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OUTLOOK

A Rights-Based Approach to Reproductive Health

Human rights and reproductive health advocates increasingly are working together to advance women's and men's well-being. The modern human rights system is based on a series of legally binding international treaties that make use of principles of ethics and social justice, many of which are directly relevant to reproductive health care. By placing reproductive health in a broader context, a rights-based approach can provide tools to analyze the root causes of health problems and inequities in service delivery. By emphasizing fundamental values, most notably respect for clients and their reproductive decisions, a rights-based approach can shape humane and effective reproductive health programs and policies.[1,2] By taking advantage of the international human rights treaty system, a rights-based approach can challenge the status quo and pressure governments into working proactively for reproductive health.[3]

Human Rights in the Modern Era

The concept of reproductive rights is rooted in the modern human rights system developed under the auspices of the United Nations (UN). Since 1945, the UN has created internationally recognized standards for a range of human rights, including the right to health, and has established mechanisms to promote and protect those rights. In response to atrocities committed during World War II, the UN General Assembly adopted the Universal Declaration on Human Rights in 1948. International treaties (see Table 1, page 2) have since transformed the principles asserted in the declaration into legally binding obligations for nations that ratify the agreements.[2] Parallel systems of human rights treaties and monitoring bodies also exist in some regions, including Africa, the Americas, the Arab states, and Europe.[4,5]

Transforming these legal obligations into a genuine political commitment to reproductive rights, however, required concerted and sustained pressure from women's advocates. The women's empowerment movement drew attention to human rights abuses stemming from women's subordinate position in society and pressured governments to change the circumstances of women's lives.[2] In three landmark international meetings in the 1990s, the movement succeeded in forging a new consensus on reproductive rights and made them central concerns for health programs and policies around the world.[6]

The 1993 World Conference on Human Rights in Vienna affirmed that women's rights are human rights and should not be subordinated to cultural or religious traditions. The conference also marked a breakthrough for reproductive rights, acknowledging that human rights can and should be broadly applied to the areas of sexuality and reproduction.

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Table 1. Major International Human Rights Treaties

Treaty	Date Adopted	No. of Ratifying States	Purpose	General Comments and Recommendations Relevant to Reproductive Rights
International Convention on the Elimination of all Forms of Racial Discrimination	1965	169	Eliminates discrimination based on race, color, descent, or national or ethnic origin that impairs human rights	General Recommendation 25 on Gender Dimensions of Racial Discrimination (2000)
International Covenant on Civil and Political Rights	1966	151	Guarantees right to life, liberty, marry and found a family, freedom from inhuman treatment, and freedom of thought and expression	General Comment 28 on Equal Rights of Men and Women (2000)
International Covenant on Economic, Social, and Cultural Rights	1966	148	Guarantees right to health, education, work, adequate standard of living, and benefits of scientific progress	General Comment 14 on Right to Health (2000)
Convention on the Elimination of all Forms of Discrimination Against Women	1979	174	Eliminates discrimination against women in civil, political, economic, social, and cultural areas	General Recommendation 24 on Women and Health (1999)
Convention Against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment	1984	133	Eliminates intentional infliction of physical and mental suffering for coercion, punishment, or intimidation	
Convention on the Rights of the Child	1989	192	Defines and guarantees civil, political, economic, social, and cultural rights of children under age 18 and their parents	General Comment 3 on HIV/AIDS and the Rights of the Child (2003); General Comment 4 on Adolescent Health and Development (2003)

The treaties can be viewed online at the Office of the High Commissioner for Human Rights (www.unhchr.ch/html/intlinst.htm). General comments and recommendations, ratifications, and countries' reporting status can be viewed online at www.unhchr.ch/tbs/doc.nsf/.

The 1994 International Conference on Population and Development in Cairo created a comprehensive framework to realize reproductive rights and health.[7] Women's advocates persuaded governments to reject population policies focused solely on reducing fertility and to forge a new approach that focused instead on meeting individual women's needs for a wide array of reproductive health services.[2]

The 1995 Fourth World Conference on Women in Beijing confirmed and built on the link established in Cairo between women's reproductive rights and human rights already recognized by international treaties and national laws. The Beijing Platform for Action took a holistic, rights-focused view of health and the social, political, and economic factors that affect it. It focused on governments' obligation to fulfill the right to health by creating the conditions that enable women to realize their right to health.[2]

Fundamental Principles

Many of the human rights defined in international treaties have implications for reproductive health care (see Table 2, page 3). They guide almost every aspect of the delivery of care, defining what services must be offered, to whom, and in what fashion. Three principles are key for reproductive health:[7]

- Based on the rights to liberty, to marry and found a family, and to decide the number and spacing of one's children, individuals have the right to control their sexual and reproductive lives and make reproductive decisions without interference or coercion.
- The right to non-discrimination and respect for difference requires governments to ensure equal access to health care for everyone and to address the unique health needs of women and men.
- To fulfill people's rights to life and health, governments must make comprehensive reproductive health services available and remove barriers to care.

A rights-based approach to reproductive health is especially powerful because all human rights, including reproductive rights, are universal, inalienable, indivisible, and interdependent.[8] Universal because everyone is born with and possesses the same rights, regardless of where they live, their gender or race, or their religious, cultural, or ethnic background. Inalienable because people's rights can never be taken away, no matter what they do, nor can an individual ever give up his or her rights. Indivisible and interdependent because all rights—political, civil, social, economic, or political—are equal in importance and none can be fully enjoyed without the others.

The universal quality of human rights means that nations cannot cite cultural or religious traditions—which often place women in a subordinate position and validate harmful practices such as early marriage and female genital mutilation (FGM)—as an excuse not to respect and protect all of women's rights, including their reproductive rights.

The principle of indivisibility recognizes that women cannot realize their reproductive rights without realizing their broader human rights. For example, women cannot

realize their right to choose the number and spacing of their children unless they can afford transport to and user fees for family planning services (right to freedom from poverty and to work). They also must have access to informational materials and be able to read them (right to receive information and to education), and not fear a violent reaction from their partners (right to freedom from inhuman and degrading treatment).[9]

Benefits of a Rights-Based Approach

Human rights and health advocates can best achieve their common goal—improving people's well-being—by taking advantage of the complementary strengths of their two fields.[10] Taking a rights-based approach to reproductive health offers many benefits:

- Human rights can provide core values and an ethical framework for public health practitioners.[10]
- International treaty obligations increase the pressure on governments to provide adequate health services,[11] fight violence against women,[14] and take other actions that improve public health.
- Framing a health problem like maternal mortality as a human rights or social justice concern raises its visibility and can make it an urgent policy concern.[13]

Table 2. Reproductive Rights

Human right	Reproductive health obligations
Right to life and survival	• Prevent avoidable maternal deaths. • End female feticide and infanticide. • Screen for cancers that can be detected early and treated. • Ensure access to dual-protection contraceptive methods.
Right to liberty and security of the person	• Eliminate female genital mutilation. • Obtain informed consent for all procedures, including HIV testing, sterilization, and abortion. • Encourage clients to make independent RH decisions. • Stop sexual trafficking.
Right to freedom from inhuman and degrading treatment	• Protect and care for survivors of sexual assault and domestic abuse and prosecute the perpetrators. • Prohibit involuntary abortion and sterilization. • Eliminate rape as an instrument of war.
Right to marry and found a family	• Prevent early or coerced marriages. • Provide access to infertility services to women and men. • Prevent and treat reproductive tract infections that cause infertility.
Right to decide the number and spacing of one's children	• Provide access to a range of contraceptive methods. • Help people choose and use a family planning method. • Provide access to safe abortion services, where legal.
Right to the highest attainable standard of health	• Provide access to affordable, acceptable, and comprehensive RH services. • Provide high-quality care. • Allocate available resources fairly. • Provide access to effective approaches to cervical cancer screening/early treatment.
Right to the benefits of scientific progress	• Fund research on women's as well as men's health needs. • Provide access to emergency contraception. • Provide access to antiretroviral treatment for AIDS. • Provide access to obstetric care that can prevent maternal deaths.
Right to non-discrimination and respect for difference	• Offer RH services to all groups, including adolescents, unmarried women, and refugees. • Ensure that a husband's or parent's consent is not required for RH services. • Offer services that meet women's and men's distinctive RH needs.
Right to receive and impart information	• Make family planning information freely available. • Offer sufficient information for people to make good RH decisions.
Right to freedom of thought, conscience, and religion	• Do not limit RH services, such as emergency contraception, on religious grounds. • Allow providers to refuse to offer contraceptive and abortion services on the grounds of conscience where referrals are possible and treatment in emergency situations is protected.
Right to privacy	• Ensure privacy for all services. • Keep clients' information confidential.

Sources: Cook et al., 2003 and IPPF, 1996.[3,14]

Empowering Women in Senegal

Human rights education can prompt changes in individual attitudes and behaviors that improve reproductive health. Tostan, a nongovernmental organization based in Senegal, begins its 10-month adult education program with a module on democracy and human rights, including the right to education, health, and protection from violence and discrimination.[15] Modules on problem-solving, personal and community hygiene, and women's health issues follow. Students are encouraged to apply their problem-solving skills to improve conditions in the community. Participating villages have organized clean-up brigades, constructed latrines, promoted childhood vaccinations and prenatal care, and the like.

Tostan's greatest impact has come from empowering women, who gain the confidence to speak out in meetings, take on leadership roles, participate in community and family decision-making, and question traditional practices. After analyzing the health impacts of traditional practices in Tostan classes, the women of Malicounda-Bambara publicly vowed to abandon FGM in 1997. Their landmark declaration, together with Tostan's continuing village education programs, spurred a grassroots consultation and decision-making process throughout Senegal. As a result, more than 1,100 villages in Senegal and now also in Burkina Faso have declared an end to FGM in public ceremonies. Many communities also have announced their intention to eliminate two other widespread practices that violate women's rights and threaten reproductive health: early, forced marriages and domestic violence.

- Rights education can empower health care clients and the community by instilling a sense of entitlement and establishing new social norms (see box, above).[6]
- Respecting human rights improves the effectiveness of health interventions: outcomes are better if adolescents are offered reproductive health services, if couples are encouraged to make an informed choice of family planning methods, and if sex workers are empowered, rather than coerced, to use condoms.[16]
- A rights-based approach helps public health practitioners understand the societal factors, such as gender inequality, that influence reproductive health and reach beyond the health sector to address them.[6,10]

Public health methodologies also offer benefits to human rights advocates. Epidemiological studies can explain the causes of problems like avoidable maternal deaths and document their magnitude—unlike the case studies human rights advocates traditionally use to analyze rights violations.[13] Statistical analysis of large data sets also can identify widespread problems, such as provider bias toward certain contraceptive methods, that may be too subtle to attract the attention of rights advocates.[6] Public health methodologies also are able to assess the impact of changes in policy and programs on reproductive health indicators.[17]

The reproductive health problem posed by violence against women demonstrates the synergies between the health and rights perspectives. Framing violence against women as a violation of human rights raises awareness and increases political will to address the problem. It holds governments accountable and broadens the response to include non-health sectors, like law enforcement and the judiciary. In Nicaragua, for example, activists used epidemiological research on the prevalence and effects of domestic violence to build support for legal reforms.[18] It also increases appreciation of how poverty, education, and social inequality contribute to levels of violence.[12,17] The public health approach encourages the gathering of convincing evidence on the magnitude of the problem, its health consequences, and risk factors; develops interventions to prevent violence and reduces harm when it occurs; and assesses the impact and cost-effectiveness of interventions.[17]

Obligations and Responsibilities

Although human rights treaties directly place obligations only on states and state officials, they indirectly create responsibilities for other organizations and individuals.

International organizations. Each international human rights treaty provides for a committee to monitor the performance of ratifying nations.[19] As part of a country reporting system, each nation periodically submits a report to the committee on their efforts to meet their treaty obligations. The committee discusses the report with country representatives and also hears testimony from UN agencies, nongovernmental organizations (NGOs), and, in some cases, individuals. At the end of this quasi-judicial process, the committee issues an official report highlighting areas of concern and recommending specific changes. These reports are submitted to the UN General Assembly.[3,19] The country reporting process gives the monitoring committees and civil society an opportunity to influence a government's actions through dialogue and the force of world opinion. The committees rely on the good faith of member states to comply with treaty obligations.

The treaty-monitoring committees also are responsible for interpreting broadly worded treaty provisions. In recent years, several committees have issued "general comments" or "general recommendations" that detail standards for governments to follow in meeting their treaty obligations regarding women's reproductive rights (see Table 1, page 2). By demonstrating how rights apply to particular reproductive health issues and by defining government obligations, these comments and recommendations have fostered compliance with the treaties.[19]

Regional systems of human rights treaties and monitoring bodies have their own reporting and complaints procedures, which may set higher standards for human rights and their implementation than international agreements.[4,5] They can address complaints more efficiently since they include courts that have the power to issue binding decisions (see box,

below). Because regional systems are more sensitive to local cultural and religious concerns, their authority also tends to be accepted more readily by governments.[20]

International and regional discourse on human rights is having an increasing impact at the national level. Government officials, legislators, and judges in many countries often are basing their policies, laws, and court rulings on international and regional human rights treaties, comments issued by treaty monitoring committees, and the programs of action adopted at international conferences.[12,19]

National government. The international treaty system imposes three obligations on national governments: to respect, protect, and fulfill human rights.

- Respect for rights means not interfering with people's ability to enjoy their rights, for example, by not prohibiting adolescents from getting contraceptives.[21]
- Protecting rights means taking action against those who violate human rights, for example, by prosecuting the perpetrators of rape and domestic violence.[21,22]
- Fulfilling rights means taking legislative, budgetary, and judicial actions that allow people to fully realize their rights, for example, by building a public health infrastructure with enough facilities and providers to offer affordable and comprehensive reproductive health services throughout the country.[21]

To meet their three obligations, national governments must adopt appropriate policies and laws (see box, page 6). Many constitutions, bills of rights, and laws set binding standards for human rights, but their content and the degree of support for reproductive rights is influenced by national politics and varies widely.[6]

To truly fulfill reproductive rights, governments also must address societal conditions that hinder women from enjoying their reproductive rights. Policies, laws, and justice systems that empower women and promote gender equity are needed. For example, governments can work to increase educational, economic, and political opportunities for women and promote equitable, violence-free relationships between men and women.[11]

Implementing these policies and laws poses a difficult challenge. Governments must allocate resources to enforce laws and policies, and they also must hold officials accountable for their actions. In southern Africa, for example, governments have responded to the problem of violence against women by revising their laws but have failed to allocate money for enforcement or educate police officers, prosecutors, and judges about the law. As a result, many officials continue to make decisions based on personal beliefs about gender-based violence.[12]

Health care system. Public health programs are responsible for supplementing available private health services to ensure that everyone has access to a complete range of affordable, acceptable, and good-quality reproductive health information, services, and commodities. This obligation requires action at the policy-making and upper managerial levels, for example, in building, equipping, and staffing facilities or training personnel to offer reproductive health services. It also requires action at the local point of care, for example, in supervising the technical quality of care, arranging for privacy, and maintaining reliable supplies of contraceptives. Health care providers who interact directly with clients carry special responsibilities, such as respecting confidentiality, helping clients make fully informed decisions, and avoiding bias against certain services or clients.[3]

Clients and community. Health care clients and community members also can play a role in realizing their own reproductive rights. For example, clients may request privacy at clinics, ask providers for information, and take the initiative in making reproductive health decisions. Clients also can hold providers and programs accountable by complaining if, for example, a provider breaches confidentiality regarding STI/HIV test results.[6] Community members can influence reproductive rights by helping set the social norms that shape individual behavior. Their attitudes determine, for example, whether it is socially acceptable for women to go alone to a clinic, for men to beat their wives, or for girls to be circumcised.

Fighting Coerced Sterilizations in Peru

Individual cases of human rights violations can focus attention on systemic problems and help governments implement broad changes in health care policies and practices. For example, a pattern of coercive sterilizations in Peru in the mid-1990s led women's rights organizations to pursue the case of María Mamérita Mestanza Chávez in the courts.[23] This poor, rural woman submitted to tubal ligation in 1998 after health center staff repeatedly pressured her, including threatening to report her to the police for having more than five children. Furthermore, health personnel did not examine her before the operation, did not give her a consent form until the day after the operation, and refused follow-up care when she developed complications. She died at home about a week later.

After the Peruvian court system refused to open the investigation, several rights organizations petitioned the Inter-American Commission on Human Rights about Mestanza's case. The commission negotiated a friendly settlement agreement in which the government of Peru admitted violating its international rights obligations. The current government apologized for the actions of the previous regime. They agreed to pay damages to Mestanza's family and to punish those responsible, and they worked to change the laws, policies, and practices that led to unsafe and coerced sterilizations. Women throughout Peru gained when the government embraced specific recommendations to improve preoperative evaluations, health personnel training, the handling of patient complaints, and informed consent procedures.

Implementing a Rights-Based Approach

By drawing on the principles of human rights to guide policy, program design, and service delivery, reproductive health programs can protect clients and increase effectiveness. A rights-based perspective has the potential to challenge conventional practice and produce new insights into how the health care system can improve clients' well-being.

Policies and programs. Reproductive health managers should assess the impact of current or proposed policies and programs on clients' reproductive rights.[16] For example, an assessment of anti-trafficking laws and policies in Nepal found they violated women's rights, in part because they prohibited women from voluntarily migrating in search of economic opportunities and in part because they forcibly "rescued" women who chose to work in the sex trade.[24]

The focus of a rights assessment should be on the service delivery process, including clients' access to information and services, the technical quality of care, and the interaction between clients and providers. It is important to search systematically for potential problems. For example, investigating who does not use the health care system and why is a good way to discover how well a program is meeting its obligation to provide universal access to care.[1]

Safe motherhood needs assessments in both Mali and Mozambique are taking this kind of rights-based approach.[27,28] These assessments look at how well the nation is fulfilling its international human rights treaty obligations, how the denial of rights contributes to maternal mortality, and what actions must be taken to respect women's rights and reduce maternal mortality. The Mali assessment, for example, concluded the government needed to improve both access to and the quality of emergency obstetric care and recommended changes in funding, supplies and equipment, referral systems, medical training, health care standards, and monitoring as well as identifying legal and policy measures the government should take to address gender inequality.[27]

A human rights audit also can be conducted at the facility level. For example, a team focused on maternal mortality might follow a pregnant or laboring woman's progress through a facility and consider how each element in the service delivery process—from a clinic's physical layout and policies to the providers' actions—supports or violates her rights.[1]

Training and supporting providers. Health workers need training to understand and embrace the concept of reproductive rights. Providers may feel threatened by and resist a rights-based approach, however, since it fundamentally changes their relationship with clients and can be seen as a loss of power.[1] This makes educational materials, protocols, supervision, and other strategies that reinforce rights training essential.

Both preservice education and in-service training for providers at all levels should introduce human rights concepts and the international treaty system, explain how they apply to health care, and discuss how and why providers should ensure that their practices reinforce human rights.[25] Training curricula on reproductive rights typically stress respect for clients, confidentiality, informed consent, autonomous decision making, quality of care, and avoiding bias.[8] Rights education is most effective when it advises providers what to do in specific situations.[22]

Every element of the health care system should convey the same, consistent pro-rights message as the training curriculum. Health professional associations, academic institutions, and licensing bodies can reinforce rights education by incorporating those principles in their ethical guidelines and performance standards.[25] The International Federation of Gynecology and Obstetrics (FIGO) has created a Study Group on Women's Sexual and Reproductive Rights to propose these kinds of standards for the health profession.[22]

Empowering clients and community members. Human rights education directed to the community can instill a sense of entitlement to reproductive rights, empower health care clients to claim their rights when seeking services, and change social norms that support rights abuses such as FGM and

Advocating Legal Reform and Social Action

Reproductive rights depend as much on the law and the social setting as on the health care system. Laws govern, for example, the age at which girls may marry, requirements for HIV testing, whether women need their husband's authorization to get family planning services or emergency obstetric care, and the punishments for sexual assault or performing FGM.[7] Cultural traditions, religious beliefs, educational and economic opportunities, and social norms also are influential. They determine how vulnerable women are to violence as well as their ability to negotiate when and under what circumstances sexual intercourse takes place. They also affect access to reproductive health services.

Health providers can help foster reproductive rights by campaigning for legal reform and social change. Their expertise makes them credible and effective advocates, who can convincingly explain the impact of law, policy, and societal factors on reproductive health.[21,22] As members of health professional associations, providers also can participate in the UN system for monitoring human rights treaties by preparing alternate reports on reproductive rights in their countries.[25]

Human rights education can prepare health professionals to engage lawmakers and government officials and to collaborate with human rights advocates, women's groups, and community organizations. In El Salvador, Guatemala, and Nicaragua, for example, health professionals joined journalists, government officials, lawyers, religious leaders, and representatives from women's groups in workshops on sexual and reproductive rights. The participants' mixed viewpoints and disciplines helped them understand the issues, identify key concerns for their own countries, and develop effective advocacy strategies.[26]

domestic abuse. Reproductive health programs have tested many different approaches:

- The International Planned Parenthood Federation (IPPF) has designed and distributed posters on Client's Rights and Young People's Rights to encourage clients to claim their rights to confidentiality, privacy, information, and other elements of good care.
- A cervical cancer prevention program in San Martin, Peru, incorporated client rights and empowerment into an interactive educational session, with the goal of increasing women's self-esteem and hence their ability to overcome psychological and cultural barriers to screening.[29]
- Community-based rights programs in India cover reproductive rights along with literacy training, economic development, and other activities to empower women in every aspect of their lives. They have encouraged women to reject early marriages and seek health care without waiting for men's approval.[9]

Reproductive rights education faces special obstacles. It is sometimes difficult to translate rights concepts into language that is relevant to a local culture, and communities used to thinking collectively may find the focus on the individual uncomfortable.[30] Rights concepts also challenge long-established cultural and religious traditions, including patriarchal power structures and sexual taboos, and may ask people to act in ways that they find uncomfortable. Recognizing these difficulties, CARE decided not to use the language of international treaties when it took a rights-based approach to ending the long-standing and culturally embedded tradition of FGM in Ethiopia and Kenya. Instead, the projects asked the community to define rights and responsibilities and let their understanding guide program strategies to bring about necessary social change.[31]

Monitoring reproductive rights. Process indicators deserve as much attention as outcomes in monitoring a rights-based approach to reproductive health, for three reasons. First, many reproductive rights focus on how health care is delivered. What matters, for example, is whether adolescents have access to and are allowed to make an informed choice of contraceptive methods, not which methods they choose and how effectively they use them.[27] Second, the international treaty system recognizes that fulfilling many rights, including the right to health, will take time. In the short run, the treaty monitoring bodies ask nations to take reasonable, identifiable steps toward their realization. Third, data on many reproductive health outcomes in many countries is simply not available or not reliable.[32]

Consequently, a rights-based evaluation of a program to reduce maternal mortality should not focus on changes in maternal mortality rates and ratios alone. Program managers also should assess whether states are providing needed maternal health services, including emergency obstetric care, which can help prevent maternal deaths. Important indicators include the number and distribution of health facilities providing obstetric care and the quality of those services.[13,15]

Reproductive rights brochure, courtesy of UNFPA India (2003).

Conclusion

Effectively addressing reproductive health problems calls for an integrated, rights-based approach that draws on the fields of health, ethics, law, and human rights.[3,33] By collaborating with experts in all these fields, reproductive health programs can address the social, cultural, economic, legal, and policy factors that affect women's and men's reproductive health, as well as medical and public health concerns. By stressing fundamental human values, a rights-based approach also can energize efforts of reproductive health programs to meet clients' needs and offer good quality care. With the tenth anniversaries of the Cairo and Beijing conferences fast approaching, it is time for reproductive health programs to revisit the conferences' rights-based agendas and redouble their efforts to realize their health and human rights goals.

1. Freedman, L.P. Using human rights in maternal mortality programs: From analysis to strategy. *International Journal of Gynecology & Obstetrics* 75: 51–60 (2001).

2. Ralph, R.E. Challenges in promoting women's reproductive and sexual rights. In: Murphy, E. and Ringheim, K., eds. *Reproductive Health, Gender and Human Rights: A Dialogue.* Seattle, Washington: PATH (2001).
3. Cook, R. J., Dickens, B.M., and Fathalla, M.F. *Reproductive Health and Human Rights: Integrating Medicine, Ethics and Law.* Oxford: Clarendon Press (2003).
4. Carbert, A., Stranchieri, J., and Cook, R.J. *A Handbook for Advocacy in the African Human Rights System: Advancing Reproductive and Sexual Health.* Nairobi, Kenya: Ipas African Regional Office (February 2002).
5. Human Security Network. *Understanding Human Rights: Manual on Human Rights Education.* Graz, Austria: European Training and Research Centre for Human Rights and Democracy (ETC) and the Federal Ministry for Foreign Affairs of Austria (2003). www.etc-graz.at/human-security/manual/.
6. Jacobson, J.L. Transforming family planning programmes: Towards a framework for advancing the reproductive rights agenda. *Reproductive Health Matters* 8(15): 21–32 (2000).
7. Center for Reproductive Law and Policy (CRLP).*Reproductive Rights 2000: Moving Forward.* New York: CRLP (2000). www.reproductiverights.org/pub_bo_rr2k.html.
8. Asia Pacific Council of AIDS Service Organisations (APCASO). *HIV/AIDS and Human Rights: A Training Manual for NGOs, Community Groups and People Living with HIV/AIDS.* Kuala Lumpur, Malaysia: APCASO (2002).
9. Petchesky, R. P. Human rights, reproductive health and economic justice: why they are indivisible. *Reproductive Health Matters* 8(15):12–17 (2000).
10. Mann, J. M. Medicine and public health, ethics and human rights. In: Mann, J.M. et al., eds. *Health and Human Rights: A Reader.* New York: Routledge (1999).
11. Liljestrand, J. and Gryboski, K.. "Women Who Die Needlessly: Maternal Mortality as a Human Rights Issue." In: Murphy, E. and Hendrix-Jenkins, A., eds. *Reproductive Health and Rights—Reaching the Hardly Reached.* Seattle, Washington: PATH (2002).
12. Fried, S. T. Violence against women. *Health and Human Rights* 6(2): 89–111 (2003).
13. Yamin, A.E. and Maine, D.P. Maternal mortality as a human rights issue: measuring compliance with international treaty obligations. *Human Rights Quarterly* 21(3):563–607 (1999).
14. International Planned Parenthood Federation (IPPF). *IPPF Charter on Sexual and Reproductive Rights. Vision 2000.* London: IPPF (1996).
15. Tostan. *2002 Annual Report.* Thiès, Senegal: Tostan (2002). www.tostan.org/2002_AnnualReport.pdf.
16. Gostin, L. and Mann, J. Toward the development of a human rights impact assessment for the formulation and evaluation of public health policies. *Health and Human Rights* 1(1):58–80 (1994).
17. Gruskin, S. Violence prevention: Bringing health and human rights together. *Health and Human Rights* 6(2):1–10 (2003).
18. Ellsberg, M., Liljestrand, J., and Winkvist, A. The Nicaraguan Network of Women Against Violence: using research and action for change. *Reproductive Health Matters* 5(10):82–92 (1997).
19. Center for Reproductive Rights (CRR). *Bringing Rights to Bear: An Analysis of the Work of UN Treaty Monitoring Bodies on Reproductive and Sexual Rights.* New York: CRR (2000). www.reproductiverights.org/pub_bo_tmb.html.
20. Bunch, C. Beijing, backlash, and the future of women's human rights. *Health and Human Rights* 1(4):449–453 (1995).
21. Cook, R. J. and Dickens, B.M. Considerations for formulating reproductive health laws. Geneva: World Health Organization (2000). www.who.int/reproductive-health/publications/RHR_00_1/RHR_00_1_abstract.htm.
22. Cook, R.J. and Dickens, B.M. The FIGO study group on women's sexual and reproductive rights. *International Journal of Gynecology & Obstetrics* 67: 55–61 (1999).
23. Center for Reproductive Rights (CRR). Reproductive rights in the Inter-American System for the Promotion and Protection of Human Rights. Briefing Paper 26. New York: CRR (October 2002).
24. Costello Daly, C. et al. *Prevention of Trafficking and the Care and Support of Trafficked Persons in the Context of an Emerging HIV/AIDS Epidemic in Nepal.* Joint Report of Horizons and the Asia Foundation. New Delhi, India: Population Council (2001). www.popcouncil.org/pdfs/horizons/trafficking1.pdf.
25. Edouard, L. and Olatunbosun, O. Sexual and reproductive rights: statements, rhetoric, and responsibilities. *British Journal of Family Planning* 26(1):44–47 (2000).
26. McNaughton, H.L. et al. Forging alliances toward a vision of sexual and reproductive rights in Central America. *Dialogue* 6(2). Chapel Hill, North Carolina: Ipas (2002).
27. Center for Reproductive Rights (CRR) and Association des Juristes Maliennes (AJM). *Claiming Our Rights: Surviving Pregnancy and Childbirth in Mali.* New York and Bamako, Mali: CRR and AJM (2003). www.reproductiverights.org/pub_bo_mali.html#report.
28. World Health Organization (WHO). Gender and reproductive rights [web page]. (2003). www.who.int/reproductive-health/gender/index.html.
29. Personal communication with Jenny Winkler, PATH (November 2003).
30. Harcourt, W. Building alliances for women's empowerment, reproductive rights and health. *Development* 46(2):6–12 (2003).
31. Igras, S. et al. *Integrating Rights-Based Approaches Into Community-Based Health Projects: Experiences From the Prevention of Female Genital Cutting Project in East Africa.* CARE (August 2002). www.careusa.org/careswork/whatwedo/health/downloads/integrating_rights_based_approaches.pdf.
32. Rahman, A. and Pine, R.N. An international human right to reproductive health care: toward definition and accountability. *Health and Human Rights* 1(4):400–427 (1995).
33. See the miniseries "Reproductive Health and Rights" in the *Lancet* 363 (January 3, 2004) for more articles on this subject.

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Jack Kirshbaum, Editor
PATH
1455 NW Leary Way
Seattle, Washington 98107-5136 U.S.A.
Phone: 206-285-3500 Fax: 206-285-6619
Email: outlook@path.org
URL: www.path.org/resources/pub_outlook.htm