incorporate evolving jurisprudential inquiries as articulated by Feminist Theory, Critical Race Theory, and Intersectionalist/Multidimensionality Theory.

4. Articulated rights must be reviewed and reconstructed in light of health, medical, social, economic, educational, religious, and cultural realities so that the reconstructed rights framework develops, expands, and transforms the content and meaning of rights in a manner that is sensitive to such realities as it effects, promotes, and protects reproductive and sexual health rights and freedoms.

5. Particularly with regard to women's reproductive and sexual health, the concept of women's health must encompass a holistic perspective of well-being, embracing all aspects of women's lives, and not merely focus on "medicalized" or "management of sickness" perspectives, or a perspective that views women as wombs and concerns itself solely with population and fertility issues.

II. PROMOTION OF REPRODUCTIVE AND SEXUAL HEALTH RIGHTS AND FREEDOMS

Accessibility, Availability, Acceptability, and Affordability of Health Services and Facilities

6. Governments, intergovernmental and international organizations, and NGOs must implement the goals articulated in the Programme of Action of the International Conference on Population and Development³⁴ of increasing the accessibility, availability, acceptability, and affordability of health care services and facilities to all people, and of strengthening their commitment to women's health.

7. All peoples have the right to practice their religious beliefs freely and the right to preserve their cultural integrity. It is imperative that reproductive and sexual health services and other health delivery systems consider the circumstances of race, class, ethnicity, economics, culture, and religion. It is, however, the *individual's* right to choose any course of action pertaining to her health.

Abortion and Fertility

8. Unsafe abortion remains a major and neglected public health concern that unnecessarily exposes women to life-threatening conditions. In implementing the ICPD Programme of Action, governments, intergovernmental and international organizations, and NGOs must deal with the reality of the health risks created by unsafe abortions. Further, they are urged to recognize that women who opt to terminate their pregnancies should have access to safe, affordable abortions, including information, counselling, and health services.

9. Any laws pertaining to abortion must be framed in terms of *health* issues rather than with the traditional criminal and punitive emphasis.

Female Genital Mutilation

10. Cultural practices such as female genital mutilation (FGM) have deleterious, long-lasting effects on women's reproductive and sexual health which are, or can be, life-threatening. Governments, intergovernmental and international organizations, and NGOs must work

34. ICPD Programme of Action, *infra doc. biblia*.

together to eradicate the practice of FGM and protect girls and women from a practice with such harmful effects on health. Resources must be invested to educate all persons about the detrimental effects of FGM, to focus on the issue as part of the holistic reproductive and sexual health construct, and to provide treatment and rehabilitative services to girls and women who have experienced FGM.

Subordination/Violence

11. Subordination and exploitation of and violence against women and girls, in all forms, including subjecting women to unnecessary medical procedures, must be eliminated, as it is a substantial violation of their rights and a roadblock to their attainment of reproductive and sexual health.

Disadvantaged Women

12. Women in disadvantaged circumstances, such as refugees, face threats and harm to their reproductive and sexual health. Governments, intergovernmental and international organizations, and NGOs must include women in disadvantaged situations in the construct when seeking to improve reproductive and sexual health rights and freedoms and develop programs that improve the condition of such women.

Sexuality

13. Persecution and abuses on the basis of sexuality affects reproductive and sexual health rights and freedoms. The development, expansion, and transformation of the meaning and content of human rights in order to effect the protection of reproductive and sexual health rights and freedoms must include the protection of lesbians', bisexual persons', and gay men's reproductive and sexual health rights and freedoms.

Empowerment of Women

14. The empowerment of women is critical to the attainment of international reproductive and sexual health rights and freedoms. In order to accomplish such empowerment, existing rights and information must be translated into the many languages women speak as well

as translated into language that gives rights meaning to all women. Various actions are central to effecting the empowerment of women:

- i. Implementation of the recommendations and goals of the Vienna Declaration and Programme of Action³⁵ and the ICPD Programme of Action relating to women's reproductive and sexual health rights and freedoms and to women's well-being must receive special attention;
- ii. Sex equality and equity norms developed in the public sphere must be extended to the private sphere;
- iii. Gender stereotypes must be eradicated both in the public (work and government) and private spheres (home and family);
- iv. Women's right to self-determination must be respected and women must be subjects, not objects, of development policies, particularly population policies;
- v. Programs to ensure the well-being of girl children are necessary, including investments in health and education efforts that aim to eliminate preferences for boy children;
- vi. A full implementation of the Convention on the Elimination of all Forms of Discrimination Against Women³⁶—the sole international instrument that focuses on rights of women with a women's perspective—is necessary;
- vii. To effect full implementation of the Women's Convention, women must insist upon immediate ratification of the Convention by nonratifying governments, rejection of reservations that are contrary to the object and purpose of the treaty, to wit, full equality for women in all aspects of their lives, and adoption of the Optional Protocol to the Women's Convention;³⁷
- viii. Full implementation of international human rights covenants, such as the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, as well as the various regional instruments, requires an interpretation, understanding, and perspective that women are an integral part of the goals of these treaties. Full implementation of these covenants is, indeed, fundamental to the guarantee to women of their reproductive and sexual health rights and freedoms; and,
- ix. The articulation of specific time-bound goals is necessary to effect the implementation of programs that will make the protection of reproductive and sexual health rights and freedoms a reality. These programs must include, but are not limited to, efforts aimed at the reduction and ultimate eradication of maternal

35. Vienna Declaration and Programme of Action, *infra doc. biblio.*

36. Women's Convention, *infra doc. biblio.*

37. Optional Protocol to Women's Convention, *infra app.*

and infant mortality; access to reproductive health care and services; education about reproductive health care and services; education of women generally and on their human rights specifically; women's self-determination rights in both the private (family, family responsibility, family size) and public (participation in government, representation in government and intergovernmental international organizations) spheres.

Technology and Research

15. Technology must be a priority component of national health research agendas. Governments, intergovernmental and international organizations, and NGOs must develop, engage in, and promote further introductory, sociocultural, programmatic, operational, epidemiological, and qualitative research for the development of new technologies and the improvement of existing technologies regarding reproductive and sexual health issues and concerns.

16. Increased financial support for research on improving existing contraceptive technologies and exploring male-specific alternatives is necessary. Special emphasis on developing technology that protects women against sexually transmitted diseases and AIDS is vital. Further, research on AIDS, its early detection, its prevention, its treatment, and its impact on women's reproductive and sexual health is also required.

17. It is imperative to implement a system for the dissemination of information about existing technologies and their availability. For such a system to be effective, it must take into account concerns of gender, race, ethnicity, culture, class, religion, and sexuality.

III. IMPLEMENTATION AND ACCOUNTABILITY

Implementation

18. The achievement of international protection of reproductive and sexual health rights and freedoms is wholly dependent upon the existence of effective systems for their implementation. In this regard, the challenge is to effectuate the intent of the myriad documents articulating "rights" by creating programs that implement rights as a "reality."

19. Governments, intergovernmental and international organizations, and NGOs must collaborate to improve the health infrastructure and the available services to facilitate effective and rapid

implementation of international protections of reproductive and sexual health rights and freedoms.

State and Institutional Accountability

20. State and institutional accountability are necessary preconditions to the development of a system that fully implements existing and evolving substantive rights. To this end, the use of international law in domestic fora and the use of regional systems in international fora should be promoted.

21. Both the existing formal and informal systems must be used to achieve full implementation of rights. To this end, the development of innovative procedural approaches that are accessible to women and that will implement rights and create and enforce programs is essential. Government programs that provide legal and literacy services, in conjunction with social alliances, can assist women in protecting their reproductive and sexual health rights and freedoms by advising and informing them of the rights that formally exist. Existing procedural approaches must be used more efficaciously to include women's concerns and individual and group complaint procedures that are accessible to women must be devised and implemented.

22. With respect to using the formal system to effect full implementation of women's reproductive and sexual health rights and freedoms, various avenues are available. Commission and court hearings on violations of women's rights can expand the public reach into the private sphere. Such hearings also can be an advantageous forum for States, intergovernmental and international organizations, NGOs, and individuals to enforce compliance, or to seek reparations for violations of women's rights, from other States and intergovernmental and international organizations. Monitoring, documenting, and promptly publishing decisions and changes in analysis and methodology are necessary to ensure such compliance.

23. In the context of the informal system, the following approaches are of primary importance to women's rights, particularly reproductive and sexual health rights and freedoms:

- i. The continuation of NGOs' efforts to develop, expand, and transform the content and meaning of rights to include women's reproductive and sexual health rights and freedoms;
- ii. The formation of monitoring groups to observe how domestic, regional and international commissions, administrative bodies, and courts are enforcing and interpreting rights that affect women, in order for such information to form the basis of efforts to develop,

expand, and transform the content and meaning of rights as applied by adjudicative bodies;

iii. The creation of task forces to monitor the use of gender, race, culture, class, religion, and sexuality in courts, commissions, and intergovernmental and international organizations. Such task forces can obtain data to ascertain how these bodies use these classifications and how (or if) the use of such protected categories must be changed in order to effect the protection of international reproductive and sexual health rights and freedoms;

iv. The establishment of additional monitoring systems that scrutinize state and institutional recognition of and adherence to existing rights. These monitoring systems must be able to identify problems and inadequacies in existing structures and recommend potential solutions to ensure state and institutional accountability with respect to existing obligations; and,

v. The development of policies and programs that meet social development challenges of gender, culture, ethnicity, class, religion, race, and sexuality.

24. Particularly in light of the ICPD Programme of Action, it is critical to identify the jurisdictional responsibilities of the various international agencies with respect to different rights and responsibilities articulated in the Programme. This will enable effective monitoring of the various agencies' fulfillment of their responsibilities. It also will facilitate the ability to demand agencies' compliance with and implementation of the mechanisms developed to realize the Programme's goals. This process will simplify the gathering of necessary data, the identification of the body responsible for obtaining particularized data, and the interpretation of the data. This system also will facilitate the creation of appropriate implementation programs. Various actions are warranted at this level:

i. Identify the available data that can be provided to the agencies with regard to their respective areas of jurisdiction;

ii. Identify the necessary data and the gatherers and users of such data so that the correct information can be demanded from the appropriate sources; and,

iii. Request, gather, and interpret data from an interdisciplinary perspective so that the rights discourse will reflect health concerns and make the aspirational goals a reality for women in their societies.

25. It is imperative to develop guidelines for gathering and dissemination of information that will satisfy the need for compiling data that differentiates between the status of men and women *vis à vis* rights enjoyed and *vis à vis* the effect of rules or programs. The guidelines must require that women be represented in all roles and

at all stages of the information-gathering process (for example as guideline drafters and data gatherers) to ensure the inclusion and application of a woman-identified, woman-sensitive, and woman-conscious perspective. A single-lens focus is inappropriate with such perspective. Rather, a multidimensional perspective to information-gathering is necessary so that, in addition to information on gender, the data will include information on race, religion, culture, class, ethnicity, sexuality, and any or all other relevant classifications.

26. It is urgent to develop and disseminate information-sharing systems concerning reproductive and sexual health rights and freedoms that reach across disciplines. Various preparatory steps are helpful to the development of information-sharing systems:

- i. Create networks to facilitate building bridges among groups in the various disciplines who are seeking to promote and ensure women's reproductive and sexual health rights and freedoms;
- ii. Develop a resource bank, by creating directories of legal and health professionals and activists (by areas of expertise), that will facilitate access to information within and across professions;
- iii. Catalog available data, data banks, and their repositories to facilitate access to information and identification of areas where data must be gathered, developed, and interpreted;
- iv. Identify information necessary to further women's reproductive and sexual health rights and freedoms;
- v. Devise a methodology for the gathering, development, and interpretation of such information from a perspective that focuses on women's concerns and needs; and,
- vi. Name the formal and informal entities that focus on the issues relevant to women's reproductive and sexual health rights and freedoms.

