
32/4. Elimination of discrimination against women

The Human Rights Council,

Guided by the purposes and principles of the Charter of the United Nations,

Reaffirming the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and all other relevant international human rights instruments,

Recalling the Vienna Declaration and Programme of Action, the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action and the outcome documents of their review conferences, the Durban Declaration and Programme of Action and the outcome document of the Durban Review Conference,

Recalling also all relevant resolutions on the elimination of discrimination against women adopted by the Human Rights Council, the General Assembly, the Security Council and other United Nations agencies and bodies,

Welcoming the inclusion of both gender equality and the empowerment of all women and girls as a stand-alone goal and its integration into all goals and targets of the 2030 Agenda for Sustainable Development,¹ including in its health-related provisions, and the adoption of the Addis Ababa Action Agenda,²

Underscoring that international human rights treaties prohibit discrimination on the basis of gender, and include guarantees to ensure the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on the basis of equality,

Stressing that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity,

Emphasizing that realizing the rights of women and girls that are equal to those of men and boys in the context of health and safety requires the provision of differential

¹ General Assembly resolution 70/1.
² General Assembly resolution 69/313, annex.
services, treatment and medicines in accordance with their specific needs throughout their life cycle, which are distinctively different to those of men, and the elimination of the social and economic barriers that may make them more vulnerable,

*Recognizing* that the quality of women’s health care is often deficient in various ways, depending on local circumstances, and that women are frequently not treated with respect, nor are they guaranteed privacy and confidentiality, nor do they always receive full information about the options and services available,

*Reaffirming* that the human rights of women include a woman’s right to have control over, and to decide freely and responsibly on, matters related to her sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and that equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences,

*Recognizing* that health policies and programmes often perpetuate gender stereotypes and fail to consider socioeconomic disparities and other differences among women, and may not fully take account of the lack of autonomy of women regarding their health, and that women’s health is also affected by gender bias in the health system and by the provision of inadequate and inappropriate medical services to women,

*Reaffirming* that the Beijing Declaration and Platform of Action and the outcome documents of its reviews, and the outcomes of relevant major United Nations conferences and summits and the follow-up to them, have laid a solid foundation for sustainable development, and that the full, effective and accelerated implementation of the Beijing Declaration and Platform for Action will make a crucial contribution to the implementation of the 2030 Agenda for Sustainable Development that will leave no one behind,

*Recognizing while deeply regretting* that many women and girls, particularly those belonging to marginalized groups or in a vulnerable situation, face multiple and intersecting forms of discrimination and are still subjected to discriminatory laws and practices, and that de jure and de facto equality has not been achieved,

*Expressing concern* about the disparate impact of poverty, global economic crises, austerity measures, climate change, armed conflict and natural disasters on women’s and girls’ health and well-being,

1. *Takes note* of the report of the Working Group on the issue of discrimination against women in law and in practice with regard to health and safety, and the work undertaken since its establishment;\(^3\)

2. *Reiterates* that States should take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health-care services, including those related to family planning, and that States should ensure for women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation;

3. *Affirms* that realizing human rights requires the full, effective and meaningful participation and contribution of women and girls in all aspects of life, on an equal footing with men and boys;

4. *Calls upon* States to ensure women’s and girls’ equal access to accessible, affordable, available, appropriate, effective and high-quality health care and services, and to

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\(^3\) A/HRC/32/44.
eliminate legal, administrative, financial and social barriers that hinder women’s right to the full enjoyment of the highest attainable standard of physical and mental health, particularly when designing policy measures, programmes and resource allocations;

5. Also calls upon States to ensure women’s equal right to the full enjoyment of the highest attainable standard of physical and mental health, and to promote the integration of the distinct needs of each phase of their life cycle through their differential health treatment;

6. Urges States to take steps to ensure that laws, policies and practices respect women’s equal right to decide autonomously in matters regarding their own lives and health, including their bodies, by repealing discriminatory laws relating to third-party authorization for health information and services, and combating gender stereotypes and behaviours that discriminate against them;

7. Calls upon States to promote a human rights-based approach to women’s health, and to foster a functioning health system, with adequate supplies, equipment, trained personnel and infrastructure, and an efficient system of communication, referral and transport to support women’s right to the full enjoyment of the highest attainable standard of physical and mental health;

8. Recognizes the need to pay specific attention and to take differentiated measures, including special protection and support services, when addressing multiple and intersecting forms of discrimination against women and girls;

9. Calls upon States to monitor and prevent unlawful forced institutionalization and overmedication, and to ensure non-discrimination in relation to women’s mental health;

10. Urges States to adopt effective measures and to enact laws and policies to prevent and eliminate harmful practices, such as child, early and forced marriage or female genital mutilation and cutting;

11. Also urges States to ensure the promotion and protection of the human rights of all women and their sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks, and to strengthen health systems that make quality comprehensive sexual and reproductive health-care services, commodities, information and education universally accessible and available, including, inter alia, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care, such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery, and safe abortion where such services are permitted by national law, and the prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, while recognizing that human rights include the right to have control over and to decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence;

12. Further urges States to ensure equal access to and equal treatment of women and men in education and health care, and to enhance women’s sexual and reproductive health as well as education, including by, inter alia, training health providers and other health-care workers on gender equality and non-discrimination, respect for women’s rights and dignity, in lifesaving obstetric care and when giving birth, especially midwives and auxiliary nurses, ensuring the affordability of medicines and treatments, avoiding the overmedicalization of women’s health, acknowledging alternative medicine, abolishing discriminatory practices that hinder women’s access to health services, and providing age-
appropriate, sexual health information, education and counselling, based on scientific
evidence and human rights, for women, girls, men and boys;

13. *Urges* States to take all appropriate measures to ensure equal access of
women with disabilities to health services that are gender sensitive, including health-related
rehabilitation;

14. *Also urges* States to adopt a holistic approach to maternal health, one of the
elements of the full spectrum of women’s health, by reducing maternal mortality and
morbidity by promoting access to family planning and proper prenatal care, skilled
attendance at birth, postnatal care and methods of prevention, including affordable
treatment and support services for sexually transmitted infections, such as HIV/AIDS, free
of stigma and discrimination;

15. *Underlines* the need to take measures to exercise due diligence and
accountability to ensure that health services and medications are provided in a gender-
responsive and non-discriminatory way;

16. *Stresses* the need to accelerate efforts at all levels to eliminate all forms of
violence against women and girls, including domestic violence, violence on their way to or
at school, in other public spaces and in health facilities;

17. *Recommends* that States collect data, prepare statistics disaggregated by age,
disability and sex, and conduct multidisciplinary research reflecting specific issues related
to women’s health and safety;

18. *Reaffirms* the importance of significantly increased investment to close
resource gaps for achieving gender equality and the empowerment of all women and girls,
including through the mobilization of financial resources from all sources;

19. *Recognizes* that civil society organizations, including independent women’s
organizations and human rights defenders, do important work in promoting full equality in
all aspects of life, including women’s health, and in eliminating violence against women
and girls, and that they therefore require support for their sustainability, safety and growth;

20. *Decides* to extend the mandate of the Working Group on the issue of
discrimination against women in law and in practice for a period of three years,
on the same
terms as provided for by the Human Rights Council in its resolution 23/7 of 13 June 2013;

21. *Calls upon* all States to cooperate with and assist the Working Group in its
tasks, to supply all necessary available information requested by it and to give serious
consideration to responding favourably to its requests to visit their country to enable it to
fulfil its mandate effectively;

22. *Invites* relevant United Nations agencies, funds and programmes, the treaty
bodies, within their respective mandates, and civil society actors, including non-
governmental organizations, as well as the private sector, to cooperate fully with the
Working Group in the fulfilment of its mandate, and requests the Working Group to
continue to engage with the Commission on the Status of Women, including by
participating in its work and reporting, on request;

23. *Decides* to continue its consideration of this issue in conformity with its
annual programme of work.

*42nd meeting*

*30 June 2016*

[ Adopted without a vote.]