Article in proposed new convention	CESCR The International Covenant on Economic, Social and Cultural rights (1976)	HRC The International Covenant on Civil and Political Rights (1976)	CERD The International Convention on the Elimination of All Forms of Racial Discrimination (1969)	CEDAW The Convention on the Elimination of all forms of Discrimination Against Women (1981)	CAT The Convention Against Torture and other cruel, inhuman or degrading treatment or punishment (1987)	CRC The Convention on the Rights of the Child (1990)	MWC The International Convention on the protection of the Rights of All Migrant Workers and Members of Their Families (1999)	CRPD The Convention on the Rights of Persons with Disabilities (2008)
1								
2	CO-reduce discrimination due to HIV/AIDS by legislation, policy and education	GC-28-equality before the law and freedom from discrimination. (protected by Art 26) CO-extend anti discrimination legislation to protect individuals from discrimination on the basis of HIV/AIDS	GR-25-specifically recognizes that some forms of racial discrimination may only be experienced by women.	GR-15-avoidance of discrimination against women and children infected with HIV/AIDS GR-21-in shedding light on Art 16(1) committee notes that bearing and raising children imposes a heavy burden of work on women		CO-access to health and social services, and education in accordance with the principle of non- discrimination GC-1-Recognises that children living with HIV/AIDS are discriminated against in both formal and informal educational settings		
3								
4								
5								
6	GC-14 – reduce health risks, lower Maternal Mortality and protect from domestic violence GC-14-right to health also means the right to the underlying determinants of health, access to information, including sexual and reproductive health (Art 13) GC-14-on Art 12(2)(a) of ESCR requires states to accomplish the following; improve child and maternal health, sexual and reproductive health services, including access to Family Planning, pre/post-natal care, emergency obstetric services and access to information, as well as to	GC-6-right to life – decrease infant mortality and increase life expectancy		GR-24-Respect, protect and fulfill women's rights to health care. Right to care in pregnancy and childbirth are linked to right to life – make health services more available preventing morbidity and mortality CO-expressed concern over high rates of maternal mortality, framed the issue of maternal mortality as a violation of women's rights.		GC-4-Access to information including the harm that can come from early marriage and early pregnancy		

	resources necessary to act on							
	that information							
	that information							
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7	GC-14 – reduce health risks,	GC-6-right to life		GR-24-Respect, protect and		GC-4-Access to information including		
	lower Maternal Mortality and	 decrease infant 		fulfill women's rights to health		the harm that can come from early		
	protect from domestic violence	mortality and		care. Right to care in		marriage and early pregnancy		
	GC-14-right to health also	increase life		pregnancy and childbirth are				
	means the right to the	expectancy		linked to right to life – make				
	underlying determinants of	1		health services more available				
	health, access to information,			preventing morbidity and				
	including sexual and			mortality				
	reproductive health (Art 13)			CO-expressed concern over				
	GC-14-on Art 12(2)(a) of			high rates of maternal				
				0				
	ESCR requires states to			mortality, framed the issue of				
	accomplish the following;			maternal mortality as a				
	improve child and maternal			violation of women's rights.				
	health, sexual and reproductive							
	health services, including							
	access to Family Planning,							1
	pre/post-natal care, emergency							
	obstetric services and access to							
	information, as well as to							1
	resources necessary to act on							
	that information							
8	GC-13-education must be	GC-28-education	CO-expressed concern	Expressed concern over forced	CO-provision	GC-4-Access to information including		
	accessible to all especially the	is to be accurate	over disparity in race	sterilization of minority	of med	the harm that can come from early		
	most vulnerable groups, in law	and objective	and maternal mortality	women without including	treatment,	marriage and early pregnancy		
	and fact, without	GC-28-by	as a result of lack of	consent	family planning	Remove all barriers to access of		
		•				information about STIs		
	discrimination on any of the	strengthening	access to reproductive	CO-frequently asked parties to	and access to			
	prohibited grounds. This	Family Planning	health care for	adopt sexual education and	reproductive	CO-Need for sexuality education,		
	education must be adaptable	programs and sex	minorities	reproductive information	health services	Family Planning, Reproductive health		
	within diverse social and	education		Increase access to prevent	including for	education		
	cultural settings	programmes		abortion being used as the	adolescents			
	CO-called for implementation	CO-recommended		main form of family planning	CO-strengthen			
	in school curricula	to abolish laws		Committee has not	family planning			
	Discussed ways to combat	that restrict		acknowledged that access to	services and			1
	maternal/child mortality	Family Planning		safe, legal abortion is always	better access to			1
	including by increasing access	services		needed as a backup method of	information and			1
	to information on	CO-Obstacles to		family planning when other	reproductive			1
	contraceptives	women's access		methods fail	health			
	GC-14-on Art 12(2)(a) of	to contraception		Ensure access to abortion in	including for			1
	ESCR	(high cost etc)		public health services	adolescents			1
	CO-sexual health information	violate Art 3 (non		GR-21-expresses importance	CO-Sees denial			1
	programs to diminish the use	discriminatory		of access to information with	of access to			1
	of abortion as a primary	provisions)		regard to contraception and	treatment when			
	contraceptive (see Art-15)	r-o (lololos)		Family Planning	the mothers life			1
	CO-asked SP to improve			CO-improve access to	is at risk as			1
	sexual and reproductive health			contraception through	inhumane and			1
	I.							1
	services and to address barriers			education and programmatic	cruel			1
	to accessing anti retro viral			measures				1
	medicines (including high cost			Expressed concern over SP not				1
	– see Art-8)			providing adequate emergency				1
	CO-Has framed lack of access			contraception				1
	to contropontizion on a regulation			GR-24-number and spacing of			1	1
	to contraceptives as a violation of the right to health			children are a women's right in				۱ I

<u>9</u> 10	CO-ensure women's access to comprehensive reproductive health-care services and to allocate adequate financial resources for their effective implementation			marriage-increase education GR-24-Government action to ensure access to health care, including access to contraception, Family Planning services and information and treatment for HIV/AIDS	CO-Take measures to address malnutrition and under-nutrition in pregnant women and suggested that SP seek assistance from other SP to that end	
11						
12			CO-demonstrated concern over the high cost of medications for HIV/AIDS in developing countries	CO-recommends parties' implement programs to control teenage pregnancy, STI's and AIDS CO-Expressed concern over lack of care given especially for women and girls. Recommends incentives to attract health professionals and allocation of resources to combat HIV/AIDS and other STIs.	GC-3-highlights critical role of education in the treatment of HIV CO-criticized barriers to health care including adolescents having to pay for health care which included sexual education	
13	CO-Recommended the use of health education/campaigns to prevent the spread of HIV/AIDS and other STIs, including providing info about contraceptives Education programs to eliminate discrimination against people living with HIV (Art-2) GC-14-Art-12(2)(c)- prevention and education, implies a right to treatment including system of urgent medical care in case of epidemics CO-make general efforts to stem the spread of HIV/AIDS Advocated prevention programs on sexual and reproductive health for adolescents CO-asked committees to comply with standards of the international guidelines on HIV/AIDS and human rights adopted at the second	CO-allow and facilitate access to adequate anti retro viral medication and also equal access to treatment	CO-noted that refugees in one SP do not have access to programmes developed for anti retro viral and vertical transmission prevention programmes and has recommended equal access	GR-15-calls for SP special attention to the rights and needs of women/children in terms of HIV Including information on the effects of AIDS on women as well as measures to address needs GR-24-committee acknowledges that women and adolescent girls lack adequate access to information and services necessary to ensure sexual health including HIV/AIDS prevention and treatment	GC-3-recommends access to info to protect from HIV infection. CO-access to health care and sexuality education is key to reducing adolescents pregnancy, maternal mortality, abortion, HIV/AIDS and other STIs GC-3-HIV/AIDS affects all children's rights. After day of discussions 6 main recommendations were put forth in keeping with the spirit of Art 19 of this draft convention and child centered policies, new laws to prohibit discrimination, committees to respond to neglect of children or violation of their rights	

1.4	international consultation on HIV/AIDS and human rights in SEPT 1996						
14 15	GC-14-on Art 12(2)(a) of ESCR		CO-adequate emergency obstetric	CO-guaranteed access to emergency obstetric care			
	LUCK		services are needed	emergency obsecure care			
16							
17	GC-14-on Art 12(2)(a) of ESCR		CO-adequate emergency obstetric services are needed	CO-guaranteed access to emergency obstetric care			
18							
19	CO-in one case committee recommended the institution of a blood safety program as part of its comprehensive HIV/AIDS prevention strategy						
20							
21	GC-14-impact of domestic violence on women's ability to exercise right to health		GR-19- equates the practice with violence against women and characterizes it as a threat to the right to life and physical integrity	GR-19-comprehensive reporting guide for states. Specific recommendations on how to eliminate practice. In its CO recognizes marital rape as a crime Recognised abuse of girls by older men as a violation of their reproductive rights GR-19-take measures to prevent coercion with regard to fertility and reproduction See Art 28 GR-19-Forced marriage as a form of violence that poses an actual threat to women		GC-3-right to be protected from violence, including sexual exploitation and abuse GC-4-Duty of SP to protect adolescents from all harmful traditional practices in the broader context of obligations with respect to life, health and development of adolescents CO-recognises link between forced/early marriage and high maternal and infant mortality	
22	CO-linked lack of education to the use of abortion as a primary means of Family Planning. SP's should raise awareness of health risks and advocated health education programs to tackle female mortality rates caused by illegal or unsafe abortions CO-Eliminate Female Genital Mutilation, awareness raising campaigns to curb high rates of sex selective abortion GC-14-on Art 12(2)(a) of ESCR CO-has expressed concern over unsafe/clandestine	CO-expressed concern for vulnerable populations and forced sterilization – legalise abortion in cases of rape and/or incest GC-28-When reporting on women's enjoyment of Art 6 need to give information on any measures taken to prevent	CO-Denounced other harmful practices e.g. female infanticide, son preference, witch hunts, trokosi, forced pregnancy, honor killings, dowry, child/ early marriage, forced marriage, marital rape, denial of ownership, levirat, sororat etc – SP should take steps to abolish practices	Linked sexual violence and access to abortion, condemning criminalization of abortion even in cases of rape GR-24-Impediments to access to health care removed e.g. high fees, spousal authorization, punitive provision on abortion CO-unsafe abortion violation of women's right to life Raised concerns over lack of access to termination of pregnancy from rape. CO-remove punitive provision for women who undergo abortion.	CO-expressed concern over denial of treatment leading to illegal abortions and suggested legislation to the opposite	CO-made link between maternal mortality and high rates of illegal, clandestine and unsafe abortions. CO-expressed concern over punitive legislation against abortion and its impact on maternal mortality Calls for review of Legislation in abortion due to cases of rape or incest and in situ where the life of the mother is at risk CO-stronger implementation of laws surrounding sex selective abortion as this practice still occurs Called on states to reduce prevalence of abortion through provision of family planning services. GC-7-sex selective abortion, female	

	abortions and high rates of	unwanted		New legislation on abortion	genital mutilation, neglect and	
	maternal mortality-therefore	pregnancy		has to come in line with	infanticide – discrimination against	
	recommends education (Art-	CO-Illegal and		CEDAW.	girl children – serious violation of	
	13) CO-legalise and decriminalize	unsafe abortions are a violation of		Expressed concern over sex- selective termination of	rights GC-4-Take measures to reduce	
	abortion especially when	contraceptives to		pregnancy but including	maternal mortality in adolescent girls	
	pregnancy is life threatening or	curb the increased		safeguards to prevent	due to early pregnancy and unsafe	
	result of rape/incest	rate of suicide		criminalisation for women	abortion	
	CO-Has made direct	after the		who are pressured to get it.		
	connection between lack of	criminalization of		CO-linked maternal mortality		
	access to contraception and	abortion		to lack of access and		
	high rates of abortion and has			insufficient availability of		
	advocated Family Planning policies and programs (see Art			reproductive health services as well as lack of availability of		
	13 of this convention)			safe abortion services.		
	15 of this convention)			CO-Take measures to protect		
				women from unsafe abortions		
				and ensure women have access		
				to safe abortion.		
				Quality emergency care for		
				complications from unsafe		
- 22	CO-Consent for and			abortion GR-24-no need for spousal	CO-commented that parental consent	
23	availability of voluntary			consent	for abortion has led to a high number	
	abortion			CO-expressed concern that	of illegal abortions.	
				women need spousal consent	CO-eliminate need for parental	
				for an abortion even if it was a	consent to access medical advice and	
				life threatening situation	services	
24						
25	GC-14-confirms that the obligation to ensure				GC-7-urges all SP to take all possible measures to improve perinatal care for	
	reproductive and maternal				mothers and babies	
	care, both prenatal and					
	postnatal should have a					
	priority comparable to core					
26	obligations GC-14				GC-7	
20						
27						
28	GC-14				GC-7	
	50.17					
30						
31						
32			GR-29-descent based	CO-Prohibit laws that prevent		
			communities-should be eliminated,	women passing on nationality to their offspring		
			reducing multiple	to men orispring		
			discrimination			
33				GR-19-take measures to		
55				prevent coercion with regard		
				to fertility and reproduction		

24	GC-14-on Art 12(2)(a)			GC-4-		
34				dissemination of information, designed by adolescents, through youth, religious and community organisations including the media (a)		
35			Inability to stay due to domestic violence covered comprehensively in CEDAW's COs			
36		GR-30-SP must respect the right of non-citizens to an adequate standard of health			GC-6-unaccompanied children are at high risk of exploitation – therefore should conduct information campaigns and pass appropriate legislation CO-provide services for recovery from physical/psychological and substance abuse and to facilitate reunification of street children with their families	
37					GC-9-the rights of children with disabilities – Notes children with disability face multiple challenges and risks in reproductive health and recommends the SP provide these children with adequate information – Committee deeply concerned about the practice of forced sterilization on children with disability (especially young girls)	
38 39	GC-16-Art-12-men and women to enjoy the highest attainable standard of health				CO-provide street children with food, clothing, health services, housing and educational opportunities Provide services for reintegration CO-Childs best interests must be the primary concern in all custody cases. Urged SP to ensure that women and children are empowered to claim maintenance payments upon divorce and to strengthen legal instruments for the enforcement of maintenance orders	
40			GR-24-identifies sex workers, trafficked women and adolescents as vulnerable groups and calls for SP to ensure rights to sexual/reproductive health	CO-prevention of trafficking	GC-6-unaccompanied girls are at high risk of being trafficked	

				information			
41		GC-28-paragraph 11 denounces domestic violence. Guarantees right to be free from torture and other cruel, inhuman, degrading treatment GC-8-Right to security of the person			CO-asked for information regarding torture, cruel and other inhumane treatment Praised states passing legislation making sexual violence, whilst in detention, a crime	GR-8-Reducing punishment for children is 'key strategy' to reducing violence in society – recommends prohibition of all forms of corporal punishment for the child – by amending or adding to existing law CO-SP ensure that mothers who give birth in prison and their babies have access to health care services	
42	Civilian war victim status. Devise and implement a state level strategy to protect rights of the victims of violence and sexual violence and their families, including them in the decision making process		GR-25-specifically recognizes sexual violence during armed conflict may be experienced only by women	Explicitly condemned use of rape as a weapon of war Special protective proceedings for victims and allocation of financial resources and provision of insurance/services to victims	CO-touched on sexual violence in camps for internally displaced and migrant workers and rape as a form of torture in the context of operations by illegal armed groups	GC-3-parties to put into place campaigns, counseling services and prevention and detection mechanisms in regions affected by armed conflict CO-prioritized recovery and reintegration of child victims of armed conflict – emphasized state responsibility for protecting children CO-SP plagued by war ensure universal access to maternal health- care services and facilities throughout their country with special attention to conflict areas	
43	Expressed concern over lack of info in regards to mental health services for victims of physical and sexual abuse	CO-revise legislation requiring a victims consent to pursue a rape prosecution and to ensure rape does not go unpunished			CO-called for adequate rehabilitation services for victims of abuse, torture giving them capacity for redress Has called for SP's to provide psychological and medical treatment for victims of sexual violence in prisons	GC-3-adolescents who are sexually exploited have a right to physical recovery and social reintegration. In an environment that fosters health, self respect and dignity CO-called for programs aimed at assisting victims of abuse	
44							

Table C Articles in the proposed new convention which are already covered in whole or in part by General Comments (GC), General Recommendations (GR) or Concluding Observations (CO) in the 6 existing UN Conventions