ICPD Plus Five: What's It Got To Do With Health?

Speech by Adrienne Germain, President, International Women's Health Coalition, delivered at the APHA Annual Meeting Panel, "ICPD Report Card: Progress and Challenges," November 9, 1999.

In September 1994 in Cairo, at the International Conference on Population and Development (ICPD), 184 countries agreed that "all countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015." The *Programme of Action* emphasizes a rights-based approval to services that strives for good quality care, fully informed and free consent. It further stresses young people's right to confidential information and services, men's responsibility for their own sexual behavior, and comprehensive sexual and reproductive health services, including but not limited to access to all forms of fertility regulation that are not against the law. It urges governments to reduce the public health burden imposed by unsafe abortion. These actions on reproductive and sexual health and rights are set within a broader framework of gender equality, poverty alleviation, and human rights.

Five years later, how far have we come?

The UN's ICPD Plus Five review held in New York this past June revealed heartening examples of progress at national level, some of which will be discussed later in this session. At global level, "reproductive health" and "reproductive rights" are now part of the language, not only of population and health professionals but of diplomats. Even the governments that opposed the ICPD *Programme of Action* in 1994, turned, at ICPD Plus Five, into staunch defenders of every word contained in it, quoting it chapter and verse throughout the negotiations. Their motivation was different from ours—they were forced into a defensive position but our work, not only to <u>defend</u> but to <u>extend</u> the agreements and establish action priorities. We won on nearly every count—primarily, I believe because we reclaimed the moral high ground from a handful of rightwing delegations. Governments recognized that respect for human rights—including the rights to privacy, to life, and to health is a pre-requisite for health, and conversely, that the right to control one's health and sexuality is essential for the enjoyment of other rights.

The ICPD Plus Five review, nonetheless, brought alarming facts back to the world's attention. Worldwide, 600,000 women still die every year, and some 18 million are left disabled or chronically ill, due to preventable complications of pregnancy and childbirth. WHO estimates that 330 million new STD infections occur annually, at least half of these among young people. HIV/AIDS alone accounts for 6 million new infections every year, increasingly affecting women, babies, and young people. Sexual violence is endemic and lethal, both within and outside marriage. Across the world one out of every five healthy day of life lost to women are lost because men beat or sexually abuse women. At least 150 million women who say they want to limit their childbearing do not yet use contraception. The road to universal reproductive and

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sexual health is, it seems, long and tortuous.

ICPD Plus Five reached extraordinary agreements that many thought could not be achieved. As in Cairo, NGOs, and in particular women's health advocates, mobilized worldwide to make sure that the ICPD Plus Five document not only reaffirmed the ICPD *Programme of Action*, but also specified priority next steps. A "Women's Coalition for ICPD," 101 NGOs from every region, the majority from developing countries, lobbied for women's and young people's health and rights. In the end, NGO and government proponents of the ICPD *Programme of Action* together won out over ideological opposition and political interests. More than 170 governments agreed on key priority actions for the 15 years remaining in the 20-year agenda agreed in Cairo. With strong support from NGOs that countered the handful of right wing delegations, governments set new benchmark indicators and reached five major agreements on sexual and reproductive health.

First, the ICPD Plus Five document states that progress towards universal sexual and reproductive health should be measured not by a single indicator—contraceptive use—as in the past, but by monitoring provision of, access to, and utilization of three fundamental services, namely: 1) closing the gap between those who say they want to space or limit their children and actual use of contraception; 2) essential obstetric care by skilled health workers; and STD and HIV/AIDS prevention and management, especially for young people, including access to male and female condoms and microbicides if available. For each of these services, governments agreed to specific five-year goals. This is a major conceptual advance over the basic, contraception-centered measures of the last 30 years. But much remains to be done to persuade governments and donors—as well as social scientists to translate this agreement into effective action.

In the second ICPD Plus Five agreement, governments specified actions to reduce the 78,000 maternal deaths and millions of injuries and illnesses caused by unsafe abortion every year. The document states that: "in circumstances where abortion is not against the law, health systems should train and equip health service providers and take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health." This was perhaps the most dramatic, and certainly one of the most intensely debated subjects both in Cairo and in the ICPD Plus Five. The ICPD had recognized unsafe abortion as a major public health problem and had urged governments to reduce it. They stopped short of calling for safe services or changes in restrictive laws. But, even their modest 1994 agreement that, legal abortion should be safe, has gone largely unimplemented. In fact, in my view, this has been the most widely ignored of the original ICPD agreements. The language agreed in ICPD Plus Five is a major step forward as it turns a "should" statement into action language.

The third ICPD Plus Five agreement, also hotly debated, was on adolescents' right to sexual and reproductive health information and services. Delegations successfully resisted persistent calls to subordinate the rights of adolescents to the rights of parents. Ultimately, the ICPD Plus Five document protects the balance between the two sets of rights originally set in Cairo. Further, governments agreed that sexuality education should be provided at all levels of schooling, and expressly recognized the importance of also addressing adolescents' broader needs for education, income-generating opportunities, and vocational training.

Fourth, recognizing that the HIV/AIDS pandemic is far more serious than had been understood in Cairo, the ICPD Plus Five document reiterates the importance of providing access to male condoms, calls for wide provision of female condoms, and urges governments to enact legislation to prevent discrimination against people living with HIV/AIDS and those vulnerable to HIV infection. The document calls on governments, where feasible, to make anti-retroviral drugs available to women during and after pregnancy, and to provide counseling so that mothers living with HIV/AIDS can make free and informed decisions about breastfeeding.

Fifth, governments agreed to mobilize resources to provide the widest possible range of contraceptive methods, including new options and underutilized methods. It is in this agreement that our one substantive disappointment occurred. Although WHO recognizes emergency contraception as a safe means of preventing unwanted pregnancy and has concluded that such contraception cannot interrupt an established pregnancy, the Vatican and a few of their supporters nonetheless insisted that emergency contraception not be specifically referenced in the ICPD Plus Five document. This was a significant disappointment for many of us but the Vatican is immovable and adamant on this subject. They are very persuasive in their uninformed in their argument that emergency contraception may act as an abortifacient. So strong is the Vatican's view that they would deny emergency contraception even to women who have been raped.

Policy makers, health professionals, researchers, and advocates, working together, now need to generate broad *political will* to move more quickly in implementing these agreements. We must all join forces to ensure that budget allocations give priority to developing the effective and accessible health systems required to meet the ICPD Plus Five agreements. We must ensure that so-called "health sector reform" initiatives include social safety nets and prioritize sexual and reproductive health. And, as health professionals, we must also respect and promote women's human rights, by working to eliminate violence, discrimination, and other fundamental socio-economic factors that jeopardize women's health.

Our next opportunity to act globally is the five-year review of implementation of the *Platform for Action* agreed at the Fourth World Conference on Women (FWCW) in 1995 in Beijing. We are already experiencing substantial backlash to the ICPD Plus Five and can be sure that the opposition will be well organized and present at the Beijing Plus Five review. We must ensure that the FWCW Plus Five review reaffirms the new commitments made at ICPD Plus Five, and determines additional steps for action. Among the most important of these are urging governments to review laws that punish women and health care providers for abortion, reasserting that women's rights include their right to control their sexuality and reproduction, and giving the highest possible priority to reducing maternal morbidity and mortality to a minimum.