Policy Brief

The Report of the Office of the High Commissioner for Human Rights: “Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality”

In accordance with a request made by the Human Rights Council, the United Nations High Commissioner for Human Rights issued a report in June 2012 on maternal mortality and morbidity. The stated purpose of this report was to “assist policymakers in improving women’s health and rights . . . to reduce maternal mortality and morbidity in accordance with human rights standards.” (Emphasis added.)

The Report Seeks to Establish Sexual Rights as Human Rights

Unfortunately, however, the report released by the Commissioner has little to do with maternal mortality and morbidity, and instead, is a thinly veiled attempt to establish highly controversial sexual rights as international human rights. The Commissioner attempts to do this, in part, by repeating in the text the phrase “sexual and reproductive health rights” 29 times, even though this controversial phrase has been rejected by UN Member States every time it has been proposed in UN negotiations. The phrase “sexual and reproductive health rights,” appears nowhere in any UN consensus document or in any document from any UN commission—for critical reasons that are outlined below.

By repeating the phrase “sexual and reproductive health rights,” which connects the word “sexual” with “rights” in the context of a human rights approach to combating maternal mortality and morbidity, the High Commissioner is attempting to bypass the UN negotiation process to unilaterally establish controversial sexual rights as internationally recognized human rights.

The term “sexual rights,” likewise, has always been rejected by Member States in UN negotiations. Yet sexual rights activists repeatedly try to get “sexual rights” recognized in UN documents. This is because they know that “sexual rights” is an undefined term, and therefore, if

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1 Resolution 18/2
2 A/HRC/21/22
3 The CPD Resolution in 2009 was held up and in danger of complete failure until the term “sexual and reproductive health and rights” was changed to separate the terms “sexual and reproductive health” and “reproductive rights.” These separate terms were accepted only because they have never been defined in any UN document to include a right to abortion or other rights pertaining to sexuality.
they can establish the term in UN documents, it can be used to promote virtually any alleged right connected to human sexuality. For example, sexual rights can be used to promote contraception, abortion, gender identity (certification of birth, identity papers), gender expression (transgenderism, hormone therapy, sex reassignment surgery), pornography (production and use), sexual relations, age of consent, sexual orientation, sodomy, employment, housing, adultery, prostitution (sex work), use of public facilities, civil unions/domestic partnerships, same-sex marriage, same-sex adoption, polygamy, fertility services, and sexuality education.

The Report Promotes Controversial Sexuality Education for Children

Additional troubling language in the Commissioner’s technical guidance report are two references to “comprehensive sexuality education.” Of concern is the fact that the comprehensive sexuality education programs funded and/or promoted by UN agencies usually contain a number of the highly inappropriate elements listed below.4

Comprehensive sexuality education programs:

- Promote masturbation as healthy and normal
- Encourage acceptance and exploration of diverse sexual orientations and gender identities
- Promote condoms as “safe” without disclosing failure rates
- Promote abortion as safe and without consequences
- Encourage youth to advocate for sexual rights
- Teach youth without parental knowledge or consent
- Promote sexual pleasure as a right and an important component of sexual health
- Claim access to comprehensive sexuality education is a human right
- Teach children and youth they are sexual from birth
- Encourage anal and oral sex
- Encourage peer-to-peer sexuality education

By linking comprehensive sexuality education to this purported “human rights” framework to combat maternal mortality, the High Commissioner is building on the controversial report of the UN Special Rapporteur on the Right to Education that also tried to establish an international right to comprehensive sexuality education for children. In his report to the General Assembly the Special Rapporteur stated that he considers the goals of comprehensive sexual education for children to be “pleasure in and enjoyment of sexuality” and “abolishing guilt feelings about eroticism that restrict sexuality to the mere reproductive function.”5

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The Report Promotes Abortion and Attacks Right of Conscience

With regard to abortion, the Commissioner’s report is also highly problematic as it:

- persists in using the term “services” connected to “reproductive health” although this has been repeatedly rejected during negotiations by UN Member States that oppose abortion;⁶
- attacks laws that restrict abortion;⁷
- attacks freedom of conscience;⁸

The Report Denigrates National Sovereignty and the Religious and Cultural Values of Nations

A resolution, A/HRC/21/L.10, negotiated by countries at the 21st session of the UN Human Rights Council (HRC), which promotes this controversial High Commissioner’s report, met with stiff opposition from African and Islamic countries despite the fact that Burkina Faso was one of the main co-sponsors of the resolution. In a joint statement, a group of likeminded countries⁹ issued a formal explanation of vote¹⁰ disassociating their respective countries from the paragraphs in the HRC resolution that promote the High Commissioner’s technical guidance report stating:

“It is to be noted that the guidance promotes new rights not defined in international human rights instruments and declarations, mainly the reference to ‘sexual and reproductive health rights’. It is to be underlined that the Cairo Declaration and Programme of Action defines

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⁶ During UN negotiations for the Convention on the Rights of People with Disabilities the term “reproductive health services” was accepted only after the word “services” was deleted. This is because a number of UN Member States expressed concerns that if the phrase contained the word “services” it could be misinterpreted to include abortion. With the deletion of “services” the term “reproductive health” cannot be construed to include a right to abortion, yet the Commissioner’s report retains the controversial term “services” in connection with “reproductive health.”⁷

⁷ The Commissioner’s report states, “Laws and policies that impede access to sexual and reproductive health services must be changed, including laws criminalizing certain services only needed by women; laws and policies allowing conscientious objection of a provider to hinder women’s access to a full range of services; and laws imposing third-party authorization for access to services by women and girls.” The phrase “services only needed by women” that are criminalized by “laws and policies that impede access” by women, refers to abortion.⁸

⁸ The reference to changing laws that allow “conscientious objection” is an attempt to ensure that doctors who object to abortion must perform them anyway.

⁹ Saudi Arabia on behalf of Bahrain, Bangladesh, Brunei-Darussalam, Egypt, Iran, Jordan, Kuwait, Lebanon, Libya, Malaysia, Mauritania, Oman, Pakistan, Qatar, Saudi Arabia, Sudan, Syria, Uganda, United Arab Emirates, and Yemen.

¹⁰ Explanation of Vote before the Vote Presented by a Group of Like-Minded Countries on Draft Resolution L.10 of the 21st Session of the United Nations Human Rights Council.
‘sexual and reproductive health’ and ‘reproductive rights’. However, there is no international consensus on sexual rights. A human rights-based approach to maternal mortality and morbidity has to respect the sovereignty of states and their[be] consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.”

Their statement also complained that:

“The text gives relevance and a governmental stamp to a technical guidance on a human rights based approach to addressing preventable maternal mortality and morbidity, treating it as an authoritative reference in this regard. The whole text is focused on the dissemination and application of a document that has never been negotiated by states or evaluated to determine its utility.”

The joint statement also cited the likeminded group’s proposals to the main sponsors of the resolution (New Zealand, Columbia, Burkina Faso) requesting the strong text mandating that governments implement the technical guidance be replaced with language that “encourages” governments to “consider” disseminating and applying the guidance. These proposals were flatly rejected.

The joint statement concluded with the following:

“It is with regret that those amendments were not accepted by the main sponsors. Accordingly, and in view of the political importance of the thematic focus of this resolution regardless of its contents and language, I declare, on behalf of the like-minded group of states joining this statement, the disassociation of our group from operative paragraphs 4 and 8 of the resolution. Hence, we are not bound by their content and are not in a position to support the blanket acceptance of the technical guidance as an authoritative document on the implementation of a human rights-based approach to preventable maternal mortality and morbidity.”

The “technical guidance” report issued by the Office of the High Commissioner for Human Rights is just one example of the many abuses of the UN system to advance controversial sexual rights. The High Commissioner grossly overstepped her mandate in issuing a report that seeks to establish controversial rights that not only have been repeatedly rejected by UN Member States but that also conflict with the religious and cultural values of many UN Member States.
A Troubling Pattern: Bypassing UN Member States and Abusing the UN System to Advance Sexual Rights

Since sexual rights activists know they cannot get any formulation of sexual rights recognized in legitimate government negotiations because they are too controversial, they instead work to create UN reports and “guidance” documents that are not negotiated and then join with wealthy Western states that have the same agenda to pressure UN Member States into accepting and endorsing such reports in UN resolutions. It is not uncommon for developing countries to be threatened with withdrawal of humanitarian aid money unless they do so.

The International Guidelines on HIV/AIDS and Human Rights is another prime example of a controversial non-negotiated document that is still aggressively promoted by UN agencies, despite the fact that it has been rejected numerous times by Member States during negotiations because it calls for the legalization of same-sex marriage, abortion, prostitution and sexuality education for children.11

Another prime example of a controversial non-negotiated document is UNESCO’s International Guidelines on Sexuality Education12 that among other things promotes masturbation to children as young as 5 years old, telling them they can touch their body parts for sexual pleasure.13

A final example (and there are many more) is the High Commissioner’s new report “Born Free and Equal: Sexual Orientation and Gender Identity in International Human Rights Law” that promotes controversial rights for lesbian, gay, bisexual, and transgender individuals and claims these rights are already established in international law, which they are not.14

In addition to these controversial documents, reports, and guidelines issued by UN agencies, reports from several UN Special Rapporteurs have been published in an attempt to advance controversial sexual rights. Runaway UN treaty bodies have issued numerous observations and recommendations chastising member states for not advancing controversial disputed rights, such as legalizing prostitution and abortion, and liberalizing laws related to homosexuality, among other things. These committees routinely act as though these alleged sexual rights, which have never been agreed upon, and which cannot be found in the treaties they are monitoring, now somehow exist simply because they say so.

12 Following international outcry after its release, this original document was edited and renamed “The International Technical Guidance on Sexuality Education.” The original publication is still available on some official UN websites.
14 Send an email to info@FamilyWatchInternational.org to receive a policy brief on this OHCHR report when it becomes available.
This abuse of the UN system is an assault on national sovereignty and the religious and cultural values of UN Member States and undermines the institution of family.

A Call to Action

Despite the fact that over 20 countries disassociated themselves from some of the paragraphs that promote the High Commissioner’s technical guidance document, the Human Rights Council adopted resolution A/HRC/21/L.10 with over 80 co-sponsoring countries. The fact that the Human Rights Council ignored the strong objections of over 20 opposing countries should be of concern to all.

Resolution A/HRC/21/L.10, which calls upon all governments and UN agencies to adopt the Commissioner’s technical guidance as their framework for combatting maternal mortality and morbidity and report back on how they are implementing it, will be a part of the official report of the 21st Session of the Human Rights Council, which may be considered by the General Assembly for approval on or about November 14th, 2012.

We call upon all UN Member States whose national laws may conflict with the High Commissioner’s technical guidance report (A/HRC/21/22) and who may have inadvertently co-sponsored the controversial HRC resolution (A/HRC/21/L.10) endorsing this report without fully understanding its implications, to withdraw their co-sponsorship of A/HRC/21/L.10 and to consider disassociating from each of the paragraphs in A/HRC/21/L.10 (OP 4, 5, 6, 7, and 8) that promote the High Commissioner’s technical guidance report.

We call upon all UN Member States to express concerns regarding the High Commissioner’s report A/HRC/21/22 and the Human Rights Council resolution A/HRC/21/L if they agree with one or more of the following points:

1. The High Commissioner’s technical guidance report was never negotiated by UN Member States and therefore should not be established as the framework for UN agencies and UN Member States for combatting maternal mortality and morbidity as called for in OP 4 of A/HRC/21/L.10.

2. The High Commissioner’s technical guidance report contains controversial and vague terms that have been repeatedly rejected in transparent UN negotiations.

3. The reasonable amendments that were offered by a number of UN Member States were inappropriately ignored by the main sponsors of A/HRC/21/L.10.

4. The High Commissioner for Human Rights grossly overstepped her mandate by using her report to try to establish as rights, concepts that are known to be highly controversial and which have been repeatedly rejected in negotiations between UN Member States.
We call upon UN Member States to make strong statements in the UN General Assembly objecting to 1) the High Commissioner’s controversial technical guidance report; 2) references to the technical guidance report in the HRC resolution (A/HRC/21/L.10); 3) references to the technical guidance report in any future document or resolution considered by UN delegations; 4) the overstepping of the mandate of the High Commissioner for Human Rights; and 5) the attempt of the High Commissioner for Human Rights to bypass governments and establish controversial sexual rights for which there is no international consensus.