

POLICY BRIEF: CONSIDERATIONS LEADING TO ICPD+25 TECHNICAL REVIEW SUMMIT

ICPD: Past, Present and Future

Contextualizing Global SRHR Agreements
for a Better Understanding of Engaging
Men and Boys in SRHR Advocacy



MenEngage Alliance
working with men and boys for gender equality

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About This Policy Brief

This Policy Brief provides a brief historical context of global SRHR policy frameworks and some of the key trends of high-level SRHR narratives over the past three decades. It then looks ahead and explores advocacy priorities for and the structures of ICPD+25 through which advocacy can take place.

In preparation for the 2019 Nairobi Summit marking 25 years since the International Conference on Population and Development (ICPD+25), this brief is intended as background information to support MenEngage Alliance members and other advocates interested in connecting gender, men and masculinities to the Summit's main discussion topics.

This document revisits the context of and the original agreements reached by 179 nations in Cairo at the ICPD in 1994, and how they correlate to the achievements of other conferences of that period. It also recalls reflections by gender equality and SRHR advocates, civil society organizations (CSO) and women's rights advocates and UN agencies as implementation of the Programme of Action faced resistance or barriers over time. Finally, it outlines the collective learnings from the global MenEngage Alliance membership on issues and considerations pertaining to the human rights of all people inclusive of their differing and evolving sexual and gender identities and experiences.

Throughout this brief, we highlight how gender, men and masculinities were addressed in the ICPD conceptual framework, which was then for the first time articulated in the context of development policies, population dynamics and women's empowerment.

MenEngage Alliance embraces gender-transformative, feminist-informed, and human rights-based frameworks for the engagement of men and boys in the pursuit of gender justice and equality. Through a commitment to full accountability to all women, girls and people of all sexual orientations, gender identities and expressions and/or sex characteristics (SOGIESC), the Alliance strives to transform masculinities and advance social and gender justice.

MenEngage Alliance aims to strengthen solidarity in advocacy for the protection of human rights, particularly the right to sexual and reproductive health, freedom of gender expression, gender identity and sexual orientation, in order to foster legal equality and social protections for all persons.

"The pursuit of rights and choices for all is an ongoing one, with new challenges emerging all the time. Over the years, the nature and scope of these obstacles may have changed, but the international community's commitment to overcoming them remains strong."

UNFPA, [State of the World's Population 2019](#)

In neighboring India, with the largest numerical population growth of any nation, illiterate village women in Rajasthan, a state with high fertility rates, said they preferred family planning to the only available contraceptive choice: sterilization. They avoided this because they feared serious infection to have done the sterilization operations carried out in unsanitary settings.

In other Indian states, notably Kerala and Tamil Nadu, fertility rates are lower in areas where choices are greater, women are better educated and health care is more readily available to all.

In Indonesia, enthusiasm for family planning grew and fertility rates declined when the Government began



The population conference generally accepted that if people are given enough information and broad access to contraception, they often decide to have fewer children. Rickshaws, buses and people jammed a street in Dhaka in Bangladesh.

An article about ICPD in the 14 September 1994 edition of the New York Times emphasized the new thinking around individual choice on SRHR

THE HISTORY AND SIGNIFICANCE OF ICPD 1994 AND THE RESULTING PROGRAM OF ACTION¹

“The [Cairo] Conference adopted the Programme of Action (PoA), which emphasized the fundamental role of women’s interests in population matters and introduced the concepts of sexual and reproductive health and [reproductive rights](#). A new definition of population policy was advanced, giving prominence to reproductive health and the empowerment of women.”

United Nations Population Division

“For the first time, the reproductive and sexual health and rights of women became a central element in an international agreement on population and development.”

International Women’s Health Coalition (IWHC)

Before Cairo

The ICPD followed two previous international conferences on population (ICPs), which took place in Bucharest in 1974, and Mexico City in 1984.²

During the preparatory work by the regions and UN agencies, many countries emphasized the need for deeper consideration of social-economic factors not usually included in the works of such conferences. Since the Mexico City ICP, evidence had piled up demonstrating the impact of these factors on population, regionally and globally, as well as on all individuals. However, this came about as complex process of disputes between and among demographers, economists, governments, women’s groups, family planning agencies, and academics.

The Cairo conference was the first to explicitly incorporate “development” in its name, and its resulting agreements represented a **shift in focus: from looking at “population” as an abstract conglomerate of data combining multiple demographic characteristics and trends of the world’s population, to looking at socio-economic factors, health and wellbeing, and the needs of the individuals that make up the world’s population.**

² UN Population Division conference [timeline](#).

Gender Equality and Male Participation

With more attention paid to gender, an entire section of the ICPD Program of Action articulated the participation of men in assuming greater responsibility for the goal of gender equality and equity. Below is the text from the Plan of Action:

Chapter IV: Gender equality, equity and empowerment of women *Section C: Male responsibilities and participation*

Basis for action

4.24. Changes in both men's and women's knowledge, attitudes and behaviour are necessary conditions for achieving the harmonious partnership of men and women. **Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government.** It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.

Objective

4.25. The objective is to promote gender equality in all spheres of life, including family and community life, and to **encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.**

Actions

4.26. The equal participation of women and men in all areas of family and household responsibilities, including family planning, child-rearing and housework, should be promoted and encouraged by Governments. This should be pursued by means of information, education, communication, employment legislation and by fostering an economically enabling environment, such as family leave for men and women so that they may have more choice regarding the balance of their domestic and public responsibilities.

4.27. Special efforts should be made to emphasize **men's shared responsibility** and promote their active **involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes.** Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the **prevention of violence against women and children.**

4.28. Governments should take steps to ensure that children receive appropriate financial support from their parents by, among other measures, enforcing child-support laws. Governments should consider changes in law and policy to ensure men's responsibility to and financial support for their children and families. Such laws and policies should also encourage maintenance or reconstitution of the family unit. The safety of women in abusive relationships should be protected.

4.29. National and community leaders should promote the **full involvement of men in family life and the full integration of women in community life.** Parents and schools should ensure that attitudes that are respectful of women and girls as equals are instilled in boys from the earliest possible age, along with an understanding of their shared responsibilities in all aspects of a safe, secure and harmonious family life. **Relevant programmes to reach boys before they become sexually active are urgently needed.**

A DECADE OF UN CONFERENCES: 1992–2002

The success of the ICPD in having 179 countries to agree with its transgressive framework and rights-based language was only possible due to a combination of factors, both positive and negative, which propiciated a fertile ground for new perspectives to enter the discussion. Globalization, evolving technologies, the urgency to respond to the HIV/AIDS3 pandemic, the strength of the global women’s rights movement are some components of this historical period that impregnated the UN conferences’4 debates with new and transformative concepts.

The Momentum

Generated by the UN conferences and the strong leadership of some UN agencies, there was a sense of momentum in the 1990s that also impacted the decade and these global events:

1992 - Rio, Earth Summit and Johannesburg, World Summit on Sustainable Development

1993 - Vienna, World Conference on Human Rights

1994 - Cairo, ICPD

1995 - Beijing, Fourth World Conference on Women

Paradigm Shift

What some experts call the ‘paradigm shift of the decade’ may be translated into a different way of looking at global development, and particularly, at how policy makers understand population, moving away from using a demographic lens to – instead – adopting a people centered approach by addressing people’s specific circumstances and needs. The shift came in the form of:

- Increasing attention paid to the many factors that impact development.
- Social and political dimensions of development began to be studied.
- Social determinants of poverty were considered along with economic factors.
- Sustainable development began to highlight the role of democracy, health, and human rights.
- Gender became visible with data disaggregated by sex.

Feminist Lens

Feminists began to draw parallels and correlate gender inequalities with human rights violations, and to apply human rights principles to instances of violence against women and gender/sex discrimination. These were eventually adopted and supported by the Commission and included in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). International feminist lawyers5 came together to analyze from a feminist perspective well accepted human rights that had been reaffirmed in Vienna in 1993. They took into consideration what feminists aspired to in terms of women’s health and reproductive rights, and paired women’s rights with human rights, and violations were noted, an analysis that was later introduced into the CEDAW.

3 Garcia, J. and Parker, R. From Global Discourse to Local Action: The malings of a sexual rights movement?, in Horizontes Antropológicos, Porto Alegre, 12, n 26, 2006.

4 <https://sustainabledevelopment.un.org/index.php?page=view&type=255&nr=19613>

5 Rebecca Cook, Maria Isabel Plata, Rhonda Copelon, Dorothy Thomas, C elina Romany, Asma Haleem, et al.

1995 BEIJING PLATFORM FOR ACTION⁶

Reviews of progress between 1985 (Nairobi) and 1995 (Beijing) concluded that most goals had not been achieved and little progress (if any) had been made in all areas, and it drew attention to concerning levels of inequalities and inadequacies affecting women and girls disproportionately:

- The persistent and increasing burden of poverty on women.
- Inequalities and inadequacies in and unequal access to education and training.
- Inequalities and inadequacies in and unequal access to healthcare and related services.
- Violence against women.
- The effects of armed or other kinds of conflict on women, including those living under foreign occupation.
- Inequality in economic structures and policies, in all forms of productive activities and in access to resources.
- Inequality between men and women in the sharing of power and decision-making at all levels.
- Insufficient mechanisms at all levels to promote the advancement of women.
- Lack of respect for and inadequate promotion and protection of the human rights of women.
- Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media.
- Gender inequalities in the management of natural resources and in the safeguarding of the environment.
- Persistent discrimination against and violation of the rights of the girl child.

The Beijing Platform for Action made significant progress in emphasizing the unacceptable level of inequality on the basis of sex and gender, what constitutes inequality, how inequality impacts sustainable development, and it raised recognition of and support for women's rights as human rights.

Beijing built on previous conferences and interpretations of human rights and the need for measures and investments to ensure women's empowerment for sustainable development. Above all, Beijing built on the Cairo experience because many of the activists and CSOs involved had gone through ICPD negotiations and particularly the regional consensus building process. The bottom up process of including the voices of grassroots women's groups in the regional documents was instrumental in aligning the positions and recommendations of all groups supporting the rights of women and girls, and gender equality. So advocates were strong and had clarity of what was at stake.

Pushback Against Sexual Rights

Unlike the recognition of *reproductive rights* in 1994 on the basis of a right to health, self determination, and bodily integrity, *sexual rights* were not recognized by governments in 1995.

Throughout the conference, *sexual rights* received considerable pushback, as conservative governments and religious fundamentalists continued to associate sex and sexuality, and particularly sexual health, to reproduction.

Women's rights and sexual rights advocates continued to assess the Beijing process to understand what opportunities were missed, and particularly how the assumption that the strategies used in Cairo were appropriate to succeed in Beijing, which proved not to be the case. And largely because reproduction, unlike sexuality, was part of the mainstream population debate, and acceptable in terms of women's empowerment, and involving men as caring and supportive partners. The shift of this debate to human rights related to sexuality was much more challenging and faced fierce resistance.

⁶ <https://www.intechopen.com/books/marketing/the-progress-of-the-united-nations-in-empowerment-and-equality-for-women>
<https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9282.pdf>

ICPD+10: 2004 AND BEYOND – GLOBAL PROGRESS ANALYSIS OF IMPLEMENTATION AND CHALLENGES

In **October 2004**, hundreds of heads of government and other global actors signed a World Leaders' Statement supporting ICPD on its tenth anniversary.

CSOs and WROs acknowledged that the ICPD Program of Action (PoA) was an important instrument towards SRHR and gender equality, and that results from its implementation would take longer than the proposed 20 years.

In **2014**, the 47th session of the Commission on Population and Development urged governments to promote gender equality and sexual and reproductive health and reproductive rights as key priorities for sustainable development.

WHO, UNFPA, the CPD and other international agencies emphasized the centrality of **human rights** to move the vision of Cairo forward. The language used called on governments **to respect, protect, and fulfill the human rights of all, particularly:**

- The human rights of **women and girls**, which include their sexual and reproductive health and reproductive rights, by addressing persistent inequalities and discrimination, including the unfair and discriminatory application of laws.
- The human rights of **Afro-descendent populations and indigenous peoples**.
- The human rights of **girls** by addressing the pervasiveness of gender-based violence to prevent and eliminate all forms of violence and harmful practices, including child, early and forced marriage and female genital mutilation.
- The human rights of **people who are LGBT** by recognizing and protecting their rights and by explicitly taking action to end discrimination and violence on the basis of sexual orientation and gender identity.
- The human rights of **ALL** by advancing the Cairo agreement to protect and support the human rights of all to control all aspects of their sexuality.

ALIGNING LGBTIQI RIGHTS WITH HUMAN RIGHTS: THE YOGYAKARTA PRINCIPLES

In **2006**, the [Yogyakarta Principles](#) aligned the intentional use of violence against LGBT people, and sexual violence in general, with recognized human rights violations to demonstrate the need to “include extrajudicial executions, violence and torture, access to justice, privacy, non-discrimination, rights to freedom of expression and assembly, employment, health, education, immigration and refugee issues, public participation, and a variety of other rights”⁷ as recognized forms of human rights violation.

“The Yogyakarta Principles are a set of principles on the application of international human rights law in relation to sexual orientation and gender identity. The Principles affirm binding international legal standards with which all States must comply, [...] and affirm the primary obligation of States to implement human rights. Each Principle is accompanied by detailed recommendations to promote and protect human rights.”⁸

⁷ http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf

⁸ Idem

Civil society advocacy and collaboration with UN agencies led to several requests for an assessment of human rights violations.

A [2015 comprehensive report](#) from the office of the **UN High Commissioner for Human Rights** on violence and discrimination against individuals based on sexual orientation and gender identity, and subsequent Resolution 38/43, detailing the findings of the independent expert review on human rights violations on the basis of SOGI, states that:

“Several comprehensive reviews have shown that lesbian, gay, bisexual, trans and gender non-conforming persons are at heightened risk of physical and sexual violence⁹ and that in most of those cases, sexual orientation or gender identity played a key role in the perpetration of the abuse.¹⁰ The data available show that they face the near-certainty of suffering violence during their lives, and that as a general rule they live every day in the awareness and fear of it.”

SUSTAINABLE DEVELOPMENT GOALS

The SDGs 2030 Agenda, which were unanimously adopted by the UN member States, affirms that ‘there can be no sustainable development without gender equality.’ The 2030 Agenda for Sustainable Development is the most progressive and ambitious development agenda ever approved by consensus by governments. It affirms the goal to “respect, protect and promote human rights, without distinction of any kind as to race, colour, sex, language, religion, political or other opinions, national and social origin, property”, to “leave no one behind”, and, in particular, their declaration to “first reach those who are furthest behind”.¹¹

Global monitoring by UN Women on progress towards the 2030 goals: How do we bridge the gaps?

The SDGs take a concrete form as they:

- Map and list the problem and the barriers that exist and how they prevent progress; and
- Fix a goal for eliminating that type of barrier in concrete terms, with specific actions to remove the impediment.

For example, **The SRHR problem is stated as:**

“Globally, 303,000 women died from pregnancy-related causes in 2015. A rate of decline in deaths that is not enough to achieve the SDG.”

“The goals for sexual and reproductive health and rights in the Millennium Development Goals (MDGs) remain unfinished, and have been carried over to the 2030 Sustainable Development Goals agreed by UN Member States. Maternal mortality remains the second-leading cause of death for girls aged 15 to 19 years old. Unsafe abortion and lack of access to postabortion care continues to be a leading cause of maternal mortality and morbidity. One in three women still experience physical or sexual violence in their lifetime. 225 million women who want to avoid pregnancy are not using modern contraception, especially among the most marginalised.”¹²

9 Kimberly H. McManama O’Brien, Richard T. Liu, Jennifer M. Putney, Taylor A. Burke and Laika D. Aguinaldo, “Suicide and self-injury in gender and sexual minority populations” in *Health: Meeting the Needs of Gender and Sexual Minorities*, K. Bryant Smalley, Jacob C. Warren, Nikki Barefoot, eds. (Springer Publishing Company, New York, 2017), pp. 181–198.

10 WHO, Karel Blondeel, Sofia de Vasconcelos, Claudia García-Moreno, Rob Stephenson, Marleen Temmerman and Igor Toskin, “Violence motivated by perception of sexual orientation and gender identity: a systematic review”, *Bulletin of the World Health Organization*, vol. 96, No. 1, 2018, pp. 29–41.

11 <https://www.who.int/reproductivehealth/STAG-STATEMENT.pdf?ua=1&ua=1>

12 Idem

SDG Indicators to Eliminate Barriers to SRHR

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods.

3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group.

The SRHR Problem Within Gender Equality

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

5.6.2 Number of countries with laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information and education.

SEXUAL RIGHTS: UNFINISHED BUSINESS

In 2014, reproductive rights continued to be recognized by consensus during the CPD deliberations, and by then (since Cairo) reproductive rights seemed to be engraved in the UN system as part of a person’s human right to health and to control one’s own sexuality. Sexual rights, however, were once again not agreed to by governments. Twenty years after it was first brought up into discussion, some governments seem to have reached a silent agreement to oppose sexual rights.

In 2006, the Sexual Rights Initiative (SRI) was established to “advance sexual rights as a particular set of rights and as a crosscutting issue within international law, specifically in the work of the United Nations Human Rights Council.¹³ SRI has mapped and tracked the status of sexual rights as they relate to “existing human rights norms and standards including the right to privacy, freedom of thought and expression, freedom from violence, the right to education and information, the right to equality, freedom from all forms of discrimination and the right to the highest attainable standard of health”.

In an [interview published in 2005](#), some feminists from around the world who were instrumental in shaping the Cairo consensus and Program of Action reflected on future strategies to advance SRHR.



Suvekchia Rana from Nepal, speaking at the MenEngage Alliance ‘SRHR For All’ meeting in Addis Ababa, April 2019.

13 <http://www.sexualrightsinitiative.com/sexual-rights/intro-to-sexual-rights/>

“The women’s movement, together with other constituencies (for example, lesbian, gay, bisexual and transgender groups and sex workers) that have the strongest vested interest, must think about how much we are able and willing to compromise, from our different perspectives, for the sake of progress in the global policy arena. We faced that challenge before Cairo with respect to reproductive rights, and I believe we can and should be doing the same with sexual rights.”

Sonia Corrêa¹⁴

“We can no longer see women’s bodies as the exclusive site of sexual and reproductive abuses, or women as the exclusive claimants of sexual and reproductive rights. We need to reaffirm Cairo and Beijing for sure, but we also need to move beyond them.”

Ros Petchesky¹⁵

“We need broader coalitions. We need to deepen our commitment to each other and to those we represent, while at the same time, building new allies and rejuvenating our own movement. Feminists, demographers, family planners, health service providers, AIDS activists, human rights advocates and youth leaders all want fewer people dying and suffering from complications of pregnancy, HIV/AIDS and violence. We all want kids to grow into healthy, happy adults.”

Sonia Corrêa, Sexuality Policy

14 With [Richard Parker](#), Corrêa co-chairs Sexuality Policy Watch, a global forum of researchers and activists working on [sexual rights](#) issues and policies across the world.^[6] The forum was launched in 2002 as the International Working Group on Sexuality and Social Policy (IWGSSP), but changed its name to Sexuality Policy Watch in 2006.^[7] Since its inception, SPW has conducted research on trends in sexuality, advocated to prevent violence against women,^[8] built partnerships with sexual rights groups, and published key policy analyses.^[9] S.Corrêa also served as Co-Chair of the expert committee on the Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity

15 [Sonia Corrêa](#), [Adrienne Germain](#) & [Rosalind P Petchesky](#). 109-119 | Published online: 11 Jun 2005. Thinking Beyond ICPD+10: Where Should Our Movement* Be Going? –“Our movement” refers to the feminists who helped generate the outcomes of many UN agreements during the 1990s, especially the 1994 International Conference on Population and Development (ICPD) in Cairo, and the 1995 Fourth World Conference on Women (FWCW) in Beijing, as well as many others who have defended those goals and are working in many and various ways to achieve them.

LOOKING AHEAD: ICPD+25

ICPD+25 THE NAIROBI SUMMIT, 2019

On November 12–14, advocates and policy makers will meet again, this time in Kenya for ICPD+25, or “The Nairobi Summit”.

“As Cairo was the watershed moment 25 years ago for sexual and reproductive health and rights, similarly, Nairobi will be the moment when no one is left behind, ensuring rights and choices for all.”

Josephine Kibaru-Mbae, Director General of the Kenya National Council for Population and Development

“IPPF and civil society were fundamental for achieving the Cairo commitments of ICPD. 25 years later, we reaffirm our commitment to work tirelessly every day, everywhere to make those commitments a reality to all people and to make sure that women’s rights are realised and that Agenda 2030 is achieved.”

Alvaro Bermejo, IPPF Director-General



Young activists from the ‘SRHR For All’ project coordinated by MenEngage Alliance.

HOW DOES ICPD+25 WORK?

Every five years since ICPD, member States reaffirm their commitment and analyze progress towards the ICPD PoA. For the 2019 Nairobi Summit, States are required to submit a report to the African Union and UNFPA, which will be compiled into regional reports and later into a global report.

REGIONAL REVIEWS

The review of progress on ICPD PoA implementation and its contribution to the 2030 Agenda will be based on the **regional reviews**.

Asia and the Pacific

ESCAP and UNFPA affirm regional commitments of the [sixth review](#) in 2013 which includes language about sexual and reproductive health, services and rights:

Universal access to comprehensive and integrated quality sexual and reproductive health services for all women, men and young people to eliminate maternal, newborn and child mortality, decrease morbidity and to achieve universal access to HIV prevention, treatment, care and support.

Provide a **comprehensive package of sexual and reproductive health information and other services** that includes adequate counselling, information and education, access to a full range of effective and high-quality modern contraceptives of choice, comprehensive maternity care, access to safe abortion under the criteria permitted by law, post-abortion care, safe delivery services, prevention and treatment of infertility, prevention and treatment of sexually transmitted infections, HIV and reproductive cancers and other communicable and non-communicable diseases, **employing a rights-based approach, paying particular attention to women, newborns, adolescents, youth, and hard-to-reach and underserved groups;**

Prohibit practices that violate the reproductive health and rights of women and adolescent girls, such as spousal or parental consent requirements to receive health services, including: (i) sexual and reproductive health services; (ii) denial of access to sexual and reproductive health services; (iii) violence in health-care settings, including sexual harassment, humiliation and forced medical procedures or those conducted without informed consent, and which may be irreversible, such as forced hysterectomy, forced Caesarean section, forced sterilization and forced abortion and forced use of contraceptives, as well as mandatory HIV testing; (iv) early and forced marriage; (v) female genital mutilation and other harmful traditional practices; or (vi) discrimination in education and employment due to pregnancy and motherhood;

Ensure that national laws and policies **respect and protect reproductive rights and enable all individuals without distinction of any kind, to exercise them without discrimination on any grounds;**

Fully engage the participation and **involvement of men in ensuring the promotion and protection of their own, and their partners' reproductive health and rights;**

Fully **engage men and boys**, as well as families and communities, **as agents of change in promoting gender equality and preventing and condemning violence against women and girls**, and develop appropriate policies to promote the responsibility of men and boys in preventing and eliminating Chapter 4: Asian and Pacific Ministerial Declaration 86 Compendium of Recommendations on Population and Development | Volume II all forms of violence against women and girls; and in this context address and eliminate intimate partner violence and expand and ensure the availability and access to services to prevent, respond to and protect survivors of such violence and their children.

Africa

Progress made since ICPD in 1994 must advance and leave no one behind.

“Investment in SRH has personal, social and economic benefits, including: saving and improving people’s lives; slowing the spread of HIV; encouraging greater equality across genders; providing essential support to LGBTI people who have, historically, been excluded from accessing sexual and reproductive health services in most parts of the world. Improved access to SRHR can also stabilise population growth and reduce poverty.”

Sonke Gender Justice

“While there is an ideal society where stigma, discrimination and violence are eliminated, and where human rights are respected, protected and promoted, this may not be attainable immediately. Thus effective context-specific strategies require strategic engagement and planning to achieve realistic outcomes [lower hanging fruits] within particular operational contexts while working steadily towards an ideal society.”

AMSHeR – African Men for Sexual Health and Rights

Watch the video: [‘How 25 years later, how the ICPD transformed Africa’¹⁶](#) (UNFPA)

Latin America

The 3rd convening of the CEPAL in August 2018 reaffirmed the [Consensus of Montevideo¹⁷](#) (the 2013 regional review and commitment to the ICPD PoA).

“Universal health coverage (UHC) is an integral part of economic development. In the case of sexual and reproductive health, lack of coverage can trap families and nations in poverty, costing women and girls their future and costing a nation its growth. Above all, health is a human right. IPPF advocates for the inclusion of sexual and reproductive health as a core feature of a complete, non-discriminatory health care system. Access to quality sexual and reproductive health services should never depend on where you live, how much money you have or you race, gender or age.”

International Planned Parenthood Federation (IPPF)

...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)

¹⁶ Video available at: <https://www.youtube.com/watch?v=ZEP4fkhB8YQ>

¹⁷ https://repositorio.cepal.org/bitstream/handle/11362/21835/S20131037_es.pdf?sequence=4&isAllowed=y

In Montevideo, 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)

PROGRESS AND RECOMMENDATIONS

A 25 percent increase in global contraceptive prevalence since 1994, and a 16 percent decline in unintended pregnancies between 1994 and 2014 are reason for celebration.

FIGO¹⁸ commends the discussion of a comprehensive package of quality sexual and reproductive healthcare, expanded from the initial definition within the Programme of Action, to include:

- Multiple methods of modern contraception.
- Antenatal, delivery and postnatal care.
- Referral for comprehensive emergency obstetric and newborn care.
- Post-abortion care and safe abortions to the extent allowed by law.
- Screening for and treatment of sexually transmitted infections.
- Infertility diagnostics and assisted reproduction.
- Reproductive cancer screening and treatment.
- Treatment for gender-based violence.
- Comprehensive sexuality education.



“Countries should incorporate the essential services defined in this report into universal health coverage, paying special attention to the poorest and most vulnerable people.”

Accelerate Progress, Guttmacher-Lancet Commission

The [Guttmacher-Lancet Commission](#) produced a rigorous review of existing evidence and made recommendations in support of Universal Access to SRHR¹⁹ consistent with comprehensive package:

“The Commission consists of 16 commissioners from Africa, Asia, Europe, the Middle East, North and South America, with multidisciplinary expertise and experience in a broad range of SRHR issues. From 2016 to 2018, the Commission held numerous consultations and synthesized available evidence with the support of researchers at the Guttmacher Institute, the African Population and Health Research Center and other organizations affiliated with several of the commissioners. The Advisory Group for the Commission consists of 23 representatives from sexual and reproductive health and rights, global health, and funding organizations who provided valuable feedback on the report and its recommendations.”

18 International Federation of Gynecology and Obstetrics

19 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30293-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext)

WHAT'S AT STAKE?

Around the world women, girls and people of diverse SOGIESCs continue to lack access to comprehensive sexual and reproductive health care and their sexual and reproductive rights are often not recognized.

Reproductive health and rights issues are often narrowly and mistakenly understood as:

- A. A health and medical issue, carved out of maternal and child health (MCH) (which involves pre and post partum care, birth deliveries, newborn health), that is primarily related to prevention of pregnancy, management of contraceptive use, and prevention of infections and diseases.
- B. A women's issue that continues to understand women as first and foremost a reproductive body, which leaves women and girls to bear the burden of voicing their needs in isolation.

Sexual health issues have also been narrowly understood as:

- C. A public health problem (epidemiology) involving the sexual transmission of infections by men to women and men. HIV/AIDS has become a central element of sexual health, along with other STIs.
- D. Sexual health is usually viewed as men's health under the acceptance that men's sexual behaviour is more extensive, riskier, more frequent, and involves multiple partners.

In the ICPD PoA, **reproductive health** – in line with the WHO definition of health – assumes a positive and encompassing meaning related to care and wellbeing. In practice, however, most of the wellbeing aspects of the definition are often lost in preventive care measure.

The separation of health and rights has also been intentional. Governments have reluctantly accepted that if health is a right, therefore reproductive health must be a right involving pregnancy, gestation, and childbirth. Sexual health, however, has never been recognized as a right.

Implications of Definitions of Rights Relating to Sexual Health and Reproductive Healthcare

- While reproductive rights guarantee that women are entitled to enjoy and defend them, women continue to fight for what they need, and to bear the consequences of insufficient contraceptive services and supplies, biased sexual health information, medicalization of their sexual drive, and denial of their full ability to own their bodies, manage their sexual and reproductive lives, and make their own choices. Sexual rights however were never accepted as applicable to women.
- The reproductive and sexual health of LGBTIQ people is understood from a medicalized viewpoint, further stigmatizing their experience. The rights of LGBTIQ people are not recognized either, nor are they articulated in the PoA.
- Men's reproductive health is practically invisible and minimally understood within the confines of fertility treatments. Men's sexual health is addressed as prevention of risky behaviors, and testing and treatment of STI/D and HIV/AIDS. While men's sexual health implies men's rights to health, freedom of expression, and mobility, the ICPD PoA does not spell out those rights, reinforcing the silence around men's rights as broad and all-encompassing, but also affirming men's heterosexual drive and experience as normative.

Universal Access to SRHR

“Although ICPD broke new ground, subsequent United Nations (UN) agreements—including the UN’s current development agenda, the Sustainable Development Goals—have fallen short and do not reflect a comprehensive commitment to ensuring health or individual and community rights. Moreover, in the United States, the Trump administration is pushing an agenda domestically and abroad that threatens these health and rights advancements and adds additional barriers to those already present in laws, policies and social norms. It is within this context that the Guttmacher-Lancet Commission on SRHR released its report in May 2018. This assembly of global health, development and human rights experts calls on national governments, international agencies, donors, civil society groups and other key stakeholders to commit to a bold agenda to achieve universal access to sexual and reproductive health and rights. The Commission is an international collaboration that brought together 16 experts from all regions of the world to put forth an evidence-based, forward-looking vision that is affordable, attainable and essential to the achievement of health, equitable development and human rights for all.”²⁰

While this is not a new idea, the Commission calls for a renewed commitment to the agenda 2030 by accepting that SRHR is central to the achievement of the SDGs, and only a comprehensive, inclusive and universal approach will effectively leave no one behind.

“The ICPD 1994 PoA is still very relevant and will remain so for some time. This is because progress has not been as fast as envisaged, inequalities persist between countries with more than 1 billion people still living in poverty and maternal mortality is still very high in several countries. Also, gender violence still persists while reproductive health and human rights of women, adolescents and youth continue being compounded by economic crises, rapid urbanization and migration and aging populations.”

Dr. Josephine Kibaru-Mbae, OGW, Director General of [Kenya NCPD](#)



Participants at the SRHR For All meeting in Addis Ababa, Ethiopia, April 2019

20 <https://www.guttmacher.org/gpr/2018/09/time-lead-roadmap-progress-sexual-and-reproductive-health-and-rights-worldwide>

MEN AND MASCULINITIES IN THE SDGS

Goal 5: Call to Action²¹ for the Agenda 2030 and the SDGs

Engaging Men in Boys in Social Norms Transformation for the Achievement of the SDGs.

Engaging men and boys in ending all forms of violence and discrimination towards all women and girls.

Increase in men and boys who condemn all forms of discrimination and violence against women and girls (SDG Targets 5.1; 5.2; 5.3).

Reduced homophobia/transphobia and increase support for LGBTQI rights and the rights of people of diverse sexual orientations and gender identities (SOGI).

Increase in men's and boys' physical and mental health seeking behavior, including seeking help to change violent behaviors (SDG Targets 5.6 and 5.2).

How to Engage Men and Boys Responsibly

- With policies and programs that seek to address the root causes of all forms of violence including social norms, stereotypes, beliefs and attitudes towards power, privileges, stemming from structural injustices and patriarchal power structures.
- Recognizing and transforming social systems that perpetuate violence towards all women and girls, including sexual violence, institutional violence, economic violence, homophobic violence and violence among and between men and boys, focusing on root causes to avoid separating these approaches into silos.
- Ensure that laws related to ending GBV, domestic violence and violence against all women and girls that are implemented as intended.
- Removing barriers to their implementation, including social norms, of social norms transformation.
- Hold the military, law enforcement, and the justice and security sectors accountable to human rights principles and to refrain from gender-based discrimination, respecting human rights of each individual.

Increase men's and boys' roles, responsibilities and access to SRHR - including family planning, child and maternal health, safe and legal abortions, HIV/AIDS and STIs treatment and prevention services (SDG Targets 5.6 & 3.7).

How to Engage Men and Boys Responsibly in SRHR for All

- Implement Comprehensive Sexuality Education in schools, that provides accurate information in addition to a focus on gender, masculinities and healthy relationships.
- Target men in maternal health programs, as an entry point to encourage them to be more involved in their partner's health as well as their own.
- Create youth-friendly health services, and spaces for peer-to-peer conversations and learning between and among boys and girls in order to break taboos around sexuality.

21 <http://menengage.org/wp-content/uploads/2017/07/Policy-Brief-HLPF-2017.pdf>

“Men and boys don’t see SRHR as central to their own lives. Parents, schools, health systems, and society all reinforce the idea that SRHR are women’s concern – though women all too often control little about the conditions of their own SRHR. Women’s bodies, sexual relationships, and reproductive functions are often subject to public comment and control, with those exerting power over them primarily men. To transform this, boys and men need information, self-awareness, a commitment to consent and respect, the skills for communicating and navigating healthy sexual lives, and a sense of personal obligation to advance gender justice. Worldwide, men and boys currently have little exposure to the comprehensive sexuality education (CSE) necessary to equip them with these information, skills, and gender-equitable attitudes.”

Getting to Equal, Promundo²²

A FUTURE WE ASPIRE TOWARDS

MenEngage Alliance envisions a world where SRHR is understood as central to our human development. As human beings from hundreds of different countries and cultural contexts, with unique circumstances and yet equally recognized as rights holders, all people need science-based, appropriate and unbiased information, services and resources to care for their sexual and reproductive health.

For that to become a reality, we must engage in transforming discriminatory and divisive distribution of responsibilities and access to decision-making and resources. For that to happen, men and boys must understand and accept the human rights of all people, and that no one must be denied their right to health. Sexual health must be understood as part of our human right to health, and health care systems and policy makers must serve and protect the rights of all.

MenEngage Alliance seeks to advance the understanding that men – and particularly heterosexual men – do not have sexual rights in a vacuum, or as an exclusive privilege.

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Designed by Nadia Joubert.*

22 https://promundoglobal.org/wp-content/uploads/2018/10/Overview_010_web.pdf

We envision a world where all people are equal and free from discrimination – a world in which gender justice and human rights are promoted and protected.

Find out more at menengage.org



MenEngage Alliance
working with men and boys for gender equality