

**First Latin American and Caribbean Conference on Population and
Development, Montevideo, 12-15 August 2013,
and ECLAC Regional Review of ICPD**

Analysis by RESURJ, DAWN, YCSRR and IWHC

From August 12-15,, 2013, governments of Latin America and the Caribbean came together in Montevideo, Uruguay, to hold the first Regional Conference on Population and Development with the theme: Full integration of population in sustainable development with equality and human rights: key to the Programme of Action of Cairo beyond 2014.

Realizing Sexual and Reproductive Justice (RESURJ), Development Alternatives with Women for a New Era (DAWN), Youth Coalition for Sexual and Reproductive Rights (YCSRR) and the International Women's Health Coalition (IWHC), brought together a group of 35 young feminist activists working on human rights, sexuality, reproductive health, young people and youth participation, indigenous peoples, violence against women, and comprehensive sexuality education from Mexico, Guatemala, Nicaragua, El Salvador, Honduras, Barbados, Jamaica, Belize, Peru, Bolivia, Argentina, Uruguay, Brazil, Colombia and Paraguay. This diverse group of women and men was brought together specifically to influence the negotiated outcome document of the Conference. During the pre-meeting, the group developed specific language that we wanted included in the document. **Priorities** were to make visible the deficit of implementation on sexual and reproductive health and rights in the region, particularly for those in marginalized situations such as indigenous and afro descendant girls and women, adolescents, sex workers, women living with HIV, lesbian, gay, bisexual and transgender people, migrants and refugees. Particularly, the group advocated for governments to:

- **Define sexual rights** for the first time in a UN inter-governmental process and create laws and policies that specifically tackle discrimination based on sexual orientation and gender identity;
- Ensure **access to comprehensive sexual and reproductive health services** for women, adolescents and young people, including safe abortion services and the removal of barriers to access both in law and practice, such as parental and spousal consent;
- **Ensure prevention, early diagnosis and treatment of STIs and HIV** free from stigma and discrimination
- Provide **comprehensive sexuality education** programs both in and out of schools that teach gender equality and human rights
- **Prevent unwanted pregnancies and unsafe abortions** among adolescent girls and young women, including through CSE, access to accurate and confidential information, all technologies and quality services, including **emergency contraception without a prescription** and male and female condoms

- **Eliminate maternal mortality and morbidity** including through providing comprehensive sexual and reproductive health services
- Ensure **access to safe and legal abortion services**
- **Review laws and policies that criminalize women's sexuality, including abortion**, in order to secure the health and life of women and adolescents
- **Eradicate all forms of violence against all women** and pay particular attention to those who are in situations of greatest vulnerability such as **sex workers, lesbian, bisexual and transgender women**, women with HIV, migrant women, indigenous women and afro descendants. **End impunity** for violence, ensure effective prosecution of perpetrators and redress for victims
- **Guarantee respect for the human rights of indigenous women**, including their right to land and to previous, free and informed consent on all matters related to their lives, livelihoods and fertility; **ensure redress** for violations such as forced sterilizations
- Guarantee the **right to health of indigenous peoples**, including their sexual and reproductive health and rights, including through the use of their own traditional medicine

Analysis of negotiations

The Outcome Document prepared by the government of Uruguay, Economic Commission for Latin America and Caribbean (ECLAC) and UNFPA was strong to begin with. Through concerted advocacy and collaboration, activists were able to achieve almost all of the above, with some nuances.

The text adopted on the last day of the conference is the most progressive text in the region yet. Uruguay played a key role throughout, but these achievements would not have been possible without the leadership of Argentina on human rights, sexual rights and comprehensive sexuality education; Brazil on ending violence against sex workers and LGBT populations; Cuba on safe abortion; Mexico and Colombia on adolescents; and Ecuador and Bolivia on indigenous peoples. Guyana and Cuba coordinated the Caribbean's positions and, with the vocal support of Barbados, Trinidad and Tobago, the Dominican Republic and Puerto Rico, helped neutralize Jamaica's opposition to sexuality, SOGI and safe abortion.. All of these countries, together with Argentina, Brazil, Uruguay and Mexico, were key to moving beyond the *status quo* and achieving strong commitments on rights, naming different marginalized populations, the importance of access to a full range of services, and the review of laws and policies that hinder people's ability to fully exercise their human rights. The forward-looking mood in the room was so strong, that some of the progressive delegations seemed to have had a hard time believing it at key moments (see below).

The opposition came from Chile, Honduras, Nicaragua (all three particularly on abortion) and Jamaica (abortion but especially sexuality, sexual rights and SOGI). Chile, however, was less rigid than in past negotiations, and its representatives publicly alluded to the fact that, with a Presidential election forthcoming, national

policy could change. Jamaica became quickly isolated within the Caribbean group, with Guyana and Cuba taking the lead in moving progressive positions forward. Interestingly, there was very little presence of conservative civil society actors.

One of the most contentious moment of the negotiation came, unsurprisingly, when Cuba proposed language on providing women with safe methods for voluntary termination of pregnancy and on recognizing that criminalization of abortion contributes greatly to maternal death and morbidity. After applause and near consensus on these proposed amendments, Mexico inexplicably suggested that “in accordance with national legislation,” be inserted to qualify access to safe abortion in that paragraph. Predictably, Chile, Honduras, Jamaica and El Salvador immediately jumped in to support Mexico’s amendment. Jamaica and Chile then insisted that language guaranteeing national sovereignty be included in the document, including the phrase “with regard to the national values, culture and religions of its peoples.” This suggestion did not meet with much support but, hoping to find a way forward, Brazil proposed that the sovereignty clause found in the ICPD Programme of Action be inserted in the Principles section of the document. This appeared to be another tactical mistake, since the sentiment of the room did not require such a stringent sovereignty clause. In the final negotiation, while Chile expressed satisfaction at Brazil’s apparent support for the sovereignty clause, Cuba came in to propose a compromise. Cultural and religious values were removed from the sovereignty language, while paragraph 42 on safe abortion retained the qualifier but “urge[d] States to consider amending their laws, regulations, strategies and public policies relating to the voluntary termination of pregnancy in order to protect the lives and health of women and adolescent girls...”

An unpleasant debate followed Brazil’s introduction of important language condemning homophobia and trans-phobia in the region in order to secure human rights for all. However, action paragraphs were agreed, *inter alia*, to “develop policies and programmes that seek to eradicate discrimination based on sexual orientation and gender identity in the exercise of sexual and reproductive rights” (para 36) and ending violence against women “with special attention to women in high-risk situations, such as older women, pregnant women, women with disabilities, culturally diverse groups, *sex workers, women living with HIV/AIDS, lesbians, bisexuals, transsexuals*” instead. For its part, Chile’s assertion that indigenous peoples as such did not have rights, met with outrage and was quickly rejected. It was the first time an outcome document from the region took explicit notice of the work of the UN Permanent Forum on Indigenous Issues, as well as the reports of the Expert Mechanism on the Rights of Indigenous Peoples.

The document was adopted by consensus and no government entered an explanation of position. The Conference clearly marked a shift in the region, with the opposition to the women’s human rights agenda isolated and neutralized. Uruguay, Cuba, Argentina, Brazil, Colombia, the Dominican Republic, and Mexico played a particularly important leadership role throughout, and have announced their intention to fight the assault on human rights and gender equality and take forward

the Montevideo Consensus as a whole in global debates. It is important to note that negotiations were led mostly by experts (whether from Ministries of Women or Health) and not by the Ministries of Foreign Affairs.

Analysis of Civil Society Participation

There were over 400 civil society representatives present in Montevideo, with very diverse representation: large contingents of youth activists were present, as were indigenous peoples, Afro-descendants, English-speaking Caribbean, and Central Americans. The “Articulación de América Latina y del Caribe hacia Cairo +20” made up of different regional networks and of national, regional and global organizations,¹ coordinated the work leading up to the conference by sharing of information, preparing position papers, political mapping, generating a Communications strategy, acting as the official interlocutors of ECLAC and UNFPA, and coordinating civil society’s participation during the Conference. The Articulación held a Civil Society forum one day prior to the meeting, in which the RESURJ-DAWN-YC-IWHC group as well as many other key players, such as IPPF-WHR and Ipas, participated actively. This CS Forum proved to be a key space for analysis and strategy in different working groups (language; political mapping and advocacy; communications; plenaries and conference monitoring). Since RESURJ-DAWN-YC-IWHC had held its own training with young women and men immediately beforehand, it was ready to contribute with language and recommendations to the document to effectively influence the larger group’s priorities and gain support for its own priorities. This was important, given the very short time available to civil society to develop positions and lobby governments. The CS Forum allowed activists from a broad range of constituencies to work well together during the Conference, towards a successful outcome.

Analysis of the Outcome Document

The English translation of the document was poor throughout the negotiations, and remains sub-par.. Unclear terms like “comprehensive education on emotional development...,” refer to the concept of “affectividad,” which mean developing the skills for sustaining emotional bonds and relationships.

Issues that activists were not able to get into the final document include: sex disaggregated data by 5 year cohorts in adolescents and youth, redress for violations of indigenous women’s reproductive rights like forced sterilizations, specific mention of parental and spousal consent as a barrier to care, a outright call

¹ The Articulación de América Latina y el Caribe hacia Cairo +20 is comprised of 33 regional, global and national organizations and is led by a Secretariat formed by: Alianza LAC de Juventudes rumbo a Cairo+20; Articulación Feminista Marcosur; Enlace Continental de Mujeres Indígenas de las Américas, Caribbean Coalition for Population and Development; Red de Mujeres Afrolatinoamericanas, Afrocaribeñas y de la Diáspora; Red de Salud de las Mujeres de América Latina y el Caribe

for the decriminalization of abortion (rather than “consider revising laws”), and access to medical abortion.

The Outcome Document commits governments of Latin America and the Caribbean to take specific actions in the following areas. Highlighted in *italics* are those civil society formulated, and successfully lobbied for:

A. Full Integration of Population Dynamics into Sustainable Development with Equality and Respect for Human Rights

Human Rights framework in population and development:

2: “Apply a human rights approach *with a gender and intercultural perspective* in addressing population and development issues, and step up efforts to recognize, promote and uphold relevant goals in order to eliminate inequalities and foster social inclusion”

B. Rights, Needs, Responsibilities and Requirements of Girls, Boys, Adolescents and Youth

Human rights of adolescents and young people

7. Guarantee for all boys, *girls*, adolescents and young people, without any form of discrimination, the chance to live a life free from poverty *and violence*, and to enjoy protection and exercise of their human rights, a range of opportunities and access to health, education and social protection;

Meaningful youth participation

8. Guarantee also the existence of mechanisms for the *effective participation*, without any form of discrimination, of adolescents and young people in public debate, in decision-making and in all policy and programme phases, in particular on matters that affect them directly, and strengthen institutional mechanisms for youth;

Education

9. Invest in youth, through specific public policies and differentiated access, especially through the provision without discrimination of universal, *free, public, secular, high-quality*, intercultural education in order to ensure that this stage of life is full and satisfactory, to enable them to develop as autonomous individuals with a sense of responsibility and solidarity and who have the ability to creatively tackle the challenges of the twenty-first century;

Comprehensive sexuality education

11. Ensure the effective implementation from early childhood of *comprehensive sexuality education* programmes, recognizing the emotional dimension of human relationships, with respect for the evolving capacity of the child and the informed decisions of adolescents and young people regarding their sexuality, from a participatory, intercultural, gender-sensitive, and human rights perspective;

Comprehensive sexual and reproductive health services

12. Implement *comprehensive, timely*, good-quality sexual health and reproductive health programmes for adolescents and young people, including youth-friendly sexual health and reproductive health services with a gender, human rights, intergenerational and intercultural perspective, which guarantee access to safe and effective modern contraceptive methods, respecting the principles of *confidentiality and privacy*, to enable adolescents and young people to *exercise their sexual rights and reproductive rights*, to have a *responsible, pleasurable and healthy sex life*, avoid early and unwanted pregnancies, the transmission of HIV and other sexually transmitted infections, and to take free, informed and responsible decisions regarding their sexual and reproductive life and the exercise of their sexual orientation;

Keeping pregnant girls in school

13. Introduce or strengthen policies and programmes to prevent pregnant adolescents and young mothers from dropping out of school;

Prevention of adolescent pregnancy and unsafe abortion

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

15. Design intersectoral strategies to help young women avoid subsequent pregnancies, including antenatal, childbirth and postpartum care, access to contraceptive methods, protection, support and justice;

16. Guarantee for boys, girls, adolescents and young people the opportunities and the basis for harmonious coexistence and a life free from violence, through intersectoral strategies to address the factors that disrupt harmony in the community and foment violence, to provide education from early childhood that promotes tolerance, *an appreciation for diversity, mutual respect and respect for human rights*, conflict resolution and peace, and to ensure protection, *timely access to justice* and compensation for victims;

D. Universal Access to Sexual and Reproductive Health Services

Guarantee SRR for social justice

33. Promote, protect and guarantee sexual health and rights and reproductive rights in order to contribute to the fulfilment of persons and to social justice in a society free from all forms of discrimination and violence;

Note: the phrase advocated for was: “sexual and reproductive rights and health,” but this is how it was agreed and then translated

Sexual Rights definition

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

Barriers to access SRH services, including review of legislation

35. *Review legislation, standards and practices that restrict access to sexual and reproductive health services, including the provision of comprehensive user-friendly services for adolescents and youth, and guarantee access to full information on all of the service options available to all persons, without any form of discrimination, in order to ensure that the highest international standards of protection of human rights and fundamental freedoms are met in the region;*

Ending discrimination based on SOGI

36. Design policies and programmes to eradicate discrimination based on sexual orientation and gender identity in the exercise of sexual rights and the manifestations thereof;

Universal Access to SRH services

37. Guarantee universal access to good-quality sexual health and reproductive health services, bearing in mind the specific needs of men and women, adolescents and young people, *persons of diverse sexuality and persons with disabilities*, with special attention to vulnerable persons, persons living in rural and remote areas and to the promotion of citizen participation in the follow-up to commitments;

Prevention and treatment of STIs and HIV

38. Promote the prevention and timely detection of and guarantee universal access to comprehensive treatment for HIV/AIDS and sexually transmitted infections and eliminate the stigma and discrimination to which persons living with the virus are often subjected;

39. Strengthen measures for detection of HIV/AIDS and other sexually transmitted infections in pregnant women and for prevention of the *vertical transmission* of the virus;

Eliminate maternal morbidity and mortality

40. *Eliminate preventable cases of maternal morbidity and mortality, including, within the set of integrated benefits of sexual health and reproductive health services, measures for preventing and avoiding unsafe abortion, including sexual health and reproductive health education, access to modern and effective contraceptive methods, counselling and comprehensive care in cases of unwanted and unaccepted pregnancy, as well as comprehensive post-abortion care, where necessary, on the basis of a risk- and harm-reduction strategy*

Safe abortion

42. Ensure, in those cases where abortion is legal or decriminalized under the relevant national legislation, *the availability of safe, good-quality abortion services for women with unwanted and unaccepted pregnancies, and urge States to consider amending their laws, regulations, strategies and public policies relating to the voluntary termination of pregnancy in order to protect the lives and health of women and adolescent girls, to improve their quality of life and to reduce the number of abortions;*

Note: The first clause was a compromise to get the second part of the paragraph, urging states to consider amending their laws

Maternity care

43. Ensure that all women have effective access to comprehensive health care during the reproductive process and specifically to skilled, institutional, compassionate obstetric care and to the best possible maternal health services during pregnancy, childbirth and the puerperium, *as well as to services that include the termination of pregnancy* in those cases where the law provides for such services, and *guarantee universal access to assisted fertility treatments;*

Note: The original document did not have the qualifier “in those cases where the law provides for such services” but it was a compromise for calling to “review laws” in para 42.

44. Guarantee effective access to a wide range of culturally relevant, scientifically sound modern contraceptive methods, including emergency oral contraception;

45. Formulate plans for strengthening mechanisms for detecting problems during pregnancy, including at the preconception stage, improve the quality of antenatal care to include an intercultural perspective, guarantee the provision of a safe supply of blood for care during pregnancy, childbirth and the post-partum period, and enhance compassionate care during delivery and birth and comprehensive perinatal care, bearing in mind the needs of women, boys, girls and families;

46. *Guarantee sufficient financial, human and technological resources* in order to provide universal sexual health care and reproductive health care for women and men alike, without any form of discrimination

E. Gender Equality

Ending Violence against Women

57. Enforce existing policies and adopt, on the one hand, preventative and punitive measures, and on the other measures for protecting and caring for women in order to *eradicate all forms of violence and stigma against women in public and private spheres, especially the gender-motivated violent murder of girls and women, and ensure effective and universal access to fundamental services for all victims and survivors of gender-based violence, with special attention to women in high-risk*

situations, such as older women, pregnant women, women with disabilities, culturally diverse groups, *sex workers, women living with HIV/AIDS, lesbians, bisexuals, transsexuals*, Afro-descendent, indigenous and migrant women, women living in border areas, asylum-seekers and victims of trafficking

58. Reaffirm the commitment and political will of Latin America and the Caribbean, at the highest level, to combat and eliminate all forms of discrimination and violence against women, *including domestic violence and femicide, and actively promote awareness-raising regarding gender mainstreaming in the justice system;*

Masculinities

59. Broaden the access available to men, including boys, adolescents and young men, to sexual and reproductive health-related information, counselling and services and promote the equal participation of men in care work through programmes for raising men's awareness of gender equality, and *foster the development of new masculinities.*

Care Economy

54. Promote legislation and design and strengthen public policies on equality in the labour market in order to eliminate gender discrimination and asymmetries in relation to access to decent employment, job security, wages and decision-making on labour issues, as well as to recognize the productivity of unpaid domestic work and care work

61. Ensure the sharing of responsibility between the State, the private sector, the community, families, women and men *for unpaid domestic and care work, incorporating care into social protection systems through allowances, services and benefits that maximize women's autonomy and guarantee their rights, dignity, well-being and enjoyment of free time;*

64. *Consider measuring the care economy using specialized accounts and the creation of satellite accounts on unpaid work, and the incorporation of such accounts in the system of national accounts*

F. International Migration and Protection of the Human Rights of All Migrants

Human rights of migrants and access to services

72. *Protect decisively the human rights of all migrants, avoiding any criminalization of migration, and guarantee them access to basic social services in education and health, including sexual health and reproductive health, where appropriate, regardless of their migration status with special attention to highly vulnerable groups, including unaccompanied minors, displaced persons in an irregular situation, women who are victims of violence, victims of trafficking, returnees and forcibly displaced asylum-seekers;*

H. Indigenous Peoples: Interculturalism and Rights

Right to health, including SRH

87. *Guarantee indigenous peoples' right to health, including sexual rights and reproductive rights, as well as their right to their own traditional medicines and health practices, especially as regards reducing maternal and child mortality considering their socio-territorial and cultural specificities as well as the structural factors that hinder the exercise of this right;*

Land rights and consultation

88. Respect and guarantee the territorial rights of indigenous peoples, including those of peoples living in voluntary isolation and those in the initial phase of contact, with special attention to the challenges presented by extractive industries and other major global investments, mobility and forced displacements, and *design policies that facilitate free, prior and informed consultation on matters that affect these peoples*, pursuant to the provisions of the United Nations Declaration on the Rights of Indigenous Peoples;

Ending violence and discrimination

89. Adopt, in conjunction with indigenous peoples, the measures needed to ensure that indigenous women, boys, girls, adolescents and young people *enjoy protection from and full guarantees against all forms of violence and discrimination*, and take measures to ensure the restitution of rights;

I. Afro-Descendants: Rights and Combating Racial Discrimination

Addressing inequalities, including in SRH for afro descendants

93. Address gender, racial, ethnic *and intergenerational inequalities*, bearing in mind the way these dimensions overlap in situations of discrimination affecting women, *especially young Afro-descendent women*;

95. Ensure that Afro-descendent persons, in particular Afro-descendent girls, adolescents and women, can exercise the right to health, particularly the right to sexual health and reproductive health, taking into account the specific socioterritorial and cultural features and the structural factors, such as racism, that hinder the exercise of their rights;

97. Ensure that policies and programmes are in place to raise the living standards of Afro-descendent women, *by fully enforcing their rights, in particular their sexual and reproductive rights*;
