



## Moving the ICPD agenda forward: challenging the backlash

Gita Sen, Eszter Kismödi & Anneka Knutsson

To cite this article: Gita Sen, Eszter Kismödi & Anneka Knutsson (2019) Moving the ICPD agenda forward: challenging the backlash, *Sexual and Reproductive Health Matters*, 27:1, 319-322, DOI: [10.1080/26410397.2019.1676534](https://doi.org/10.1080/26410397.2019.1676534)

To link to this article: <https://doi.org/10.1080/26410397.2019.1676534>



© 2019 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 08 Nov 2019.



Submit your article to this journal [↗](#)



Article views: 2435



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 6 View citing articles [↗](#)

## Moving the ICPD agenda forward: challenging the backlash

Gita Sen <sup>a</sup>, Eszter Kismödi,<sup>b</sup> Anneka Knutsson<sup>c</sup>

a Director & Distinguished Professor, Public Health Foundation of India, Bangalore, India

b Chief Executive, Sexual and Reproductive Health Matters, London, UK. *Correspondence:* Eszter.Kismodi@srhm.org

c Chief of Branch, SRH, United Nations Population Fund (UNFPA), New York, NY, USA

The International Conference on Population and Development (ICPD) was among a set of United Nations (UN) conferences during the 1990s that evidenced the arrival of major new players in the arena of intergovernmental negotiations.<sup>1</sup> Political mobilising by feminist and women's organisations from the Global South and North created an upheaval at the Vienna World Conference on Human Rights in 1993, Cairo's ICPD in 1994, and Beijing's Fourth World Conference on Women in 1995, transforming the normative framework guiding gender systems and power relations. Feminists and allies challenged gendered institutions, laws, policies and practices and the everyday practices and experiences of gender inequality and violations of human rights. They campaigned boldly that the personal is political, and that women's rights are human rights.<sup>2</sup> They put forward and pursued a fresh vision of equality and emancipation that is universal and inclusive, bridging economic divides between South and North, opening up recognition of the specific needs and rights of adolescents and youths, insisting on the rights of lesbian, gay, bisexual, transgender, intersex and queer people (LGBTIQ) people, and creating space for policy-level acknowledgement of the implications of intersecting inequalities on the basis of, *inter alia*, socio-economic status, gender, disability, ethnicity, indigeneity, rural residence, race and caste.

The well-known core of the paradigm change of ICPD was the shift in norms and policies from controlling population growth *per se* to advancing and fulfilling sexual and reproductive health and rights (SRHR) as human rights, and promoting gender equality. Violence against women in all forms was recognised as a violation of women's human rights in Vienna the previous year. Women's rights to control their sexuality free of coercion, discrimination and violence were recognised a year later in

Beijing. Despite the inevitable compromises required to reach negotiated agreements by UN consensus, the ICPD Programme of Action (PoA), supplemented by the Beijing Platform for Action and the Vienna Declaration, was a critical normative turning point.

### *A glass half full*

As this special collection of commentaries shows, the past 25 years have witnessed dramatic changes related to SRHR. Major advances have been made in a number of directions with significant impacts on national law and policymaking, programme development and service delivery, at the same time recognising that in many areas in-depth implementation, meaningful participation and community engagement, significant scale-up of investments and effective accountability are still insufficient.

For the ICPD PoA, this is a glass half-full. Adolescent health and rights, violence against women (VAW), the health and rights of marginalised groups, were already on the agenda at ICPD, and have made substantial advances since then. As Chandra-Mouli et al.<sup>3</sup> and Garcia Moreno et al.<sup>4</sup> highlight, adolescent sexual and reproductive health and rights (ASRHR) and VAW are higher on the agenda; there is much more data and evidence; and in a growing number of countries there are enabling legal and policy environments and strong government-led programmes, as well as more financial investment. Other issues that were mentioned but had less heft in 1994, such as SRHR of people with disabilities, have since gained traction through sustained political action. The commentary by Shakespeare et al. explains the impetus from ICPD. Since the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) there has been an emphasis on a twin track strategy – mainstreaming disability in all

actions, but also specific work targeting the SRHR needs of persons with disability, despite gaps in meaningful inclusion of persons with disability in the implementation of programmes.

Recognised issues took unexpected turns. A host of emergencies consequent on global politics have brought to the fore the health and human rights of people caught in humanitarian crises. As Heidari et al.<sup>5</sup> explain, significant efforts have been made in improving the availability and accessibility of SRH services among conflict- and disaster-affected populations, even though progress is fragmented, and persistent gaps remain without adequate accountability in various settings. Technological changes altered the ground on which SRHR is negotiated. Comprehensively analysed in the commentary by Nanda and Tandon,<sup>6</sup> the opportunities provided by technology can be massive in relation to behaviour change, knowledge expansion, receptivity of sensitive issues, data collection and access to services. Yet attention has to be paid to how digital spaces are often reflective of societal hierarchies and regressive norms, providing fertile ground for the perpetuation of targeted harm, discrimination, the invasion of privacy and jeopardisation of personal data security.

The ICPD PoA called for strengthening of the evidence base to guide policies and programming while systematically addressing gender inequalities and human rights. As Khosla et al.<sup>7</sup> point out, lacunae in the evidence of impact and biases in research processes continue to hamper the systematic integration of gender equality and human rights into SRHR research. Nonetheless, there has been significant progress in research, investigating and addressing domains such as equitable access, autonomy, dignity, safety and discrimination.

All of these, and more, provide evidence of solid gains and sustained engagement with key ICPD issues and approaches by many actors.

### *The glass half empty*

At the same time, the glass is half empty. The presumptive universality of the ICPD PoA is yet to be fulfilled in terms of people covered and issues addressed. New challenges have emerged, ranging from resistance to, and ideological attacks against, gender equality, sexuality, reproductive freedom and self-determination, to lack of political will and funding reductions, explained by Brown et al.<sup>8</sup>

Advances have been made in laws and policies to improve access to safe abortion services, and abortion bans have been lifted or made less stringent in nearly 50 countries over the past decades.<sup>9</sup> Still, onerous conditionalities remain and, in some countries, have increased, violating the human rights of the poorest and most vulnerable girls and women. Religion-based patriarchies that opposed safe abortion access during ICPD have made common cause with anti-abortion movements allied to larger economic and political agendas, thereby entrenching themselves in mainstream politics. Recognition of adolescent health and rights has expanded to include younger adolescents aged 10–14 years, but comprehensive sexuality education faces policy and implementation blocks, often driven by unease about girls' sexuality, and the protection of family and community "honour".

There have been substantial reductions in maternal deaths but, according to 2015 estimates, there are still as many as around 303,000 maternal deaths annually.<sup>10</sup> Moreover, evidence of disrespectful, abusive and discriminatory treatment by health institutions of women seeking obstetric care, in particular, points to the ongoing problem of poor quality of services and violations of the human rights of pregnant women.<sup>11</sup> While VAW is better understood, its prevalence remains high, and its incidence continues to be an unabated (even growing) scourge. Transforming norms related to masculinity that are premised on the exercise of power over women, and which justify the acceptability of violence against girls and women, remains a challenge. Successes in addressing harmful practices such as Female Genital Mutilation/Cutting (FGM/C) have been documented, but the practices have not yet been eradicated, and a concerning move to the medical profession performing FGM/C is a problem for both medical ethics and regulatory control. Contraceptive products and services have improved in some contexts, and with better research on quality. At the same time, the resurgence of funding and support for family planning has not always been matched by greater transparency or attention to human rights including non-coercion at national levels.

The Beijing language on sexual rights was made more inclusive at the Rio+20 Summit in 2012, the Human Rights Council has regularly voted to recognise sexual orientation and gender identity, WHO formally "de-psycho-pathologised" trans identities in the ICD-11, and the Yogyakarta Principles laid a solid basis for further advances.

At the same time, homophobia and transphobia supported by religious zealots have taken form through criminalisation and threats of the death penalty in many parts of the world. Highly heterogeneous but very well-orchestrated anti-gender outbreaks have been unleashed, resulting in gender and sexual rights being fiercely attacked at the UN and other political spaces.<sup>12</sup> The backlash against feminist advances appears to fuel a toxic rage against the upturning of the gender order, evident in not only the ongoing attacks on reproductive and sexual rights, but on the concept of gender itself.

Most policy and programmatic efforts are tailored towards heterosexual, cis-gendered women of reproductive age. Adolescents and older women, persons with diverse sexual orientation and gender identity and/or expression, male survivors of sexual violence, sex workers, and people with disabilities are among groups that are often left out. As an illustrative example of tensions and exclusions, Fried et al.<sup>13</sup> provide an analysis of how strategy frameworks on HIV/AIDS have advanced participation of people with AIDS, bringing attention to those most at risk of contracting HIV. However, there is failure to articulate an understanding of HIV as part of a broader SRHR agenda, while implementation has too often omitted marginalised groups.

Besides these topic-specific challenges, changes in the policy environment and in the global political economy have played no small role. Rising global and national economic inequality is compounded by unequal access to SRH services and continuing marginalisation of the most vulnerable groups.

### *Challenging the backlash*

Despite the ambivalent scenario, the foundations for inclusive fulfilment of human rights that were laid by the UN conferences of the 1990s remain strong. The rise and continuing strength of social movements – women, young people, LGBTIQ people, people with disabilities, sex workers,

ethnic and racial minorities, and many more – in the face of the backlash described here, point both to the importance and urgency of SRHR for these people, and to the power of collective mobilisation.

This resilience and capacity for alliance building has been evident in recent years during difficult negotiations at the annual meetings of the UN Commission on Population and Development (CPD) and Commission on the Status of Women (CSW), as well as at the Human Rights Council. Feminist mobilising showed its tenacity during the long-drawn out and complex negotiations for the Sustainable Development Goals (SDGs) where, in the face of fierce opposition, targets for universal access to SRH services (3.7) and reproductive rights (5.6) were affirmed. The Women’s Major Group has been widely acknowledged to be one of the most effective (if not *the* most effective) of the nine Major Groups involved in the SDG negotiations. Most recently, the Political Declaration adopted at the High-Level Meeting for Universal Health Coverage during the United Nations General Assembly in September 2019 provides evidence of this effectiveness and tenacity.

In doing the above, feminists and social movements more broadly are not alone. They are backed by the ongoing support of committed governments, progressive funders and the public health community. What is needed now is sustained funding and continued programmatic commitment to SRHR in the implementation of the SDGs. With a clear lens on human rights and a greater sense of accountability by all, backed by a growing research and evidence base on gender equality and human rights, these actors together can further advance a progressive SRHR agenda, providing the greatest hope and a powerful bulwark against the forces of patriarchal retrenchment and retrogression.

### **ORCID**

Gita Sen  <http://orcid.org/0000-0001-9010-074X>

### **References**

1. Correa S, Germain A, Sen G. Feminist mobilizing for global commitments to the sexual and reproductive health and rights of women and girls. In: E Chesler, T McGovern, editor. *Women and girls rising: progress and resistance around the world*. London: Routledge; 2016. p. 51–68.

2. Sen G. Gender equality and women's empowerment: feminist mobilization for the SDGs. *Global Policy, Special Issue on Knowledge and Power in Setting and Measuring SDGs*. 2018;9(4):28–38. doi:10.1111/1758-5899.12593.
3. Chandra-Mouli V, Plesons M, Barua A, et al. Adolescent sexual and reproductive health and rights: a stock-taking and call-to-action on the 25th anniversary of the International Conference on Population and Development. *Reprod Health Matters*. 2019;27(1). doi:10.1080/26410397.2019.1676006.
4. García-Moreno C, Amin A. Violence against women: where are we 25 years after ICPD and where do we need to go? *Reprod Health Matters*. 2019;27(1). doi:10.1080/26410397.2019.1676533.
5. Heidari S, Onyango MA, Chynoweth S. Sexual and reproductive health and rights in humanitarian crises at ICPD25+ and Beyond: consolidating gains to ensure access to services for all. *Reprod Health Matters*. 2019;27(1). doi:10.1080/26410397.2019.1676513.
6. Nanda P, Tandon S. "The Times They Are A-Changin'": using technology for ASRHR in the 25 years since ICPD. *Reprod Health Matters*. 2019;27(1). doi:10.1080/26410397.2019.1676023.
7. Khosla R, Amin A, Allotey P, et al. "Righting the wrongs": addressing human rights and gender equality through research since Cairo. *Reprod Health Matters*. 2019;27(1). doi:10.1080/26410397.2019.1676529.
8. Brown R, Kismödi E, Khosla R, et al. The sexual and reproductive health and rights journey: from Cairo to the present. *Reprod Health Matters*. 2019;27(1). doi:10.1080/26410397.2019.1676543.
9. The World's Abortion Laws Map. Center for Reproductive Rights. 2019. Available at: <https://reproductiverights.org/worldabortionlaws>
10. Alkema L, Chou D, Hogan D, et al. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *Lancet*. 2016;387(10017):462–474.
11. See the Special Issue of Sexual and Reproductive Health Matters on this subject. Disrespect and abuse in maternal care: addressing key challenges. Sen Gita, Reddy Bhavya, Iyer Aditi and Shirin Heidari (eds), Volume 26, Issue 53, 2018
12. Corrêa S. A "política do gênero": um comentário genealógico. *Cadernos Pagu*; 53:e185301. doi:10.1590/18094449201800530001.
13. Fried ST, Ahmed A, Cabal L. Tensions and exclusions: the knotty policy encounter between sexual and reproductive health and rights and HIV. *Reprod Health Matters*. 2019;27(1). doi:10.1080/26410397.2019.1676532.