

Taking ICPD beyond 2015

Abstract: On the 20th anniversary of the International Conference on Population and Development (ICPD), activists, governments and diplomats engaged in the fight for sexual and reproductive health and rights (SRHR) are anxious to ensure that these issues are fully reflected in the development agenda to succeed the Millennium Development Goals after 2015. In inter-governmental negotiations since 1994 and particularly in the period 2012-2014, governments have shown that they have significantly expanded their understanding of a number of so-called 'controversial' issues in the ICPD agenda, whether safe abortion, adolescent sexual and reproductive health services, comprehensive sexuality education, or sexual rights. As in the past and in spite of an increasingly complex and difficult multilateral environment, countering the highly organized conservative opposition to SRHR has required a well-planned and determined mobilisation by progressive forces from North and South.

Keywords: reproductive rights, sexual rights, reproductive health, sexual health, adolescents, abortion, ICPD, post-2015, comprehensive sexuality education

Françoise Girard^{a*}

^aInternational Women's Health Coalition, New York, NY, USA

How can sexual and reproductive health and rights, and women's rights overall, be fully reflected into the next global development agenda? As the 20th anniversary of the International Conference on Population and Development (ICPD) approaches, activists, decision-makers and diplomats engaged in the fight for sexual and reproductive health and rights (SRHR) are grappling with this challenge.

The opposition to the right to control one's body, reproduction and sexuality continues to be formidable – with powerful connections, impressive financial resources, and a vast infrastructure of religious and political entities all over the world. Global negotiations at the UN continue to be as contentious, if not more, as they were at ICPD in Cairo in 1994. At the national level, new and old political struggles rage over abortion, contraception, sexuality education, rape, parental consent, conscientious objection, child marriage, and discrimination on the basis of sexual orientation and gender identity.

However, the governments, activists, academics and UN agencies that have fought to advance SRHR in the last 20 years can take satisfaction at the sometimes surprising advances in inter-governmental agreements since 1994. With sufficient organising and strategy, the SRHR agenda should be a key feature of the next development goals, in the 'post-Millennium Development Goal' era.

In 2011 and early 2012, as the 20th anniversary of the ICPD loomed closer, SRHR activists and supportive governments began an analysis of the 'unfinished business of Cairo.' A few key areas of the ICPD agenda had, at the time of the

* Email: fgirard@iwhc.org

Conference, remained undefined or underdeveloped. There had been some progress in the interim, especially at the ICPD Plus Five review in 1999. Still, nearly 20 years later, new data and evidence, better understanding, and normative progress in other arenas seemed to warrant and demand further elaboration.

Four issues thus emerged for consideration at the ICPD Beyond 2014: (1) the right to integrated and quality SRHR services, education and information, including comprehensive sexuality education (CSE), for adolescents, particularly adolescent girls; (2) access to safe and legal abortion as part and parcel of that; (3) international recognition of sexual rights, and (4) condemnation of discrimination, abuse and violence on the basis of sexual orientation and gender identity.

Advocates debated whether the moment was opportune for agreements that further defined concepts that had been broached in Cairo but left incomplete. Some argued that we should simply ringfence ICPD and ICPD Plus Five, and focus on implementation of existing agreements, still lagging far behind. Millennium Development Goal 5 on maternal mortality and its target on universal access to reproductive health, are widely described as those least likely to be met by 2015 (UN Women, 2013). Contraceptives still elude at least 220 million women worldwide, and 239,000 women still die in childbirth every year, in spite of the clear and unambiguous agreements reached in Cairo and contained in the MDGs. Moreover, the increasingly difficult multilateral environment at the UN in New York - with increased North-South divisions over trade, climate and financing for development, an ever expanding and less unified EU and the US's clear loss of influence - did not seem propitious to renewed debates on reproduction and sexuality.

What tipped the balance were the coming debates over the next development agenda, the so-called 'post-2015' process. Activists felt very strongly that, while the General Assembly had indeed agreed to extend the ICPD Programme of Action in perpetuity (United Nations, 2011), forward momentum on SRHR at the ICPD Beyond 2014 review was vital in order to ensure that SRHR was integrated into the next development agenda. Remaining in place, while all other agendas moved forward, would be tantamount to a retrenchment.

After all, the world now has the largest ever generation of adolescents, 1.2 billion girls and boys aged 10-19. Unsafe abortions, dealt with very incompletely in Cairo, Beijing and thereafter, still account for 47,000 deaths a year and many more permanent injuries, often to young, poor girls. Homophobic violence at the behest of powerful political actors, whether in the United States, Russia, Uganda or Jamaica, is destroying lives and curtailing access to sexual health information and services. Comprehensive sexuality and gender education had taken hold in a few places and in model programmes, but remains unavailable for the vast majority. The ICPD process was the right and best venue for these debates and for forging more complete agreements that could then be taken into the post-2015 era.

2012 CPD and 2013 CSW

The 2012 session of the UN Commission on Population and Development (CPD), with Adolescents and Youth as its theme, was a first opportunity to generate

momentum on SRHR. The context was, however, far from ideal. The CPD was taking place on the heels of a session of the Commission on the Status of Women, just a month earlier, where governments had failed to reach agreed conclusions on rural women – precisely over their access to sexual and reproductive health (SRH) services and their reproductive rights.

Governments were understandably fearful of a repeat at the CPD. EU countries, now required by the Lisbon Treaty to speak with one voice on all matters, had managed with great difficulty to broker a deal to speak separately at the CPD on adolescent SRH, given Malta and Poland's vocal opposition to the rights of adolescents in this area. As a result, the EU, usually a champion, entered the negotiations very tentatively. In light of this, youth and feminist activists focused their attention on the delegations of South Africa, Brazil, Philippines, Zambia and Kenya, ensuring leadership from the global South. A bravura performance by the Indonesian Ambassador to the UN on the last day of negotiation sealed in the best and most complete agreements on adolescents and youth ever, including on matters of education, employment, human rights and all forms of discrimination, harmful practices such as female genital mutilation, early and forced marriage, forced sexual relationships, and sexual and reproductive health (CPD, 2012).

At the CPD, governments agreed, notably,

with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality. (CPD 2012, para. 26)

In addition, they agreed that the rights of women to control all aspects of their sexuality, already recognised at the 1995 Fourth World Conference on Women in Beijing, also applied to adolescents (aged 10-19) and youth (15-24):

protect and promote human rights and fundamental freedoms regardless of age and marital status, including, inter alia, by[...] protecting the human rights of adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health; (CPD 2012, para. 7)

Importantly, a few months later, in June 2012, at the global 'Rio+20' Conference on Sustainable Development, this language on the right to have control over sexuality was reaffirmed for women, youth and men (Rio+20, para. 146), as were commitments to achieving RH for all (Rio+20, para 145) and ensuring women's access to 'health care services addressing their sexual and reproductive health.' (Rio+20, paras. 146, 241) However, 'reproductive rights,' a central agreement in Cairo, were taken out of the Rio+20 text in the last hour of the months-long process. This was caused by the refusal of the EU and of the G77 bloc of developing countries

to 'break' (speak separately rather than as a bloc) on issues of SRHR and gender equality, thereby giving a *de facto* veto to the most conservative countries in their midst. The blocs effectively muzzled the most supportive voices in the EU (notably Sweden, Denmark and Finland) and in the South (Brazil, South Africa, Kenya, Indonesia, Ghana, and the Philippines), although certain G77 countries (notably Peru, Bolivia, Uruguay, Argentina, Mexico) and those countries outside a bloc (United States, Iceland, Norway, Switzerland, New Zealand, Australia and Israel) remained active in hopes of keeping reproductive rights in the document. Peru and other progressive Latin American countries managed to break the G77 in the last days of the Conference, although too late to maintain reproductive rights.

In addition, at Rio+20, other, higher considerations such as the green economy, trade and financing mechanisms for sustainable development clearly took precedence in the priorities of many countries supportive of SRHR, foreshadowing the temptation to trade-off women's health and rights in future, post-2015 negotiations. Nevertheless, at that juncture, SRHR activists had ascertained that there was sufficient support for SRHR at the global level, and that it was possible to elaborate on subjects as seemingly difficult as adolescents or sexuality.

In March 2013, at the Commission on the Status of Women, governments and activists assembled to take on the theme of violence against women, with negotiations facilitated by the Philippines and chaired by Liberia. This was the second opportunity to move the agenda forward, with a focus on access to SRH services for those subjected to sexual violence. From the outset, Nigeria and Cameroun, speaking on behalf of the Africa Group, supported by Egypt, Iran, Russia and the Holy See, opposed recognition of concepts such as 'intimate partner violence,' as well as the very mention of girls in the document. While they prevailed on the first matter by raising the prospect that 'partner' could mean unmarried or same-sex partner, they did not on the second. After two weeks of complex debates, governments agreed, for the first time ever, to take comprehensive measures to address the health consequences of violence against women and girls:

[...] including the physical, mental and sexual and reproductive health consequences [...] by providing accessible health-care services that are responsive to trauma and include affordable, safe, effective and good-quality medicines, first line support, treatment of injuries and psychosocial and mental health support, emergency contraception, safe abortion where such services are permitted by national law, post-exposure prophylaxis for HIV infection, diagnosis and treatment for sexually transmitted infections, training for medical professionals to effectively identify and treat women subjected to violence, as well as forensic examinations by appropriately trained professionals; (CSW 2013, para. C (iii))

This was the first mention ever of emergency contraception in an international consensus document. Importantly, given the outcome of Rio+20, reproductive rights were reaffirmed, although they came qualified by the (very broad) phrase '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.’ (CSW 2013, para. 22). The Holy See had proposed a more restrictive qualifier (in accordance with the ICPD only), in an attempt to freeze the definition of reproductive rights to what had been agreed at the ICPD in 1994. In so doing, the Holy See implicitly acknowledged the advances since Cairo in governments’ collective understanding and elaboration of reproductive rights, and tried, unsuccessfully, to turn the clock back.

Regional negotiations

With these agreements in place, the regional ICPD Beyond 2014 negotiations provided the next opportunity. Activists were hopeful that forward agreements could be reached, since national technical experts and government officials as well as civil society representatives and organisations are in a better position to participate and weigh in on the debates at regional meetings of the Economic and Social Commissions of the UN.

Five regional meetings took place in quick succession between June and October 2013. The first, for the Middle East and North Africa and organised by the Economic and Social Commission for West Asia (ESCWA) in Cairo in June 2013, allowed limited participation from civil society. Its negotiated agreements, while not groundbreaking, proved remarkably good given the political and social upheaval experienced by many countries of the region in recent years. The Cairo Declaration, *inter alia*, reaffirmed reproductive rights (ESCWA preamble, preamble Health section, paras. 55, 57, 58), including the reproductive rights of adolescent girls (ESCWA, para. 58), called for ending child marriage (ESCWA, paras. 11, 12, 13, 40), for ‘accessibility of young people to high quality affordable, youth-friendly health services including age appropriate sexual and reproductive health services and information, as appropriate to their age, taking into account privacy, confidentiality, that is especially tailored to their needs, free of all forms of discrimination and stigma’ (ESCWA, para. 49), and for ‘culturally and age appropriate sexual education, in and out of school, which addresses gender and life skills differences, which is necessary for young people to be able to protect themselves from unwanted pregnancy, HIV and sexually transmitted infections, and to promote values of tolerance, mutual respect and refrain from all forms of violence’ (ESCWA, para. 52).

The second, at the Economic Commission for Europe (ECE) in July 2013, was a meeting of experts from the 56 countries of the region, including Canada, the US and Israel, without negotiation. The final Chair’s summary of the debates underscores the importance of guaranteeing sexual and reproductive rights (ECE, paras. 12, 13, 16, 34), of removing legal barriers preventing women and girls from access to safe abortion (ECE, paras. 13, 19), of ensuring access to safe abortion services for those who have suffered rape, incest and other violence (ECE, para. 24), as well as access to comprehensive sexuality education (ECE, para. 14, 20) and sexual and reproductive health services for adolescents (ECE, para. 7, 17), including emergency contraception (ECE, para. 17). The summary also noted governments’ concern with the criminalisation of consensual adult sexual behaviours and relationships, including voluntary sex work, as they result in marginalisation and constitute a threat to public health. (ECE, para. 22)

At the ECE, an overwhelming number of governments spoke about the need to combat discrimination and violence on the basis of sexual orientation and gender identity (SOGI), leading everyone to expect these issues would be reflected in the Chair's summary. Unfortunately, intense pressure by Russia behind closed doors resulted in removal of SOGI from the summary. This shocking turn of events confirmed activists' conviction that open negotiations, however challenging, are preferable to 'behind the scenes' deal-making when it comes to SRHR and women's rights.

The turning point of the regional reviews was the Economic Commission for Latin America and the Caribbean (ECLAC), held in Montevideo in August 2013, where governments were convened for their first ever, regional Conference on Population and Development. The 38 governments of the region reached an unprecedented and groundbreaking consensus, (the 'Montevideo Consensus'), the most forward-looking document on sexual and reproductive health and rights ever agreed on in any diplomatic negotiation. As the host country and chair, Uruguay exerted impressive leadership, with strong support from Argentina, Belize, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Ecuador, Guyana, Mexico and from the Caribbean nations of Antigua, Barbados, the Dominican Republic, Puerto Rico, Trinidad and Tobago, and others. The Conference also featured unusually diverse representation from civil society, with indigenous, Afro-descendent, Caribbean, and young activists present in large numbers throughout.

Governments in this historically Catholic continent expressed the view 'that a secular State is one of the elements fundamental to the full exercise of human rights, the deepening of democracy and the elimination of all forms of discrimination' (Montevideo, General Principles). They asserted that 'sexual rights and reproductive rights are essential for the achievement of social justice and the national, regional and global commitments to the three pillars of sustainable development: social, economic and environmental' (Montevideo, preamble— the basis of the post-2015 development agenda).

Notably, governments explicated what they understood by 'sexual rights':

...promote policies that enable persons to exercise their sexual rights, which embrace the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence, and that guarantee the right to information and the means necessary for their sexual health and reproductive health.(Montevideo Consensus, para. 34)

On adolescents, governments agreed to 'ensure the effective implementation from early childhood of comprehensive sexuality education programmes, recognizing the emotional dimension of human relationships, with respect for the evolving capacity of the child and the informed decisions of adolescents and young people regarding their sexuality...' (Montevideo, para. 11), and to 'implement comprehensive, timely, good-quality sexual health and reproductive health programmes for adolescents and young people, including youth-friendly sexual health and reproductive health

services with a gender, human rights, intergenerational and intercultural perspective' (Montevideo, para. 12).

Furthermore, they agreed to:

guarantee access to safe and effective modern contraceptive methods, respecting the principles of confidentiality and privacy, to enable adolescents and young people to exercise their sexual rights and reproductive rights, to have a responsible, pleasurable and healthy sex life, avoid early and unwanted pregnancies, the transmission of HIV and other sexually transmitted infections, and to take free, informed and responsible decisions regarding their sexual and reproductive life and the exercise of their sexual orientation. (Montevideo, para. 12).

Governments also pledged to:

prioritize the prevention of pregnancy among adolescents and eliminate unsafe abortion through comprehensive education on emotional development and sexuality, and timely and confidential access to good-quality information, counseling, technologies and services, including emergency oral contraception without a prescription and male and female condoms. (Montevideo, para. 14).

On unsafe abortion, governments emphasised that continued high rates of maternal mortality are:

due largely to difficulties in obtaining access to proper sexual health and reproductive health services or to unsafe abortions, and ... that some experiences in the region have demonstrated that the penalization of abortion leads to higher rates of maternal mortality and morbidity and does not reduce the number of abortions, and that this holds the region back in its efforts to fulfill the Millennium Development Goals. (Montevideo, section D, preamble)

Therefore, they agreed to:

ensure, in those cases where abortion is legal or decriminalized under the relevant national legislation, the availability of safe, good-quality abortion services for women with unwanted or unaccepted pregnancies and urge[d] States to consider amending their laws, regulations, strategies and public policies relating to the voluntary termination of pregnancy in order to protect the lives and health of women and adolescent girls...(Montevideo, para. 42)

Governments also agreed to design policies and programs to eradicate discrimination based on sexual orientation and gender identity, bearing in mind that 'violence against girls, women and LGBT persons (lesbian, gay, bisexual and transsexual), in particular sexual violence, is a critical indicator of marginalization, inequality, exclusion and gender discrimination against women...' (Montevideo,

section E, preamble). They also noted ‘that discrimination and violence on the basis of sexual orientation and gender identity places persons of diverse sexuality in a vulnerable position...’(Montevideo, section E, preamble).

The governments agreed to:

...ensure effective and universal access to fundamental services for all victims and survivors of gender-based violence, with special attention to women in high-risk situations, such as older women, pregnant women, women with disabilities, culturally diverse groups, sex workers, women living with HIV/AIDS, lesbians, bisexuals, transsexuals, Afro-descendant, indigenous and migrant women, women living in border areas, asylum-seekers and victims of trafficking. (Montevideo, para. 57)

This list of persons vulnerable to violence was unprecedented in such an agreement, and it was the first time sex workers were mentioned in an inter-governmental agreement outside the field of HIV/AIDS, and the first time lesbians, bisexuals and transsexuals were mentioned in any inter-governmental agreement. In other sections, governments agreed specifically to guarantee indigenous women and Afro-descendant women and girls the exercise of their sexual and reproductive health and rights.

Montevideo galvanised progressive activists and governments going into the 6th Asia-Pacific Population Conference (APPC) organised by the Economic and Social Commission for Asia-Pacific (ESCAP) in Bangkok in September 2013. Was the result specific to Latin America and the Caribbean, or was it a sign of a broader willingness to tackle the unfinished agenda of Cairo? Interestingly, the negotiations in Bangkok took place largely in plenary, allowing the many civil society activists present to observe, support and pressure the 44 government delegations present as they debated the draft declaration.

The convening by the Philippines of a like-minded group of countries that championed progressive positions proved critical to the success of the APPC. This group included the Cook Islands, Australia, Bhutan, India, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Myanmar, Nauru, Nepal, the Netherlands, New Zealand, Niue, Papua New Guinea, Samoa, Timor-Leste, Solomon Islands, Tonga, Tuvalu, Vanuatu, Vietnam, Mongolia, Cambodia, Pakistan and the United Kingdom. The like-minded held firm against the significant pressure exerted by Russia and Iran throughout the negotiations, and were able to persuade governments of Central Asia and Afghanistan not to vote against the final text when Russia and Iran demanded a roll-call vote in spite of the obvious consensus in the room.

The final Chair’s text was adopted by 38 votes in favour and only 3 against (Russia, Iran and Azerbaijan), with only one abstention (Afghanistan). Importantly, countries such as Malaysia and Bangladesh, which had expressed difficulties with mentions of sexual orientation and gender identity, chose to vote in favour and issue an explanation of position instead. The vote proved an embarrassment for Russia, which was not able to press the likes of Kazakhstan or Uzbekistan to support its positions. Evidently, the Russian delegation did not remember that, ten years

previously, at the 5th APPC, the Bush Administration has tried a similar tactic to attack reproductive rights, only to lose two roll-call votes, 32-1 and 33-1.

The 6th APPC Declaration is the most progressive on SRHR yet agreed in Asia-Pacific, showing that Montevideo was not an outlier. The document includes commitments to provide universal access to a comprehensive package of sexual and reproductive health information and services, including 'access to safe abortion under the criteria permitted by law,' (ESCAP, para. 110). The Declaration also calls for comprehensive sexuality education that 'provide[s] accurate information on human sexuality, gender equality, human rights, relationships, and sexual and reproductive health, (ESCAP, para. 146). It is worth noting that the text contains references to the 'roles and responsibilities of parents,' (ESCAP, paras. 59, 145, 146) wherever the rights of adolescents are mentioned, but importantly, never transforms these into the 'rights of parents' over their children, as Russia and Iran had hoped. Moreover, the document calls for prohibiting parental and spousal consent requirements to receiving health services (ESCAP, para. 112) and for 'remov[ing] legal, regulatory and social barriers to youth-friendly sexual and reproductive health services' (ESCAP, para. 145).

The Declaration includes several mentions of sexual and reproductive rights, including the sexual and reproductive rights of adolescents and young people (ESCAP, para. 145). It explicates sexual rights with wording very similar to what was agreed in Montevideo, although in a paragraph that combines sexual and reproductive rights:

Recognize that sexual and reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents and rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, the right to attain the highest standard of sexual and reproductive health, the right to make decisions concerning reproduction free of discrimination, coercion and violence, and the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence; (ESCAP, para. 76)

On sexual orientation and gender identity, governments expressed 'grave concern at acts of violence and discrimination committed against individuals on the grounds of their sexual orientation and gender identity,' (ESCAP, para. 8) and called for 'reduc[ing] vulnerability and eliminate[ing] discrimination based on sex, gender, age, race, caste, class, migrant status, disability, HIV status and sexual orientation and gender identity, or other status,' (ESCAP, para. 84). Moreover, borrowing a paragraph for the ECE, they recognised 'the importance of considering the impact, in terms of potential marginalization of the status of individuals in society and on public health, of laws and practices on consensual adult sexual behaviours and relationships.' (ESCAP, para. 25). Finally, they agreed to 'address the legal and policy barriers that impede access to HIV prevention, treatment, care and support, particularly among key affected populations, including sex workers, persons who

inject drugs and men who have sex with men, transgender and mobile populations' (ESCAP, para. 120).

On abortion, governments decided they would 'review, and where appropriate, repeal laws that punish women and girls who have undergone illegal abortions, where applicable, as well as end their imprisonment for such acts,' adding the *non sequitur* that 'in no circumstances should abortion be considered as a family planning method' (ESCAP, para. 132). Importantly, they agreed that 'all victims and survivors of all forms of gender- based violence, rape and incest' should have 'immediate access to critical services,' including 'access to safe abortion services' without restriction (ESCAP, para. 134). Other critical services listed include emergency contraception and post-exposure prophylaxis for HIV prevention, as at the 2013 CSW.

Finally, the 6th APPC Declaration anticipated the post-2015 debates by making explicit links between the implementation of the ICPD Programme of Action and its subsequent reviews, and 'global efforts to eradicate poverty and achieve sustainable development' (ESCAP, para. 22).

Two weeks later, the last regional review took place in Addis Ababa under the auspices of the Economic Commission for Africa (ECA), the United Nations Population Fund and the African Union. The negotiations at the African Regional Conference on Population and Development brought together 53 countries. While the final Declaration represented an advance, the process proved particularly challenging. Unlike in other regions, little was done to prepare delegates. Although the Southern African Development Community (SADC) met in advance to produce a progressive sub-regional position, other sub-regional groups either met just before the conference itself - the Economic Commission for West Africa - or did not meet at all. A significant number of delegations turned out to be unfamiliar with the ICPD agenda, regional agreements such as the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the 'Maputo Protocol'), or the issues themselves. Chairing was weak throughout, and process unclear. The absence of French translation during overnight negotiations, and the overall inadequacy of translation, left West and Central African representatives confused and anxious.

Negotiations were conducted during the expert segment of the Conference by a committee consisting of Botswana, Cameroun, Democratic Republic of Congo, Egypt, Gabon, Ghana, Mauritania, Mozambique, Rwanda, Sudan, Senegal, South Africa, Tanzania, Togo and Uganda. Unfortunately, little consultation on the content of the draft took place in sub-regional groups and countries participating in the drafting committee negotiated on the basis of their own country positions. As a result, countries not on the committee felt no obligation to accept its conclusions when presented in plenary. Moreover, even countries represented on the committee continued to raise objections or propose amendments to already negotiated paragraphs from the floor during plenaries of the both the experts and ministerial segments of the Conference.

Before the Conference, an African feminist strategy meeting was convened to define priorities; it significantly influenced the declarations adopted at the CSO and youth forums. Unlike at ECLAC or ESCAP, however, civil society representation at the Conference itself was limited to about 40 NGO representatives, hampering

efforts to lobby and educate government representatives. Very few activists were named as representatives on government delegations, and civil society overall was shut out of the negotiating committee.

Regrettably, a few of the civil society organisations present actively promoted homophobic positions. This caused much of the brouhaha of the last day of the Conference, when the government representative from Mali objected to guaranteeing human rights 'without distinction of any kind,' arguing that this was code for SOGI. Other francophone African officials became alarmed, calling for the deletion of this phrase.

When the dust settled on Friday night after mediation by the Ethiopian chair, the Addis Ababa Declaration on Population and Development in Africa beyond 2014, was adopted by consensus in the Ministerial segment. Much of what was agreed represents significant progress for Africa. Although 16 countries issued reservations at the time on paragraphs 17, 18 and 35 at the time, and Chad disassociated itself from the outcome altogether (Transmission Note), the vast majority of governments represented at the meeting supported the document in its entirety, without reservation. Interestingly, almost all reservations have been withdrawn since, and Chad has endorsed in full, with some governments blaming translation discrepancies for their earlier objections (Withdrawal Letters).

In the Declaration, governments reaffirmed SRHR without much debate, given that sexual rights had been previously agreed on at the regional level in key action plans, such as the Maputo Plan of Action on Sexual and Reproductive Health and Rights. The final outcome thus reaffirms SRHR in a number of places in the text, notably:

Enact and enforce laws and policies within the national political and legal framework to respect and protect sexual and reproductive health and rights of all individuals; (ECA, para. 35)

Recognize the role of civil society organizations including NGOs and youth in the formulation, monitoring and evaluation of population and development policies and programmes including for achieving the goals of sexual and reproductive health and rights; (ECA, para. 79)

On adolescents' access to education, information and services, governments agreed to:

Achieve universal access to sexual and reproductive health services, free from all forms of discrimination by providing an essential package of comprehensive sexual and reproductive health services including through the primary health care system for women and men, with particular attention to the needs of adolescents, youth, older persons, persons with disabilities and indigenous people, especially in the most remote areas. (ECA, para. 34)

Governments did commit to CSE, although they did not specify its content:

Adopt and implement relevant comprehensive sexuality education programmes, both in and out of school, that are linked to sexual and reproductive health services, with the active involvement of parents, community, traditional, religious and opinion leaders; and young people themselves.(ECA, para. 40)

They also committed to developing and enforcing policies to address child abuse and violence against girls (ECA, para. 13); enacting and enforcing a legal age of marriage consistent with the Maputo Protocol (i.e. 18 years of age) (ECA, para. 14); eradicating all harmful traditional practices, including FGM/C and early and forced marriages through laws and awareness programs (ECA, para. 15), and providing access to emergency contraception (ECA, para. 42), including for survivors of gender-based violence (ECE, para. 45).

On safe abortion, in addition to reaffirming the Maputo Protocol (which commits them, in its paragraph 14 (2) (c), to authorise medical abortion in cases of sexual assault, rape, incest, danger to the life or mental and physical health of the mother or the life of the mother), governments agreed to:

Expand access for all women and adolescent girls to timely, humane and compassionate treatment of unsafe abortion complications and, in accordance with national laws and policies, provide access to safe abortion services; (ECA, para. 38)

The language on abortion was adopted without controversy.

The zero draft contained a reference to non-discrimination on the basis of sexuality, among other grounds. While South Africa, working closely with progressive activists, proposed language on non-discrimination on the basis of sexual orientation and gender identity early in negotiations, the lack of support caused all references to be removed from the text before adoption by the plenary of the Experts Meeting.

Yet the hysteria on sexual orientation and gender identity (SOGI) whipped up by a few delegates on the last day caused unexpected collateral damage. When a number of governments called for the removal of language that called for protecting human rights ‘without distinction of any kind’ or ‘without discrimination’—language found in the Universal Declaration of Human Rights and in all regional and global human rights treaties since, as well as most constitutions of the region— claiming they were a covert plan to address SOGI, the Chair of the Conference hammered out a compromise behind closed doors that qualified human rights in two key paragraphs:

Adopt and protect the human rights of all individuals, without distinction of any kind, and guarantee equality before the law and non-discrimination for all people, in accordance with national policies, laws, religious, ethical values and cultural backgrounds; (ECA, para. 17)

Promulgate, where absent, and enforce laws to prevent and punish any kind of hate crimes without distinction of any kind, and take active steps to

protect all persons from discrimination, stigmatization and violence; in accordance with national laws and policies. (ECA, para. 18)

Fortunately, other parts of the Declaration reaffirmed human rights ‘without distinction of any kind’ (ECA preamble, para 4), as well as all the key international human rights instruments beginning with the Universal Declaration of Human Rights and the African Charter of Human and Peoples’ Rights.

Going forward

The important advances secured in the last 18 months at global and regional levels surely mean one thing: that most governments have significantly elaborated and expanded their understanding of a number of so-called ‘controversial’ issues in the ICPD agenda, whether safe abortion, adolescent sexual and reproductive health services, comprehensive sexuality education, or sexual rights. Progress still remains partial on non-discrimination and non-violence on grounds of SOGI, although the UN General Assembly adopted a resolution to that effect (GA RES EJE) in 2012 and two large regions – Asia-Pacific and Latin America and the Caribbean – had little difficulty recognising the need for protection in the context of the ICPD review.

As has been the case for the last 20 years, these advances resulted from a well-planned offensive by progressive forces, including a sizeable contingent of youth and human rights activists – forcing the opposition and even moderate governments to discuss issues they would have much preferred to ignore. In retrospect, simply defending ICPD would have been a grave strategic and tactical error, as well as a significant missed opportunity.

Can this momentum now be translated into explicit recognition of SRHR in the post-2015 development agenda? Each of the outcomes of the regional reviews made explicit the links between advancing the ICPD agenda and the post-2015 process, indicating that this should be possible. The High-Level Panel appointed by the Secretary General of the UN, Ban Ki-moon, to advise him on the next development framework, explicitly included SRHR in its illustrative sustainable development goals (HLP, pp. 29-31), and the Secretary-General’s own report to the General Assembly issued in July 2013, recognised sexual and reproductive health and reproductive rights as essential to the life and health of women and girls. (SG Report, paras. 27, 85).

What are the potential obstacles? The UN General Assembly remains a difficult space for negotiations on these issues – not impossible, but certainly challenging. Like at Rio+20, all other issues are on the table in the post-2015 process, making the likelihood of trade-offs high. In fact, the EU, the US, Canada, Australia and others in the Global North – traditional supporters of SRHR – have profound disagreements with many of the key countries of the Global South on economic and environmental justice, whether on trade, migration, financing for development, intellectual property, or responsibility for climate change. In this dynamic, SRHR and women’s rights become vulnerable unless key countries in the Global South continue to champion them even as they push for their other economic and environmental objectives.

Moreover, a number of New York-based UN diplomats are little aware of the SRHR policies of their own countries, and some who are already conservatively inclined, have in the past three years attended a retreat in Arizona organised by American right-wing groups to train them in how to uphold 'family values.' Mobilising supporters of SRHR across the Global South to counter these tactics will be extremely important.

Certain actors in the UN General Secretary's own staff also appear to be resistant to mentioning SRHR, or at least highly susceptible to pressure from conservative member states and forces – not unlike in 2000, when SRHR were left out of the Millennium Declaration. The resolution adopted by the General Assembly on the occasion of the Special Event on the MDGs, in September 2013, only included one reference to 'universal access to reproductive health,' in spite of the stronger content of the High-Level Panel Report and the Secretary General's own report.

The 'negotiation fatigue' expressed by some European diplomats on SRHR is also of concern. Having to constantly argue the same issues within the EU with Poland and Malta has proven tiresome. Fortunately, as a result of sustained pressure by feminist activists and progressive politicians at home, Poland recently agreed to stop blocking consensus within the EU on abortion, which should ease matters.

In a negotiation on sustainable development where environmental concerns will feature prominently, a return of population control or its more presentable cousin, the 'demographic dividend,' is a real possibility. For example, the zero draft at ECA was heavy on sexual and reproductive health as a key to economic growth, rather than on women and young people as rights holders and stakeholders in development. This is something that must be guarded against.

Organising and mobilising by women's rights and SRHR activists from the global South and North will be key to ensuring that the gains of ICPD Beyond 2014 are integrated into the next development framework. As at the 2005 World Summit and in Rio+20, crucial alliances with other sectors such as youth, environment, peace and security, and economic justice have also been established. Finally, supporters of SRHR amongst governments and civil society need to ensure the 2014 CPD, the last chance to tie together at the global level all the previous processes in a 'friendlier' setting, gives them the lift needed to engage in the post-2015 negotiations from a position of strength. They can find some comfort in the fact that it was possible in 2005 to reopen the Millennium Development Goals to include target 5b on universal access to reproductive health, despite the Bush Administration and those who believed that the MDG framework could never be opened.

References

Economic Commission for Europe. UNECE Regional Conference. *Enabling choices: Population priorities for the 21st century*. Chair's Summary. 1-2 July 2013. Retrieved from

http://icpdbeyond2014.org/uploads/browser/files/regional_conference_on_icpd_beyond_2014_chairs_summary_final.pdf (ECE)

Economic Commission for Latin America and the Caribbean. First Latin American and Caribbean Conference on Population and Development. *Montevideo Consensus on Population and Development*, 2013, doc. PLE-1/EN (ECLAC)

Economic Commission for Africa. African Regional Conference on Population and Development. *Addis Ababa Declaration on Population and Development in Africa beyond 2014*, 2013, doc. ECA/ICPD/MIN/2013/4 (ECA)

Economic Commission for Africa, African Regional Conference on Population and Development, Addis Ababa Declaration on Population and Development in Africa beyond 2014, 2013, Official Transmission Note. Retrieved from

<http://www.uneca.org/sites/default/files/uploaded-documents/ICPD/2014/official-transmission-note.pdf> (Transmission Note)

Economic and Social Commission for Asia-Pacific. Sixth Asian and Pacific Population Conference. *Asian and Pacific declaration on population and development*, 2013, doc. E/ESCAP/APPC(6)/WP.1/Rev.3 (ESCAP)

Economic and Social Commission for West Asia. Regional Conference on Population and Development in the Arab States. *Cairo Declaration: Development Challenges and Population Dynamics in a Changing Arab World*, 2013. Retrieved from

http://arabstates.unfpa.org/webdav/site/as/shared/docs/2013_Cairo_Declaration_

English.pdf (ESCAW)

Letters to the Economic Commission for Africa from the governments of Benin (21 November 2013), Burundi (28 October 2013), Central African Republic (27 February 2014), Chad (19 November 2013), Democratic Republic of Congo (5 February 2014), Eritrea (29 January 2014), Gabon (27 December 2013), Mali (29 November 2013), Mauritania (23 January 2014), Niger (11 December 2013), Sierra Leone (29 November 2013). On file with author (Withdrawal Letters)

United Nations, Human Rights Council, *Human rights, sexual orientation and gender identity* Res 17/19 (2011).

United Nations, General Assembly, 2012, *Extrajudicial Killings*, doc. A/C.3/67/L.36 (GA RES EJE 2012)

United Nations, General Assembly, 5 April 2011, *Follow-up to the International Conference on Population and Development beyond 2014*, doc. A/RES/65/234 (GA RES ICPD Beyond 2014)

United Nations, Commission on Human Rights, *Extrajudicial, summary or arbitrary executions*, doc. E/CN.4/RES/2000/31 (CHR 2000)

United Nations, Commission on Population and Development, 45th session, *Resolution on Adolescents and Youth*, doc. E/CN.9/2012/8 (CPD 2012)

United Nations, Commission on the Status of Women, 57th session, *Agreed conclusions on the elimination and prevention of all forms of violence against women and girls*, 2013, doc. E/2013/27, E/CN.6/2013/11 (CSW 2013)

United Nations Conference on Sustainable Development, *Report*, 2012 doc. A/CONF.216/16 (Rio+20)

United Nations, *A new global partnership: eradicate poverty and transform economies through sustainable development*, Report of the High-Level Panel of Eminent Persons on the post-2015 Development Agenda, 2013. Retrieved from <http://www.post2015hlp.org/the-report/> (HLP)

United Nations, 26 July 2013, *A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015*, Report of the Secretary-General, doc. A/68/202 (SG Report)

UN Women (2013). *Progress towards meeting the MDGs for women and girls*. Retrieved from <http://www.unwomen.org/en/news/in-focus/mdg-momentum/#MDG5> (UN Women)