



The Road to Global Reproductive Health

*Reproductive Health and Rights
on the International Agenda, 1968–2003*

Contents

Introduction ... page 3

35 years of policy progress ... page 4

The key moments ... page 5

Members of the EuroNGOs ... page 18

Colophon ... page 19



Introduction

The right to access family planning and safe motherhood and protection against sexually transmitted infections such as HIV/AIDS, should be available to all women, men and adolescents worldwide.

Unfortunately these reproductive health rights do not come about automatically. Nor do they occur naturally with social or economic development. Governments do not spontaneously include these vital reproductive health services in their spending plans, even though there is a wealth of evidence to support the economic, social, health and human rights rationale doing so.

In every country where reproductive health services are now available, family planning pioneers have had to fight to get them on the national agenda. That process began back in the 1920s, but the battle continues today with the provision of reproductive health still tied up with politics, finance and religion. In many countries, individuals still lack access to the information and the products which would protect them against sexually transmitted infections and enable them to choose their families' size, timing and spacing. What's worse is that in some countries, access to reproductive health services is denied and even actively opposed.

The most powerful tool to cut across opposition and to create a global mainstream movement for action is to have it enshrined within a United Nations (UN) declaration or programme of action. The UN is the one global body that represents the voice of nations and commands the respect of governments worldwide. Many of the economic and social transformations that have taken place globally in the last five decades have been significantly affected in their direction and shape by the work of the UN.

Furthermore, the UN has "created a universal and internationally protected code of human rights, to which all nations can subscribe and to which all people

can aspire". It has established mechanisms with which to promote and protect these rights and to assist governments in carrying out their responsibilities.

This publication charts the development of international co-operation on reproductive health through the UN system and outlines the language and declarations, which should be delivering these vital health and human rights services to people in every nation.

35 years of policy progress

The issues surrounding reproductive health cut across different UN divisions and subject areas from human rights, development and health, to population, youth and women. This has resulted in discussion and resolutions at many different UN conferences over the years, with the language evolving and the emphasis changing over time.

The policies under which family planning and mother and child services have been provided have also undergone a radical shift. In the early years they were associated with demographic-based population programmes. Countries sought to lower their fertility rates and improve their economic growth through population targets.

Nowadays the driving force is health and human rights, respecting individual choice and freedom.

Currently, the most significant UN document is the Programme of Action resulting from the International Conference on Population and Development, held in Cairo in 1994, which forms the blueprint for reproductive health policy around the world. Other key moments in UN policy are outlined below, many of which were highly significant at the time and represented great breakthroughs in the international agenda.

The key moments

1968 – International Conference on Human Rights, Teheran

This was the first point at which it was declared that parents have a human right to family planning.

Paragraph 16 stated:

“The protection of the family and of the child remains the concern of the international community. Parents have a basic human right to determine freely and responsibly the number and the spacing of their children”.

Part of this wording is still in use today.

1974 – World Population Conference, Bucharest

This was the first UN population conference, and 1974 was designated World Population Year to increase awareness, promote the development of population policies and programmes and encourage the expansion of international co-operation and assistance. Before this Bucharest event, rapid population growth rates were viewed as being barriers to economic growth. It was generally felt that countries with high birth rates would struggle to create enough jobs, provide education and be able to develop. But at this event a new viewpoint emerged. It was argued that rapid population growth was caused by under-development, and was not the cause of it. Many delegates became convinced that unless couples could experience the benefits of development, including better education and reduced infant mortality rates, they would not be motivated to have smaller families.

The resulting document was the World Population Plan of Action (WPPA), which recommended that all governments: “Respect and ensure, regardless of their over-all demographic goals, the right of persons to determine, in a free, informed and responsible manner, the number and spacing of their children.” (Paragraph 29(a))

There was a significant change in the language, with the term “parents” being substituted with “persons” to encompass couples and individuals.

The WPPA did galvanise considerable international co-operation on population issues and for 20 years it served as the blueprint for governments, international agencies and non-government organisations. It succeeded in bringing the need for family planning onto the international agenda and had many positive spin-offs such as a greater commitment to population policies, more trained family planning workers, a greater supply of materials and other resources. Population was firmly established as a legitimate issue on social, economic, environmental and other development agendas.

1975 – First World Conference on Women, Mexico City

This brought in a new dimension, stating that the right to family planning is essential for gender equity.

1984 International Conference on Population, Mexico City

The conference recognised that since 1974, knowledge of family planning and access to it had increased widely. Governments supported it as a contribution to maternal and child health, to the human rights of individuals and couples, and as a demographic measure. But data from the World Fertility Survey for developing countries showed that of women at risk of pregnancy who wanted no more children, only half had access to contraception.

This raised the notion of ‘unmet need’ for the first time – the issue of couples wanting contraception but not being able to get access to it. “The unmet needs for family planning in many countries, which unless they are addressed will grow even greater as the number of couples of reproductive age increases substantially during the coming decade.” (Paragraph 10 (h))

Men

The role of men also emerged as a critical factor. The conference stated: “In order to provide women with the freedom to participate fully in the life of society, it is equally necessary for men to share fully with women responsibilities in the areas of family planning, child-rearing and all other aspects of family life. The achievement of these objectives is integral to achieving development goals, including those related to population policy.” (Paragraph 7)

Abortion

The dangers of unsafe abortion were recognized as a major cause of maternal mortality, resulting in the following recommendation: “To take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning, and whenever possible, provide for the humane treatment and counseling of women who have had recourse to abortion.” (Recommendation 18 (e))

Child spacing was also highlighted as a means of reducing maternal death. Governments were urged: “To support family planning as a health measure in maternal and child health programmes as a way of reducing births that occur too early or too late in the mother’s life, of increasing the interval between births and of diminishing higher birth orders, and by giving special consideration to the needs of those in the post-partum and/or breast-feeding period.” (Recommendation 18 (f))

Non-Government Organisations (NGOs)

The 1984 conference wanted to increase access for women and men, in rural as well as urban settings, as rapidly as possible. To do so, the conference introduced new concepts such as community-based distribution and ‘social marketing’ (subsidized commercial retail sales). Significantly, it urged greater involvement of women’s groups and NGOs, which it recognised could offer greater innovation in improving the availability and effectiveness of family planning services. (Recommendation 28)

Adolescents

The family planning needs of adolescents came onto the agenda for the first time, with a call for information and appropriate services. “Governments are urged to ensure that adolescents, both boys and girls, receive adequate education, including family-life and sex education, with due consideration given to the role, rights and obligations of parents and changing individual and cultural values. Suitable family planning information and services should be made available to adolescents within the changing socio-cultural framework of each country.” (Recommendation 29)

Mexico City Policy

The recognition of the role of men, the needs of adolescents and the use of NGOs to reduce the unmet need for family planning were all significant achievements, but the 1984 Mexico City conference went down in history for other reasons. It was during this forum that the US Reagan Administration announced the highly controversial policy aimed at denying US funds to organisations involved in any way with abortion, even those that provided non-judgemental information to women. This became known as the “Mexico City Policy”, and its restrictions had a chilling effect on the field and resulted in a number of key family planning organisations losing their US funding during the years

in which it was in effect from 1985 to 1993, when it was rescinded by the Clinton Administration. The policy, also now referred to as the “global gag rule”, was reinstated in 2001 by President George Bush, Jr.

1992 UN Conference on Environment and Development (UNCED), Rio de Janeiro

This event, which was known as the “Earth Summit”, promoted the concept of sustainable development, pegging the need for economic, health and social progress to be made in harmony with the environment. Sustainable development was to be achieved through the promotion of “appropriate demographic policies” (Principle 8) and through the full participation of women, who were seen to have a vital role in environmental management (Principle 20).

1994 International Conference on Population and Development (ICPD), Cairo

This was the landmark conference, which shaped the global policy for services that are in place today. It had a broader scope than previous population conferences, reflecting the links between population and poverty.

The resulting document was the Cairo Programme of Action, signed by 179 nations, which drew together initiatives in population, education, health, environment and poverty reduction through people-centred development. This set a new direction for the international community and all governments, replacing the 1974 World Population Plan of Action.

ICPD established the brand new concept of “reproductive health”, as follows: “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to

reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.” (Paragraph 7.2)

The ‘reproductive health package’ was designed to meet that goal, consisting of family planning, sex education, safe motherhood and protection against sexually transmitted infections including HIV/AIDS.

The Cairo Programme of Action said that “...all countries should reduce mortality...and seek to make primary health care, including reproductive health care, available universally by the end of the current decade.” (Paragraph 8.5)

There were new goals on infant and maternal mortality, with reproductive health services acknowledged to make a significant positive contribution.

- **The infant and under-5 mortality rates were to be cut by one third by 2000, with a long-term aim of below 50 infant deaths per 1,000 births by 2005 and 60 deaths for the under-5s. (Paragraph 8.16)**
- **Maternal mortality was to be halved from 1990 levels by the year 2000 and a further one half by 2015. (Paragraph 8.21)**

Adolescents

The language on adolescents was stronger than ever before. The Cairo Programme of Action highlighted the critical need to address adolescent sexual and reproductive health with the aim of reaching a substantial reduction in all adolescent pregnancies.

“In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women’s self-determination and to share responsibility with women in matters of sexuality and reproduction”. (Paragraph 7.41)

Unsafe Abortion

As in 1984, it was stated that abortion should not be promoted as a method of family planning, and the dangers of unsafe abortion were spelt out. Acknowledgement was also made of post-abortion complications.

“...All governments...are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services... In all cases women should have access to quality services for the management of complications arising from abortion.” (Paragraph 8.25)

Note: Unsafe abortion was defined as a procedure for terminating pregnancy either by a person lacking necessary skills, or in an environment lacking minimum medical standards, or both. (World Health Organisation)

Budget

ICPD also set out the budget for basic reproductive health and population programmes. It was agreed that \$17 billion a year was needed in 2000, rising to \$18.5 billion in 2005, \$20.5 billion in 2010 and \$21.7 billion in 2015. It was suggested one third should come from the donor nations and two thirds from developing countries.

1995 UN World Conference on Women – Beijing

There was a strong resolve at Beijing not to unravel any of the agreements made on reproductive health at ICPD a year earlier. Heading the UK delegation, Baroness Lynda Chalker, Secretary of State for Overseas Development, told the conference: “Most of us believe that Cairo was an outstanding achievement... We committed ourselves at Cairo to the advancement and empowerment of women, the elimination of all kinds of violence against women and women’s right to control their own fertility. These cannot be renegotiated now.”

Ultimately, the Beijing Platform for Action, signed by more than 180 governments, furthered the progress made at ICPD. It specified that: “The human rights of women include their 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.” (Paragraph 96)

Delegates strengthened the ICPD language on abortion, recognising that unsafe abortions threaten the lives of a large number of women, especially the poorest and youngest.

Safe and effective reproductive health measures were acknowledged to reduce death and injury from unsafe abortion.

The Beijing Platform also raised the possibility of the decriminalisation of abortion, inviting governments to consider reviewing laws containing punitive measures against women who have undergone illegal abortions.

Adolescents

The Beijing Platform of Action looked again at sexual and reproductive health services for young people. “Counselling and access to sexual and reproductive health information and services for adolescents are still inadequate or lacking completely, and a young woman’s

right to privacy, confidentiality, respect and informed consent is often not considered.” (Paragraph 93)

HIV/AIDS

The Beijing conference also recognised that HIV/AIDS was having “a devastating effect” on the health of women and adolescent girls who often lacked the power to insist on safe and responsible sex practices. It was concluded: “The consequences of HIV/AIDS reach beyond women’s health to their role as mothers and caregivers and their contribution to the economic support of their families. The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective.” (Paragraph 98)

1995 World Summit on Social Development – Copenhagen

Delegates reaffirmed their commitment to the promises made at Cairo, especially on reducing mother and child mortality. They also vowed to strengthen efforts to fight HIV/AIDS at both national and international levels. (Commitment 6)

Governments were encouraged to work towards an agreed target of 0.7% of gross national product for overall official overseas development assistance. (Commitment 9)

Poverty eradication was a major theme at Copenhagen, and was outlined in Commitment 2.

1999 ICPD+5 – New York

(United Nations General Assembly 21st special session)

It re-iterated that ICPD had “marked the beginning of a new era in population and development” and had been a “landmark agreement”.

The conference observed that there had been some positive results since IPCD, including:

- **Increased use of family planning**
- **Increased access to contraception**
- **Increased quality of care in reproductive health provision**
- **An increase in comprehensive reproductive health services**

All of these elements had resulted in more couples and individuals choosing the number and spacing of their children.

BUT It observed that some countries and regions had only seen limited progress, and, in some cases, setbacks. The downsides were categorised as:

- **Continued discrimination against women and girls**
- **HIV/AIDS increasing mortality levels**
- **Maternal mortality remaining unacceptably high**
- **Adolescents remaining vulnerable to reproductive and sexual health risks.**

In response to that, the five-year review of ICPD reaffirmed the goal for nations to commit themselves to the goal of universal access to reproductive health by the year 2015. The financial targets were also reaffirmed, but it was recognised that neither the donor countries nor the developing countries were meeting their financial promises. The Cairo+5 document was also the first UN document that included targets and goals on HIV/AIDS.

A call was made for governments to intensify efforts to raise funds for the Cairo Programme of Action.

2000 – Beijing+5

This special session of the UN General Assembly was convened at the UN headquarters in New York to review progress of the Beijing Platform of Action.

The conference identified a need for more male involvement in sexual and reproductive health, with a call to: “Design and implement programmes to encourage and enable men to adopt safe and responsible sexual and reproductive behaviour and to effectively use methods which prevent unwanted pregnancies and sexually transmitted infections, including HIV/AIDS.” (Paragraph 107g)

2000 Millennium Development Goals – New York

The international community set a new framework for action in September 2000, when the UN General Assembly held a Millennium Summit and agreed on the Millennium Development Goals (MDGs). They were broadly based on the recommendations from the major UN summits of the 1990s.

These formed the basis for a new ambitious global development plan, with the broad aim of halving the number of people living in absolute poverty, by the year 2015.

The goals were set as:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Although universal access to sexual and reproductive health remains essential to realisation of all the goals, there is concern that as this is not specifically listed, it may be easy for governments to lose their focus on this issue.

UN Special Session on HIV/AIDS – 2001 New York

HIV/AIDS prevention for adolescents was endorsed, with recommendations taken from the UN Special Session on HIV/AIDS, held in New York in 2001.

The major outcomes were “By 2005, ensure that at least 90 per cent, and by 2010, at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers” (Paragraph 47.2)

“By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework.” (Paragraph 47.4)

World Children’s Summit – 2002 New York

This 27th special session of the UN General Assembly picked up several reproductive health themes from the major conferences. Delegations called for a reduction in maternal death rates of adolescent mothers through “ready and affordable access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning in order to, inter alia, promote safe motherhood”. (Paragraph 37.1)

2002 World Summit on Sustainable Development – Johannesburg

This event was remarkable for the fact that despite the well-established links between sustainable development and population, the latter did not feature. This was the first of the international conferences which did not take up the issues of ICPD and build upon them. Proponents of the ICPD agenda had mixed feelings about his...whilst they wanted to keep up pressure on the international community to deliver on reproductive health, they did not want the Cairo language to be pulled apart, or set back.

One hundred and seventy-nine governments adopted the Cairo Programme of Action by consensus. All but a handful are fully committed to its principles and recommendations. But if those few governments are allowed to block agreement on reproductive health-care at future UN conferences and summits, such a development could have a detrimental impact on the Cairo principle of sexual and reproductive health and rights as human rights.



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- AIDOS, Italian Association for Women in Development, Italy
- Associacao para o Planeamento da Familia, (APF), Portugal
- Commonwealth Medical Association Trust, (Commat), U.K.
- Deutsche Stiftung Weltbevölkerung, (DSW), Germany
- Equilibres & Populations, (E&P), France
- Federacion de Planificacion Familiar de Espana, (FPFE), Spain
- International Family Health, (IFH), U.K.
- Irish Family Planning Association, (IFPA), Ireland
- International Foundation for Population and Development, (IFPD), Switzerland
- Interact Worlwide, U.K.
- Mouvement Français pour le Planning Familial, (MFPF), France
- Marie Stopes International, (MSI), U.K.
- Norsk forening for seksualitet, samliv og reprodutiv helse, (NSSR), Norway
- Österreichische Gesellschaft für Familienplanung, (OEGF), Austria
- Fondation suisse pour la santé sexuelle et reproductive, (PLANeS), Switzerland
- Riksförbundet for Sexuell Upplysning, (RFSU), Swedish Association for Sex Education, Sweden
- Rutgers Nisso groep, The Netherlands
- Foreningen Sex og Samfund, Danish Family Planning Association, Denmark
- Sensoa, Belgium
- The Austrian Foundation for World Population and International Co-operation, (SWI), Austria
- Unione Italiana Centri Educazione Matrimoniale e Prematrimoniale, (UICEMP), Italy
- Vaestoliitto, The Family Federation of Finland
- WPF, World Population Foundation, Netherlands

associate members

- Action Canada for Population and Development, (ACPD), Canada
- All-Party Parliamentary Group on Population, Development and Reproductive Health, (APPGPDRH), U.K.
- Australian Reproductive Health Alliance, (ARHA), Australia

European Parliamentarian Working Group on Population and Development, (EPWG), Brussels

FPA International Development, (FPAID), New Zealand

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For information on EuroNGOs, resources on sexual and reproductive and sexual health and rights: www.eurongos.org

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