

A DAWN Special Supplement

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ABORTION IS A GLOBAL POLITICAL ISSUE

By Sonia Correa, DAWN Sexual and Reproductive Health and Rights Research Coordinator

Abortion is a global political issue that must be addressed and widely debated; particularly by those who are concerned both with the negative impacts of globalisation and who are committed to women's human rights. A simple way to demonstrate that abortion is relevant globally is to examine available data, as in the information compiled by Catholics for a Free Choice and the Center for Reproductive Law and Policy¹ (see Box 1, P2). In addition to global civil society movements recognising the scale of abortion as a worldwide public health problem, it is DAWN's view that they are also challenged to fully understand both the history of abortion and especially the present (geo) political implications.

Historically, in the West and elsewhere, laws and religious norms have forbidden abortion. This is not surprising as these laws and norms were moulded by dominant patriarchal societies and, as we are reminded by Daniel Maguire: *The religions of the world were founded at times when depopulation was a problem in the world. In the Roman Empire when Christianity was established, only four people out of 100 could expect to reach their 50th birthday. Infant mortality was high... Religions bred in such times would stress the blessing of fertility*.² There are both historical and contemporary records of situations in which these laws permit extreme punishment. For instance, the European Catholic Inquisition pursued and executed as witches women who aborted and the midwives who helped them. In Nepal until last year, teen-agers who resorted to illegal abortion were condemned to up to twenty years in prison. But neither in the past nor today have religious and legal prohibitions been able to restrain the extensive practice of abortion. The idea that an estimated 700,000 Brazilian women who undergo clandestine abortion each year can be incarcerated cannot be taken seriously by any policy maker, independently of his moral stand on the issue. These laws remain in place basically to sustain a cultural climate of moral condemnation of women who resort to the interruption of pregnancies, instead of making other efforts to seriously try to understand why they do so.

Also — although this is not widely recognised — abortion has been part of the international progressive agenda at least since the beginning of the 20th century. The best illustration is the work of the socialist leader Emma Goldman, who before 1917 promoted the use of contraception among women workers in New York. Then she went to Russia where she influenced the early policies of the Soviet Revolution in relation to sex education and decriminalisation of abortion. After 1945, this early Soviet experience influenced law reform in most of Eastern Europe and some other places. If we remember that Cuba legalised abortion in 1959, immediately after the revolution, it becomes clear that Goldman's socialist views on women's reproductive self-determination has also travelled South, even if we do not know much about the path this took.

The abortion agenda became global after the procedure was made legal in a large number of industrialised

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countries in the 1960s and 1970s: US, France, Holland, Italy, Canada, Scandinavian countries and Australia. The feminist movement in developing countries rapidly appropriated the debate on reproductive self-determination, including access to legal and safe abortion. As early as 1979 and against all odds — dictatorship on the one hand and the reaction of Catholic forces on the other — the Brazilian feminist movement publicly advocated decriminalisation of abortion. In this new era, however, powerful moral conservative forces also immediately made abortion a major political target. Mostly based in the North, these forces did not restrict their actions to their own national arenas, but tried to restrain the liberalisation of laws in other parts of the world.

As soon as the American Supreme Court decided on the constitutionality of abortion in 1973, the ultra-conservative Senator Jesse Helms was able to obtain approval of a provision prohibiting the use of American aid funds in abortion related activities³. Similarly in Catholic countries of the South, constitutional reforms of the 1980s and early 1990s were targeted by a global Vatican lobby that called for the incorporation of a 'right to life from conception' provision in final texts. Brazil was the only country where the new constitution did not include this provision, because the feminist movement was able to build alliances with progressive congressmen and women and struggled hard against the proposal.

During the same period in the US, the Right to Life movement rapidly expanded, particularly after Reagan was elected president. In the 1980s and also in the 1990s their agents bombed clinics and killed doctors who provided abortions. In recent years these groups — whose actions cannot be described as political but rather as terrorist tactics — have been increasing their connections within developing countries, specially those with large Catholic communities.

Another critical site in which to examine recent developments in the global politics of abortion is the United Nations. At the International Population Conference in Mexico in 1984, the alliance between the Reagan administration and the Holy See created a major controversy around abortion. The United States cut funding for the UN Fund for Population Activities (UNFPA) saying that the programmes facilitated access to abortion. As a result abortion was excluded from the agenda of the Women's Conference of Nairobi in 1985. These negative trends, however, would start to be reversed in the so-called UN Social Cycle of the 1990s, an interconnected series of global debates starting with Environment and Development (Rio 1992).

In Rio — against the position of both the Vatican and Bush (father of the current US President George W. Bush) — a recommendation was adopted on adding access to reproductive health as part of family planning. Vienna's definitions with respect to women's human rights affirmed that they applied to both public and private realms. This created the basis for further development at Cairo (International Conference on Population and Development, 1994) and Beijing (IV World Conference on Women, 1995) where agreement was achieved in relation to the concepts of reproductive and sexual rights, and abortion was defined as a major public health problem. In Beijing, the recommendation was also made that countries should review their punitive legislation with respect to pregnancy termination. Women's organisations have marked these victories worldwide and have started using these definitions to advocate for legal reform at country level.

But the battle continued. In the Cairo + 5 and Beijing + 5 Reviews (1999-2000), items relating to abortion were subjected to virulent attacks on the part of the Holy See, some Islamic countries and a few other developing countries. Despite that, the 1994-1995 consensus was preserved and even slightly expanded⁴. Then, in 2001, the current Bush administration

1. GLOBAL ABORTION DATA

Presently, roughly 62% of the world's population lives in the 55 nations that permit abortion either without restriction as to reason or on broad social and economic grounds. This group includes some of the countries with the largest populations such as China, India, the United States, and most countries in the European Union. In addition, 13 percent of the global population live in the 42 nations that permit abortion on physical or mental health grounds. About 25 percent of the population live in the 54 countries that either prohibit abortion altogether or permit the procedure only to save a woman's life. However, it is noticeable that the majority of countries in the world, 189 out of 193 permit abortion to save women's lives. Just three states do not allow abortion in any circumstances: the Holy See, Malta and Chile.

In Asia, 16 countries allow abortion on request, 17 countries permit abortion to save the woman's life and 13 permit it under more restrictive circumstances. But in Africa, abortion is available on request in only 5 out of 53 countries — Ghana, Burkina Faso, South Africa, Seychelles and Tunisia. In Latin America, abortion is practically illegal everywhere with the exception of two states in Mexico (the Federal District and Yucatan). But in a few countries — such as Brazil, Bolivia, Colombia and some other states in Mexico — the procedure is available under specific circumstances, particularly in the case of rape. In the Caribbean, abortion is legal in four countries - Barbados, Cuba, Guyana and Puerto Rico. Since 1994, when the International Conference on Population and Development recognised abortion as a major public health problem, some countries have liberalised legislation: Albania, Burkina Faso, Cambodia, Germany, Guyana, Seychelles, South Africa and more recently Nepal, and the legislation in the Federal District of Mexico has been reviewed. But in other cases, mostly in Latin America, legislation became more restrictive (El Salvador, Peru and Poland).

In 1995, approximately 26 million abortions and 20 million unsafe abortions took place, roughly one million of them in Brazil alone. WHO estimates that between 1995 and 2000, unsafe abortions resulted in about 78,000 maternal deaths, and that one maternal death in eight is due to abortion-related complications. Abortion is known to be a major killer of African women: 110 deaths per 100,000 live births (this figure is twice the rate of any other country in the world). In Peru, Chile and Dominican Republic, abortion-related mortality rates are estimated to be 20 times what is registered for the United States.

entered the scene and immediately revived the Reagan politics of the 1980s. Even before refusing to ratify the Kyoto protocol it issued the gag rule to restrict American aid funds for NGOs that include any abortion-related activity in their programmes.

This was followed by the exclusion of Cairo-Beijing targets in regard to sexual and reproductive rights from the indicators defined to monitor UN Millennium Development Goals, because the US interpreted reproductive health as synonymous with abortion. In the Child Summit Review (May 2002) there was harsh debate on abortion language. In Rio + 10 (August 2002), one paragraph was disputed until the very end because the US and its Islamic allies called for language that made health policies subject to religious and cultural values. In her last public intervention as High Commissioner for Human Rights, Mary Robinson was outspoken against this formulation. At the same time, the US Congress once again suspended the funding for UNFPA. Lastly, in the ESCAP meeting in preparation for Cairo + 10 (December 2002), the Bush administration was beaten in a UN negotiation for the first time since it took power (see article on the 5th Asian and Pacific Population Conference, P4).

To fully understand what is at play behind these various UN battles it is crucial to have in mind the analysis deployed by Catholics for a Free Choice:

The roots of fundamentalist political behaviour are found in patriarchal interpretations of religious beliefs and values. Fundamentalists believe they are protecting and preserving religious culture, traditions and established ways of life from secular erosion. ... This is particularly problematic for women because when fundamentalists act politically to block women's access to reproductive health services, state and government officials (who are often men who were educated within patriarchal religious traditions) are more likely to accept the fundamentalist perspective as representative of tradition. Progressive perspectives are seen as new and less legitimate. Policy makers are more likely to accept the fundamentalist agenda against women because it is familiar and preserves male privileges.¹

It is also fundamentally important to be aware that in global negotiations "abortion" is always at risk of becoming the object of easy diplomatic bargains. Governments can easily drop their formal commitment to women's reproductive self-determination when offered tiny gains in the economic or geopolitical terrain. In the Cairo and Beijing + 5 reviews, countries whose legislation allow for abortion on request —

as in the case of Cuba, India and South Africa — behaved as if they were not bound by their own laws.

Despite clear evidence that abortion is a critical global geo-political issue, it has not been consistently addressed on the central stages of events such as the World Social Forum, for which this supplement was originally published.

DAWN believes the global politics of abortion must be fully debated, firstly because nothing indicates that the Bush administration or other powerful forces against abortion will give up easily on their moral conservative position. This will certainly play out in the various global negotiations currently under way or projected for the near future. Secondly, but no less importantly, access to legal and safe abortion is a non-negotiable dimension of sexual equality. The claim that abortion should be decriminalised belongs to the women's human rights agenda. Remember that the sexual and reproductive health and rights framework was agreed upon in Cairo and Beijing by a large majority of UN member states. Thirdly, abortion must be seen as a crucial element in the contemporary debate on democracy, among other reasons because it obliges us to properly reassess the relations between religion and the State.

As Daniel Maguire wisely says:

"The separation between religion and the state has opened the doors for modern democratic governance. Any effort to revive the fusion that previously existed invites the return to medieval chaos.... Religion can do good things. States can do great doings. But the fusion between the two does not entail good result. Each of them must have its own domain."² ☀

¹ From CONSCIENCE, The Politics of Abortion in the Modern Age, by Dr Parmilla Senanayake and Karen Newman (Vol. XXIII No.3, Autumn 2002).

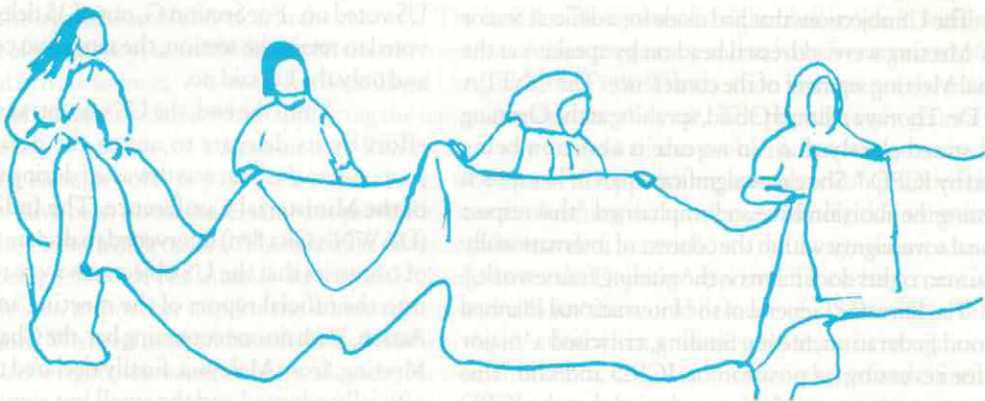
² Author of Sacred Choices, <http://www.sacredchoices.org>

³ Senator Helms was also for many years the backbone of the American Cuban policy: sanctions at all costs.

⁴ In Cairo + 5 a recommendation was approved that health providers should be trained to provide appropriate post-abortion care and perform procedures in the case of legal abortion.

⁵ From CONSCIENCE, Women Under Oppressive Regimes, by Frances Kissling and Serra Sippel (Vol. XXII, No.4, Winter 2001/2002).

⁶ Author of Sacred Choices, <http://www.sacredchoices.org>



ESCAP organised the 5th Asian and Pacific Population Conference in Bangkok 11-17 December 2002, one of a series of regional meetings reviewing the first ten years of the 20-year ICPD Programme of Action. In the October PrepCom for the conference, the United States made a strong effort to undermine the hard-won sexual and reproductive rights language in the Cairo programme, despite being one of its drafters eight years earlier. As the social movement in the region became aware of the US tactics, organisations moved to counteract the danger. DAWN had a team placed at the 5th Asian and Pacific Population Conference within official delegations and the NGO Caucus. Gita Sen and Margaret Chung worked with feminist reproductive health and rights advocates on the Drafting Committee that produced the document presented to the Ministerial Meeting section of the conference. Gigi Francisco and Angela Mandie-Filer worked with the ICPD Caucus of more than 40 NGOs in Bangkok to monitor the conference negotiations.

VICTORY IS POSSIBLE

from Gigi Francisco, South East Asia Regional Coordinator

In an unprecedented show of unity, Asia and Pacific countries approved a document that reaffirms the ICPD Programme of Action, successfully fending off obstructions posed by the United States.

The conference had two segments: the Senior Officials Meeting 11-14 December, and the Ministerial Meeting, 16-17 December. From the outset, the United States took the position it announced at the conference's October Preparatory Committee Meeting, of refusal to reaffirm reproductive rights and health (including services), as well as, adolescent reproductive health in the ICPD Programme of Action because of its dogmatic insistence that these promote abortion and under-age sex. As a result of its repeated objections, the draft document produced by the Senior Officials ended up with numerous brackets, to the disappointment of the rest of the delegates.

At the final plenary of the Senior Officials' Meeting, the New Zealand delegate said negotiation was impossible unless there was indication of movement in the positions of those who were not agreeing. The Netherlands delegate spoke more pointedly, saying: "A big group of countries came here to strengthen/reaffirm/move forward the ICPD and the Programme of Action, yet there is another delegation whose position is that while they agree to many points in the ICPD, they nevertheless want to re-draft the ICPD and its Programme of Action."

The Chair of the meeting, from India, gave the opinion that the lone dissenting views of the United States were political in nature and could be traced to its present domestic policies. He concluded that no further work could be done on the document and ordered it to be handed over to the Ministerial Conference.

The US objections that had made for a difficult Senior Officials' Meeting were addressed head-on by speakers at the Ministerial Meeting segment of the conference. The UNFPA Director Dr. Thoraya Ahmed Obaid, speaking at the Opening Plenary, stated clearly that "in no case is abortion being promoted by ICPD." She gave a significant part of her speech to addressing the abortion issue and emphasised "that respect for national sovereignty within the context of internationally agreed human rights documents is the guiding framework."

The Director General of the International Planned Parenthood Federation, Steven Sinding, criticised a 'major power' for reversing its position on ICPD and said "this resistance must not prevail." He too denied that the ICPD promoted abortion. "The ICPD recognises a range of services including abortion only in countries where this is legal." On


the US claim that ICPD promotes underage sex, he said that on the contrary, the ICPD had a sensible and responsible attitude on the issue of adolescent sex and sexuality. It hoped for sensible programmes that informed adolescents on responsible sexual behaviour and informed them of the risks that sexual activities might entail.

And while the drafting committee continued its work on cleaning the text of the Plan of Action, several of the country ministers who took the floor for their brief speeches spoke of the need for resources in support of reproductive information and services.

The final document, without brackets, was presented to the Ministerial Conference after the drafting committee agreed to reflect the US objections via a simple footnote at the bottom of the Preamble section on page two that read: "The USA expressed a general reservation. This reservation is to be interpreted in terms of a statement made by the representative of the USA at the 5th APPF on 17 December 2002."

As expected, the US moved for a recorded vote on whether Sections F (Reproductive Rights and Reproductive Health) and G (Adolescent Reproductive Health) ought to appear in the official text. A recorded vote rarely happens in the process of adopting a declaration that is meant to be a consensus of the international community. But the Asian and Pacific countries had prepared well for this. One after another in alphabetical sequence, the country delegates had a single response: they did not think that Section F promoted abortion; neither did they think that Section G promoted under-age sex.

An overwhelming YES vote defeated the US position. Out of 34 country delegations present, 31 voted to retain Section F, Sri Lanka and Nepal abstained and only the US voted no. For Section G, out of 35 delegations present 32 voted to retain the section, the same two countries abstained and only the US said no.

Until the end, the US was intransigent. A last-ditch effort by its delegate to annex the details of its counter proposals to the Plan was thwarted during the closing plenary of the Ministerial Conference. The Indian spokesperson (DAWN's Gita Sen) intervened to declare the understanding of countries that the US objections were to be incorporated into the official report of the meeting and not the Plan of Action. With no one contesting her, the Chair of the Ministerial Meeting, from Malaysia, finally declared the Plan of Action officially adopted and the small but significant victory for women's rights was sealed amidst long applause! 

ABORTION AT THE APPC or How the right wing fell on its face!


from Gita Sen, DAWN Research Coordinator for the Political Economy of Globalisation

An analysis of the major victory for progressives at the 5th Asian and Pacific Population Conference (Bangkok, 11-17 December 2002) requires looking at many elements, some straightforward, and some rather complex. One of the more subtle reasons for the defeat of reactionary forces (led by and also consisting of the Bush government!) was overweening ambition. The arrogance of right-wingers, who had moved from being on the Holy See's delegation in previous conferences to being on the delegation of the superpower, was one reason for their downfall. Having blindsided Asian governments, UNFPA, ESCAP and progressive organisations during the PrepCom in October, the US delegation came to the final meeting ready to deliver the coup de grace! Nothing had prepared them for the solid and unyielding united front of governments and NGOs that faced them at the conference. And the right-wingers in the US delegation showed little diplomatic skill, flexibility or style in adapting to this changed situation, or in modifying their approach in what, to use an Americanism, turned out to be a whole other ball-game!

Perhaps the conservatives misinterpreted the relative quietness and low-key approach of Asian delegations in recent population conferences as an indicator of disinterest, or incapacity. But, contrary to these expectations, the US right-wing's attempt to transmogrify genuine concerns in the Asian region (about the implications of unsafe abortion for maternal death and illness) into a referendum on abortion *per se* was met with indignation across the countries of the region, big and small, Islamic or not, Catholic-dominated or not, poor or middle-income.


Perhaps the extreme right-wingers on the US delegation thought they could continue to get away with playing lawyerly tricks based on subtle use of the English language (no offense meant to any lawyers!), e.g., saying they would be willing to substitute the words "abortion-related mortality and morbidity" for the simple term "unsafe abortion". But delegates quickly realised that the former wording is intended to include fetuses! Such tricks may have worked and indeed did work during the PrepCom (largely because of the inexperience of many delegations at that time with handling these kinds of tricks) and had resulted in a bland and problematic end-of-PrepCom draft. But delegations in the Conference were more savvy, experienced, and above all, did not trust the US an inch on this issue!

What was of particular importance in Bangkok was the fact that the Drafting Committee was full of senior bureaucrats from health ministries, people who are very aware of the realities of unsafe abortion and its horrendous consequences for women's health and lives in their countries, and who found the US approach both intransigent and ignorant. What made the US position even more absurd was that they had adopted the Vatican's arguments wholesale. This included the absurdity of opposing condoms and modern family planning methods, promoting natural methods with their very high failure rates on the one hand, and not being willing to acknowledge the obvious consequence of high unwanted pregnancies and abortion on the other. Even more patently absurd was the wide variance between the US' own internal country position on abortion, and what it was preaching to other countries. Here was a country whose Supreme Court has long ago guaranteed the Constitutional right of women to have an abortion!

In the end the consensus APPC Plan of Action includes a strong paragraph on unsafe abortion which reaffirms the agreements reached at both ICPD and ICPD Plus Five. For governments and NGOs in other regions where regional conferences are likely to happen, the experience at Bangkok is well worth understanding and taking to heart. 

THE LEGALISATION OF ABORTION ADVANCES IN URUGUAY:

A FUNDAMENTAL STEP FOR WOMEN AND THE REGION

On 10 December 2002, a significant day for the defense of human rights in the world, the Chamber of Deputies of the National Parliament in Uruguay approved legislation on the Defense of Reproductive Health, taking a step along the path towards the legalisation of abortion in the country. The new law recognises the right of all women, within the first twelve weeks of pregnancy, to freely decide on the interruption of their pregnancy and to have free access to public services as well as at private services. Abortion has been illegal Uruguay since 1938. The abortion law was not the result of serious debate but of trivial discussion while approving the national budget for the year. The population in general and women in particular are hostages of a decision that didn't follow any analysis of the problem, but was governed the necessity of getting enough votes to pass the budget. In the 64 years of this punishing law, abortion practices have persisted and there have been no measures aimed at preventing nor diminishing the incidence. The legislation must still be considered in the Camera of Senators. There is still a distance to be traveled, but without a doubt significant advances are a lot nearer to being achieved. The situation has certainly changed since the Deputies' approval. This achievement is not only Uruguay's, it is an important step for the whole region; and also for the world because of US President Bush's position on abortion. We need to combine efforts and reaffirm the idea that when a country advances in recognition of sexual and reproductive rights, the whole country advances. As women advance, democracy is strengthened and citizenship is built. 

From WOMAN AND HEALTH IN URUGUAY (MYSU)

PROTESTING THE GAG RULE

The 'sign-on' protest letter circulated in early March by a group of health care professionals and sexual and reproductive rights advocates from groups including DAWN, the International Women's Health Coalition, Centre for Health and Gender Equity, and Catholics for a Free Choice following the announcement of President Bush's new HIV/AIDS global initiative. It complements a similar letter that was earlier supported by more than 130 organisations from throughout the United States.

Dear President Bush,

We are health care providers, researchers, religious leaders and advocates working daily on the frontlines in the ongoing struggle to improve the lives of women and families throughout the world and particularly in Africa, Asia, the Caribbean, Latin America and the Pacific. We are convinced that a consistent global response to HIV/AIDS requires more than financial assistance. Given the close connections between HIV/AIDS and poverty, this response demands consistent poverty eradication strategies, efforts to eliminate patterns of male violence and domination, and in many settings, most particularly Africa, a sustainable solution of debt problems. Nonetheless we welcomed the announcement in January that your administration would dramatically increase US funding for HIV/AIDS prevention, treatment and care in Africa and the Caribbean. We recognized that the HIV/AIDS initiative announced by the US government could have meant increased assistance to address the needs of those most vulnerable to HIV infection throughout the world.


These hopes were dashed, however, when we learned that you planned to expand the "global gag rule" to HIV funding, thereby disqualifying a large number of organizations – especially family planning programs – from delivering integrated HIV prevention services. We understand that your administration is considering expanding these restrictions to all development assistance. Rather than saving lives, this policy will have the opposite effect: consigning untold numbers of women and girls to infection, suffering and premature death that could otherwise have been prevented.

Women now represent half of those infected with HIV worldwide and 58 percent of those in Sub-Saharan Africa, where the AIDS epidemic has taken the greatest toll to date. Women and girls are at highest risk for HIV infection for a broad range of reasons, including lack of social and economic power, lack of access to information and services, and widespread violence and sexual coercion against women. For these same reasons, women also are at high risk of unintended pregnancy. Today, conservative estimates by the World Health Organization indicate that over 600,000 women die each year from complications related to pregnancy, including obstructed labor, hemorrhage, and infections resulting from unsafe abortion. Indeed nearly one-sixth of all maternal deaths result from the complications of unsafe abortion in countries where safe services are either illegal or inaccessible. Beyond the figures, we know the faces as we see them every day.

Integrated sexual and reproductive health services offer pre- and post-natal care, family planning information and supplies, nutrition information, infant and childcare services and a host of other basic health care interventions. They offer HIV prevention information and skills training to women at risk. Increasingly, they are working to change the cultural and social norms that promote violence and other forms of discrimination against women and that encourage men and boys to seek multiple partners and engage in unsafe sex. Without these programs the epidemic we know today would be far worse.

The women who become infected and die of AIDS are the same women who at different times in their lives and under different personal circumstances may seek to have healthy pregnancies, may experience unintended pregnancies, may undergo unsafe abortions when they decide they cannot carry a pregnancy to term, or may die in childbirth. They are mothers, daughters, sisters, and wives. They are often solely responsible for the health and well being of their children. They are the primary caretakers of family members affected by AIDS and other diseases. And they all leave behind increasing numbers of orphans.

We know that integrated sexual and reproductive health care saves lives, and that the single most effective strategy to prevent unnecessary deaths is to combine political will, economic resources, and sound public health policies to strengthen and expand access to sexual and reproductive health services. Each and every one of these deaths can be prevented. To do any less represents a moral and political failing. Yet we watch as the United States attempts on every level to undermine such services throughout the world.

We therefore write to tell you in the strongest possible terms that we oppose the Mexico City Policy in its current form, and we oppose any expansion of this policy to HIV/AIDS funding, development assistance or debt relief. We urge you in the strongest possible terms to abandon your plan to expand these restrictions in any form, and to do what is needed to increase funding for and access to reproductive health services including HIV prevention. Doing so will save the lives of hundreds of thousands of women throughout the world each year. It will give your stated commitment to compassion and to family values some serious meaning. 

This **Open Letter** originated with Marge Berer, Editor, Reproductive Health Matters, UK and Frances Kissling, President, Catholics for a Free Choice, US and began circulating in December 2002 amongst concerned groups in the social movement that signed on at RHMjournal@compuserve.com. It is also available on the DAWN website, www.dawn.org.fj. **Please add your signature and send to the UN Secretary General Kofi Annan, the heads of all UN agencies, and to governmental officials and non-governmental organisations involved in the regional population conferences leading up to 2004, the half-way point for the ICPD 20-year plan.**

In Support of the International Conference on Population & Development Programme of Action 1994

The year 2004 will mark the halfway point in the 20-year Programme of Action of the International Conference on Population and Development (ICPD), which was adopted in 1994 by 179 countries after several years of debate, discussion and negotiation. Since its adoption, efforts have been ongoing worldwide to implement the Programme of Action through national policies and programmes in support of family planning, women's reproductive health and development.

The ICPD Programme of Action is a groundbreaking agreement for improving women's health. It affirms the most basic of human rights: the right of all people to decide for themselves how many children to bear and when, and the right of all individuals to reproductive and sexual health free from the fear of death and disease. It represents a hard-won global consensus which involved delegations from every government and representatives of hundreds of non-governmental and other civil society organizations from all over the world, representing diverse social, religious and political points of view.

Today, we are facing a major threat to this global consensus, posed by one of the most powerful countries in the world, whose national and foreign policy has become actively anti-abortion, anti-sex education, anti-reproductive health and increasingly restrictive of family planning provision under George W Bush.

At the preparatory session for the 5th Asia-Pacific Population Conference in Bangkok in November 2002, the US delegation stated that the US would not reaffirm its support for the ICPD Programme of Action and that this position was not negotiable. In subsequent statements, the Bush Administration called for many of the key concepts and all language referring to reproductive health services, reproductive rights and sexual health to be removed altogether. As regards abortion, it wants to remove language about preventing the public health problem of unsafe abortions, and instead "minimise the incidence of abortion". The unwillingness of the Bush Administration to support the ICPD Programme of Action marks a fundamental shift in longstanding US foreign assistance policy and conflicts sharply with oft-repeated US support for women's rights, family planning and related health programmes. Indeed, it is tantamount to a declaration of war on women's health. Yet the US was one of the first countries to provide both technical and financial family planning aid, and US leadership in the past has encouraged other nations to strengthen their support for these critical programmes. It is tragic that the US now seeks to break the consensus that was forged, with their support, in 1994.


We, the undersigned, representing a diverse group of women's organizations, other non-governmental organizations and concerned individuals in every world region, wish to reaffirm our support for the 1994 ICPD Programme of Action in its entirety.

To claim, as anti-abortion advocates do, that in the ICPD Programme of Action reproductive health equals abortion, or that reproductive health services only means abortion services, is a deliberate distortion of the breadth of focus of that document, aimed at discrediting it and undermining its legitimacy. We reject these claims as false.

We re-affirm our support for women's right to control their fertility without fear of dying. Deaths and morbidity from clandestine and dangerous abortion practices remain a serious public health problem in countries where abortion is illegal and unsafe. We call on governments to re-affirm their support for preventing all pregnancy-related deaths, including by making abortions safe.

Furthermore, we reject attempts by any single government, even the most powerful, to impose its policies on other nations through unilateral demands or to bypass, ignore or violate democratic processes in relation to international agreements and commitments.

We call on the United Nations and all its agencies, under whose aegis the 1994 ICPD Programme of Action was drafted and agreed, especially UNFPA and WHO, and international and national organizations and all governments around the world who support the Programme of Action, to re-affirm and stand firm in their support for all its goals wherever the Programme of Action may come under threat – through public statements, active participation in regional and international meetings on population and development, and through continued funding, policy and programme support and technical assistance.

Lastly, we call on all world governments to re-affirm and redouble their commitment of resources and to give increased policy and programme priority to implementing the 1994 ICPD targets and goals in their countries, as a necessary part of achieving the Millenium Development Goals. 

DAWN SAYS NO TO NEGOTIATIONS FOR BEIJING+10 AND CAIRO+10

The current political conjuncture of aggressive fundamentalism and militarism presents serious risks to women's human rights world-wide. DAWN (Development Alternatives with Women for a New Era) like a number of other organizations, is concerned about the possibility of setbacks to the gains made for women's human rights during and in relation to the UN conferences of the 1990s. Contrary to the relatively open environment for such advances that existed during the 1990s, the first decade of the 21st century confronts us with the extreme social conservatism, aggressive unilateralism, and support for militarism of the Bush administration, and the worsening of fundamentalist trends elsewhere as well. In such a context, it is very important to protect the gains made for women's human rights through careful and considered action. It is especially important not to place these gains at risk through promoting or agreeing to formats or mechanisms for regional or international meetings that are likely to be problematic.

We believe, in this context, it is imperative that there NOT be any international or regional inter-governmental meetings that in any way involve or may lead to official negotiations - not any UNGASS or Ministerial or other High Level meetings that by their very form automatically become negotiations. Not only would such negotiations be an unproductive use of scarce financial and human resources, but they are certain to put a severe burden on governments and the NGO community to defend the gains of the 1990s and to prevent rollback.

Contrary to the beliefs of some, prior official statements that promise or undertake not to reopen previously agreed conference texts provide no guarantee whatsoever against the weakening of existing agreements. In fact this was exactly the agreed position of every delegation including the Holy See (Vatican delegation) at Cairo + 5 and Beijing + 5, but there was a dreadful struggle anyway. This happened despite the fact that the US delegation was strongly supportive of women's human rights at that time. Since the Bush administration took over in the US, every negotiation that relates to women's human rights has been the scene of enormous struggle. This includes the HIV/AIDS UNGASS of 2001, the Children's Summit (+ 10) of 2002, WSSD + 10, and most recently at the regional level in the Asia-Pacific Population Conference in Bangkok during December 2002. DAWN together with other organizations and friendly governments had to make a significant investment of time and effort to defend hard-won rights. It would be a major mistake to take this victory as a sign that we can keep doing this at other conferences in the current political climate.

While we are opposed to such official negotiations, we do not rule out other kinds of meetings, or technical reviews and assessments. For example, there could be technical meetings in different parts of the world that would include an assessment of implementation, a map of all monitoring, and what women are experiencing in their lives in the broadest possible context and linkages - an assessment that makes the process better and is compatible for all the regions but which is singularly focused on technically assessing implementation without any official negotiation of conference documents, text, plans of action, etc.

**FOR THE SAKE OF OUR HARD WON GAINS,
NO OFFICIAL NEGOTIATIONS OF ANY KIND!**