

# **Role of Health Systems in the Realization of the Right to Sexual and Reproductive Health (SRH)**

**Committee on Economic, Social and  
Cultural Rights**

**Day of General Discussion on "the right to  
sexual and reproductive health"**

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**Sexuality should be a source of wellness, satisfaction, and fulfillment for all.**

**When those elements can't be attained or maintained due to arising concerns, problems, harm and damages, we are faced with challenges that can be severe and affect individuals, couples, families, and communities.**

**Therefore, the right to sexual and reproductive health must be a platform, framework and atmosphere for state parties to promote and realize the right to integral and comprehensive health, which is a fundamental human right**

**Sexuality encompasses several dimensions through the lifespan that are grounded on the biological events (genetic, chromosomal, endocrine, genital) that define 'sex'.**

**These biological dimensions interact with the social context to define identities, create bonds and underpin the social construct of gender.**

**Through identities, interactions, volition and other yet to be identified factors people develop attractions, affections, and attachments.**

**Sexuality is thus shaped by genetic, [epigenetic?], cultural, social, and experiential elements and is expressed through: gender roles, desires, attractions, attachments, behaviors, practices, fantasies, language, sexual response, orgasm, fertility, love and sense and manifestations of satisfaction with one's generic and sexual identities.**

**Reproduction is but one of the facets of Human Sexuality. It may be a gratifying and pleasant experience when desired, wanted and free of physical risk or harm.**

**However, it may entail considerable distress and suffering when unintended and/or surrounded by conditions such as poverty, coercion and distress.**

**It may also be linked to violations of human rights established in the ICESCR.**

**Sexual and Reproductive Health is a public health principle that should not be limited to the care or preservation of the integrity of the genitourinary tract or attention of obstetric outcomes, but rather expanded to encompass measures to be adopted by state parties and aimed at the enrichment of personal relations, the enhancement of individual lives, the protection and empowerment of persons and groups and the prevention of negative outcomes associated to Sexuality and Reproduction.**

**State parties delegate on their health systems the execution of the right to health through promotion and improvement of overall health status of individuals, families, communities, and societies at large.**

**Thus, health systems have obligations related to the promotion, protection, and comprehensive care of sexual and reproductive health.**

## **The Obligations of Health Systems in the Realization of Sexual and Reproductive Rights**

**Empowering people to make free, informed, non-coercive decisions about their sexuality and procreation.**

**Providing equitable access to people-centered care of sexual and reproductive health, through the lifespan.**

**Making it possible for people to participate in decisions affecting their health and health system.**

**Improving the sexual health status of individuals, families and communities through specific, effective interventions.**

# **The Obligations of Health Systems in the Realization of Sexual and Reproductive Rights**

**Defending the population against what threatens all the facets of its sexuality and procreative functions and thus promoting sexual health and contributing to full realization of sexual and reproductive rights.**

**Protecting people against the financial consequences of poor sexual and reproductive health.**

## **Necessary measures by health systems for the realization of Sexual and Reproductive Health Rights**

- ▶ Recognize, treat, provide support for victims, and denounce any form of sexually or gender related violence, including bullying and harassment, as well as any violation of human rights as they relate to sexuality and reproduction.**
- ▶ Transfer providers and employees denying services on the basis of “personal principles”.**
- ▶ Provide safe alternatives to clandestine services (gender enhancement, mgmt of STIs, abortions).**

## **Necessary measures by health systems for the realization of Sexual and Reproductive Health Rights**

- ▶ Provide the necessary information and elements for people to make decisions about sexual health issues, including (but not limited to) reproduction as a desired and planned outcome of sexual activity.**
- ▶ Broaden reproductive health programs to address concerns and problems related to sexuality.**
- ▶ Train providers to deal in an effective, sensitive, and respectful manner with the needs, demands and rights of persons within a gamut of identities, orientations, behaviors and practices.**

## **Necessary measures by health systems in the realization of Sexual and Reproductive Health Rights**

- ▶ Protect the right to privacy of users of services, restraining from disclosing personal information unless authorized by them and with the only purpose of improving their health and wellbeing.**
- ▶ Provide the necessary interventions and products to prevent, diagnose and treat STIs, including HIV.**
- ▶ Denounce the use of misleading and pseudoscientific information to press people to make potentially damaging decisions taking advantage of fears, misunderstandings, ignorance, shame or guilt.**

## **Necessary measures by health systems for the realization of Sexual and Reproductive Health Rights**

- ▶ **Identify and correct discriminatory practices based on gender, orientation, age, expressed identities or any other personal features related to sexuality.**
- ▶ **Protect individuals against the use of treatments and therapies that are not based on evidence, that may be harmful or that stem from bigotry and hatred (e.g. sterilization of certain groups; “*conversion or reparative therapies*”; imposition of sex-change operations to homosexuals)**

## **Necessary measures by health systems for the realization of Sexual and Reproductive Health Rights**

- ▶ **Recognize and denounce mutilation practices, including involuntary sterilization**
- ▶ **Provide the necessary interventions to couples to eliminate asymmetries in sexual and reproductive decisions.**
- ▶ **Identify, address, and treat sexual concerns, dysfunctions and disorders. This action encompasses multiple tasks, that include reduction of anxiety related to sexuality, normalization of feelings, acceptance of diversity, sexual therapy and mental health care.**

## **Necessary Actions by Health Systems in the Promotion, Protection, and Care of Sexual and Reproductive Health**

- ▶ **Outreach to most at need groups and populations and along with them develop appropriate actions to respond to their needs and demands (vulnerable populations, MARPs, depressed and suicidal youth, etc.)**
- ▶ **Promote the recognition of sexual and reproductive health as an essential human right at individual, family and community level. This legal recognition should not be limited to the absence of disease or infirmity but rooted and expanded on principles of wellness, pleasure, and fulfillment as a human being.**

## **In Sum:**

**◆ Health care systems as the executors of the ICESCR's state party should work with a view of sexual and reproductive health in which sexuality is not defined by teleological arguments but by obligations enshrined in the ICESCR interpreted by scientific evidence**

**◆ Health care systems should ensure access to services and utilization by all and provide every measure to prevent violations of civil, political, economic, social, cultural rights and fundamental freedoms, as well as scorn, exclusion and discrimination**

◆ **Health care systems will have to develop comprehensive plans of action to ensure the realization of the right to sexual and reproductive health and other related human rights.**

◆ **Plans of action for sustainable development should prioritize the right to sexual and reproductive health and the necessary interventions for its realization. This entails a legal basis, advocacy, resources, removal of barriers, and monitoring of progress.**