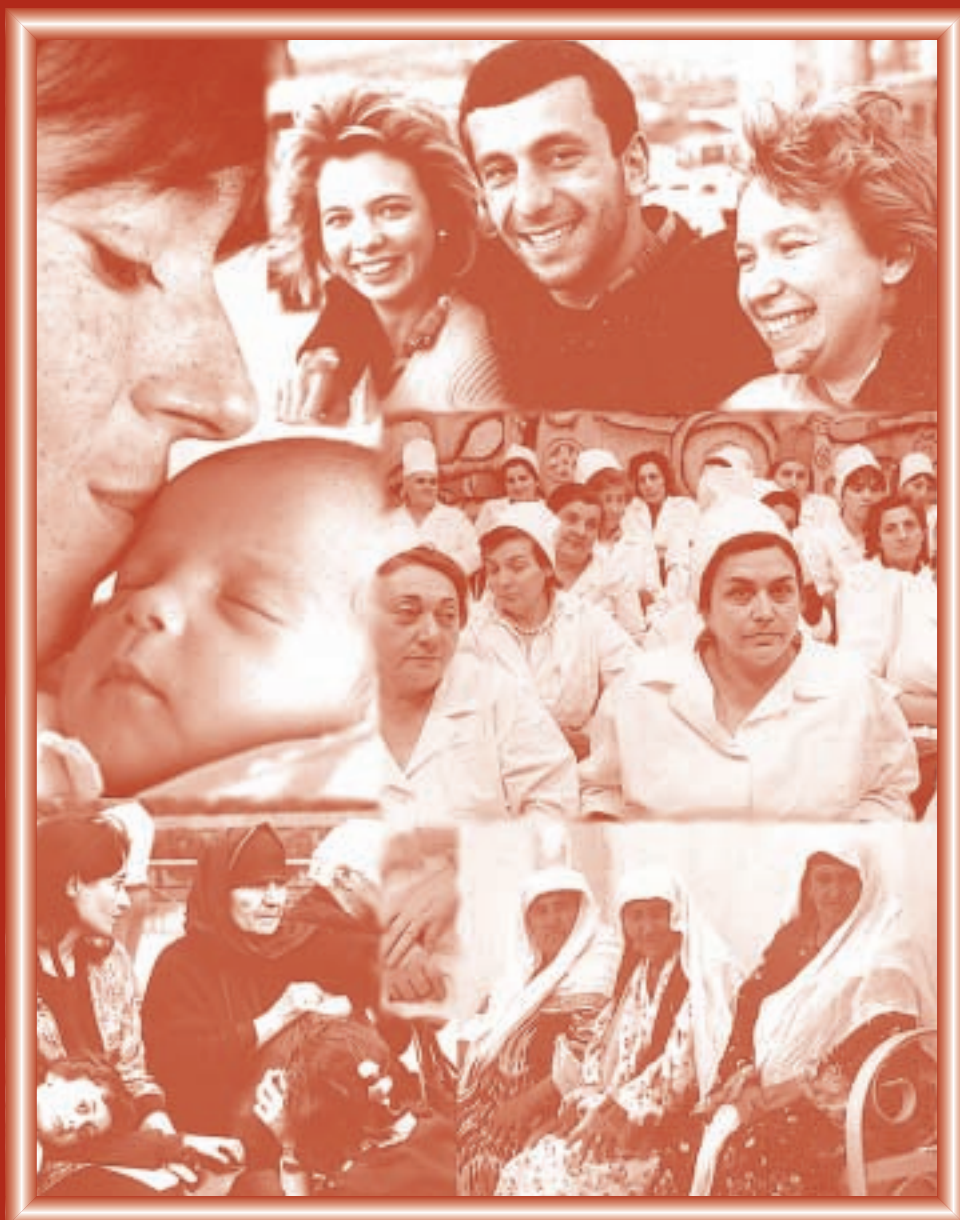


Strategic Action Plan



**for
the Health of Women
in Europe**



EUROPE

The World Health Organization was established in 1948 as a specialized agency of the United Nations serving as the directing and coordinating authority for international health matters and public health. One of WHO's constitutional functions is to provide objective and reliable information and advice in the field of human health, a responsibility that it fulfils in part through its publications programmes. Through its publications, the Organization seeks to support national health strategies and address the most pressing public health concerns.

The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health problems of the countries it serves. The European Region embraces some 870 million people living in an area stretching from Greenland in the north and the Mediterranean in the south to the Pacific shores of the Russian Federation. The European programme of WHO therefore concentrates both on the problems associated with industrial and post-industrial society and on those faced by the emerging democracies of central and eastern Europe and the former USSR.

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Strategic Action Plan for the Health of Women in Europe

Endorsed at a WHO meeting
Copenhagen, 5–7 February 2001

Keywords

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Recommendations

Participants in the Third Meeting of Focal Points for Reproductive Health, Women's Health and Gender Mainstreaming in the European Region,

recalling the commitment of WHO to the implementation of the recommendations of ICPD +5 [International Conference on Population and Development +5](1999) and Beijing +5 [the Fourth World Conference on Women +5] (2000) and the relevant resolutions of the World Health Assembly;

considering that the health of women is one of the priority issues of WHO in the European Region; and

concerned by continued inequities between men and women in the European Region, which particularly affect the health of women; and concerned by the effects of social and economic inequities between countries, which further limit women's health:

RECOGNIZE that the document *HEALTH21* identifies the gender implications of some health issues, but recommend a stronger focus on women's health to ensure gender equity in all aspects of health;

URGE Member States to make *HEALTH21* targets relevant to the improvement of women's health in Europe and to develop country-specific action based on this Action Plan and to allocate the necessary resources to implement it;

URGE European [intergovernmental and nongovernmental organizations] to join forces to maximize their contribution to promoting women's health as an important public health and health promotion issue; and

REQUEST the Regional Director to ensure that a gender equity perspective is incorporated adequately in the implementation of all WHO regional programmes by:

- taking into account the proposals and comments made by the above-mentioned Meeting of Focal Points in concluding the Strategic Action Plan for the Health of Women in Europe;
- allocating resources and intensifying efforts to raise voluntary contributions to disseminate the Action Plan as widely as possible to interested parties (women's organizations, universities, medical schools, etc);
- establishing a European committee to monitor, follow up and give guidance/leadership to the process, in collaboration with UNECE [the United Nations Economic Commission for Europe], the Council of Europe, UNFPA [the United Nations Population Fund], EU [the European Union], UNICEF [the United Nations Children's Fund] and UNDP [the United Nations Development Programme];
- giving visibility and support to the Action Plan at all levels;
- organizing a high-level regional meeting on women's health;
- informing regularly the Regional Committee on the progress made in the implementation of the Action Plan, according to the indicators decided upon; and
- supporting the collection of quantitative and qualitative evidence on the gender determinants affecting women's health.

1. Introduction

1.1 Aims of the publication

This publication has been prepared within the context of HEALTH21,¹ which provides the framework for countries of the European Region to construct systematic policies and strategies for improving the health of their populations. Its aims are:

- to highlight the need for an explicit focus on the health of women;
- to provide an overview of past and current policy developments with implications for the health of women;
- to identify the key social and economic prerequisites that form the foundation for good health in women;
- to summarize the important themes that need to be taken into account in promoting the health of women; and
- to identify appropriate action to be taken and where responsibility for this action lies.

In addition, Annex I has been produced as a support to HEALTH21 in the form of a policy guide, to enable the targets to be considered from the perspective of women. Annex II summarizes relevant United Nations policy agreements over the past ten years that provide the context for this Action Plan.

1.2 The health of women in Europe

Even in the richest countries in the Region, there are differences and differentials in health for women and men that are not taken into account. Although women live longer than men, they suffer a greater burden of morbidity. Women are over-represented among the poor, while their income is on average only 70% of that of men. Women utilize the public health care system more than men. Women are more likely to experience depression and stress linked to their experience of inequality and discrimination, to experience chronic conditions such as arthritis and osteoporosis, and to suffer ill health and death as the result of abuse.

Women's health priorities across Europe may differ between countries. Special attention should be paid to the special health problems of more than four million women belonging to migrant groups, refugees and ethnic minorities.

Women have the advantage of a disease-resistant biology, but the disadvantage of lower social status and less access to wealth. Thus men and women have, to a certain degree, different patterns of ill health. This is due to their different biology, to the reproductive function of women, and to the fact that their lifestyles and risk factors differ because their gender roles are different. Thus, the health problems of concern are those that:

- contribute **predominantly** to women's mortality but are also prevalent in men, such as cardiovascular diseases and cancer;
- affect women almost **exclusively**, such as diseases related to pregnancy, birth and fertility and malignant and nonmalignant diseases of the reproductive organs (cancer of the breast, cervical cancer, etc.);

¹ HEALTH21. *The health for all policy framework for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series, No. 6).

- are more **frequent** in women than in men, such as rheumatoid arthritis and anaemia; and
- manifest themselves **differently** in women (this particularly applies to mental health problems where women bear the burden of depression, anxiety and eating disorders).

The implications of this analysis are that there is a need for both gender-specific and gender-sensitive programmes of prevention and treatment.

Socioeconomic transition in certain parts of the Region has resulted in the loss of previous improvements in the health of women, and this has generated greater disparities between countries in this respect. Morbidity and mortality differentials within the Region are significant. In the countries of central and eastern Europe (CCEE) and the newly independent states of the former USSR (NIS), poverty has caused a reduction in women's fertility and an increase in maternal mortality and abortion. Female life expectancy is also declining in these countries. The health of refugee women and women in war situations is further compromised by extreme and traumatic conditions.

In some parts of the Region, there remains a high risk of maternal mortality and morbidity. This needs to be tackled with some urgency by: improving women's socioeconomic status and education; ensuring effective family planning, antenatal care and adequate nutrition for the mother in the antenatal period; providing protection at the workplace for pregnant women; and providing mother- and baby-friendly hospitals. The WHO Making Pregnancy Safer Initiative is a vital component in any strategy to improve the health of women.

Gender-based violence constitutes a significant public health problem. It encompasses a number of different forms of abuse, including domestic violence, rape, sexual assault, childhood sexual abuse, trafficking, prostitution, sexual harassment and harmful traditional practices such as female genital mutilation.

1.3 Recent progress in promoting the health of women in Europe

Over the last decade there have been many significant developments aimed at recognizing the importance of women's health. Since 1999, women's health has been one of WHO's global priority areas, and one of the priority areas for the European Region. The issue of women's health has been repeatedly highlighted at sessions of the WHO Regional Committee for Europe.

1.3.1 International and regional level

The Strategic Action Plan for the Health of Women in Europe builds on the relevant recommendations of the World Health Assembly, the International Conference on Population and Development (ICPD), 1994 and the Declaration and Platform for Action from the Fourth World Conference on Women, Beijing, September 1995. All affirm the WHO goals for the health of women and girls, as does the Platform for Action of the Social Summit, Copenhagen, 1996. The global conference on the 10-year review of the Safe Motherhood Initiative, Sri Lanka, 1997 concluded that, despite concerted efforts, little progress had been made worldwide in reducing maternal mortality and recommended specific investment and action, developing, among others the new WHO Making Pregnancy Safer Initiative.

Before these United Nations conferences were held, the WHO Regional Office for Europe organized in Vienna, 1994 the first European conference on investing in women's health. This resulted in a set of recommendations to Member States concerning data collection on women's health and priority actions to promote women's participation, encourage health promotion and reduce women's morbidity and mortality in the Region. In 1995, the United Nations Economic Commission for Europe (UNECE) developed a Regional Platform for Action to improve the status of women in Europe. This included a section on action to improve the health of girls, women of reproductive age and elderly women, specifically addressing the ill health effects of trafficking and violence.

In 1997, 165 countries signed the Convention on Elimination of All Forms of Discrimination against Women (CEDAW – see Annex II). CEDAW includes reference to the ill health effects of gender discrimination.

The human rights perspective was brought into the health discussion at the Council of Europe Conference on Human Rights and Health (1999), Strasbourg, ICPD +5 (1999) and Beijing +5 (2000).

In November 1999, a European Meeting – Health Issues of Ethnic Minority Women Living in Europe – was organized by WHO, the National Institute of Public Health and Gothenburg City to discuss strategies and formulate recommendations to improving the health status of ethnic minority women, migrants and refugees.

1.3.2 National level

These initiatives have had considerable impact and many European countries have made in-depth analyses on women's health, published as women's health highlights in collaboration with WHO, as well as regional or city women's health profiles. Some have developed national action plans, such as Kazakhstan, Kyrgyzstan, Norway and Turkey, with others, such as Glasgow, Vienna and Gothenburg, developing city action plans. Styria (Graz), Austria, is in the process of developing a local action plan.

1.3.3 Response by the health care sector

There have been advances in some fields of research affecting the health of women: above all, research related to the social determinants of health, reproductive health, perinatal health, screening for breast and cervical cancer, the role of social support in health, the role of women among health professionals and the effects of violence on women.

While national reproductive health plans are well developed and existing in many European states, there is still a gap with respect to a broader concept of women's health. An analysis of whether the health sector is responding with gender sensitivity to the varying health care needs has not been undertaken in depth. However, in the past decade, considerable effort has gone into improving the quality and accessibility of reproductive health services at all levels of health care.

1.4 The continued need to focus on the health of women

Despite progress at the international and national levels, strategies for promoting the health of women at the national and community levels have not yet been introduced in a systematic way. There also remains a conceptual barrier whereby women's health is still regarded as synonymous with reproductive health. Indeed, until recently, this is a view that has tended to form WHO policy itself. However, with the growing appreciation of the links between socioeconomic factors and health, there has been a growing understanding of gender as a key determinant of health, equally as important as the social, economic and ethnic background of any individual.

In Europe, this recognition of gender as a key health determinant is being transformed into practice through gender mainstreaming all policies. Gender mainstreaming has been defined as: "the process of assessing the implications for men and women of any planned action, including legislation, policies and programmes, in all areas and at all levels. ... The ultimate goal is to achieve gender equality" (E.1997.L.O. Para.4. Adopted by the United Nations Economic and Social Council (ECOSOC) 17/7/97).

In order to achieve gender equity it is necessary to ensure appropriate measures to address women's inequality. Similarly, to ensure gender mainstreaming in health it is necessary to make explicit how women's physical, psychological and social health should be addressed.

For women, the impact of gender on health is determined by their subordinated status in society and any health policy that seriously aims to improve the health of the population needs to take this into account.

The Strategic Action Plan for the Health of Women in Europe should therefore seek:

- to address the links between gender inequity and health
- to ensure that women's health needs at every stage of their lives are fully considered
- to facilitate the implementation of gender mainstreaming in health.

By specifically addressing women's needs in health in this way, the expected benefits are:

- a significant contribution to realizing gender equity and human rights
- a significant contribution to the social and economic development of the population
- a significant improvement in the health of families.

2. Strategic action planning for women's health

2.1 Prerequisites for improving women's health

Any strategic action plan for promoting the health of women needs to incorporate and build on policies and legislation aimed at ensuring gender equality in society. As prerequisites, therefore, Member States should:

- ensure that **human rights legislation and instruments** already existing and signed by the WHO Member States are implemented;
- actively promote **equity in women's status across Europe and within European countries** through empowerment, education and women's participation in decision-making processes;
- address **discrimination against women**; and
- address women's **poverty**.

Even where equal access to education at all levels exists, this is not always reflected in career options, labour markets, wages, decision-making and economic power. Promoting the sharing of family responsibilities through appropriate legislation and changing social attitudes will make a significant contribution towards reducing inequity. Among women in Europe, migrants and refugees, women belonging to ethnic minorities, elderly women and disabled women are groups with especially low socioeconomic status.

All women are likely to face discrimination in some aspects of their lives. Furthermore, women are not a homogeneous group. Race and ethnicity, socioeconomic status, disability or sexual orientation often compounds the inequalities facing them as a result of their sex. Implementing CEDAW and monitoring its implementation are important prerequisites to protecting and promoting the health of women.

Poverty is recognized as affecting health profoundly and is experienced by many Europeans, even in richer countries of the Region. Women are over-represented among the poor in all European countries – an estimated 120 million women live in poverty. This marginalizes them even more than men in influencing the national economic and health agendas.

As poverty is a major determinant of ill health, the elimination of poverty will benefit the health of the population as a whole. Introducing and enforcing policies specifically to alleviate poverty among women will have a positive effect on the health of women and their families.

Ensuring that laws on equal opportunities and equal pay are implemented and that women's employment is promoted and facilitated by the availability of support in caring for children and elderly and disabled family members is an important prerequisite to equity in health. The formulation of laws governing entitlements to free health care must ensure that those most in need are covered and have equal access. Bodies/working groups introduced in ministries of health and other public health structures specifically to monitor how well the systems are responding to the health needs of poor populations, and the effects of socioeconomic developments on health are important instruments in taking this commitment forward. Ensuring that policies for economic regeneration do not undermine social and health services that promote equity and support low-income groups is also important.

2.2 Framework for women's health policy

This section aims to highlight the key elements of any action plan on the health of women that is to be developed at country level. They should be considered in conjunction with Annex I, which

considers the HEALTH21 targets from a gendered/women's perspective. The key elements are: a life-course approach, participation by women, improving health care practice and provision, research and the involvement of men.

2.2.1 Life-course approach

Throughout the course of their lives women's health needs vary. Applying the life-course approach means not only giving importance to the period of motherhood but also aiming to protect the health of young girls, adolescents and elderly women.

Identifying the most important potentials for and threats to health at each stage is essential to creating the right, effective preventive interventions.

This includes protecting unborn girls from prenatal sex selection, ensuring that infant girls receive the same vaccination coverage as their brothers and ensuring that good food is distributed equally in households. It also includes protecting girls from sexual violence, unwanted pregnancies, abortions, sexually transmitted infections and harmful traditional practices. It includes promoting girls' self-esteem and their capacity to develop their physical, mental and emotional potential fully through **equal access to education**. Participation in sports and recreation is also an important prerequisite for women's health.

Later on, women of reproductive age obviously require the conditions for good antenatal care, safe childbirth, postpartum care and family planning. They also require economic and social protection for the role that they play in child and family care.

The context of women's health in the post-reproductive years still carries the residue of the burdens of earlier reproductive ill health, to which is added the physiological changes associated with menopause, leading to skeletal, cardiovascular and other problems.

Among the elderly, women form the majority, and this greater female longevity requires strategies for both prolonging active life and providing long-term care for the burden of functional disability and chronic diseases such as osteoporosis, cardiovascular diseases, mental disabilities and certain malignancies. The preponderance of women in the elderly community should mean that their needs must be made explicit in the planning of health and social care. Social support systems are needed, as the carers are often younger elderly women.

2.2.2 Participation by women

The role of women in all spheres of health should be re-examined. Women are one of the strongest means for improving health in families and communities. They form the huge majority of those working in health care, mostly being in underpaid jobs with serious occupational hazards.

Empowering women and avoiding medicalization are health promoting strategies that should be integrated into health care organizations. Self-help and patients' rights groups should be institutionalized as main interested parties in all health programmes. It should be ensured that women's interest groups and consumer organizations lobbying for patients' rights receive adequate funding to represent the weakest groups within the health care system.

Women themselves should be encouraged to be actors, partners and decision-makers of primary importance in all work in women's health. Women's voices have often been muted or altogether ignored in policy development, programme design and priority setting. The voices of women are essential as both providers and consumers of health information, service and care – a point emphasized in the Fourth World Conference on Women (Beijing) Platform for Action and the Outcome Document of the Beijing +5 meetings, June 2000.

2.2.3 Improvement in health care practice and provision

All health care services, even women's care services, should be sensitive to women's health needs.

Measuring outcomes in terms of quality of care should include the degree to which women have been provided with appropriate information to allow them to make meaningful decisions about their health care. Guaranteeing that health services meet international quality standards and ensuring that the rights to privacy and confidentiality are also key components in the delivery of services that treat women with respect, should be accomplished throughout the whole Region.

The partial privatization of health care in the course of health care reforms in the countries with economies in transition has led to an exclusion of certain women's health services from the public health sector. Within the ongoing health care reforms, countries should consider essential packages of women's health care that should be financed through the public sector, such as preventive care, maternity care. Within the existing health insurance schemes, care must be taken to ensure that unemployed women, married or not, have sufficient access to services.

Evidence is needed on qualitative research regarding access to and utilization of health services and health-care-seeking behaviour. Avoiding medicalization and empowering women are health promoting strategies that should be undertaken by health care systems.

Health services cannot act alone in seeking to eliminate gender-based violence, but they have an important role to play in caring for battered women and collecting evidence on the level of damage. Health care professionals require training to ensure that they identify and respond appropriately to abuse. Strategies to address violence should be incorporated into health policy and integrated into models of health care.

In addition to physical injuries, women who have experienced gender-based violence are at greater risk of problems such as chronic pain, disability, unwanted pregnancies, sexually transmitted infections, miscarriage, abdominal symptoms leading to surgical interventions and psychosomatic disorders. The psychological and emotional sequelae of abuse are often manifested in the higher levels of depression, anxiety, panic attacks, substance abuse, eating disorders and psychiatric disorders amongst abused women.

Traumatized women are extremely vulnerable, so comprehensive policies to protect women and prevent violence should include working with the police and judicial system so that they become woman friendly.

Migrant and refugee women are particularly vulnerable and require special attention because of their relative distance from their normal environmental social protection.

2.2.4 Research

Research priorities are shaped by the prevailing social and political climate, and as such reflect the inequalities between men and women in society. Since the determinants of women's health have been recognized as stemming from both sex differences and gender differences, it is crucial that research be designed to address these issues. At its most fundamental level, this requires the disaggregating of statistics by sex to provide a more complete picture of women's health status.

Undertaking research that appreciates the differences in patterns of health and illness between the sexes is crucial. Some diseases are more prevalent in women, while some affect men and women differently. The interaction of biological, genetic or immunological sex differences with the complex construct of gender creates health conditions, situations and problems that are different for women and men as individuals and groups. The inclusion of women in clinical trials should be

ensured through close scrutiny of research design and funding allocation dependent upon the demonstration of relevance for both sexes where possible. There should additionally be greater recognition of the need for qualitative research methods to document and explore some of the more structural aspects of gender inequalities in health.

2.2.5 Involving men

Men have a crucial role to play in advancing the cause of women's health, both providing encouragement for change and having the potential to reduce the risks to which women are exposed. Men are important moulders of community and family opinion and their support or resistance can be decisive in determining the outcome of new efforts in women's health. On the other hand, many health problems experienced by women, particularly during the reproductive years, stem directly from their relationships with men, most notably sexual and reproductive health problems as well as problems of domestic violence. Any increase in responsible sexual behaviour and more equitable relations between men and women will be reflected in the improved health of women. Given men's important role, attention must be given to promoting positive activity for men in any comprehensive approach to women's health.

2.3 Implementation by Member States

2.3.1 National coordinating committees

If effective action is to be taken, it is necessary for every country to establish and maintain adequately funded national coordinating committees on women's health. Since such committees have already been set up in most countries, in the follow-up to ICPD and the Beijing Conference, it is suggested that intersectoral committees on women's health be based within them.

The national coordinating committees should have responsibility for developing, implementing and monitoring country-based action plans on women's health with specific targets and timetables for implementation.

By the year 2003, adequately funded committees for coordinating action for the health of women should be operational in all Member States.

2.3.2 Country action plans

Country action plans should be comprehensive and include policy and programme elements of proven effectiveness. The action plans would ensure the integration of the health of women into HEALTH21. They would link with country institutions and programmes promoting gender equity.

The action plans should have clear timetables for implementation, and targets for the improvement of gender-specific health centres, and morbidity and mortality indicators. If the targets are not met, additional measures and interventions should be considered.

If effective action is to be taken, comprehensive women's health programmes need to be adequately funded through the public or health insurance sector.

By the year 2005, adequately funded country-based plans of action for the health of women should be drawn up in all Member States.

2.3.3 Progress reports

Successful implementation of women's health activities requires effective monitoring and evaluation of women's health needs and of service responses. Monitoring and evaluation should cover

action at the international, country and local levels, be intersectoral and address both government and nongovernmental action. Effective monitoring should include information on the enforcement of legislation on women's health and social protection. Ongoing research on effective policy development and implementation should be undertaken and documented.

Starting in 2002, and every two years thereafter, each country in the European Region should prepare and publish a comprehensive report on the progress of plans of action for the health of women and the priority areas for intervention.

2.4 Role of the WHO Regional Office for Europe

The Regional Office:

- should act as a clearing-house in this process, giving evidence-based feedback to the countries, monitoring progress on target implementation and disseminating examples of good practice through collaborating centres and networks;
- should undertake gender mainstreaming of all its technical programmes, should make women's health relevant in all mid-term programmes of collaboration with Member States and make regional adaptations of relevant technical materials produced by WHO headquarters;
- will identify specialized expertise within existing WHO collaborating centres and other relevant institutions;
- will establish a European committee of experts to monitor, follow up and give guidance/leadership to the process, as well as coordinate at the regional level with the main institutions promoting gender equity, the EU and Council of Europe; and
- will establish an interagency group to coordinate strategies, share information and avoid duplication among the different United Nations agencies, multilateral organizations, nongovernmental organizations, bilateral donors and agencies working in women's health in countries with economies in transition.

The objectives of this interagency group are:

- to integrate women's health in the development of a Country Common Assessment (CCA) and the development of United Nations Development Assistance Framework (UNDAF) in each relevant country;
- to link with national mechanisms for ICPD and Beijing Conference follow-up; and
- to work with established national committees, agencies or bureaus that oversee gender equity issues and/or report on the implementation of CEDAW.

In implementing this Action Plan, partners – such as UNICEF, UNFPA, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations High Commissioner for Refugees (UNHCR), the International Labour Organization (ILO), the EU and the Council of Europe – will be mobilized to achieve the targets set.

Annex I

Operationalizing HEALTH21 for the health of women

This annex has been written to complement HEALTH21, the health for all policy framework for the WHO European Region, endorsed by the Regional Committee in 1998. It should be read alongside both the introductory and the full publications.¹ It takes as its rationale the need to make the health of women more visible and a priority for action.

It is expected that the realization of targets according to the recommended timetable would apply to both women and men.

Target 1 – Solidarity for health in the European Region

By the year 2020, the present gap in health status between Member States of the European Region should be reduced by at least one third.

Poverty is recognized as affecting health profoundly and is experienced by many Europeans. Women are over-represented amongst the poor in all countries – estimated at 120 million women. This marginalizes them even more than men from influencing the economic and health agendas. Political changes in certain parts of the Region have resulted in previous improvements in standards for women being lost and have generated greater disparities between countries, for women and their health, than was previously the case. In the CCEE/NIS poverty has seen a reduction in women's fertility, which is a significant indicator of their general poor health. Abortion, often unsafe, is used to reduce fertility. This has wide implications for the women's reproductive health and for the whole society. Female life expectancy is also declining in these countries.

For women in war situations or who are refugees (women constitute 70% of those living in refugee camps) health is further compromised. Minority women have a lower socioeconomic status and a higher morbidity rate than men from the same ethnic group.

Overall, women's needs have to be made visible in any strategies to address inequities across the Region. Each European Member State should have a system to ensure that an exchange of the existing expertise across the Region can take place.

Target 2 – Equity in health

By the year 2020, the health gap between socioeconomic groups within countries should be reduced by at least one fourth in all Member States, by substantially improving the health of disadvantaged groups.

Even in the richest countries in the Region, there are differences and differentials in health for women and men, which are not taken into account. Although women live longer than men do, they suffer a greater burden of morbidity and they utilize the health care system more than men do. Women are over-represented among the poor and female income is on average only 70% of male income. Women are more likely to experience depression and stress, which is linked to their experience of inequality and discrimination, to experience chronic conditions such as arthritis and osteoporosis, and to suffer ill health and death as the result of abuse against them.

¹ HEALTH21 – health for all in the 21st century. An introduction. Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series, No. 5).

HEALTH21. The health for all policy framework for the WHO European Region. Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series, No. 6).

Women cannot be regarded a homogeneous group. Race, ethnicity, socioeconomic status, disability and sexual orientation often compound the inequalities facing them as a result of their sex. Throughout the course of their lives women's health needs vary and these are linked to their role as childbearers and as primary care givers. Women obviously require the conditions for safe childbirth but also require not to be penalized economically for the role that they play in child and family care.

Tackling the social and economic conditions that affect women's health is not only important for the health of women but is fundamental in creating strong, vital and just individual Member States. Special measures such as positive discrimination (in, for example, employment and social welfare) may be useful to address past inequities and to prevent perpetuating current inequalities.

Target 3 – Healthy start in life

By the year 2020, all newborn babies, infants and pre-school children in the Region should have better health, ensuring a healthy start in life.

The health of infants and young children is largely dependent on the health of the mother. There still remains a widely held view that the needs of infants are of primary concern and that the mother is merely the incubator. For example, mother and child programmes often focus mainly on the proper development of the fetus and do not address women's health issues. This perspective not only is inequitable but can be dangerous because, if women's health needs are not seen as distinct from the needs of the fetus, the newborn or the child, there is the possibility of delivering inadequate health care to women.

In some parts of the Region, there remains a high risk of maternal mortality and morbidity that needs to be tackled with a degree of urgency through improving women's socioeconomic status, improving their education and ensuring effective antenatal care and adequate nutrition for the mother in the antenatal period, workplace protection of pregnant women and the provision of mother- and baby-friendly hospitals. The Making Pregnancy Safer Initiative is a vital component in any strategy to improve the health of women.

Protecting unborn girls from prenatal sex selection, giving infant girls the same vaccination coverage as their brothers and distributing good food equally in households need to be ensured.

Whilst policies are required that create a supportive family, the unequal burden of care, which falls to women, needs to be recognized and addressed both by their male partners and by governments.

Acknowledging that pregnant women are working, there is a need for occupational health measures focused on pregnant workers.

Target 4 – Health of young people

By the year 2020, young people in the Region should be healthier and better able to fulfil their roles in society.

The health of young women is associated with the role and position of women in the society they inhabit. Recent research has shown that in some Member States a surprising number of young men consider it acceptable to abuse young women physically and sexually. These young women consider that this is a fact of life, which they have to endure. Improving the general health and sexual health of young women has to be linked to improving their status and working with boys to educate them about their responsibilities in emotional and sexual relationships.

Preventing unwanted teenage pregnancy also has to be planned in the context of promoting greater equality for girls and young women in addition to the provision of comprehensive sex education, affordable and accessible health care and contraception for young women and access to safe abortion and counselling.

Creating a positive self-image in young women is made difficult by the extent to which success and glamour of women in advertising and media are often portrayed as being associated with an excessively slim body, being sexually available and smoking. Addressing eating disorders, the increased prevalence of smoking amongst young women and unsafe sexual behaviour by placing the emphasis on changing the behaviour of young women will only have limited effect in the absence of wider strategies to combat existing gender norms.

Target 5 – Healthy aging

By the year 2020, people over 65 should have the opportunity of enjoying their full health potential and playing an active social role.

Women comprise the majority of the elderly and this greater female longevity requires strategies for both prolonging active life and providing long-term care for the burden of functional disabilities and chronic diseases, such as osteoporosis, cardiovascular diseases and certain malignancies, carried by older women. Research has indicated that women care for their partners for, on average, five years at the end of his life and then live, on average, eight years afterward without a similar level of intensive care and support. Older women are often responsible, solely or partly, for the care of children and other relatives. They are also often to be found as the mainstay of community activities and community life.

The preponderance of women in the older community should mean that their needs should be made explicit in the planning of health and social care. Certain stereotypical images of women as either frail or confused still exist, as does the view of older women having no desire to express their sexuality, and need to be overcome. Where these signs and symptoms do exist they are often the result of underlying mental health problems such as depression, which can often be effectively treated when medical practitioners have had appropriate training in the diagnosis of health problems in older people. Ill effects of social inequality, such as lack of independent pension, drive women into poverty, with a negative health outcome.

Target 6 – Improving mental health

By the year 2020, people's psychosocial wellbeing should be improved and better comprehensive services should be available to and accessible by people with mental health problems.

While patterns of morbidity in men and women and their significance are still a matter of debate, the excess of female psychosocial distress is undisputed. Women across the world have significantly higher presentations of mental health problems than men and the types of disorder generally differ. Women are more likely to be adversely affected by specific mental disorders, the most common being: depression and anxiety-related disorders; the effects of domestic violence; the effects of sexual abuse; and escalating rates of substance abuse. There is also a greater prevalence of parasuicidal behaviour in women.

Addressing mental health needs in Member States requires appreciation of the differences in etiology, manifestation and duration of problems experienced by women. The preponderance of depression, for example, has been linked to the greater stresses experienced by women in poverty, which heightens their isolation and social exclusion. The double burden of motherhood and work has been identified as a contributory factor in the poor mental health of disadvantaged women.

Much of the female excess in mental health problems is attributable to the pervasiveness of gender inequality, which includes direct and indirect discrimination and the cultural devaluation of the female. In relation to employment, for example, women experience discrimination in the workplace such as unequal pay, greater job insecurity, more part-time work and sexual harassment. Similarly, the endemic nature of violence against women across all societies also has a major impact on their mental health. Studies consistently demonstrate higher levels of psychosocial distress including

post-traumatic stress disorder (PTSD), eating disorders, self-mutilation and depression in women subjected to male violence.

The identification and implementation of measures to reduce gender inequality are thus prerequisites for sustainable improvements in women's mental health. In relation to health services, there has to be a shift in recognition of the above factors contributing to women's mental health problems, which will require training for mental health professionals to detect and respond appropriately to women's needs.

Target 7 – Reducing communicable diseases

By the year 2020, the adverse health effects of communicable diseases should be substantially diminished through systematically applied programmes to eradicate, eliminate or control infectious diseases of public health importance.

Certain infectious diseases affect women disproportionately or differentially and this needs to be considered when planning comprehensive prevention programmes. Women may also transmit infectious conditions such as hepatitis and HIV to their unborn children or, as the result of their experience of disease, affect the health of their children. Women contracting rubella or toxoplasmosis are examples of this. Pregnancy can affect the immune system of women by making them more susceptible to infectious diseases, such as malaria. Recommendations regarding malaria prophylaxis should be specific for pregnant women. Childbirth itself can also be a time of risk for both mother and child and it is important to prevent sepsis in birth. Women comprise the majority of health care workers and are also at risk of infection as a result of their employment.

Health-care-seeking behaviour for communicable diseases can also be different for men and women and this has been well documented, for example, for the treatment of tuberculosis.

The way that women become infected with sexually transmitted infections (STIs) and the implications for their health and that of their families is important to consider specifically. Male sexual behaviour may be a major contributory factor in women's ill health, as with the transmission of the human papilloma virus (HPV) virus and its subsequent association with cervical cancer or when women are forced into prostitution. Whilst safe sex practices would help to protect women and men alike, the means for women to protect themselves through barrier contraception may not be readily available or they may find themselves in vulnerable situations in terms of their relationships with men. In order for prevention campaigns and health promotion activities against STIs and HIV/AIDS to be successful, women will need considerable support to ensure that their rights to protection from disease are taken seriously by their male partners.

Target 8 – Noncommunicable diseases

By the year 2020, morbidity, disability and premature mortality due to major chronic diseases should be reduced to the lowest feasible levels throughout the Region.

The prevalence of noncommunicable diseases across the Region constitutes a major problem. Such conditions, however, can affect women and men differently. Some conditions are more prevalent in women, for example, breast cancer, osteoporosis and rheumatoid arthritis, whilst others are sex specific, such as cervical cancer. Cancer screening programmes are required at primary care level to ensure the early detection of such conditions.

There are important sex and gender differences in major conditions such as coronary heart disease. The traditional research focus on male subjects has meant that possible sex differences in symptoms, diagnostic indicators, prognosis and relative effectiveness of different treatments have been largely ignored. As a result, the findings have suffered from a lack of inclusiveness and comprehensiveness and have limited use for generalization.

To be effective, preventive strategies have to address these issues. Both the general population and health professionals still largely perceive heart disease as a male condition despite the fact that it is the major killer of women as well as men. Raising awareness has to be a priority. The risk factors identified in contributing to such conditions, such as smoking and alcohol, require different interventions for women and men. The growing incidence of smoking amongst younger women (particularly women in poverty) has led to an increase in lung cancer and associated conditions. This needs to be tackled through specific targeted measures. Similarly with other risk factors such as stress, the circumstances giving rise to this for women have to be acknowledged and addressed.

Target 9 – Reducing injury from violence and accidents

By the year 2020, there should be a significant and sustainable decrease in injuries, disability and death arising from accidents and violence in the Region.

Gender-based violence constitutes a significant public health problem. It encompasses a number of different forms of abuse, including domestic violence, rape, sexual assault, childhood sexual abuse, trafficking, prostitution, sexual harassment and harmful traditional practices such as female genital mutilation.

Across the Region, 20–50% of women have been subjected to one or more forms of abuse. Women and children are more at risk from men known to them rather than strangers. Much of this violence is under-reported and under-recorded, yet its consequences for health and development are profound.

In addition to physical injuries, women who have experienced gender-based violence are at greater risk of problems such as chronic pain, disability, miscarriage and somatic disorders. Women with a history of abuse are also at increased risk for unplanned pregnancy, STIs and miscarriage. The psychological and emotional sequelae of abuse are often manifested in the higher levels of depression, anxiety, panic attacks, substance abuse, eating disorders and psychiatric disorders amongst abused women. Suicide attempts are also more common.

The use of rape as an instrument of war increases women's vulnerability during times of upheaval and dislocation.

Women subject to trafficking have no official papers and therefore do not have access to health care in the countries where they are living.

Health services cannot act alone in seeking to eliminate such abuse but they have an important role to play. There is a need to collect data to accurately define the problem. Training is required for workers to ensure that abuse is identified and responded to appropriately. Strategies to address violence should be incorporated into health policy and integrated into models of health care, for example, in reproductive health programmes.

To eradicate gender-based violence requires challenging the structural inequality that gives rise to and sustains it.

Target 10 – A healthy and safe physical environment

By the year 2015, people in the Region should live in a safer physical environment, with exposure to contaminants hazardous to health at levels not exceeding internationally agreed standards.

The nature of women's work is such that they often find themselves in hazardous or health limiting situations, which can affect them or their unborn children. Traditionally, women tend to work in agriculture, the food-processing industry, the chemical industry, X-ray departments and textile industries. In some countries, difficult socioeconomic conditions have forced girls and young women,

who were previously in the school system to start work at a very early age in poor conditions for poverty wages. Pregnancy protection and promotion of breastfeeding in the workplace are vital pieces of workplace legislation that need to be in place.

Women usually make most of the consumer, energy and waste-related decisions in the domestic environment yet are often excluded from the public decision-making processes that involve local governments or private businesses and, in general, have limited involvement in the development of environment and sustainability strategies. Emerging from the Rio Summit, Agenda 21 highlights the need for women to be involved. Many of the themes from the Summit – natural resource management, housing, social security, education, energy consumption, economic development and health related issues – lend themselves to integrating gender and environment perspectives in policy formulations. There is little evidence that this has happened and there is a strong need for Member States to examine both the links between their environmental and health for all agendas and the extent to which women's needs are considered as part of this integration.

Target 11 – Healthy living

By the year 2015, people across society should have adopted healthier patterns of living.

There is evidence to show that women have considerable knowledge about the prerequisites for good health both for themselves and their families and usually carry most of the responsibility for introducing health promoting practices to their partners and their children. However, for many groups of women, especially those experiencing poverty, adopting healthier patterns of living is a complex issue.

In many Member States women are still denied access to a comprehensive range of nutritious foodstuffs and, where they are available, women often deny themselves to ensure that their families have an adequate diet. This may partially account for high levels of anaemia in some population groups and changes in the prevalence of noncommunicable diseases such as heart disease. Obesity in women, which is a growing problem, can also be associated with poor diet.

Similarly, the time available to women for leisure and recreation is limited, especially when they have families. Recommendations to take more exercise can be difficult to fulfil if there is no available child care. Women are more likely than men to use public transport because of their lack of access to private transport. This may expose them to particular health risks.

Target 12 – Reducing harm from alcohol, drugs and tobacco

By the year 2015, the adverse health effects from the consumption of addictive substances such as tobacco, alcohol and psychoactive drugs should have been significantly reduced in all Member States.

Across Europe there is a trend of increased smoking in women, particularly younger women and women of lower socioeconomic status. This is in direct contrast to a pattern of falling consumption amongst men. Since tobacco-related diseases usually develop after smoking for a number of years, the results of this trend are only beginning to be apparent in the growing numbers of women contracting smoking-related cancers and heart disease. If this is to be reversed, gender-sensitive policies need to be implemented that recognize the different factors influencing women's smoking, e.g. stress, caring responsibilities, and actively seek to support them in stopping smoking or in dissuading them from beginning. This is becoming more urgent as women are increasingly targeted by the tobacco industries, particularly in eastern Europe.

This approach also has to be adopted in strategies to reduce alcohol consumption, which has also grown amongst women. Current services and programmes are male oriented and do not address the specific needs of women. Existing services should also consider the impact of male alcohol abuse

on women as, for example, a contributory factor in relation to levels of violence and increasing family poverty. In responding to female drug abuse there should be measures to address some of the associated problems, such as the high prevalence of gender-based violence against women, and increased risk factors in financing their habit, e.g. in relation to prostitution.

Target 13 – Settings for health

By the year 2015, people in the Region should have greater opportunities to live in healthy physical and social environments at home, at school, at the workplace and in the local community.

Women's and girls' relationships to the key settings of home, school, workplace and local community need to be understood if work in these settings is to fulfil its strategic potential. The way that houses and neighbourhoods are designed has tended not to meet the needs of women, even though these are often the principal domains of women's lives, and women need to be actively engaged in policy and planning decisions if this situation is to be improved. The home may be a place of great risk to a woman's health if she has to experience domestic violence and it will therefore not be a haven or an opportunity to develop a supportive and healthy lifestyle. Disabled women have been even more excluded from the process of designing health promoting homes and environments. Where housing conditions are poor, women will be exposed more to health risks because of the greater period of time they spend in the home.

Health promotion in schools needs to enable both girls and boys to understand the impact of gender on their lives and the extent to which their differential roles in society may have both positive and negative impact on their health. In order to explore these issues in a meaningful way it may be necessary to provide gender-specific educational opportunities.

The workplace is another setting in which women can experience significant inequalities. Women's average income remains lower than that of men, women have fewer opportunities for career advancement, the introduction of family-friendly policies that would allow women (and men) to combine work with their caring responsibilities is still variable across Member States and across organizations. In addition, the workplace can be a very threatening place for the many women who are exposed to sexual harassment.

The city and village policy-makers can play an important role in improving women's health. Healthy Cities projects offer a significant opportunity to raise the need for their different organizational partners to address women's health needs across a range of settings and it is essential that a strategic approach to the promotion of the health of women is made explicit in the plans and policies of each Healthy Cities partnership.

Target 14 – Multisectoral responsibility for health

By the year 2020, all sectors should have recognized and accepted their responsibility for health.

Any development of national and local infrastructures across sectors to promote health, incorporating stringent accountability mechanisms, needs to be gender sensitive. Tackling women's health issues will have limited effectiveness without incentives and legislation to promote equal opportunities, anti-discrimination practices and women-friendly fiscal policies. The proportion of women in decision-making positions needs to be increased. When assessing the impact of policies and practices on the health of populations, there is a need to recognize where there are differential impacts on women and men. Specific women's health policies can provide the framework for increasing awareness and understanding of the factors that affect the health of women, shaping general policy development, planning and service delivery to improve the health of women, ensuring that there are structures within and across organizations that take account of the factors which affect the health of women and ensuring that the priorities identified by women themselves are addressed.

Foreign aid transferred across the Region and between regions can play a powerful role in supporting health, social and economic initiatives that prioritize the health and wellbeing of women. Targeting aid towards women does not just have a positive effect on women but supports families and communities as well, because of the role that women play in relation to these key groups.

Target 15 – An integrated health sector

By the year 2010, people in the Region should have much better access to family- and community-oriented primary health care, supported by a flexible and responsive hospital system.

There is little recognition that the way the women and men use health care services can differ greatly, which may have implications for the organization of such health care. Women still have primary responsibility for the health of families and need access to both health and social care that minimizes the number of sites that they have to attend for services – a one-stop system. There is also some evidence to suggest that women face inequality and inequity in accessing some forms of treatment, especially for conditions such as heart disease, which is more prevalent in the male population.

Whether women's own specific health concerns may be dealt with through women-only health centres or in integrated health services is an issue of national policy decision. Women-only health centres may be particularly effective to identify previously unmet health needs, especially in relation to different groups such as disabled women, and where there is a strategic function to inform common practice within mainstream health and social care.

Good-quality maternity service provision that is integrated with general medical care at primary, secondary and tertiary levels is something that women in some parts of the Region can almost take for granted. However, there is an unacceptable level of variability across Member States that needs to be addressed.

Target 16 – Managing for quality of care

By the year 2010, Member States should ensure that the management of the health sector, from population-based health programmes to individual patient care at the clinical level, is oriented towards health outcomes.

The development and adoption of internationally agreed indicators to measure health outcomes at population level has to incorporate a gender perspective. This will necessitate the recording and dissemination of sex- and gender-disaggregated statistics and the production of specific outcome indicators in relation to women's health.

The emphasis on consumer satisfaction and ensuring quality of care going beyond narrow clinical definitions will require a commitment and planned approach to mainstreaming gender within both policy and practice. Redressing this balance can be achieved through investigating and tackling inequities in the quality and accessibility of care. For example, there is evidence of differential access to diagnostic procedures and treatments in relation to heart disease. Similarly there are indications that gender divisions can be a causal factor in limiting the quality of care women receive. Power patterns within the doctor-patient relationships throughout medicine can often result in women experiencing medical encounters that they find demeaning and that offer them little or no opportunity to exercise their own autonomy.

Measuring outcomes in terms of quality of care should include the degree to which women have been provided with appropriate information to allow them to make meaningful decisions about their health care. Ensuring the rights to privacy and confidentiality is also a key component in the delivery of services that treat women with respect.

Target 17 – Funding health services and allocating resources

By the year 2010, Member States should have sustainable financing and resource allocation mechanisms for health care systems based on the principles of equal access, cost-effectiveness, solidarity and optimum quality.

The allocation of resources appropriate to need requires an understanding of the nature and extent of women's health problems. This allows financial planning for health to be sufficiently comprehensive and for women's health to be sufficiently prioritized. Whether health care availability is dependent on national insurance contributions, private insurance or direct fees for services, women are likely to be penalized because of their generally lower incomes, the breaks they make in work-related contributions and their insurance status. Women's access to health care also needs to be separated out from their partners' insurance or income status. As a minimum, essential packages for women's health and antenatal, pregnancy and birth care need to be secured from public funding. It may be appropriate to link the availability of some packages to the workplace in order to improve women's access.

Funding of the health care and social sector is vitally important in terms of both women's health and employment opportunities because it is such a major employer of female labour.

Target 18 – Developing human resources for health

By the year 2010, all Member States should have ensured that health professionals and professionals in other sectors have acquired appropriate knowledge, attitudes and skills to protect and promote health.

If gender-sensitive health plans are to be put into effective operation, the importance of educating health workers and policy-makers to understand better the importance of gender in their work cannot be underestimated. This should happen at all levels – undergraduate, postgraduate and continuing education.

Women comprise up to 70% of health care workers, yet are hugely under-represented within the higher professional levels. Addressing this gender imbalance within different staffing levels is an important element in any serious attempt to ensure gender-sensitive health care. Increasing the number of women in decision-making positions, in health care management and scientific and university training positions is central to a human resources strategy committed to achieving this aim. Within the governing bodies of professional and specialist associations there also needs to be more equal representation.

The lower status accorded nursing staff, who are predominantly female, contributes to the downgrading of their skills and value and perpetuates the division between them and physicians. Upgrading their status would be an important step towards recognition of their contribution to health care.

Social support should be available to mothers after birth.

Target 19 – Research and knowledge for health

By the year 2005, all Member States should have health research, information and communication systems that better support the acquisition, effective utilization and dissemination of knowledge to support health for all.

Research priorities are shaped by the prevailing social and political climate and as such reflect the inequalities between men and women in society. Since the determinants of women's health have been recognized as stemming from both sex differences and gender differences, it is crucial that research is designed to address these issues. At its most fundamental level this requires the disaggregation of statistics by sex to provide a more complete picture of women's health status. The

inclusion of sex and gender should be regarded as prerequisites for good science. Their omission can lead to problems of validity and less appropriate health care delivery. Historically, women have been excluded as subjects of research, which has implications for the applicability of data resulting from such studies. The quality of empirically based findings is dependent upon the extent to which they are genuinely inclusive.

Undertaking research that appreciates the differences in patterns of health and illness between the sexes is crucial. Some diseases are more prevalent in women while some affect men and women differently. The interaction of biological, genetic or immunological sex differences with the complex construction of gender creates health conditions, situations and problems that are different for women and men as individuals and groups. The inclusion of women in clinical trials should be ensured, through close scrutiny of research design and funding allocation, dependent upon the demonstration of relevance for both sexes where possible. Additionally, there should be greater recognition of the need for qualitative research methods to document and explore some of the more structural aspects of gender inequalities in health. Knowledge generation needs also to include gender-sensitive epidemiological and population-based studies. Research must also focus on what keeps women and men healthy, and on social networks, as health promoting factors.

Target 20 – Mobilizing partners for health

By the year 2005, implementation of policies for health for all should engage individuals, groups and organizations throughout the public and private sectors, and civil society, in alliances and partnerships for health.

Women obtain much information about health issues for themselves and their families from the media yet this information is often limited to a very narrow range of topics and is primarily focused on women's reproductive health or portraying women in certain roles. Improving the role and impact of the media will only occur once the social model of women's health has become more widely acceptable, then enabling stereotypical representation of women to be challenged.

For many women, meeting together in informal groups, associations and self-help groups has often been a successful way to become involved in addressing their own health issues and sharing information. However, the informality of these groups typically means that they are operated outside official lines of influence, and their ideas and knowledge are not being incorporated into mainstream theory and practice about health. They are also not able to attract sufficient or sustainable resources to allow their work to develop.

In contrast, more formal organizations and structures that have been identified as having a vital role to play in the promotion and advocacy of health will need to adopt a more gender-sensitive approach if they are to make any impact on improving the health of women with whom they come into contact.

Target 21 – Policies and strategies

By the year 2010, all Member States should have and be implementing policies for health for all at country, regional and local levels, supported by appropriate institutional infrastructures, managerial processes and innovative leadership.

To ensure that women's health is fully addressed and that women are genuinely involved in the process of health for all, women must be involved in all aspects of strategy and policy development. The female dimensions of these strategies and policies need to be accepted and adopted on a broad scale. There need to be appropriate, realistic targets for change that are then monitored and evaluated to gauge their impact.

Annex II

The human rights of women: a reference guide to official United Nations documents¹

Charter of the United Nations

We the peoples of the United Nations determined

- to save succeeding generations from the scourge of war, which twice in our lifetime has brought untold sorrow to mankind, and
- to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small, and
- to establish conditions under which justice and respect for the obligations arising from treaties and other sources of international law can be maintained ...

Chapter I. Purposes and principles

Article 1

The Purposes of the United Nations are:

1. To maintain international peace and security ...
3. To achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion ...

Chapter III. Organs

Article 8

The United Nations shall place no restrictions on the eligibility of men and women to participate in any capacity and under conditions of equality in its principal and subsidiary organs.

...

Chapter IX. International economic and social co-operation

Article 55

With a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, the United Nations shall promote:

- a. higher standards of living, full employment, and conditions of economic and social progress and development;
- b. solutions of international economic, social, health, and related problems and international cultural and educational cooperation; and
- c. universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion.

¹ Adapted from a document originally published by the United Nations Department of Public Information in 1998.

Universal Declaration of Human Rights

Preamble

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world, ...

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom, ...

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. ...

Article 7

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

...

Article 16

1. Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
2. Marriage shall be entered into only with the free and full consent of the intending spouses.
3. The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

...

Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

International Covenant on Economic, Social and Cultural Rights

Part II

Article 2

2. The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, politics or other opinion, national or social origin, property, birth or other status.

...

Article 3

The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant.

...

Part III**Article 10**

The States Parties to the present Covenant recognize that:

1. The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and educate of dependent children. Marriage must be entered into with the free consent of the intending spouses.

2. Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.

3. Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions. Children and young persons should be protected from economic and social exploitation. Their employment in work harmful to their morals or health or dangerous to life or likely to hamper their normal development should be punishable by law. States should also set age limits below which the paid employment of child labour should be prohibited and punishable by law.

...

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; ...

International Covenant on Civil and Political Rights**Part II****Article 2**

1. Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, politics or other opinion, national or social origin, property, birth or other status.

...

Article 3

The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights set forth in the present Covenant.

...

Part III

Article 14

1. All persons shall be equal before the courts and tribunals. In the determination of any criminal charge against him, or of his rights and obligations in a suit at law, everyone shall be entitled to a fair and public hearing by a competent, independent and impartial tribunal established by law. The press and the public may be excluded from all or part of a trial for reasons of morals, public order (*ordre public*) or national security in a democratic society, or when the interest of the private lives of the parties so requires, or to the extent strictly necessary in the opinion of the court in special circumstances where publicity would prejudice the interests of justice; but any judgement rendered in a criminal case or in a suit at law shall be made public except where the interest of juvenile persons otherwise requires or the proceedings concern matrimonial disputes or the guardianship of children.

...

Article 16

Everyone shall have the right to recognition everywhere as a person before the law.

...

Article 18

1. Everyone shall have the right to freedom of thought, conscience and religion. ...

4. The States Parties to the present Covenant undertake to have respect for the liberty of parents and, when applicable, legal guardians to ensure the religious and moral education of their children in conformity with their own convictions.

...

Article 23

1. The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

2. The right of men and women of marriageable age to marry and to found a family shall be recognized.

3. No marriage shall be entered into without the free and full consent of the intending spouses.

4. States Parties to the present Covenant shall take appropriate steps to ensure equality of rights and responsibilities of spouses as to marriage, during marriage and at its dissolution. In the case of dissolution, provision shall be made for the necessary protection of any children.

Article 24

1. Every child shall have, without any discrimination as to race, colour, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State.

2. Every child shall be registered immediately after birth and shall have a name.

3. Every child has the right to acquire a nationality.

...

Article 26

All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Convention on the Rights of the Child

Preamble

The States Parties to the present Convention, ...

Bearing in mind that the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Recognizing that the United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Recalling that, in the Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance, ...

Recalling the provisions of the Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally; the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules); and the Declaration on the Protection of Women and Children in Emergency and Armed Conflict,

...

Part I

Article 1

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

...

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to a such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, *inter alia*, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

...

Article 29

1. States Parties agree that the education of the child shall be directed to: ...

(d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin; ...

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, neocolonialism, 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 1

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 non-governmental 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 preschool, 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 post-natal 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 informal, 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 co-operatives 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

State 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.

Declaration on the Elimination of Violence against Women

General Assembly Resolution 48/104 of 20 December 1993

The General Assembly,

Recognizing the urgent need for the universal application to women of the rights and principles with regard to equality, security, liberty, integrity and dignity of all human beings,

Noting that those rights and principles are enshrined in international instruments, including the Universal Declaration of Human Rights,² the International Covenant on Civil and Political Rights,³ the International Covenant on Economic, Social and Cultural Rights,³ the Convention on the Elimination of All Forms of Discrimination against Women⁴ and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,⁵

Recognizing that effective implementation of the Convention on the Elimination of All Forms of Discrimination against Women would contribute to the elimination of violence against women and

² Resolution 217 A (III).

³ See resolution 2200 A (XXI), annex.

⁴ Resolution 34/180, annex.

⁵ Resolution 39/46, annex.

that the Declaration on the Elimination of Violence against Women, set forth in the present resolution, will strengthen and complement that process,

Concerned that violence against women is an obstacle to the achievement of equality, development and peace, as recognized in the Nairobi Forward-looking Strategies for the Advancement of Women,⁶ in which a set of measures to combat violence against women was recommended, and to the full implementation of the Convention on the Elimination of All Forms of Discrimination against Women,

Affirming that violence against women constitutes a violation of the rights and fundamental freedoms of women and impairs or nullifies their enjoyment of those rights and freedoms, and concerned about the long-standing failure to protect and promote those rights and freedoms in the case of violence against women,

Recognizing that violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men,

Concerned that some groups of women, such as women belonging to minority groups, indigenous women, refugee women, migrant women, women living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women and women in situations of armed conflict, are especially vulnerable to violence,

Recalling the conclusion in paragraph 23 of the annex to Economic and Social Council resolution 1990/15 of 24 May 1990 that the recognition that violence against women in the family and society was pervasive and cut across lines of income, class and culture had to be matched by urgent and effective steps to eliminate its incidence,

Recalling also Economic and Social Council resolution 1991/18 of 30 May 1991, in which the Council recommended the development of a framework for an international instrument that would address explicitly the issue of violence against women,

Welcoming the role that women's movements are playing in drawing increasing attention to the nature, severity and magnitude of the problem of violence against women,

Alarmed that opportunities for women to achieve legal, social, political and economic equality in society are limited, *inter alia*, by continuing and endemic violence,

Convinced that in the light of the above there is a need for a clear and comprehensive definition of violence against women, a clear statement of the rights to be applied to ensure the elimination of violence against women in all its forms, a commitment by States in respect of their responsibilities, and a commitment by the international community at large to the elimination of violence against women,

Solemnly proclaims the following Declaration on the Elimination of Violence against Women and urges that every effort be made so that it becomes generally known and respected:

⁶ *Report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, Nairobi, 15–26 July 1985* (United Nations publication, Sales No. E.85.IV.10), chap. I, sect. A.

Article 1

For the purposes of this Declaration, the term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 2

Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment, and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetuated or condoned by the State, wherever it occurs.

Article 3

Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. These rights include, *inter alia*:

- (a) the right to life;⁷
- (b) the right to equality;⁸
- (c) the right to liberty and security of person;⁹
- (d) the right to equal protection under the law;⁸
- (e) the right to be free from all forms of discrimination;⁸
- (f) the right to the highest standard attainable of physical and mental health;¹⁰
- (g) the right to just and favourable conditions of work;¹¹
- (h) the right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.¹²

⁷ Universal Declaration of Human Rights, article 3; and International Covenant on Civil and Political Rights, article 6.

⁸ International Covenant on Civil and Political Rights, article 26.

⁹ Universal Declaration of Human Rights, article 3; and International Covenant on Civil and Political Rights, article 9.

¹⁰ International Covenant on Economic, Social and Cultural Rights, article 12.

¹¹ Universal Declaration of Human Rights, article 23; and International Covenant on Economic, Social and Cultural Rights, articles 6 and 7.

¹² Universal Declaration of Human Rights, article 5; International Covenant on Civil and Political Rights, article 7; and Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Article 4

States should condemn violence against women and should not invoke any custom, tradition, or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should:

- (a) Consider, where they have not yet done so, ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination Against Women or withdrawing reservations to that Convention;
- (b) Refrain from engaging in violence against women;
- (c) Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons;
- (d) Develop penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence: women who are subjected to violence should be provided with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies to the harm they have suffered; States should also inform women of their rights in seeking redress through such mechanisms;
- (e) Consider the possibility of developing national plans of action to promote the protection of women against any form of violence, or to include provisions for that purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by nongovernmental organizations, particularly those concerned with the issue of violence against women;
- (f) Develop, in a comprehensive way, preventive approaches and all those measures of legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure that the re-victimization of women does not occur because of laws insensitive to gender considerations, enforcement practices or other interventions;
- (g) Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation;
- (h) Include in government budgets adequate resources for their activities related to the elimination of violence against women;
- (i) Take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate and punish violence against women receive training to sensitize them to the needs of women;
- (j) Adopt all appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women to eliminate prejudices, customary practices and all other practices based on the idea of inferiority or superiority of either of the sexes and on stereotyped roles for men and women;
- (k) Promote research, collect data and compile statistics, especially concerning domestic violence, relating to the prevalence of different forms of violence against women and encourage research on the causes, nature, seriousness and consequences of violence against women and on the effectiveness of measures implemented to prevent and redress violence against women; those statistics and findings of the research will be made public;

- (l) Adopt measures directed towards the elimination of violence against women who are especially vulnerable to violence;
- (m) Include, in submitting reports as required under relevant human rights instruments of the United Nations, information pertaining to violence against women and measures taken to implement the present Declaration;
- (n) Encourage the development of appropriate guidelines to assist in the implementation of the principles set forth in the present Declaration;
- (o) Recognize the important role of the women's movement and non-governmental organizations world wide in raising awareness and alleviating the problem of violence against women;
- (p) Facilitate and enhance the work of the women's movement and non-governmental organizations and cooperate with them at local, national and regional levels;
- (q) Encourage intergovernmental regional organizations of which they are members to include the elimination of violence against women in their programmes, as appropriate.

Article 5

The organs and specialized agencies of the United Nations system should, within their respective fields of competence, contribute to the recognition and realization of the rights and the principles set forth in the present Declaration and, to this end, should, *inter alia*:

- (a) Foster international and regional cooperation with a view to defining regional strategies for combating violence, exchanging experiences and financing programmes relating to the elimination of violence against women;
- (b) Promote meetings and seminars with the aim of creating and raising awareness among all persons of the issue of the elimination of violence against women;
- (c) Foster coordination and exchange within the United Nations system between human rights treaty bodies to address the issue of violence against women effectively;
- (d) Include in analyses prepared by organizations and bodies of the United Nations system of social trends and problems, such as the periodic reports on the world social situation, examination of trends in violence against women;
- (e) Encourage coordination between organizations and bodies of the United Nations system to incorporate the issue of violence against women into ongoing programmes, especially with reference to groups of women particularly vulnerable to violence;
- (f) Promote the formulation of guidelines or manuals relating to violence against women, taking into account the measures referred to in the present Declaration;
- (g) Consider the issue of the elimination of violence against women, as appropriate, in fulfilling their mandates with respect to the implementation of human rights instruments;
- (h) Cooperate with non-governmental organizations in addressing the issue of violence against women.

Article 6

Nothing in the present Declaration shall affect any provision that is more conducive to the elimination of violence against women that may be contained in the legislation of a State or in any international convention, treaty or other instrument in force in a State.

The Strategic Action Plan for the Health of Women in Europe aims to assist national and local governments in their efforts to achieve greater gender equity in health and health care and thus to contribute to improving the status of women in society. The Action Plan is intended to ensure that women's health issues are explicit in any strategies to address inequities in health across the WHO European Region.

A group of experts, working with representatives of WHO collaborating centres and members of the Standing Committee of the WHO Regional Committee for Europe, were responsible for developing the Action Plan. It was endorsed by experts from 34 countries who participated in the Third Meeting of Focal Points for Reproductive Health, Women's Health and Gender Main-streaming in the European Region in 2001.

This publication includes this endorsement, the Action Plan itself (highlighting the action needed from countries and the role of the WHO Regional Office for Europe) and annexes considering the European targets for health for all from the perspective of women and providing the context for the Plan by summarizing relevant United Nations policy agreements. The Action Plan can help in countries' work to improve the health of all their people by pointing out ways to meet the need for both gender-specific and gender-sensitive programmes of disease prevention and treatment.

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