



ICPD Beyond 2014

International Conference on

human rights

CONFERENCE REPORT

Noordwijk, the Netherlands • 7-10 July, 2013



ICPD =

International Conference on
Population and Development
Beyond 2014

RIGHTS
+
DEVELOPMENT

Follow-up to the
implementation of the
Programme of Action of the
International Conference on
Population and Development
beyond 2014

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INTERNATIONAL CONFERENCE ON
human rights

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executive summary

all different.
all human.
all equal



At the 1994 International Conference on Population and Development (ICPD), 179 Governments agreed to a groundbreaking, comprehensive Programme of Action (POA). The Programme of Action put human rights at the centre of development and called for a comprehensive approach to sexual and reproductive health and reproductive rights, recognizing that sexual and reproductive health services and programmes must be guided by the needs of, and must protect the human rights of individuals, especially women and girls. Governments agreed that reproductive rights, gender equality, equity and women's empowerment

are essential for improving quality of life and achieving sustained social and economic growth and sustainable development.

In conformity with General Assembly resolution 65/234 and the related concept note for the ICPD beyond 2014 review consulted with the General Assembly, the **ICPD Beyond 2014 International Conference on Human Rights** was held in Noordwijk, the Netherlands, from 7 to 10 July 2013. Organized by the United Nations Population Fund (UNFPA), the Office of the High Commissioner on Human Rights (OHCHR) and the Government of the Netherlands, the conference brought together over 300 participants from 127 United Nations Member States, civil society organizations, academia, parliamentarians, human rights defenders, young people, and service providers, as well as United Nations agencies.

Under the tagline “All Different, all Human, all Equal”, the conference provided a unique platform for meaningful dialogue amongst the diverse range of participants to address human rights commitments and identify opportunities to strengthen the operational links between human rights and implementation of the Programme of Action, with a particular emphasis on sexual and reproductive health and rights and their

intersection with gender equality. Together participants identified positive human rights developments over the past 20 years, highlighted success stories and lessons learned, remaining gaps and challenges, as well as and emerging issues and priorities for the future and ways forward to ensure that the ICPD beyond 2014 agenda, as well as the broader development agenda beyond 2015, advance the realization of human rights without discrimination.

The conference highlighted the integrality of sexual and reproductive rights to human rights overall, and how the exercise of sexual and reproductive rights is essential for the enjoyment of other fundamental rights and for achieving social justice and the internationally agreed development goals, including the eradication of poverty.

The conference took note of numerous achievements with regard to human rights in the implementation of the Programme of Action over the last two decades. The discussions identified three fundamental arenas in which actions have been taken to meet human rights obligations in regard to sexual and reproductive health: creating enabling legal and policy environments; removing barriers to accessing information, education, and services; and enhancing people's agency and ensuring their full participation.

The conference highlighted that, since 1994, many new human rights commitments have been negotiated in intergovernmental fora. UN human rights mechanisms have elaborated on these and have issued general comments and recommendations to specific countries regarding their compliance with human rights obligations, and many countries have translated their global commitments into national laws and policies. The Beijing Platform for Action (1995) and the Millennium Declaration (2000) and the Millennium Development Goals (MDGs) were also acknowledged as landmark international agreements that have reaffirmed the Programme of Action of the International Conference on Population and Development. Advances on rights have been seen particularly in the areas of maternal mortality, contraceptive information and services, safe abortion, violence against women and girls and other harmful practices, sexuality, and the rights of individuals belonging to vulnerable and marginalized populations.

The conference emphasized the remarkable progress triggered by the Programme of Action in improving access to information, education and services on sexual and reproductive health. Of all the key ICPD commitments, improvement in maternal health represents one of the greatest gains in sexual and reproductive health and human rights. The percentage

of pregnant women who had at least one antenatal care visit increased globally from 64% in 1990 to 81% in 2010. Significant increases in access to voluntary family planning and modern methods of contraception, the response to the AIDS epidemic and the legal and policy achievements to end violence against women and girls stood out as areas in which particular progress had been made.

Participants also agreed that the ICPD was groundbreaking in its recognition that peoples' agency is central to sexual and reproductive health and rights. A strong consensus emerged that a major achievement since 1994 had been the increased mobilization of a broad range of diverse civil society organizations, other non-governmental stakeholders, and social movements around the ICPD agenda to shape global, regional and national legal, policy and accountability frameworks on sexual and reproductive rights. This development was identified as key to ensuring the achievement of the goals and objectives of the ICPD and an inclusive post-2015 development agenda.

The conference also highlighted a number of challenges to further advance the implementation of the ICPD Programme of Action beyond 2014 and the MDGs, in particular MDG 5, recommending ways forward in three

broad areas that reflect gaps in the implementation of sexual and reproductive health and rights:

1. *Equality: Making progress toward social justice and ending discrimination in all its forms:* Who has been excluded and why, the barriers faced by marginalized and excluded groups, and how to ensure the realization of sexual and reproductive rights for all.
2. *Quality: Meeting human rights standards in sexual and reproductive health services, information and education:* How sexual and reproductive health and rights policies and interventions can ensure availability, accessibility, acceptability and quality.
3. *Accountability: Identifying responsibilities of key actors and enforcing rights:* How the requirements of a “continuous circle of accountability” across the policy cycle can be met so that the people are able to hold government and other key actors to account and seek remedies.

Equality

A strong consensus was reached on identifying socioeconomic inequalities as a major barrier preventing people living in poverty to access sexual and reproductive health services, information and educa-

tion. The importance of addressing gender inequalities as one of the main obstacles to achieving sexual and reproductive health was also a major theme of the conference. Gender-based violence and other harmful practices were identified as being among the most widespread human rights violations. The conference also stressed the urgent need to address inequalities affecting marginalized and underserved populations in order to achieve universal coverage and more equitable development outcomes. It was made clear that while structural causes of inequality compound and exacerbate marginalization and exclusion across certain population groups, policies will not achieve equality unless the distinct needs and rights of diverse population groups are also factored in and addressed. Moreover, participants expressed the view that cultural, socioeconomic and political systems rooted in ideologies and values that deny the inherent dignity and equality of all human beings are a significant obstacle for the realization of human rights, and strongly condemned discrimination in all its forms. Three Member State participants stressed the need to respect the religious and cultural values of countries in this regard.

Conference participants acknowledged that stigma and discrimination in laws, policies and practices compromise the achievement of all human rights and ultimately

human well-being and dignity. The conference noted the existence of criminal laws against sexual and reproductive rights, including laws criminalizing same-sex consensual relations, adultery, sex work, undocumented migrants, people living with HIV, access to information about sexuality, and access to safe abortion services. Serious concerns were also expressed on the lack or insufficient implementation of legal commitments on sexual and reproductive rights, for example, the failure to implement legislation against child marriage. In some countries, policies and programmes do not explicitly recognize the rights of certain population groups such as unmarried women, adolescents, people living with HIV, persons with disabilities, indigenous peoples and the elderly.

The conference reaffirmed that rights related to sexuality and reproduction are universal human rights, to which all people are entitled irrespective of race, sex, ethnicity, religion, political or other opinion, or any other status; that all States have obligations to ensure these rights, regardless of level of development; and that all duty-bearers have obligations to respect individuals' inherent dignity and rights. Furthermore, the conference discussions overwhelmingly affirmed that ensuring sexual and reproductive rights requires an enabling environment where people can exercise

autonomy and choice, with all individuals, particularly women, adolescents and those belonging to other marginalized groups, empowered to claim their human rights; including the right to information, education and participation free from discrimination, coercion and violence; and the rights to freedom of expression and association.

Quality

The conference reaffirmed that the right to health requires that education, information and services must be available, accessible (including affordable), acceptable and of good quality, without discrimination, coercion or violence. Participants emphasized that some of the actions required to ensure quality and prevent human rights abuses are low cost, such as for instance addressing provider attitudes that curtail young people's access to services.

A number of conditions were also identified as undermining or preventing good quality sexual and reproductive health services, information and education. The delivery of most sexual and reproductive health services, for example, occurs through vertical policies, funding and programming that focus on one or another type of service rather than on a comprehensive sexual and reproductive health package.

Many barriers were seen to be impeding access to sexual and reproductive health information and services including the high costs of health care, countervailing legal and statutory requirements, and geographic barriers. Even where good quality sexual and reproductive health services, information and education exist, in many cases, women, adolescents and marginalized populations do not know about them or cannot access them because of poverty and discrimination based on their sex, age or marital status, among others. At the same time, people may be coerced to accept sexual and reproductive health services that they do not want or are subjected to medical procedures without their knowledge.

Conference participants stressed the need to ensure people's access to the widest possible range of contraceptive methods, including emergency contraception, as well as to safe abortion services. The need to provide adolescents and youth with comprehensive sexuality education was emphasized. Participants agreed on the need for the allocation of adequate human and financial resources in compliance with human rights standards.

The conference underscored the contribution, roles and obligations of health service providers, which

are key to ensuring quality of services, emphasizing the importance of training and accrediting service providers, not only in the technical aspects of their professions, but also in interpersonal communication, human rights, non-discrimination and gender equality. They also stressed that it is essential to have effective supervisory systems to assist providers in achieving and maintaining these quality standards. Concerns were expressed about providers and health services refusing to provide information and services on the basis of conscientious objection. Participants reaffirmed that States are obliged to ensure that services are available, acceptable and accessible, to define the limits of conscientious objection, and to put procedures in place for referring clients to alternative service providers.

Accountability

The issue of accountability, which was given special attention as a cornerstone of the human rights framework for the full implementation of the Programme of Action of the International Conference on Population and Development, cuts across all dimensions of the conference proceedings. It was stressed that States are obligated to respect, protect and fulfill human rights. This means that the State must refrain from interfering with the enjoyment of rights, the

State must ensure that private actors do not obstruct the exercise of these rights, and the State must create an enabling environment for all people to be able to claim and enjoy their rights. Non-state actors, including the private sector, development partners, civil society and others, also have responsibilities related to human rights.

The conference, with few exceptions expressed with reference to particular national cultural or religious values, agreed that a legal and policy framework that respects sexual and reproductive rights and eliminates discrimination is fundamental to both enabling rights-holders to have a voice and to hold governments and other actors to account. Many participants referred to the critical role played by laws that protect freedoms of expression and association and provide for access to public information in supporting the right to participate in public life and in creating enabling environments for the work of human rights defenders.

It was recognized that budgets that are rooted in human rights standards and participatory and transparent processes are a fundamental component of the principle of accountability. Equally critical are solid monitoring and evaluation systems that are grounded in comprehensive, reliable, accessible,

transparent and periodic information and data. While the implementation of the Programme of Action was recognized for having contributed to the development and strengthening of national data systems around components of sexual and reproductive health, monitoring and accountability were seen as still seriously compromised by significant data gaps.

The conference emphasized that ensuring accountability is critical for addressing individual human rights violations as well as for identifying systemic failures that contribute to continued human rights deprivations. In ensuring accountability, mechanisms of review and oversight such as national human rights institutions, courts, administrative review bodies, parliaments and forums for community participation play important roles.

Moving forward

Participants acknowledged the major human rights achievements resulting from the implementation of the Programme of Action over the past two decades; they noted, however, that the vision of Cairo is still an unfulfilled promise for millions of women, girls and marginalized and excluded populations and called upon States and other key actors to meet urgently their obligations under human rights law to further implement the goals

and objectives of the Programme of Action and the MDGs, in particular MDG 5a and 5b, and to ensure the realization of sexual and reproductive rights for all.

Participants also stressed that the goals and objectives of the Programme of Action, as well as the findings and conclusions of the 20 year operational review of the implementation of the Programme and its follow up beyond 2014, should be at the heart of the post-2015 development agenda. They stressed that human beings and their inherent rights are at the center of sustainable development and that the social, economic and environmental pillars of sustainable development need to be rooted in the promotion, protection and fulfillment of universal and indivisible human rights, especially sexual and reproductive rights and the right to universal access to sexual and reproductive health.

The conference recalled that the outcome of the International Conference on Population and Development was the result of social movements working together with governments and the United Nations, and underscored that the ICPD beyond 2014 review and the post-2015 development agenda provided an unprecedented momentum to renew these partnerships to move forward towards new frontiers, to address new realities and to tackle neglected issues.

In this regard, the conference made a strong call to advance a comprehensive and inclusive development agenda, based on the principles of universality, indivisibility of rights, equality and non-discrimination, participation, empowerment, accountability and the rule of law, in order to address the rights and needs of all individuals in connection with their sexual and reproductive health. Participants overwhelmingly affirmed the need to adopt comprehensive legal and policy frameworks to eradicate poverty and end all forms of discrimination by addressing socio-economic and gender inequalities and developing capacities of different actors to know, exercise and claim sexual and reproductive rights.

i. introduction

all different.
all human.
all equal



At the 1994 International Conference on Population and Development (ICPD), 179 governments agreed to the groundbreaking, comprehensive Programme of Action (POA). The POA recognized that *reproductive rights* encompass several internationally recognized human rights; enlarged the policy focus on demographic matters to include individuals' sexual and reproductive health; and spelled out the information, education, services and enabling environment required to realize reproductive rights. Governments agreed that reproductive rights, gender equality, equity and women's empowerment are essential

to improve quality of life and to achieve sustained social and economic growth and development.

Since 1994, the United Nations has collaborated with governments and civil society organizations to conduct three global reviews of the implementation of the Programme of Action. These took place in 1999, 2004 and 2009. The 1999 review provided important elaboration of key actions required for further implementation of the Programme of Action. All the reviews recognized progress but also acknowledged that achieving the goals and objectives of the Programme of Action remains “unfinished business”, particularly for women, girls and marginalized groups.

2014 marks the twentieth anniversary of the watershed ICPD Programme of Action, and the original timeline for achieving the goals and objectives of the International Conference on Population and Development. By its resolution 65/234 of December 2010 on the Follow-up to the International Conference on Population and Development beyond 2014, the General Assembly, stressing the need to respond to new challenges relevant to population and development and to the changing development environment, and to reinforce the integration of the population and development agenda in global processes related to development decided to:

- *Extended* the Programme of Action and the key actions for its further implementation beyond 2014 and ensured its follow-up in order to fully meet its goals and objectives;
- *Emphasized* the need for Governments to recommit themselves at the highest political level to achieving the goals and objectives of the Programme of Action;
- *Called upon* the United Nations Population Fund (UNFPA), in consultation with member states and in cooperation with relevant partners to undertake an operational review of the implementation of the Programme of Action on the basis of the highest-quality data and analysis of the state of population and development and taking into account the need for a systematic, comprehensive and integrated approach to population and development issues.

In conformity with General Assembly resolution 65/234 and the related concept note for the ICPD beyond 2014 review on which consultations took place in the General Assembly, the **ICPD Beyond 2014 International Conference on Human Rights** was held in Noordwijk, the Netherlands, from 7 to 10 July 2013. Organized by the United Nations Population Fund (UNFPA), the Office of the High Commissioner on Human rights (OHCHR), and the Government of

the Netherlands, the conference brought together over 300 participants, including representatives from 127 UN Member States, more than 140 representatives of civil society organizations and academia, parliamentarians, human rights defenders, young people, and service providers, as well as representatives from 8 United Nations agencies.

Under the tagline “All Different, all Human, all Equal”, the conference provided a unique platform for meaningful dialogue amongst a diverse range of participants focusing on critical human rights issues and challenges, with a particular emphasis on sexual and reproductive health and rights and their intersection with gender equality, as well as population and development issues more broadly. Together they identified positive human rights developments over the past 20 years and highlighted success stories and lessons learned, as well as remaining gaps and challenges. Discussions also focused on emerging issues, priorities for the future, and ways forward to ensure that the ICPD beyond 2014 agenda, as well as the broader development agenda beyond 2015, advance the realization of human rights without discrimination, as envisioned by the ICPD.

The conference identified three themes that are fundamental to realization of human rights in the context of sexual and reproductive health:

- 1. Equality: making progress toward social justice and ending discrimination in all its forms.** Who has been excluded and why, the barriers faced by marginalized and excluded groups, and how to ensure the realization of sexual and reproductive rights for all.
- 2. Quality: meeting human rights standards in sexual and reproductive health services, information and education.** How sexual and reproductive health and rights policies and interventions can ensure availability, accessibility, acceptability and quality.
- 3. Accountability: identifying responsibilities of key actors and enforcing rights.** How the requirements of a “continuous circle of accountability” across the policy and programme cycle can be met so that the people are able to hold government and other key actors to account and seek remedies.

Discussions about these three themes focused on States, as well as non-State actors as duty-bearers and explored the layered, uneven progress made in implementing ICPD human rights commitments in the areas of legal and policy reform, policy implementation, governance systems, service delivery, monitoring and evaluation and enforcement of rights, among others. Conference participants discussed these issues, including accomplishments, remaining challenges, emerging issues and ways forward through plenaries, thematic breakout sessions, interactive roundtable discussions and a conference wall where they were invited to contribute ideas, good practices, lessons learned and innovative solutions for future success.

Plenary sessions were dedicated to the following topics: Human rights in the International Conference on Population and Development and major human rights achievements in the last two decades; Addressing inequalities and discrimination; Making accountability come to life; Key sexual and reproductive health and rights parameters and criteria to be taken up in the future post 2015 framework. These sessions, featuring panel presentations and human stories, were underscored by the conference background paper as well as technical and issues papers on the key themes. Breakout sessions provided an opportunity for participants

to engage actively in forward looking discussions and explore in further depth the plenary themes as related to three cross-cutting topics: women's autonomy and reproductive rights; sexual health and wellbeing and human rights; and gender-based discrimination and violence. Additionally, the conference's Human Rights Café offered the opportunity to engage in discussions on topics that had not yet got sufficient attention. Key issues arising from the breakout sessions were subsequently reported back in plenary debriefing sessions.

This report –which constitutes the outcome of the conference– summarizes the broad agreement reached on major human rights achievements related to the ICPD over the past 20 years, as well as the main challenges and ways forward for the full realization of the human rights commitments of the Programme of Action beyond 2014. The conference report will be reflected in the ICPD Global Review Report, and the Secretary General's ICPD Review Report to the 47th session of the Commission on Population and Development in April 2014 and to the Special Session of the General Assembly in September of the same year. The conference and subsequent consultations that inform the ICPD Review will contribute to ensuring that human rights are an integral component of the post-2015 development architecture.

ii. major human
rights achievements
related to icpcd over
the past 20 years

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all equal



Conference participants recalled that the ICPD Programme of Action presented a comprehensive and interdependent human rights agenda, including the rights to education, to health, to development, to freedom of expression and to information that enables people, especially women and girls, to be healthy, make reproductive choices and fully exercise their human rights. Noting that international human rights treaties place legally binding obligations on all UN member states that ratify them, the conference recalled that since 1994, numerous intergovernmental fora have not only reaffirmed the ICPD's rights-based approach

to population, health and development, but also have elaborated on these commitments and on actions to respect, protect and fulfill the human rights that underlie them.

The conference took note of numerous achievements with regard to human rights in the implementation of the ICPD Programme of Action over the last two decades. The discussions illustrated three fundamental arenas in which actions have been taken over the past 20 years to meet human rights obligations in regard to sexual and reproductive health: creating enabling legal and policy environments; removing barriers to accessing information, education, and services; and enhancing people's agency and ensuring their full participation.

a. Creating enabling legal and policy environments

The conference highlighted that, since 1994, many new human rights commitments have been negotiated in intergovernmental fora. UN human rights mechanisms have defined the scope and content of these obligations through general comments, recommendations and decisions on individual cases to specific countries regarding their compliance with human rights obliga-

tions, and many countries have translated their global commitments into national laws and policies.

Numerous global and regional intergovernmental human rights instruments were highlighted, including, for instance the Declaration on the Rights of Indigenous Peoples (2007) and the Convention on the Rights of Persons with Disabilities (CRPD 2006), which includes a specific provision requiring states to ensure the right of persons with disabilities to the highest attainable standard of health without discrimination, including in the area of sexual and reproductive health¹. Regional intergovernmental bodies have also adopted treaties for the protection of human rights pertaining to gender equality and sexual and reproductive health. These include: the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Pará) in 1995, the Additional Protocol to the American Convention on Human Rights in the Area of Economic Social and Cultural Rights (“Protocol of San Salvador”) in 1999, and the Convention on Preventing and Combating Violence against Women and Domestic Violence adopted by the Council of Europe in 2011. Participants also recognized the importance of the Protocol to the African

1 CRPD, article 25.

Charter on Human and Peoples' Rights on the Rights of Women in Africa (2005), which includes a specific article on reproductive rights which recognizes the right to choose any method of contraception, and asserts the obligation of States to authorize abortion in cases of sexual assault, rape, incest, and where continuation of pregnancy would endanger the mental and physical health of the mother².

The conference also highlighted the relevance of the Optional Protocols to the Convention on the Elimination of Discrimination against Women (CEDAW) and to the International Covenant on Economic, Social and Cultural Rights (ICESCR), which entered into force in 2000 and 2013 respectively, and have advanced the ICPD agenda by articulating states' obligations in relation to sexual and reproductive health and rights under international human rights law in some paradigmatic cases³. Likewise, the Beijing Platform for Action (1995) and the Millennium Declaration (2000), the Millennium Development Goals (MDGs), including the World Summit Outcome in 2005 and the MDG5B target, included only in 2007, were acknowledged as landmark international agreements that

2 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, article 14.

3 See, e.g. the CEDAW Committee decisions in *Alyne da Silva v. Brazil* (2011) and *L.C. v. Peru* (2012)

reaffirmed the ICPD commitment to universal access to sexual and reproductive health and the realization of reproductive rights. The Agreed Conclusions of the 57th session of the UN Commission on the Status of Women on the elimination and prevention of all forms of violence against women and girls in 2013 as well as the outcome of the 45th session of the Commission on Population and Development on the right of adolescents and youth to their sexuality were also mentioned by participants as a major achievement of the last two decades.

Numerous examples were shared on the critical role of the United Nations human rights treaty bodies in advancing the ICPD agenda by articulating states' obligations in relation to sexual and reproductive health and rights under international human rights law in particular areas. For instance, UN treaty monitoring bodies have recognized that continued high rates of preventable maternal mortality and morbidity violate the rights to life, health, equality, and non-discrimination for women⁴. Treaty monitoring bodies, for

4 See, e.g., Ecuador, 11, U.N. Doc. CCPR/C/79/Add.92 (1998); Georgia, 12, U.N. Doc. CCPR/C/79/Add.75 (1997); Mongolia, 8(b), U.N. Doc. CCPR/C/79/Add.120 (2000); Peru, 20, U.N. Doc. CCPR/CO/70/PER (2000); Poland, 11, U.N. Doc. CCPR/C/79/Add.110 (1999); Trinidad and Tobago, 18, U.N. Doc. CCPR/CO/70/TTO (2000). Mali, 14, U.N. Doc. CCPR/CO/77/MLI (2003), and *Alyne v. Brazil* (supra).

example, have consistently linked high rates of maternal mortality and morbidity to lack of comprehensive sexual and reproductive health services, inadequate access to contraceptives, restrictive abortion laws, unsafe or illegal abortion, adolescent childbearing, and early and forced marriage. States have been required to develop comprehensive policies and programs to reduce maternal mortality rates, and to ensure access to skilled attendance at birth, prenatal care, emergency obstetric care, quality care for complications resulting from unsafe abortions and safe abortion services⁵. The UN Human Rights Council has passed multiple resolutions declaring preventable maternal mortality a human rights violation and has urged states to review their policies and practices to prevent these deaths⁶.

Special attention was also given to the advances made on the right to contraceptive information and services. Recognizing that barriers to accessing

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- 5 See e.g., Chad, 30, U.N. Doc. CRC/C/15/Add.107 (1999); Colombia, 48, U.N. Doc. CRC/C/15/Add.137 (2000); Democratic People's Republic of Korea, 50, U.N. Doc. CRC/C/15/Add.239 (2004); Guatemala, 40, U.N. Doc. CRC/C/15/Add.154 (2001); Haiti, 46, U.N. Doc. CRC/C/15/Add.202 (2003); See, e.g., Eritrea, 22, U.N. Doc. CEDAW/C/ERI/CO/3, (2006); Mexico, 445, U.N. Doc. A/57/38 (2002); Mozambique, 36, U.N. Doc. CEDAW/C/MOZ/CO/2 (2007); Paraguay, 123, U.N. Doc. A/51/38 (1996); Peru, 337, U.N. Doc. A/53/38/Rev.1 (1998); Uganda, 147, U.N. Doc. A/57/38 (2002).
- 6 Human Rights Council resolutions: A/HRC/RES/21/6; A/HRC/RES/18/2 A/HRC/RES/15/17 A/HRC/RES/11/8

contraception and sexual and reproductive services disproportionately affect vulnerable and marginalized populations, such as adolescents, women living in poverty or isolated locations, minorities, indigenous communities, and persons with disabilities, the conference emphasized that since 1994 treaty bodies have repeatedly urged States to ensure access to medications and health products on the WHO Essential Medicines List, including hormonal contraception and emergency contraception, and the voluntary and fully informed use of contraceptives. Treaty bodies have made clear that coerced sterilization violates the rights to non-discrimination, to health, to determine the number and spacing of one's children, and to be free from cruel, inhuman, and degrading treatment. Treaty bodies have recommended implementation of programs that guarantee access to a full range of high quality family planning services and contraceptives while eliminating all obstacles that potentially violate the right to non-discrimination and health, such as high costs, marital status requirements, third-party authorization, and parental consent⁷.

7 Committee on Economic, Social and Cultural Rights, General Comment 14: The Right to the Highest Attainable Standard of Health, Art. 12

The conference also recalled that, since 1994, international human rights standards have substantially strengthened and expanded states' human rights obligations regarding safe abortion. UN treaty bodies have repeatedly condemned absolute bans on abortion as being incompatible with international human rights norms and have urged states to eliminate punitive measures against women and girls who undergo abortions and against health care providers who deliver abortion services⁸. Human rights bodies have also strongly recommended that where abortion is legal, states must ensure that services are available, accessible (including affordable), acceptable, and of good quality.

The considerable strengthening of human rights standards over the last 20 years pertaining to the elimination of violence against women and girls was widely recognized and appreciated by the conference participants. Human rights bodies have urged states to implement policies that protect victims and survivors from further abuse, emphasizing for example, that survivors of sexual violence should

⁸ Committee against Torture, *Concluding Observations: Nicaragua*, 16, U.N. Doc. CAT/C/NIC/CO/1 (2009); Human Rights Committee, *Concluding Observations: El Salvador*, 10, U.N. Doc. CCPR/C/SLV/CO/6 (2010); ESCR Committee, *Concluding Observations: Chile*, 26, 53 U.N. Doc. E/C.12/1/Add.105 (2004).

have access to emergency contraception, and that abortion should be decriminalized in instances of rape. Treaty bodies have also framed harmful traditional practices as violations of the rights to life, equality, non-discrimination and to be free from cruel, inhuman and degrading treatment and have called on States to ensure implementation of legal frameworks banning female genital mutilation and child marriage and engaging in efforts to modify customary laws that support such human rights violations. Treaty monitoring bodies have agreed that 18 is the appropriate minimum age for marriage for both men and women. In addition, intimate-partner violence and violence based on sexual orientation or gender identity have been framed as having similar underlying causes and consequences as violence against women.

Since the Programme of Action was adopted, states have also adopted a number of consensus documents and resolutions that reflect a growing political commitment to sexual rights. Treaty bodies have developed clear guidance to remove legal and other obstacles that prevent individuals from realizing human rights as these relate to sexuality. For instance, the CEDAW Committee has urged States to eliminate laws criminalizing consensual sexual behavior between adolescents. Likewise, the Human Rights Council in its 2013 resolution on violence

against women urged States to revise national laws to enable the prosecution of marital rape. Other examples include calls made upon states, by the Committees on Economic, Social and Cultural Rights and on the Rights of the Child, to ensure that laws and policies do not discriminate on the basis of sexual orientation⁹.

In June 2011, the Human Rights Council adopted the first United Nations resolution on human rights, sexual orientation and gender identity, expressing “grave concern” at the violence and discrimination against individuals based on their sexual orientation and gender identity¹⁰. Conference participants repeatedly emphasized states’ obligations to protect lesbian, gay, bisexual, transgender and intersex (LGBTI) persons from violence committed by state and non-state actors and to remove laws criminalizing same sex consensual sexual activity, as requested by the human rights mechanisms.

The conference also recognized the achievements made in relation to the sexual and reproductive

9 CRC Committee, Concluding Observations: Benin, para. 25, U.N. Doc. CRC/C/15/Add.106 (1999); Committee on Economic Social and Cultural Rights (ESCR Committee), Concluding Observations: Peru, para. 21, U.N. Doc. E/C.12/PER/CO/2-4 (2012).

10 A/HRC/RES/17/19.

rights of individuals belonging to vulnerable and marginalized populations. In accordance with human rights principles, states must guarantee the right to non-discrimination in sexual and reproductive health information, education and services on the basis of income, residence, race, sex, age, color, religion, language, physical or intellectual disability, health status (including HIV and AIDS), intersex or transgender status, and sexual orientation, among others. In this regard, participants strongly emphasized the increasing international recognition of the right of adolescents and youth to access sexual and reproductive health services and information, including comprehensive sexuality education, without coercion, discrimination and violence. Various monitoring bodies have urged states to ensure that adolescents and youth have access to sexuality education and information as well as protection of their right to privacy, confidentiality, respect and informed consent. In April 2012, the Human Rights Council adopted a resolution calling on states to ensure confidentiality and informed consent in the provision of sexual and reproductive health, to children and adolescents, according to their evolving capacities¹¹. Human rights bodies have also urged

11 A/HRC/RES/19/37

states to prohibit discrimination based on seropositive HIV status and to take steps to ensure that all those living with HIV and AIDS have access to antiretroviral treatment, including treatment to reduce the risk of vertical or perinatal HIV transmission, and to broader reproductive health services.

Recognizing the need to protect human rights defenders, including NGOs and service providers, participants highlighted the adoption of the Declaration on Human Rights Defenders¹² by the United Nations in 1998, which was a historic achievement that needs to be consistently applied to activists and service providers working on sexual and reproductive health and rights.

In the framework of the General Assembly Resolution on National Institutions for the Promotion and Protection of Human Rights (1993), national human rights institutions have committed to promote and protect reproductive rights and the right to sexual and reproductive health in the Amman Declaration (2012).

¹² The Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms.

Advances were also recognized in the implementation of the ICPD Programme of Action through national legal and policy frameworks. For instance, the Constitutions of Ecuador, Nepal (interim) and Bolivia explicitly include a provision on reproductive rights while many countries have adopted laws on sexual and reproductive health. Some participants also provided recent examples of legal reforms in their countries that had further advanced specific aspects of sexual and reproductive rights such as liberalization of abortion laws and adoption of laws to provide comprehensive sexuality education, address discrimination based on sexual orientation and gender identity, as in the case of Argentina, South Africa and Uruguay. Conference participants furthermore took note that, since 1994, over 30 countries worldwide have liberalized their abortion laws broadening the grounds under which women can access legal abortion and 22 countries have enacted laws banning female genital mutilation (FGM).

Increasingly, states are incorporating their international and national legal obligations into national policies, budgets and institutional practices through the application of a human rights-based approach to development programming. These developments at the national level were also considered to be consistent

with the commitment made by states at the World Summit Outcome in 2005 to integrate the promotion and protection of human rights into their national policies and the subsequent commitment at the MDG review summit in 2010 to integrate human rights into national strategies to achieve the MDGs, in particular MDG 5 on improving maternal health, and its target of achieving universal access to reproductive health.

b. Removing barriers to accessing information, education and services

The conference emphasized the remarkable progress triggered by implementation of the Programme of Action in the lives and rights of many women, girls, men and boys in the last two decades, highlighting improvements made in access to information, education and services on sexual and reproductive health. Of all the key ICPD commitments, improvement in maternal health represents one of the greatest gains in sexual and reproductive health and human rights. In 1994, more than 543,000 women died each year from largely preventable causes related to pregnancy and childbirth, and by 2010 maternal mortality had declined to 287,000 maternal deaths. Participants recognized that the achievements

made in maternal survival can be attributed to significant increases in the availability and use of services mandated by the Programme of Action, including antenatal care, skilled attendance at delivery, emergency obstetric care, as well as modern contraceptives. For instance, the percentage of pregnant women who had at least one antenatal care visit increased globally from 64% in 1990 to 81% in 2010 while the proportion of deliveries attended by skilled health personnel rose in developing countries from 55% in 1990 to 65% in 2009.

In Nepal, for example, maternal mortality rates were reduced by three-quarters between 1990 and 2010, and births assisted by a skilled attendant nearly doubled from 19 to 36 percent between 2006 and 2011, under Nepal's new National Policy on Skilled Birth Attendants. The policy established short-, medium- and long-term training and deployment strategies for skilled birth attendants nationwide, including a licensing program to ensure they had the proper skills. In addition, Nepal decriminalized abortion over this period.

Significant increases in access to voluntary family planning and modern methods of contraception since the 1994 Cairo conference have had significant effects at the global, national and individual level. Globally, fertility fell by 29% between 1994 and 2012,

and the percentage of women in developing regions ages 15-49 that are married or in union using contraceptives increased from 52 to 61 percent, while in developed regions the percentage increased from 68 to 72 percent. The conference stressed that in every country of the world most women who are educated and well-off use family planning, but contraceptive use remains significantly lower among poorer women. During the breakout sessions, positive country experiences on promoting, protecting and fulfilling the right to contraceptive services were shared.

Some gains were also mentioned in reducing deaths due to unsafe abortion, although the number of abortion-related deaths has held steady in recent years even as maternal deaths overall have continued to fall. Globally, the number of induced abortions declined from 46 million in 1995 to 44 million in 2008, not insignificant in light of increases in the number of people of reproductive age. This corresponds to a decline in overall abortion rate from 35 to 28 per 1000 women of reproductive age 15-44 years for the same period. From 1995 to 2008, the decline in unsafe abortion globally was, however, modest; from 15 to 14 per 1000 women of reproductive age 15-44 years. Some participants shared positive country experiences, such as South Africa, where a Choice on Termination

of Pregnancy Act was enacted in 1996, liberalizing its restrictive law to permit abortion without restriction as to reason during the first twelve weeks of pregnancy, and to allow abortion weeks later if the pregnancy poses a risk to the woman's physical or mental health, in cases of severe fetal impairment, if the pregnancy results from rape or incest, or if continuing the pregnancy would significantly affect the woman's economic or social circumstances. The National Committee of Confidential Enquires into Maternal Deaths found that the law led to a dramatic 91% decline in abortion-related maternal mortality between 1994 and 2001¹³. However later research on health care providers attitudes towards abortion in South Africa showed that the dearth of abortion health care providers is a serious barrier to the availability and accessibility of safe abortion services¹⁴.

Significant legal and policy achievements were also identified to end violence against women and girls and other harmful practices, including 125 countries that have enacted specific laws on domestic violence and

13 Jewkes R and Rees H, Dramatic decline in abortion mortality due to the Choice on Termination of Pregnancy Act, South African Medical Journal, 2005, 95(4):250

14 http://whqlibdoc.who.int/hq/2010/WHO_RHR_HRP_10.18_eng.pdf "What health-care providers say on providing abortion care in Cape Town, South Africa: findings from a qualitative study"

the many countries that have put in place dedicated programmes and services. In order to address sexual violence, Kenya's Ministry of Health issued national guidelines for the medical management of rape/sexual violence, which explicitly recognize that ICPD and the MDGs obligate the State to take measures to address sexual violence and highlight the importance of having emergency contraception readily available at all times and free of charge when treating a victim of sexual assault, and instructs that emergency contraception is not an abortifacient and will not harm an early pregnancy.

Since the adoption of the Programme of Action, 22 countries have also passed laws banning female genital mutilation (FGM). Some participants indicated that, with strong outreach and investments, including support from traditional and religious leaders, attitudes towards FGM are changing in many local communities. For instance, reference was made to the experience of a non-formal education programme implemented in Senegal since 2008 that empowers communities to declare that they will abandon FGM and demand that the government actively enforce the law against FGM. Villages participating in this program have seen a marked reduction in reports of girls subjected to FGM – only 30% of women report that at least one daughter

was subjected to FGM compared to 69% of women in villages where the program was not present¹⁵.

The conference widely acknowledged the human rights dimensions behind the significant advances made in the response to the AIDS epidemic. It was agreed that these have been mainly due to the call for universal access to life-saving HIV prevention, treatment, care and support led by a global movement driven by a coalition of governments, affected communities including people living with HIV (PLHIV), human rights defenders, the private sector, and development partners. In 2012, the number of people newly infected with HIV had decreased by 20% from 2001, reflecting a combination of biomedical, behavioural and structural prevention strategies based on a strong human rights-based approach. Some participants shared the example of Rwanda's 2009-2012 National Strategic Plan on HIV & AIDS, which aims to universalize access to HIV prevention, treatment and care; reduce by one-half the incidence of HIV; significantly reduce morbidity and mortality of individuals living with HIV; and ensure equal opportunities for people living with HIV.

15 UNICEF : *Evaluation à long terme du programme de Tostan au Sénégal : Régions de Kolda, Thiès et* (2008)

c. Enhancing peoples' agency and ensuring their full participation

The conference agreed that the ICPD was ground-breaking in its recognition that peoples' agency is central to sexual and reproductive health and rights. The Programme of Action emphasizes the need to involve those directly affected, including especially those excluded as a result of discrimination, coercion or violence, in developing laws, policies and practices, with the aim of empowering individuals— especially women and girls—to more fully exercise their human rights. In this regard, there was strong consensus among participants that a major achievement since 1994 has been the increased mobilization of a broad and diverse range of diverse civil society organizations, other non-governmental stakeholders, and social movements around the ICPD agenda to shape global, regional and national legal, policy and accountability frameworks on sexual and reproductive rights. This development is essential to ensuring the ongoing realization of the ICPD and an inclusive post 2015 development agenda.

Special emphasis was given to the progress achieved in enhancing the participation of adolescents and youth in sexual and reproductive health and rights policies and programmes. Participants observed that

a new paradigm, based on the goals and objectives of the International Conference on Population and Development, has emerged that recognizes adolescents and youth as rights-holders entitled to make informed and responsible decisions regarding their sexual and reproductive health and rights. This was widely acknowledged in the resolution on youth and adolescents adopted by the Commission on Population and Development in 2012. The Bali Global Youth Forum Declaration (2012) likewise urges states and other key actors to respect, promote, protect and fulfill the human rights of adolescents and youth to control their sexuality, including their sexual and reproductive health, and to decide freely and responsibly on such matters, free from coercion, discrimination and violence; and to have access to comprehensive sexuality education, human rights and gender equality. Participants provided examples of countries that have taken measures to enhance adolescents and youth participation in sexual and reproductive health policy and programme development. The Government of Tanzania adopted in 2005 the National Strategy for Growth and Reduction of Poverty, which, among other things, articulates priority issues on health, sexual and reproductive health in Tanzania. In 2011, the Government prepared and launched the National Adolescent Reproductive Health Strategy to further strengthen

sexual and reproductive health services and be able to reach more Tanzanian adolescents.

Participants identified the mobilization of the HIV community as an example of effective collective action as well as a driving force for the implementation of the ICPD Programme of Action. Partnerships involving civil society were recognized as fundamental to realizing the demand of PLHIV and other key populations for protection of their rights to treatment, non-discrimination and participation. This leadership from CSOs, participants indicated, has revealed the powerful contributions that civil society can make to transformational change and should be applied to further enhance people's participation and empowerment in implementation of the ICPD agenda.

The conference also highlighted the key role played by civil society organizations in the adoption of the Convention on the Rights of Persons with Disabilities. The human rights of people with disabilities have often been denied based on ignorance such as the wrong assumption that they do not have the capacity to make autonomous decisions on issues concerning their sexual and reproductive lives.

Participants underlined that important strides have been taken by indigenous peoples to ensure their inclusion and full participation in laws and policies on sexual and reproductive health and rights. In this regard, the establishment of the UN Permanent Forum on Indigenous Issues in 2002 with participation of indigenous people's organizations was instrumental for the adoption of the Declaration on the Rights of Indigenous Peoples (2007). Since its inception, the Permanent Forum has issued numerous recommendations to advance the sexual and reproductive health and rights, and to address gender-based violence.

Additionally, some participants shared country and regional examples illustrating concrete advancements in terms of indigenous peoples participation, such as the Republic of Congo, which in 2011 became one of the few countries in Africa to inaugurate legislation specifically designed to protect the rights of indigenous populations and to ensure their meaningful participation in the formulation and implementation of legislation and development programs; and the Latin American region, where indigenous women's groups have advocated for the development of culturally appropriate sexual and reproductive health standards, finally endorsed at the Declaration of Latin American Health Ministers on Intercultural Sexual and Reproductive Health for Indigenous Women in 2013.

iii. remaining challenges
to achieving icpcd-
related human rights
commitments

all different.
all human.
all equal



Participants celebrated the remarkable progress achieved in promoting, protecting and guaranteeing human rights since 1994, while recognizing that the full implementation of the goals and objectives of the ICPD remains an unfinished business. There was consensus that advances have not reached many people living in poverty and in isolated areas and/or facing entrenched patterns or new forms of discrimination that deter them from accessing sexual and reproductive health services and exacerbate other human rights violations against them. It was agreed that, for many, in particular women and girls in impoverished communities, as well as other

marginalized and underserved populations, there has been little or no change over the last two decades.

While acknowledging the complex diversity of causes and forms of inequality and discrimination in today's world, the conference highlighted a number of challenges to further implement the ICPD Programme of Action beyond 2014, recommending ways forward in three broad areas: achieve equality through making progress toward social justice and ending discrimination in all its forms; ensuring quality that meets human rights standards in sexual and reproductive health services, information and education; and enhancing accountability through engaging all responsible actors and enforcing rights.

a. Equality: making progress toward social justice and ending discrimination in all its forms

The conference learned from individuals, groups and human rights defenders about major challenges to advancing social justice and ending discrimination in all its forms. A young indigenous woman working against female genital mutilation and an activist on the rights of African lesbians shared their personal experiences

and proposals, while experts and panelists presented the latest evidence, data, research findings as well as good practices and innovative approaches, and numerous participants, both in plenary and break-out sessions, added their views. Disempowerment, inequalities, stigma and discrimination were clearly identified as barriers for the full enjoyment of human rights related to sexuality and reproduction by all. Acknowledging that inequalities result from structural causes in the economic, social, political, cultural and environmental domains, participants also underlined that these multiple deprivations are closely associated with and reinforced by specific forms of discrimination, interactions which lead to the systematic disadvantage of some social and population groups and the perpetuation of poverty and exclusion.

Addressing underlying causes of inequalities

The conference, with few exceptions, agreed that unequal and discriminatory socioeconomic systems rooted in ideologies and values that deny the inherent dignity and equality of all human beings are a significant obstacle for the realization of human rights. Beliefs and assumptions surrounding human sexuality and reproduction based on stigmatizing and

discriminatory values and practices, as well as unequal power relations between men and women and among the diversity of human beings, were identified as some of the main causes behind the denial of individuals' rights to their sexual and reproductive autonomy and their disempowerment from taking control of their lives, decisions and bodies.

In the context of socioeconomic inequalities, participants noted that prevailing economic models, such as the neoliberal market-based economy, have failed to redress structural inequalities and are negatively affecting certain population groups. For instance, economic inequalities within countries have increased significantly since 1990 with income and consumption gaps between the rich and poor widening even in countries experiencing rapid economic growth. In today's world, the top 20 per cent of the global population owns more than 70 per cent of total income while approximately 50 per cent of children and young people are living below two dollars a day. Several interventions also referred to the fact that some political and economic systems founded on the colonial legacy, along with cultural and religious fundamentalism, and the systematic oppression of women and marginalized populations, actively contribute to shaping laws, policies and practices that entrench discrimination and exclusion.

Such structural economic and social inequalities are reflected in shortfalls in the implementation of the Programme of Action. Lying behind the overall decline in maternal mortality is the stark fact that 99 per cent of maternal deaths occur in developing countries, mainly in Africa and South Asia, and that the risk of dying during pregnancy and childbirth for a woman in a developing region is 15 times higher than in a developed region. It was noted that access to skilled birth attendance for women from the richest quintile is 3.7 times higher than for women of the poorest quintile in South Asia and 3.1 times higher in sub-Saharan Africa.

Participants suggested that socio-economic inequalities drive, at least in part, sexual and reproductive health challenges, including the facts that 222 million women who are in marriage or union and who do not want to become pregnant are not using modern contraceptives; that every day, 39,000 girls are married before the age of 18; and that nearly 16 million girls between the ages of 15 and 19 give birth every year.

The importance of addressing gender inequalities, recognized as one of the main barriers to sexual and reproductive health, was a major theme of the conference. Currently, formal equality between women and men is guaranteed in the Constitutions

of only 139 countries and territories, and furthermore substantive equality is not fully guaranteed in most of them given that inadequate laws and implementation gaps make these guarantees hollow promises, with little impact on the day-to-day lives of women and girls. In many contexts, in rich and poor countries alike, the infrastructure of the health and justice sectors are failing women, which manifests itself in poor services and hostile attitudes from the very people whose duty it is to meet women's rights. Gender-based violence and other harmful practices, when tolerated, were identified as one of the most wide-spread human rights violations that reflect, perpetuate and reproduce gender inequality. For instance, though recognized in international agreements, rape within marriage has not yet been criminalized in 127 countries worldwide.

Participants noted that economic empowerment and the education of women and girls are essential, though not sufficient, to eliminate violence and promote sexual and reproductive rights. In this regard, participants underscored the importance of educating young people about the harmful impacts of socially constructed gender roles and notions of masculinity and femininity that foster inequality, violence and abuse. The critical role of men and boys as positive agents

of change to achieve gender equality, to realize sexual and reproductive rights and to end gender-based violence was widely reaffirmed.

Conference participants stressed the urgent need to address inequalities affecting marginalized and underserved populations, including in fragile and humanitarian contexts. Participants made it clear that while reducing structural causes across all disadvantaged and marginalized groups, the distinct needs and rights of specific population groups must be factored in and addressed. Special attention was given to the fact that today an estimated 1.8 billion people are between 10 and 24 years old, most of them living in developing countries. Urgent and deliberate action is needed specifically to protect and fulfill the human rights of adolescents and youth, including their right to sexual and reproductive health services and comprehensive sexuality education, for their own sake and in order that they achieve their full potential to contribute to the development of their countries. Many participants also highlighted the intersecting inequalities faced by some excluded groups, some of them criminalized for their behaviors or for fundamental aspects of their lives (LGTBI, sex workers, PLHIV) and others who are invisible in laws and policies (indigenous peoples, ethnic minorities, persons with disabilities, migrants, adolescents and youth, older persons and others).

Participants underscored that armed conflict and humanitarian crisis increase vulnerabilities, break down in social support systems and disrupt the ability of institutions to provide essential sexual and reproductive health services. Although predominantly it is women and girls who are affected by sexual abuse, exploitation and violence, including child marriage, men and boys were also identified as victims of sexual violence in conflict. It was agreed that national and international conflict and disaster preparedness and response policies and programmes should make available comprehensive sexual and reproductive health services and gender-based violence prevention and treatment services to refugees, displaced persons and populations affected by humanitarian crisis.

The conference made a strong call to advance a comprehensive, inclusive and equitable development agenda, based on the principles of universality, indivisibility of rights, equality and non-discrimination, participation, empowerment, accountability and the rule of law, especially in the context of the post-2015 development agenda. In this regard, a presentation based on the Ecuadorian experience of the so-called “good way of living” approach to development provided an example of one state’s effort to reconcile economic development with human development, human rights and respect for the environment.

Eliminating stigma and discrimination in laws, policies and practices

Although all states have accepted the universal obligations of equality and non-discrimination, widespread denial of sexual and reproductive rights, stigma, discrimination and violence, even death, suffered by those standing up for their sexual and reproductive rights around the world continues.

Participants noted that although cultural and religious beliefs and practices are a source of sustenance for many people, their misuse and abuse can also pose significant barriers to the empowerment of women and young people in particular, with harmful consequences for their sexual and reproductive health. Numerous challenges related to cultural and religious practices, patriarchal norms, women's oppression or homophobia were identified as major obstacles that reinforce stigma and discrimination in the design and implementation of laws and policies. While participants provided examples on the positive role that religious and community leaders play in promoting human rights, they emphasized that human rights' violations must never be justified in the name of culture, religion or tradition.

The conference deplored the persistence of criminal laws against sexual and reproductive rights. Such laws often

reflect negative social or individual norms and ideological views about rights and contribute to stigma and discrimination, in particular against women, adolescents and marginalized groups. Such laws include criminalization of same-sex consensual relations, adultery, sex work, undocumented migrants, PLHIV, access to information about sexuality, and access to certain contraceptive methods as well as safe abortion services. Participants stressed that laws criminalizing the behaviors of key populations (such as, sex workers, men who have sex with men, people who use drugs, transgender people) at higher risk of HIV have proved ineffective at reducing HIV infections, while perpetuating marginalization and exclusion. Conversely, evidence continues to demonstrate that investing in the health and well-being of key populations is a cost effective way to reduce new infections.

The conference emphasized that restricting legal access to abortion does not decrease the need for abortion, but it is likely to increase the number of women seeking illegal and unsafe abortions, leading to increased morbidity and mortality. Participants cited evidence showing that decriminalizing abortion contributes to a reduction in maternal mortality and morbidity. In this regard, a strong call was made to amend laws, regulations, strategies and public policies relating to the voluntary termination of pregnancy in order to safeguard the

lives and health of women and adolescents. Conference participants also emphasized that, in countries and situations when abortion is legal or decriminalized under national legislation, safe, good-quality abortion services must be available. Globally, 61% percent of the world's population lives in countries where abortion is permitted without restriction as to reason or on broad socioeconomic and health grounds, while the remaining 39% live in countries with more restrictive abortion laws. Nonetheless, services are still not available to all women eligible under the law. In addition, emergency contraception, included in the World Health Organization's Model List of Essential Medicines, makes it possible to prevent pregnancy following rape or unprotected sex, and can reduce the need for abortion significantly, but legal restrictions on sale or use of emergency contraception still exist and need to be eliminated.

Repeated references were made to the fact that 116 countries criminalize some aspects of sex work, and 76 countries criminalize consensual same sex relations between adults.¹⁶ The criminalization of consensual same sex relations between adults breaches international legal guarantees of privacy and

¹⁶ P.30, 'Born Free and Equal: sexual orientation and gender identity in international human rights law', OHCHR, 2012

non-discrimination. Globally, there is an increasing push from bodies vested with the promotion and protection of human rights to advocate for the rights of lesbian, gay, bisexual and transgender people. However, those same bodies have been slow to promote and protect the rights of sex workers.

Experts highlighted that, although CEDAW has been ratified by almost all United Nations Member States, it has a large number of reservations by various countries, mainly on article 16 which guarantees women's rights within marriage and the family. Participants agreed that removing these reservations is a critical step for establishing global and national legal frameworks for respecting, promoting, protecting and fulfilling the human rights of women and girls.

Serious concerns were expressed about the lack or insufficient implementation of existing legal commitments on sexual and reproductive rights. For instance, participants called for urgent action to change social and cultural norms that legitimize child marriage. Since 1994, more than 158 countries have passed legislation raising the minimum age of marriage to at least 18 years, but despite this impressive legal advancement, and the international political commitment to ending child marriage, today 146 countries have sub-national

or customary laws allowing girls to be married below the age of 18 with parental consent¹⁷. As a result, the prevalence of child marriage continues to be stubbornly high. Based on current trends, one in three girls in low and middle-income countries (excluding China) will marry before the age of 18 and one in nine before the age of 15. Evidence clearly shows the negative impacts on the child's enjoyment of human rights, inter alia, the right to health including sexual and reproductive health, the right to be free from physical and sexual violence, and the right to education.

Participants also stressed that policies, systems and practices can fuel stigma and discrimination by action or omission. In some countries, policies and programmes do not explicitly include certain population groups, such as unmarried women, adolescents, PLHIV, persons with disabilities and the elderly, based on the assumption that these persons do not or should not have sex, or that their reproductive intentions and rights do not merit equitable attention. For instance, many health prevention and screening services, including sexually transmitted disease and HIV prevention, gender-based violence and cervical cancer screening,

17 United Nations Population Division (UNPD), Department of Economic and Social Affairs (DESA), 2011.

are directed at married women with children. Both within and across countries, services do not reach people who are often placed outside mainstream society: young people out of school, intravenous drug users, sex workers, and LGBTI.

Adolescent girls were identified as a very large group who are commonly neglected or excluded from policies and programmes and whose sexual and reproductive rights are violated across cultures, religions, income levels and national borders. A clear indicator of age inequality is the unmet need for contraception among adolescent girls, which is more than twice that of older women. Moreover, very young girls 10-14 are at risk of sexual violence, early and forced marriage, unwanted pregnancies, and unsafe abortions, but they are scarcely acknowledged by services and information nor are data systematically collected on their needs or experiences. Despite the risks that adolescent pregnancy poses for the health and life of the mother and the new born, adolescent girls are faced with legal and regulatory requirements for parental or spousal consent to use sexual and reproductive health services, inhibiting their access and in contravention of their human rights.

Women and girls with disabilities are often denied access to sexual and reproductive health services,

information and education due to widespread discriminatory attitudes; conversely, methods of contraception, often permanent or long acting methods, are often imposed on women with disabilities without their consent. Likewise, health systems commonly treat indigenous persons in a discriminatory manner, rarely design facilities and practices in line with the cultural standards of indigenous peoples, or fail to recognize the value of their traditional knowledge and medical practices. However, in some Latin American countries, for example, intercultural health standards and “waiting homes” for pregnant indigenous women and girls have been established that conform to their traditions and value systems and also are safe.

Many participants expressed concern that despite the international human rights standards that clarify the relevance of human rights to all persons, national policies, systems and institutional practices lag far behind for those whose legal status, sexual orientation or gender identity, among other factors, do not conform to socially accepted norms. Participants noted that undocumented migrants, LGBTI persons, sex workers, and victims of human trafficking, were very often excluded from policies and programs, subjected to violence and even criminalized. Furthermore it was stressed that all

these groups should have access to the available resources to have safe sex, access to health services and to justice. However, punitive laws and social and institutional stigma contribute to a disabling environment where such groups are often not accorded the same human rights as other members of the community. Participants also noted that female sex workers, for example, experience high levels of unsafe abortion, have limited access to post abortion care and suffer from untreated sexually transmitted infections.

b. Quality that meets human rights standards in sexual and reproductive health services, information and education

The ICPD Programme of Action defines sexual and reproductive health services to include gynecological care, all forms of safe and effective contraception; safe abortion where legal; post abortion care; maternity care; and prevention, timely diagnosis and treatment of sexually transmitted infections and HIV, and reproductive system cancers. Service delivery must be based on fully informed and free consent without coercion, discrimination or violence; sexual

and reproductive health services should be integrated physically or through effective referral, include accurate and full information, and address needs, especially of women and girls, across the life cycle. The Programme of Action also includes commitments to provision of sexuality education to adolescents and youth, and prevention and mitigation of harmful practices and of violence against women.

Since the Cairo conference, international human rights bodies have reaffirmed and elaborated that the right to health entitles people to sexual and reproductive health information, and education on human sexuality, and requires that goods and services be available, accessible, acceptable, and of good quality for all, which is known as the AAAQ framework¹⁸. Ensuring that human rights norms and public health standards are met in the delivery of and access to

18 According to the AAAQ Framework developed by the UN Treaty Bodies (CESCR General Comment 14) the right to health encompasses the following 4 elements: 1) *Availability* (Functioning public health and health care facilities, goods and services, as well as programmes in sufficient quantity); 2) *Accessibility* (Health facilities, goods and services accessible to everyone, within the jurisdiction of the State party, and based on four overlapping dimensions: non-discrimination, physical accessibility, economical accessibility (affordability), information accessibility); 3) *Acceptability* (All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, as well as sensitive to gender and life-cycle requirements); and 4) *Quality* (Health facilities, goods and services must be scientifically and medically appropriate and of good quality).

sexual and reproductive health services, information, and comprehensive sexuality education was seen by participants as fundamental. Improvements in quality are essential for the effective exercise of sexual and reproductive rights, for the attainment of the highest standard of health both for individuals and for countries, and for broader health, development and wellbeing. Participants emphasized that much of the action required for quality is low cost and/or a matter of preventing human rights abuses.

Persistent challenges remain, however, to ensuring that sexual and reproductive health services meet these human rights standards, Achieving them requires examination of the barriers (legal, cultural, socio-economic, geographical, physical) that keep individuals and large portions of populations from obtaining sexual and reproductive health services, conditions that limit or undermine the quality of services provided, and the role of health service providers in ensuring that service quality meets human rights and public health standards. Evidence was cited to show that some people are still being coerced to accept sexual and reproductive health services that they do not want or are being subjected to medical procedures without their knowledge. Failure to meet human rights and public health standards has meant, and continues to mean, that countless women

and girls lose their lives or their health from preventable causes, are deprived of their most fundamental human rights, and face untold other harm.

Barriers to accessing to sexual and reproductive health services

Participants stressed that, despite progress in some places, many women and girls and marginalized populations do not yet have effective access to sexual and reproductive health services and information, or protection and fulfillment of their sexual and reproductive rights, because of poverty and lack of accessible, acceptable services. High costs of health care, such as user fees and the costs of contraceptives or of supplies for maternity care, among others, deter many from seeking services. Participants also emphasized that legal and statutory requirements can significantly obstruct access to sexual and reproductive health services, and also deter service providers from providing them.

Geographic barriers also pose significant obstacles for many people, including those living in isolated or remote regions, and those living in urban settlements with limited healthcare coverage. Lack of roads, transportation, the opportunity costs of seeking care, and/

or lack of resources to pay for transport are still major impediments. Physical barriers often deter persons living with disabilities, who face heightened challenges in accessing and using facilities. Armenia's example of overcoming existing barriers was shared with the conference. That country has taken targeted measures to reduce maternal mortality including promoting the maternal health of marginalized groups such as adolescents and rural women, and introduced traveling gynecologist teams and emergency obstetric care mobile teams to promote maternal health in inaccessible regions, including remote, rural and impoverished areas.

Conditions that undermine or prevent good quality sexual and reproductive health services, information and education

Contrary to the approach of the Programme of Action, which reflecting human rights norms, defined a package of sexual and reproductive health services that should be integrated physically or through effective referral, the conference observed that delivery of many sexual and reproductive health services occurs through vertical policies, funding and programming that focus on one or another service

exclusively, for contraception or for HIV and AIDS, for example, rather than through integrated sexual and reproductive health services. Examples were shared on how separate, vertical services can deter access because they may require separate visits on separate days, for instance, or even compromise the quality of each separate medical service by failing, for example, to diagnose and treat STIs when providing contraceptives or antenatal care. Participants thus reaffirmed the importance of providing an integrated package, and, where that is not possible, agreed that the health system must strengthen health networks, record keeping and referral systems across vertical services, and, as much as possible, schedule and locate such services with the constraints people face in mind.

Participants also considered in more depth selected elements of the sexual and reproductive health package that based on human rights norms, experience since 1994 and opportunities or unrecognized need for progress require special and priority attention including: contraception, safe abortion, and comprehensive sexuality education.

Participants reiterated the human rights obligation to ensure that all individuals and couples have access to

the widest possible range of affordable, acceptable and quality contraception, with full and accurate information and free of coercion, discrimination and violence. Examples shared by participants during the conference of failure to reach this basic standard include stock-outs or other failures of contraceptive supplies, legal or other restrictions on access to specific methods such as emergency contraception known to be safe and effective in preventing pregnancy, forced and involuntary sterilization, legal restrictions on access and other actions, including practices by service providers, that exclude or have the effect of excluding, certain population groups, such as adolescents or unmarried women, from services. The conference acknowledged that contraceptive information and service programs must modify virtually all aspects of their work, including planning, implementation, monitoring and evaluation, to meet the needs of clients who are increasingly diverse in age, marital, sexual activity and other status. For example, because of the increasing prevalence of sexually transmitted infections (STIs) and the continuing HIV and AIDS epidemic, contraceptive information and services must give higher priority to male and female condoms and also give more attention to assisting their clients to consider the risks of sexually transmitted infections and HIV when deciding what contraceptives to use.

Participants underlined the need to enhance access to safe abortion services, recognizing both the right of women and girls to have control over their own bodies and their sexuality, as well as the impacts of unsafe abortion including its significant contribution to preventable maternal mortality and morbidity. Panelists and participants highlighted effective ways in which health service providers, policy makers and activists are reframing debate and action at national and local levels. Expanding access to abortion services which are safe, accessible and affordable, and provided without discrimination, coercion or violence, requires law reform, policy measures, awareness-raising, and training as well as well-equipped health service providers. The conference noted that newer and more available means of safe abortion, such as certain drugs and also simple equipment, are enabling countries to reduce and eliminate unsafe abortions and to increase the number of women with access to safe procedures.

Discussions repeatedly reaffirmed that provision of comprehensive sexuality education is a widely ignored human rights obligation, although it has been articulated by intergovernmental human rights mechanisms, and agreed to, in various formulations, by States in consensus documents. Participants called for major investments to make comprehensive sexuality

education available and accessible to all adolescents, both in and out of school. Participants agreed that comprehensive sexuality education, which provides full and accurate information and also skills building, and which promotes gender equality, non-violence and mutual respect for human rights, is essential for the health and development of all adolescents and young people. A participant shared the case of Estonia, where, in 1996, compulsory national curriculum on human studies, which includes sexuality education, was established. This educational programme is provided in conjunction with Youth Counseling Centers, which provide young people with free counseling on sexual and reproductive health, including safe sex, family planning and STI prevention, and has contributed to a reduction of the abortion rate among 15-19 year olds by 45% between 2001 and 2009, while the HIV infection rate among 15-19 year olds decreased by 96% during the same time period¹⁹.

The roles and obligations of health services providers

The conference underscored the importance of training and accrediting service providers, not only in

¹⁹ <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/ED/pdf/CostingStudy.pdf> at 30.

the technical aspects of their professions, but also in interpersonal communication, human rights and gender equality. Respect for people's privacy (including the confidentiality of services used and information received), people's dignity and their human rights, including their right to make fully informed and free decisions about services, were emphasized. Participants stressed that it is also essential to have effective supervisory systems, including performance standards, and observation and evaluations of performance, to assist providers in achieving these quality standards. Kyrgyzstan, for example, has applied a certification process to help service providers change outdated practices.

However, concerns were expressed about providers and health services refusing to provide information and services on the basis of conscientious objection – for example to abortion care, while not referring to an abortion provider. Invoking conscientious objection does not entitle the health care professional to impede or deny access to lawful services, putting at risk the health and life of the woman who seeks (abortion) care. The conference reaffirmed that the State is obliged to ensure that services are available and accessible for women in a timely and adequate manner, including measures and regulations that

define the limits and scope of conscientious objection, including doctors' ethical obligations, treatment in emergency situations, registration of objectors, and to ensure that effective procedures are in place for referring people to alternative service providers.

Monitoring needs to be established at all levels, including service delivery points at the community level, to track patterns of use of sexual and reproductive health services (e.g., particular contraceptive methods, caesarian sections, etc.); provider attendance and competence, including outcomes of the services delivered (e.g., maternal death audits, etc.); quality of facilities, consistency in availability and quality of supplies, among others. Participants further pointed to the importance of various kinds of data, including, among others, basic population data such as birth and death registration, accurate and thorough client records, as well as definitions of indicators which follow the individual client, not only on services delivered. As yet, specific mechanisms for redress of abuses in sexual and reproductive health services (inside the health sector and outside it in the courts or local government) are weak and least accessible to, or least likely to be used by, those who are most likely to be abused. When people do access these

mechanisms, it is often limited to the most extreme instances, namely preventable deaths or forced sterilization. Participants stressed that, alongside strengthening of redress mechanisms, simultaneous efforts are required to support and assist all actors in the health sector to prevent abuses and violations of human rights and public health standards in the first place.

One powerful example shared during the conference on how national human rights protection mechanisms can be used as a vehicle to integrate human rights standards into quality of care was the investigative work carried out by the Peruvian Ombudsman office into allegations of forced sterilization following the adoption of a family planning programme in 1997. The investigation concluded that contraceptive surgeries were carried out in poor conditions, without providing information to recipients, many of whom were impoverished women from rural areas, and in some cases without their consent. Following the investigation, and at the recommendation of the Ombudsman office, the Ministry of Health approved new regulations establishing minimum safety requirements.

c. Accountability: identifying responsibilities of key actors and enforcing rights

Special attention was given to accountability as a cornerstone of the human rights framework for the full implementation of the ICPD Programme of Action in all dimensions of the conference proceedings. Discussions were informed and inspired by international treaty bodies and national human rights institutions that expose challenges faced and solutions used in addressing human rights violations in the realm of sexual and reproductive health and rights. Participants agreed that the principle of accountability represents a shift from needs to rights, to which all individuals are entitled, that has the potential to transform power relations, between men and women, service providers and users, and governments and citizens. The conference stressed that States are obligated to respect, promote, protect and fulfill human rights. This means that the State must refrain from interfering with the enjoyment of rights, the State must ensure that private actors do not obstruct the exercise of these rights, and the State must create an enabling environment for all people to be able to claim and enjoy their rights. Non-state actors, including the private sector, development partners, civil society and others, also have responsibilities related to human rights.

Participants also emphasized that accountability requires national leadership and strong and effective state institutions as well as the creation of an enabling environment for civil society. Active and informed participation of people without discrimination was identified as a foundational requirement for ensuring accountability. The conference pointed towards several ways in which states and non-state actors can realize their obligations and responsibilities to fully implement the Programme of Action, including through the review and formulation of national laws and policies, budget allocations and expenditure, monitoring and evaluating key actors' performance, and taking remedial action. In that light, accountability should be understood not only as responses to human rights violations, but as multiple measures and processes that prevent abuses and create an enabling environment for all people to claim and enjoy their rights and to monitor progress in the realization of rights.

Reviewing and formulating national laws and policies

The conference agreed that establishing a legal and policy framework which creates an enabling environment, respects sexual and reproductive rights and eliminates discrimination is a fundamental part of ensuring

that rights-holders have a voice and are able to hold governments and other responsible parties to account. States have the obligation to adopt laws and implement policies that contribute to the realization of these rights. Many participants also referred to the critical role that laws protecting freedom of expression, freedom of association and access to public information play in ensuring that the right to participate is free, active and meaningful, as set forth in the international human rights framework. Moreover, they mentioned the challenges for the effective engagement of civil society when laws and policy frameworks do not establish concrete participatory mechanisms or do not make specific provisions to support the participation of marginalized and excluded populations. While many examples of institutional and informal modes of participation can be cited, the need to build partnerships between parliamentarians and civil society groups was emphasized in many discussions during the conference. This was explained as a mutually beneficial partnership as it provides civil society with entry points in critical processes regarding legislative reform, budget formulation and policy oversight, while it helps parliamentarians to know what is happening at the grass-roots level. For instance, a Namibian participant provided an example of a monthly platform where parliamentarians and women's groups are invited to

sit in various steering committees, including on sexual and reproductive health, while in Argentina public hearings by parliamentarians with civil society organizations have created a space to talk about sensitive issues like invitro fertilization and gender identity.

Strong calls were made for states to create an enabling legal environment for human rights defenders to undertake their work. Denials of freedom of association, assembly and expression of people who speak out on violations of sexual and reproductive rights are common in many countries. It was also stressed that frontline service providers are often also human rights defenders that can face considerable obstacles in assisting individuals to realize their rights – such as restrictions in funding, harassment and violence by State and non-State actors, and in some cases criminal penalties for providing life-saving services.

Allocating and executing budgets

The conference repeatedly recalled that budgets, as well as actual allocation and expenditures of funds, are critical government tools to assess the level of priority given to the implementation of human rights commitments and obligations. Establishing budgets rooted in human rights standards and participatory and transparent processes are a fundamental component of the

principle of accountability. In that regard, participants underscored that it is essential to strengthen political commitments and prioritize resources for the implementation of the Programme of Action beyond 2014 and the MDGs, in particular MDG 5, and the realization of sexual and reproductive rights, with a particular focus on women, adolescents and youth, particularly girls, and marginalized and excluded groups. Examples from Ecuador, Morocco and Mexico City were cited as successful experiences of gender responsive budgeting through clear budget allocations to advance gender equality and women's human rights across different departments of the executive arm of government. These experiences have contributed to emphasizing that gender equality is a cross-sectoral concern, for which all parts of the state administration, not only women's line ministries, should be accountable.

An important discussion centered on states with limited capacities and financial resources to meet their international obligations on sexual and reproductive health. Youth participants in particular stressed the fact that many improvements do not necessarily require new or costly investments, such as interventions to address providers' attitudes to ensure young people have access to sexual and reproductive health services. Experts and many participants highlighted

the human rights law requirement that states realize progressively socio-economic rights to the maximum of available resources. This also led to comments that some donor countries are still far from meeting their financial international commitments to advance the ICPD and the sexual and reproductive health-related MDGs. In this regard, calls were made to further align international cooperation with the principles of sustainability, good governance and mutual accountability, by complementing but not replacing the primary responsibility and the efforts of developing countries to meet the rights of their people. Donor cooperation policies should be rights-based and donors accountable for their financial commitments and the way money is allocated and disbursed to advance sexual and reproductive health and rights.

Monitoring and evaluating performance of key actors

Holding key actors' accountable to their human rights commitments and obligations requires solid monitoring and evaluation systems, grounded in comprehensive, reliable, accessible, transparent and periodic information and data. While the Programme of Action has contributed to the development and strengthening of national data systems around different components of

sexual and reproductive health over the last 20 years, conference participants pointed out that monitoring and accountability are still seriously compromised by significant data gaps. Without appropriate and transparent data and data disaggregation and analysis, the patterned obstacles to the enjoyment of sexual and reproductive rights by specific population groups, such as adolescent girls, women that are not married or in union, men and boys, indigenous peoples and ethnic minorities, among others, are invisible and largely unknown. Other important human rights considerations in terms of access, quality and acceptability of services, free choice and informed consent, right to privacy, among others, are not measured systematically in the absence of appropriate data management systems.

Participants highlighted the absence both at global and national levels of a comprehensive monitoring framework on sexual and reproductive rights. Rather, monitoring systems tend to be built around vertical interventions, fragmenting the comprehensive sexual and reproductive health and rights agenda set out in the Programme of Action. Monitoring should go beyond the current narrow focus on services delivered, to include women's empowerment and human rights and freedoms overall, using specific, measurable, attainable, relevant, time-bound (SMART) and right-sensitive indicators. Participants also

suggested that a comprehensive monitoring framework would facilitate and strengthen the work of national human rights institutions and civil society groups, while at the global level it would do the same for international human rights mechanisms.

Examples of the important role that national human rights institutions including ombudsperson offices have played in strengthening states' accountability for compliance with international obligations and in conducting public inquiries into violations of sexual and reproductive rights were provided. The case of the Kenya National Commission on Human Rights was presented to the conference as a strong example. The Commission conducted an inquiry on sexual and reproductive health and rights that produced concrete recommendations for removing barriers to accessing services, including contraceptive information and services, maternal healthcare, and safe and legal abortion and to protecting the sexual and reproductive health rights of vulnerable or marginalized groups.

Taking remedial action

The conference emphasized that accountability work must not only address human rights violations that have occurred, but also identify systemic failures and the necessary corrective actions. States must also be

held responsible for acts committed by private actors if the state fails to prevent violations of rights or to investigate and punish actions and omissions committed by private medical personnel, service providers, companies and business enterprises, and other non-state actors.

Other national institutions, such as courts, administrative review bodies, and parliaments, among others, have direct obligations that emanate from human rights law, as part of the state which is party to human rights treaties. Participants noted in particular the fundamental role that the judiciary, when adequately resourced and sensitized, can play in ensuring justice for human rights violations. However, in many parts of the world these mechanisms are not accessible to many victims of human rights violations, due to geographic, economic, and social factors.

Despite the legally binding nature of obligations related to sexual and reproductive rights, it was noted that many human rights violations continue to take place in contexts of impunity. Participants stressed that remedies and reparations should be encompassed by restitution, rehabilitation, measures of satisfaction and guarantees of non-repetition. In this regard, the work of NGOs specializing in public

litigation has helped to provide access to remedies in a good number of cases and has contributed to establish groundbreaking legal precedents with fundamental policy implications. For instance, in 2010 the Delhi High Court in India recognized maternal health care as a constitutionally protected right and ordered compensation for human rights violations experienced by two impoverished women who died during childbirth. Similarly, the National Supreme Court of Nepal held the government accountable for failing to ensure the affordability of abortion services and instructed the state to take steps to guarantee that no woman is denied an abortion service solely on financial grounds.

In ensuring access to remedial action, participants noted the need to establish effective accountability mechanisms at the local level, citing the experience of mobile legal units in Colombia and the work of paralegal groups in some African and Latin American countries, some of which are faith-based organizations working in remote areas. Experts also highlighted the importance of engaging civil society in decision making processes from the community level up to the national level as a way to enhance transparency in service delivery and identify main obstacles to implementation. Participants suggested that Maternal Death Reviews

(MDR), although primarily conceived as an administrative mechanism of accountability, have provided space for civil society engagement in assessing systemic failures at the service delivery level and have directed the attention of policy-makers towards the needs of women and violations of their rights to health and to life.

Participants also discussed the need to increase the use of international judicial and human rights mechanisms by those seeking redress for violations to their rights, and to ensure that implementation of such rulings is monitored and enforced. They called for stronger support from States for the international human rights mechanisms. While there is a long established practice of engagement with UN treaty monitoring bodies and Special Procedure mandate-holders, the Universal Periodic Review (UPR) of the Human Rights Council was also identified as an important mechanism to advance the sexual and reproductive rights agenda in many countries. The UPR has frequently addressed women's human rights and sexual and reproductive rights during its first cycle and has issued a number of recommendations on the implementation of obligations in several countries. Further support for the implementation of recommendations of treaty-bodies and the UPR is required.

Regarding the human rights responsibilities of non-state actors and, in particular, the role of companies and business enterprises providing social goods and services, and investing in scientific research, the conference underscored the relevance of the 'respect, protect and remedy' framework. Participants emphasized the need to ensure that private companies apply these principles in reviewing their policies; in adopting human rights due diligence processes to prevent or mitigate adverse human rights impacts that are directly linked to their operations, products or services; and in establishing processes as a remedy to those negative impacts.

iv. an action agenda
on sexual and
reproductive rights
beyond 2014

all different.
all human.
all equal



Acknowledging the major human rights achievements over the past two decades related to the ICPD, the International Conference on Human Rights recognized that the Programme of Action was still an unfulfilled promise for millions of women, girls and marginalized and excluded populations and called upon States and other key actors to meet urgently their obligations under human rights law to further implement the Programme of Action beyond 2014 based on its review findings and conclusions and the MDGs, in particular MDG 5, and to ensure the realization of sexual and reproductive rights for all.

The conference affirmed, with explanation by three country participants, that sexual and reproductive rights are an integral part of human rights, and that their exercise is essential for the enjoyment of other fundamental rights and for eradicating poverty and achieving social justice and international development goals. Participants agreed that cultural, socio-economic and political systems rooted in ideologies and values that deny the inherent dignity and equality of all human beings are significant obstacles to the realization of human rights, and strongly condemned discrimination in all its forms. Under the tagline of “All different, All human, All Equal”, the conference recognized that even though different contexts, cultures, and social structures exist, human rights and equality for all applied equally. In this regard, it was noted that each individual was unique and only recognition and respect for that uniqueness will ensure the realization of the goals and objectives of the ICPD.

The conference recommended that the ICPD must be at the heart of the post-2015 development agenda. Human beings are at the center of sustainable development and the social, economic and environmental pillars of sustainable development need to be rooted in the promotion, protection and fulfillment of human

rights, especially sexual and reproductive rights and the right to universal access to sexual and reproductive health.

Emphasizing that the ICPD was the result of social movements working together with governments and the United Nations, the conference underscored that the ICPD beyond 2014 review and the post-2015 development agenda provided an unprecedented momentum to renew these partnerships so as to respond to new realities and to tackle neglected issues in order to put rights at the heart of development.

In this regard, the conference made a strong call to advance a comprehensive and inclusive development agenda, based on the principles of universality, indivisibility of rights, equality and non-discrimination, participation, empowerment, accountability and the rule of law, in order to address the rights and needs of all individuals in connection with their sexual and reproductive health. Participants overwhelmingly affirmed the need to adopt comprehensive legal and policy frameworks to eradicate poverty and end all forms of discrimination by addressing socio-economic and gender inequalities and developing capacities of different actors to know, exercise and claim sexual and reproductive rights.

While acknowledging the complex diversity of challenges, three themes closely interrelated and interdependent emerged as critical to the realization of human rights in the realm of sexual and reproductive health: Equality, Quality and Accountability. In order to address the challenges of the persistence of large inequalities and discrimination, the lack of quality in service provision and the need for stronger accountability systems, the conference identified priority actions to advance laws, policies and programmes towards respecting, protecting and fulfilling the sexual and reproductive rights of the most disadvantaged women, young people, especially adolescent girls, and marginalized and excluded populations. Such an approach could generate valuable synergies between development, public health and human rights actors to move towards universal health coverage, to empower individuals, especially women and girls, and to addressing the challenge of realizing sexual and reproductive rights.

Equality: making progress toward social justice and ending discrimination in all its forms

The conference underscored that ending discrimination in all its forms implies compliance with the states' obligations emanating from international human rights

commitments. In this regard, participants highlighted the importance of ensuring enabling legal and policy frameworks that respect, protect and fulfill sexual and reproductive rights, while actively eliminating stigma and discrimination in policies, systems and practices. To address inequalities, achieving both availability and accessibility to a comprehensive sexual and reproductive health package (contraception, maternity care, safe abortion, prevention and treatment of STIs and HIV, comprehensive sexuality education, and prevention and mitigation of gender-based violence) requires that focused attention and priority be given, in all the actions below, to those who are disadvantaged, marginalized or subjected to other forms of discrimination, including women and adolescents, especially girls, in the lowest two income quintiles, living in hard-to-reach places; persons of diverse sexuality, persons with disabilities, indigenous populations, sex workers, migrants especially those who are vulnerable, and persons in conflict and humanitarian crises settings.

Priority actions by governments, development partners, civil society, private sector and the international community include the following:

- Reaffirm that sexual and reproductive rights are universal human rights, meaning that they are exist-

ing rights in national and international human rights instruments to which every individual is entitled by virtue of being a human being, irrespective of age, sex, race and ethnicity, religion, language, physical or intellectual disability, health status (including HIV/AIDS), gender identity, sexual orientation, intersex or transgender status, marital status or any other status, and that their exercise is essential for the enjoyment of all other human rights and for achieving social justice and sustainable development.

- Bring laws and regulations that criminalize or otherwise impinge on sexual and reproductive rights into accord with international human rights obligations and laws, including those that restrict access, overall or to particular groups, to comprehensive sexuality education and information, that criminalize consensual same sex relations or sex work, or that deny specific services including contraception and safe abortion services, among others.
- Promote policies that enable the full exercise of sexual and reproductive rights, embracing the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on sexuality and reproduction, without coercion, discrimination or violence, and that guarantee the right to information

and the means necessary for attaining the highest standards of sexual health and reproductive health.

- Develop and fully implement policies and special initiatives – and dedicate sufficient resources – to ensure universal access to the full range of sexual and reproductive health services, information and education, regardless of individuals’ capacity to pay service fees and other costs, giving priority attention to access for those who are disadvantaged and marginalized (e.g., location of facilities and allocation of outreach workers, transport, alternatives to facility based services, special programs to reach the most vulnerable including, for example, adolescent girls living in poverty or indigenous communities living in remote rural areas).
- Take all necessary legal, policy, programming, budgeting, judicial or any other measures at national, sub-national and community level to end all forms of gender-based violence and harmful practices such as early and forced marriage, female genital mutilation, among others, including in conflict and humanitarian settings
- Ensure that customary or religious laws and practices do not infringe on people’s rights, particularly

women's rights, maintaining dialogue with traditional, faith-based and community leaders and other influential persons to promote interpretations of these laws in conformity with international human rights law.

Quality: meeting human rights standards in sexual and reproductive health services, information and education

The conference stressed that sexual and reproductive health policies and programmes should aim to improve health, fulfill human rights and empower people, especially women, adolescents and marginalized groups. While many women and adolescents, and other vulnerable and underserved populations, still have little or no access to sexual and reproductive health services, and to information and education that they need, those with access often find that sexual and reproductive health programmes and services fall short of fundamental human rights norms and public health standards for quality. It was noted that one of the most important contributions that relevant actors could make to the realization of human rights and sustainable development is to improve the quality of sexual and reproductive

health services, information and education. Actions to improve quality not only will serve people better and produce improved health and development outcomes, but also will encourage and attract new and lapsed users.

Priority actions by governments, development partners, civil society, private sector and the international community include the following:

- Ensure the effective implementation of comprehensive sexuality education programmes, in and out of school, that promote gender equality, human rights and respect for diversity, for adolescents and youth, to provide the information, and help them develop the skills and knowledge, they need for their health, relationships and full enjoyment of their and their partners' human rights.
- Make available in national and international conflict and disaster preparedness and response policies and programmes comprehensive sexual and reproductive health services and gender-based violence prevention and treatment services to refugees, displaced persons and populations affected by humanitarian crisis.

- Prioritize health sector resources to strengthen the quality of sexual and reproductive health services in the following areas, and track specific progress as well as setbacks:
 - Integration (physically or by effective referral) of at least the four main sexual and reproductive health services (contraception, safe abortion, maternity care, prevention and treatment of STIs and HIV);
 - Adequacy of facilities, equipment and commodities;
 - Training, supervision and performance of service providers that meet human rights and public health standards for quality, in order to guarantee privacy and confidentiality, fully informed and free consent for contraception and medical treatments, effective and respectful communication with clients, non-discrimination, safe and effective services, among others;
 - Range of choices among types of contraceptive methods, to include, at least, male and female condoms, a short and/or medium term hormonal method, an IUD, and male and female contraceptive sterilization when health system capacities meet the required standards; as well as emergency contraception;

- Outreach and communications to those with unmet need for sexual and reproductive health services, including those who want to avoid pregnancy but are not using modern contraception, to provide information about the availability of services and to enable their decision-making;
 - Consultation with all stakeholders, including users and potential users of services as well as health service providers, to determine their views on and suggestions for improvement of policies, programmes and services;
 - Indicators for and regular monitoring of the quality of services and their effectiveness in meeting individuals' needs, particularly of those who are disadvantaged;
 - Quality assurance procedures and mechanisms within the health system, including both public and private providers; procedures to remedy public and private service delivery failures; and redress for individuals whose rights are abused or violated.
-
- Design national sexual and reproductive health policies and programs in ways that ensure access for those who are disadvantaged, and increase and allocate the health and education sector budgets for:

- Comprehensive sexuality education that meets international standards set by United Nations, including through the regional reviews of the ICPD beyond 2014;
 - Sexual and reproductive health services of good quality, and accessible, available, and acceptable, especially to disadvantaged groups;
 - NGOs and community organizations that advocate and partner with government on outreach to marginalized and underserved communities to inform them, among others, of their right to health, as the HIV and AIDS communities have done so well;
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- Establish clear regulations to govern the exercise of conscientious objection by service providers, including explicit procedures for referral to the necessary services and goods, and to require provision of services.

Accountability: identifying responsibilities and enforcing rights

The conference highlighted that despite international human rights instruments and laws enacted by many countries aiming to realize sexual and reproductive rights and access to sexual and reproductive health services, impunity for violations of these rights and also

failures of the health and justice systems, are widespread and far too few who experience these violations have access to justice and the necessary corrective measures. Conference participants overwhelmingly concurred that in order both to prevent, mitigate and correct the sources of abuses and violations of sexual and reproductive rights, and to monitor and hold accountable the state and other key actors, enhanced investments are required to build and sustain accountability mechanisms.

Priority actions by governments, development partners, civil society, private sector and the international community include the following:

- States should ratify international and regional human rights treaties, lift reservations to treaty provisions relevant to sexual and reproductive rights, as well as include in their periodic reporting to human rights mechanisms information on specific human rights progress, violations, remedies and the preventive measures they have taken to realize sexual and reproductive rights for all.
- Align national policy frameworks with international and regional human rights instruments, applying the principles of equality and non-discrimination and

the use of human rights-based and gender responsive approaches to the design, implementation, monitoring and evaluation of laws, policies and programmes related to sexual and reproductive rights; and ensuring progressive fiscal policies for the full implementation of laws and policies, with access to quality services that meet the specific needs of women, adolescents and youth, and marginalized and vulnerable groups.

- Strengthen national legal protection mechanisms to adequately address violations to sexual and reproductive rights, by developing and disseminating guidelines and providing training, allocating sufficient resources, implementing public sensitization campaigns on sexual and reproductive rights, and combat impunity by increasing access to justice, so that aggrieved individuals have access to remedies and reparations that encompass restitution, rehabilitation, measures of satisfaction and guarantees of non-repetition, where appropriate. Specific mechanisms need to be put in place to ensure access for rural and underserved communities at the local level, as well as for people in (post)-conflict and humanitarian situations and fragile contexts.

- Strengthen national human rights institutions and ombudspersons to inquire broadly into sexual and reproductive rights issues; investigate individual complaints; make recommendations directly to governments on alleged human rights violations; and review national laws and policies relating to sexual and reproductive rights, including those which are discriminatory or criminalize access to sexual and reproductive health information, education and services, facilitating the implementation of their commitments in the Amman Declaration (2012) to promote and protect reproductive rights and the right to sexual and reproductive health.
- Develop legislation and administrative practices to regulate, control, investigate and prosecute actions by non-state actors that violate human rights, including sexual and reproductive rights.
- Enhance an enabling environment that supports women, men and adolescents, including those from marginalized and excluded groups, to ensure their effective participation in sexual and reproductive rights laws, policies, budget processes and programmes relating to sexual and reproductive rights, and in holding governments and other key actors accountable, by ensuring access to education and information, and freedom of expression and assembly.

- Create an enabling and safe environment for human rights defenders working on sexual and reproductive rights, including watchdog organizations and service providers, so that they can work and express their views freely without fear of reprisals, giving special attention to support and protection of women's human rights defenders, who often are confronted with specific violations, and support and expand human rights defenders programmes for all marginalized and vulnerable populations, including those in (post)conflict and humanitarian situations.
- Provide financial and other necessary support to sustain a diverse range of citizens' and civil society organizations' capacity for and involvement in monitoring states' fulfillment of their obligations on sexual and reproductive rights, including engagement in international human rights mechanisms.
- Strengthen local and national data collection and research systems to enable and support policies and other actions to ensure equitable access to sexual and reproductive rights policies and programmes, including in (post)conflict and humanitarian situations:

- Consistently collect and disaggregate national and local, as well as global, data by sex, age (including 10-14, and 15-19 and 20-24, rather than the current 10-19 and 15-24), income quintiles, place of residence, ethnicity and other relevant characteristics;
 - Collect data and conduct research on both sexual and reproductive health interventions (information, education and services) and on the determinants and patterns of sexual and reproductive rights violations, including sexual coercion and violence, female genital mutilation/cutting, early and forced marriage, among others;
 - Conduct focused analyses of groups at higher risk of being excluded from services and information, including LGBTI persons, sex workers, women with disabilities, adolescent girls, elder women, migrant women and indigenous and rural women to help achieve equitable policies and programs;
 - Give careful consideration to the identification of indicators which provide information about issues that carry stigma, and which illustrate the degree of people's empowerment and participation.
- Support and strengthen – including through funding – treaty bodies and the UPR process, and the implementation of their recommendations related to sexual and reproductive rights.

annexes

all different.
all human.
all equal

Annex 1

CHAIR'S REFLECTIONS

ICPD beyond 2014 International Conference on Human Rights

We are here to celebrate. Celebrate the paradigm shift that Cairo represents and that has been repeatedly reaffirmed over these last 20 years. The Programme of Action provided us with a challenge and a tool to protect and fulfill human rights, including sexual and reproductive health and rights, for all, especially women and adolescents, particularly girls.

Human rights are guarantees of the inherent dignity of every human being and the ICPD put human rights at the center of development. Nearly 20 years later, we have accomplished a lot and we have learned a lot. This Conference, like the ICPD, brought people together from many different backgrounds and cultures, committed to the principles of the Programme of Action as well as its follow up reviews. This diversity of over 130 countries represented by government officials, more than 100 civil society representatives, parliamentarians, academia and service providers, and 8 UN agencies is

a source of unique strength for us. We have been living the slogan of the conference: **all different, all human, all equal.**

In line with the GA resolution 65/234 and the concept note for the ICPD Beyond 2014 Review, the key issues coming out of this conference will feed into the Secretary General's Report and other documents arising out of the review process.

In the past days, we have acknowledged significant achievements since 1994:

- Fewer women are dying in childbirth;
- More and more girls are going to school;
- Access and use of contraceptives has increased tremendously;
- Laws have been adopted in a number of countries outlawing child marriage and expanding access to safe abortion;
- United Nations bodies and human rights mechanisms have provided important guidance on how governments can fully ensure gender equality and sexual and reproductive rights.

Several strong messages have come out of the discussions at this historic Conference:

- Gender equality was identified as a prerequisite for any advancement of women's and girls' human rights. We know that despite our many commitments to eliminate discrimination against women and girls, it remains pervasive in every society and country, and is one of our greatest human rights and development challenges. Discrimination and different forms of violence against women, including sexual violence and harmful practices, continue to severely affect women's enjoyment of human rights, in particular their sexual and reproductive health and rights. Preventable maternal mortality is one of the most striking examples of inequality as is child marriage – and we know that this can be eliminated in one generation.
- Another strong message is that rights related to sexuality and reproduction are universal human rights, meaning:
 - that they are the right of every single human being, irrespective of race, sex, ethnicity, religion, political or other opinion, or any other status,
 - that all States have obligations to ensure these rights, regardless of level of development,
 - that all duty-bearers have obligations to respect individuals' inherent dignity and rights – putting this into practice is not just about money but about political will.

- Furthermore, the discussions overwhelmingly affirmed that ensuring sexual and reproductive rights requires an enabling environment where people can exercise autonomy and choice. This means:
 - That all individuals, particularly women, adolescents and youth, must be empowered to claim their human rights.
 - That all individuals have the right to information, education and participation free from discrimination, coercion and violence.
 - That all individuals' rights to freedom of expression and association must be respected. In this regard, we specially emphasized that human rights defenders, including NGOs and service providers, must be protected and supported in their work.
- We heard strong calls for men and boys to be champions and meet their own responsibility for eliminating discrimination and violence against women and girls. Men and boys can contribute to normative change by actively promoting gender equality and fighting gender based violence, and in this regard, interventions should engage them for awareness raising.

- We also have heard strong calls that human rights' violations cannot be justified in the name of culture, religion and tradition. Systems of beliefs and values should uphold the dignity of people – women, men, and youth. Also, we discussed the positive role that religious and community leaders can play in promoting human rights.

These strong messages make clear that we still have unfinished business to meet the commitments that were agreed by consensus in the ICPD Programme of Action.

We have been on a long journey in just three days to accelerate progress toward equality, quality and accountability. Let me take each of these in turn:

First, equality:

It is abundantly clear that women and girls living in poverty, particularly in the lowest two income quintiles in both rural and urban areas, do not have access to the sexual and reproductive health services, information and education that they want and need. Many of these women and girls, as well as those with higher incomes, face multiple forms of discrimination, violence and coercion because they are living with disabilities or HIV, they are sex workers, they are members of indigenous

communities, they are domestic workers, or they live in conflict or disaster situations, among many other circumstances. We learned that worldwide still many countries have discriminatory legislation towards women. We further underlined the fact that adolescents, particularly girls, nearly everywhere, face serious barriers in exercising their rights to comprehensive sexuality education and to sexual and reproductive health services. Like women, adolescents who live in poverty, and/or who experience other disadvantages and marginalization, encounter unique deprivations.

Grave concerns were voiced about discrimination, violence and human rights violations against LGBTI individuals. Calls were raised to treat all human beings with dignity and respect.

Redressing all of these profound inequalities, affecting billions of the world's population, must be an urgent priority.

Second, quality of care:

The right to health requires that education, information and services must be available, accessible, affordable, acceptable and of good quality, without discrimination,

coercion or violence. We are far from meeting these human rights norms, but we know what we have to do so that women, girls, men and boys have the sexual and reproductive health information and services that they need at different points in their lives.

These are to:

- Remove legal and other barriers to access to sexual and reproductive health services;
- Provide comprehensive sexuality education for all adolescents and young people; so that today's young have evidence-based information about how their bodies work, and the knowledge and skills to develop relationships based on human rights and gender equality;
- Enable choices among the widest possible range of contraceptive methods, including emergency contraception, and other sexual and reproductive health services;
- Allocate adequate human and financial resources in compliance with human rights standards;
- Ensure the availability of quality and integrated sexual and reproductive health facilities, services

and goods; this includes services such as counseling, emergency obstetric care, safe abortion services and HIV prevention and treatment as well as services addressing gender-based violence; and

- Train and supervise health workers in both technical skills and also human rights, so that they guarantee privacy, confidentiality and fully informed and free consent for each and every person, regardless of age, marital status, sexual orientation and gender identity or other characteristics.

Third, accountability:

Accountability requires a range of actions by both state and non-state actors. Human rights accountability has the potential to transform power relations, between men and women, service providers and users, and governments and citizens. Accountability is a shared responsibility of government, civil society, private sector, and international development partners.

Accountability requires national leadership and strong and effective institutions as well as the creation of an enabling environment for civil society. Active and in-

formed participation of people without discrimination is a foundational requirement for ensuring accountability. States must enact policies and programmes with clear goals and budget allocations that can be monitored, with indicators to measure compliance with human rights standards. Systems must also be established and strengthened to collect, analyze, disseminate and act on the information gathered.

States must prevent human rights violations and ensure to all victims the right to an effective remedy and to reparations. In the past two decades, there have been several landmark judgments at the national and international levels that have contributed to stronger legal standards protecting human rights in these areas. Parliamentarians are key partners who can be accountability champions. We have been inspired by national human rights institutions that have exposed violations of human rights and thereby changed government policies.

Finally, we must support and protect all people who defend human rights, including sexual and reproductive rights, such as advocates, human rights experts, service providers, and everyone in this room. Without them and us, full achievement of the goals of ICPD will not be possible.

Looking forward and beyond 2014, we know that the world is rapidly changing. In every region of the world, we have seen how people are increasingly demanding their rights and standing up against human rights violations. A new era of information, education and globalization offers enormous opportunities which we must capitalize on. This is our chance to dismantle gender stereotypes, tackle taboos and harmful practices, ensure that people have access to accurate information and enable them to make autonomous and informed decisions about their lives, sexuality and reproductive choices.

The ICPD agenda was a result of social movements working together with governments and the UN and these partnerships have been crucial for implementing the Program of Action over the past 20 years. Working together, we can put human rights and gender equality at the center of the ICPD review process and the post 2015 agenda. Concretely, this means that the unfulfilled ICPD commitments to provide universal access to sexual and reproductive health, and to protect and fulfill the human rights of all, with special attention to disadvantaged and marginalized groups, must be at the heart of global agendas. This should result in enhancing the autonomy and dignity of individuals.

The experiences we have shared over the past three days have conveyed the urgency of our work. We have discussed many challenges, but more importantly we have heard how many in this room and globally are actively changing the world as we speak. This provides unprecedented momentum to move forward towards new frontiers, to address new realities and to tackle neglected issues. We will make the most progress if we continue in the spirit of dialogue and collaboration established in the last three days, knowing and respecting the fact that we are all different, all human, all equal.

Annex 2

Programme ICPD Beyond 2014 International Conference on Human Rights

SUNDAY, 7 JULY

17:00 – **Official Opening & Welcome Reception**

20:00

Key speakers

- **Renée Jones-Bos**, Secretary-General of the Ministry of Foreign Affairs and former Ambassador for Human Rights, the Netherlands
- **Babatunde Osotimehin**, UNFPA Executive Director
- **Navi Pillay**, UN High Commissioner for Human Rights

Host: Rob Swartbol, Director-General International Cooperation of the Ministry of Foreign Affairs, the Netherlands

MONDAY, 8 JULY

9:00 – **Introduction Session: The contribution of this conference to the ICPD Beyond 2014 and UN post 2015 review processes.**

9:20

- Statement of the UN Secretary-General, Ban Ki-Moon delivered by Executive Director, UNFPA Babatunde Osotimehin
- Presentation on the ICPD Beyond 2014 Review Process by Kwabena Osei-Danquah, Executive Coordinator, ICPD Beyond 2014 Coordination Secretariat, UNFPA

9:20 – **Opening Keynote Speech -**

9:45

Human Rights, Sexual and Reproductive Health and Development; ICPD at its 20th anniversary: a historical overview and the way ahead.

Speaker: Nafis Sadik, Special Adviser to the UN Secretary General and his Special Envoy for HIV/AIDS in Asia and the Pacific

9:45 –
10:45

SESSION 1: Human rights in the ICPD and major human rights achievements in the last two decades.

- **Babatunde Osotimehin**, Executive Director UNFPA
- **Navi Pillay**, UN High Commissioner for Human Rights
- **Heisoo Shin**, Member of the Committee on Economic, Social and Cultural Rights and former CEDAW member
- **Babu Ram Pant**, Member of Youth Coalition for Sexual and Reproductive Rights, Nepal
- **Anibal Faúndes**, Professor of obstetrics at the State University of Campinas, Sao Paulo, Brazil and Chair of the Working Group on Prevention of Unsafe Abortion of FIGO

Moderator: Amanda Harding

10:45–
11:15 Coffee and Tea Break

11:15 –
13:00

SESSION 2: Addressing inequalities and discrimination.

Human story:

- **Nice Nailantei**, young indigenous woman working against FGM, to share a testimony emphasizing intersecting forms of inequality and discrimination.

Panelists:

- **Irene Khan**, Director-General of the International Development Law Organization (IDLO), Human Rights Activist, Legal perspective
- **Ana Maria Larrea**, Buen Vivir National Planning Secretary, Ecuador
- **Carmen Barroso**, IPPF Western Hemisphere/member of iERG, sexuality and rights in development
- **Asma Khader**, Women Commissioner, Jordan, cultural drivers of inequality and women's human rights
- **Virginia Bras Gomes**, Member of The Committee on Economic, Social and Cultural Rights (CESCR)

Chair: Marthinus van Schalwyk,

Department of International Relations and Cooperation, Government of South Africa

13:00 – Lunch

14:30

14:30 – **SESSION 2 (continued in Breakout Groups) - Experience of women, young people and different marginalized and excluded groups -**
16:00

Women's autonomy and reproductive rights

Group 1A: (D) Myrna Cunningham, former Chair of the permanent forum on indigenous peoples and indigenous leader, (Ch) **Riet Groenen**, Chief, Ending Violence Against Women Section, UN Women

Group 1B: (D) Ximena Andion, RESURJ & Instituto de Liderazgo Simone de Beauvoir, (Ch) **Susana Fried**, Senior Gender Advisor, UNDP

Sexual health and wellbeing and human rights

Group 2A: (D) Sandeep Prasad, Executive Director, Action Canada on Population and Development, (Ch) Sabine Ntakarutimana, Minister of Health, Burundi

14:30 – **Group 2B:** (D) **Sunil Pant**, head of the Blue
16:00 Diamond Society, (Ch.) **Gisela Blumenthal**,
(cont.) Government of Finland

Gender Based Discrimination and Violence

Group 3A: (D) **Morissanda Kouyate**,
Executive Director of the Inter-African
Committee on Traditional Practices
affecting the Health of Women and
Children, (Ch.) **Hooria Mashhour**,
Minister of Human Rights, Yemen

Group 3B: (D) **Virisila Buadremo** Fiji
Women's Rights Movement (Ch.) **Ramon
San Pascual**, Executive director of Asian
Forum of Parliamentarians on Population
and Development

16:00 – Coffee and Tea Break
16:30

16:30 – **SESSION 3: Debriefing, and wrap**
18:00 **up of Day 1**

TUESDAY, 9 JULY

9:00 – **SESSION 4: Review of Day 1 and overview of Day 2**

9:30 – **SESSION 5: Making accountability come to life**
11:00

Voices from the frontline:

Dawn Cavanagh, Coalition of African Lesbians

Panelists:

- **Nyaradzayi Gumbonzvanda**, General Secretary WYWCA, setting the bridge between inequality and discrimination with the enjoyment of SRHR
- **Alicia Yamin**, Lecturer on Global Health and Director of the Program on the Health **Rights of Women and Children at Harvard University**
- **Adrienne Germain**, IWHC. Quality of care that meets human rights standards
- **Winfred Lichuma**, Chairperson of the National Gender and Equality Commission, Kenya

9:30 – **SESSION 5: Making accountability come to life (continued)**
11:00

- **Rocio Villanueva**, former Ombudsperson from Peru

Chair: Flavia Pansieri, Deputy High Commissioner for Human Rights

11:00 – Coffee and Tea Break
11:30

11:30– **SESSION 6: Breakout Groups**
12:45 **Accountability: Challenges, Good Practices and Lessons Learned**

Women's autonomy and reproductive rights

Group 1A: (D) **Marta Szostak**, ASTRA Network, (Ch.) **Heisoo Shin**, Member CESCR, Republic of Korea

Group 1B: (D) **Vicky Claeys**, Regional Director of the IPPF European Network, (Ch.) **Eunice Brookman-Amisshah**, IPAS

11:30-
12:45

SESSION 6: Breakout Groups
**Accountability (continued): Challenges,
Good Practices and Lessons Learned**

**Sexual health and wellbeing and
human rights**

Group 2A: (D) **Sara Vida Coumans**, Youth Coalition for Sexual and Reproductive Rights, (Ch.) **Marcela Huaita Alegre**, Vice-Minister for Women and Vulnerable Populations, Peru

Group 2B: (D) **Susan Timberlake**, UNAIDS, Chief, Human Rights and Law Division, (Ch.) **Geeta Misra**, Executive Director at CREA

**Gender Based Discrimination
and Violence**

Group 3A: (D) Vicky Corpuz, Indigenous activist and Executive Director, Tebtebba Philippines, (Ch.) **Khawar Mumtaz** National Commission on the Status of Women, Pakistan

Group 3B: (D) **Françoise Girard**, President of the International Women's Health Coalition (IWHC), (Ch.) **Isanga Nakadama**, Minister of State for Gender and Culture Affairs, Uganda

12:45 – Lunch

14:15

14:15 – **Breakout Groups (continued):**

15:30 **Accountability: Ways Forward**

Women's autonomy and reproductive rights

Group 1A: (D) **Luisa Cabal**, Vice-President of Programmes, Center for Reproductive Rights, (Ch.) **Heisoo Shin**, Member CESCR, Republic of Korea

Group 1B: (D) **Stephanie Schlitt**, Researcher and Policy Adviser on Gender, Amnesty International Secretariat, (Ch.) **Serour Gamal**, Egypt

Sexual health and wellbeing and human rights

Group 2A: (D) **Sofia Gruskin**, Professor and Director Program on Global Health and Human Rights, University of Southern California, (Ch.) **Albachir Macassar**, Mozambique

Group 2B: (D) **Ana Cristina Gonzalez**, Independent consultant for UNFPA and researcher for ECLAC, (Ch.) **Geeta Misra**, Executive Director at CREA

14:15 – **Breakout Groups (continued):**
15:30 **Accountability: Ways Forward**
(cont.)

**Gender Based Discrimination
and Violence**

Group 3A: (D) **Charles Ngwena**,
Centre for Human Rights at the
University of Pretoria, (Ch.) **Virginia Bras
Gomes**, Member of The Committee on
Economic, Social and Cultural Rights
(CESCR), Portugal

Group 3B: (D) **Stephanie Ortoleva**,
international human rights lawyer and
the President and Founder of Women
Enabled, Inc., (Ch.) **Alma Viviana Perez**,
Director of the Presidential Program for
Human Rights and IHL, Colombia

15:30 – **SESSION 7: Debriefing, and wrap**
16:15 **up of Day 2**

16:15 – Coffee and Tea break
16:45

16:45 – **SESSION 8: Human Rights Café on**
18:30 **emerging issues and innovative solutions**

19:00 **Dinner** hosted by the H.E. Lilianne Ploumen,
Minister of Foreign Trade and Development
Cooperation of the Netherlands

WEDNESDAY, 10 JULY

9:00 – **SESSION 9: Review of Day 2 and
9:30 overview of Day 3**

9:30 – **SESSION 10:** Key SRHR parameters and
11:00 criteria to be taken up in the future post
2015 framework building on the different
range of proposals being developed

Keynote presenter: Gita Sen, Indian
Institute of Management Bangalore;
and DAWN

Panelists:

- **Christopher Wallace**, Vice Minister
of Planning, Liberia
- **Paulini Turagabeci**, Youth Activist
- **Marleen Temmerman**, Director of the
Department of Reproductive Health
and Research, WHO
- **Sivananthi Thanenthiran**, ARROW.
Civil society perspectives on SRHR
and post-2015
- **Concluding speaker: Kitty van der
Heijden**, Ambassador for Sustainable
Development, the Netherlands

Chair: Xavier Miranda, National
Director for Human Rights, Uruguay

11:00 – Coffee and Tea break
11:30

11:30 – **SESSION 11: Main issues and conclusions
12:30 of the conference – Take home
messages**

12:30 – **SESSION 12: Closing session**

- 13:00
- **Marijke Wijnroks**, Ambassador for Sexual and Reproductive Health and Rights, incl. HIV/AIDS of the Netherlands
 - **Flavia Pansieri**, Deputy High Commissioner for Human Rights
 - **Kate Gilmore**, Assistant Secretary-General and Deputy Executive Director of UNFPA

13:00 – Lunch
14:30

During lunch **Flying kites for Human Rights on the beach**

Note: (D)* Discussant
(Ch.)* Chair

Conference Chair: Ms. Marijke Wijnroks, Ambassador for Sexual and Reproductive Health and Rights, incl. HIV/AIDS, Government of the Netherlands

Conference Facilitator: Ms. Amanda Harding

Language of the conference:

- The working language of the Conference: English.
- For all the plenary sessions, simultaneous translation available in French, Spanish and Arabic.
- In the breakout sessions, whisper translation support available for French, Spanish and Arabic speaking participants, as well as for Russian speakers.

Annex 3

List of participants

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International Islamic Center- Al Azhar University, Egypt

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