

4 Feminist mobilizing for global commitments to the sexual and reproductive health and rights of women and girls

Sonia Correa, Adrienne Germain and Gita Sen

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This paper analyses the emergence of sexual and reproductive health and rights (SRHR) as a cornerstone of global women's rights activism and as a central factor in policy conversations addressing poverty eradication, sustainable development and the realization of human rights. The analysis reflects our experiences in the "eye of the storm," beginning in the 1970s. We review how we helped build an international feminist consensus for the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women (FWCW) in Beijing. We reflect on the complex SRHR trajectories that emerged and, in particular, on two challenges that even today beset ongoing work to secure a central position for these issues in the United Nation's (UN) post-2015 global agenda. The first challenge is fault-lines—particularly the South—North divide—that pre-dated Cairo. The second is the intersections, convergences and disjunctions between the feminist agenda for Cairo and the sexual rights agenda, particularly lesbian, gay, bisexual, transgender, queer and

intersex (LGBTQI) rights. We conclude with a summary of, and reflections on, lessons from our continuing experiences that are relevant for the post-2015 agenda process.

Who we are—an important factor in success

We have each worked for the advancement of women's health and human rights for over 40 years. Together and separately, we were, and are, connected as activists to global and regional women's human rights organizations that remain influential actors today, as well as to national and local groups whose work provided the original motivation for conceptualizing and promoting the SRHR agenda. When the UN initiated the global conferences of the 1990s, each of us, and a critical mass of others advocating for women's equality, also had considerable experience working in and with “mainstream” institutions, including our own and other governments, international agencies, especially in the UN system, and public and private philanthropy.

This combination of activism with mainstream experience and contacts fundamentally shaped our strategies, credibility and impacts. We learned skills for intergovernmental negotiation and compromise along the road—never losing sight of our final destination and never compromising our values. Persistent determination and more than full-time engagement, not for weeks, months or years, but for decades, were and remain vital.

The 1970s and 1980s—problem definition and building the base for political action

The eruption of interest in reproductive rights among South and North feminists in the 1980s, followed by sexual rights in 1990s, reflected understandings of struggles for sexual and reproductive freedom from the eighteenth century onward.¹ In the early twentieth century, feminists and other activists, such as Margaret Sanger, promoted access to contraception in the North, followed later by demands for access to safe abortion, ethical standards in contraceptive research and prohibition of forced sterilization.² Since the 1960s, as population control policies, contraceptive research and family planning services expanded in the South with substantial Northern funding, feminists from both regions pursued the health and human rights of women within a broader frame of opposition to policies and programs aimed at outright population control. While both these streams of feminist mobilizing are relevant for assessing the contributions of the women's movement to the processes and outcomes of the ICPD and FWCW, this chapter focuses on mobilizing for global policies that primarily affect women in the South.

Feminist pursuit of South-focused SRHR (the content not the term) began as a response to shortcomings in the conceptualization, as well as the implementation, of “population control and family planning” policies and programs by the UN system, international donors and nation states.³ At the global level and especially in the large countries of South and East Asia with authoritarian governments, population policies and programs reflected a conviction that rapid growth jeopardizes development and environmental sustainability, and that “family planning,” achieved through greatly increased use of modern contraception, is the solution—the so-called “magic bullet.”

This vertical approach to family planning targeted vast populations of women, delivered large quantities of contraceptive commodities and focused on “motivating” them to “accept” contraception, especially long-acting methods such as intrauterine devices and sterilization. Many such policies and programs were deliberately designed and managed separately from larger health systems. Safe abortion services were usually excluded, even where contraceptive failure and drop-out rates undermined the desired progress toward reduced fertility, where levels of unsafe abortion remained very high and/or where national abortion laws were fairly liberal, as in India. Essential factors that shape fertility outcomes and contraceptive use were ignored, especially the centrality of sexuality to human life and a consequent need for accurate information and education on sexuality, health and childbearing from a very young age, the overall quality of family planning services and the larger cultural norms and social conditions that affect marriage, union and women’s child bearing decisions.

International and national feminist groups criticized these top-down policies and vertical services, including abuses of fundamental human rights, such as avoidable illness and death resulting from poorly delivered or forced contraception. We also faulted the lack of attention to harmful contraceptive side effects and the failure to provide a wide choice of family planning methods. We highlighted the impacts of absence of attention to sexually transmitted infections; to the poor quality of maternal health care overall, including pre-natal, obstetric and post-partum care; to the then undocumented problem of violence against women, usually perpetrated by intimate partners; and to the effects of such harmful practices related to SRHR as female genital mutilation and child marriage.⁴

During this period, each of us, from different positions, helped raise funds for and build activist women's health and rights organizations across Africa, Asia, Latin America and the Caribbean.⁵ Much of the evidence used in the Cairo and Beijing debates came from these initiatives, as well as from international women's organizations that monitored the effects of global population control and contraceptive research policies, practices and funding.

The 1980s and 1990s - creating intellectual capital, concepts and evidence

In the 1970s and 1980s, feminist advocates working for women's health and human rights were widely ignored by prevailing power brokers, as were actors inside mainstream institutions who pressed for improved quality in family planning services, argued against coercion and promoted access to safe abortion.⁶ Throughout this period, as part of our strategy to gain seats at policy tables, those of us with shared concerns collaborated to create and widely disseminate the conceptual policy analysis and empirical findings required as evidence to support and effectively promote our points of view. These efforts are illustrated by our own personal, political and professional trajectories.

Sonia Corrêa first engaged with reproductive freedom while living in France during the fight for legalization of abortion there. Upon returning to Brazil she was immersed in the country's struggle for democratization, which included unexpected calls from feminists for abortion rights, homosexual liberation, rights of prostitutes and, from the mid 1980s on, for the fight against discrimination related to HIV and AIDS. Brazilian

feminist collectives advocated for reproductive freedom and often came into conflict with others working for democracy, particularly the Roman Catholic Church.

SOS Corpo, the feminist NGO in Recife which Sonia helped found, promoted the concept of reproductive rights across Brazil immediately after it was legitimized in a conference organized by the Women's Global Network for Reproductive Rights (the Global Network) in Amsterdam in 1984. In the 1990s, two other institutions were created in Brazil, which moved these agendas forward—the Commission for Citizenship and Reproduction and the National Feminist Network on Sexual and Reproductive Health and Rights. As democracy took root and became more stable, these various organizations engaged critically with SRHR policy-formation and monitoring.

Development Alternatives with Women for a New Era (DAWN), which Gita Sen of India co-founded, grew out of a process of dialogue among women who were largely from the Global South, where they were also critics of mainstream development theories, policies and practices in their countries. Sonia, for example, brought to DAWN the perspectives and experiences of Brazilian feminists, including the lessons learned in their work for SRHR. An important element of DAWN's critique was its challenge to population control policies and programs premised on neo-Malthusian theories of a "population bomb." DAWN's book, "Development, Crises, and Alternative Visions: Third World Women's Perspectives," produced for the third UN World Conference on Women in Nairobi in 1985, caught the imagination of many researchers and activists with its trenchant critique and search for alternatives.⁷

The UN Conference on Environment and Development, held in Rio in 1992, provided fertile ground for extending this search, this time through in-depth interactions

between Southern feminists and Northern environmentalists, many of whom were advocates of population control. Feminist South activists, with support of like-minded women inside Northern environmental groups, persuaded many of these influential organizations to endorse a human rights based approach to population, using research on population and the environment spearheaded by DAWN.⁸ Meanwhile, in preparation for Cairo, then two years away, DAWN also worked to mobilize Southern feminists around a common SRHR platform.

During this time the International Women's Health Coalition (IWHC) in New York City, headed by Joan Dunlop and Adrienne Germain, gathered feminist professionals and activists, including Gita and Sonia, along with top researchers and policy makers from many countries of North and South, to contribute to dozens of publications and policy debates on neglected core elements of SRHR.⁹ These included safe abortion, contraceptive choices, safety and quality of family planning services, sexually transmitted infections and HIV.¹⁰ IWHC also promoted "microbicides," first conceptualized by feminist health advocates, then later adopted, and now under development, by mainstream global health institutions as a tool that women could use and control for prevention of sexually transmitted infections and HIV.¹¹ Feminists also first directed attention to adolescents in need of services, including appropriate content and approaches to comprehensive sexuality education, which were later adopted as global standards by the Population Council, the United Nations Organization for Education, Science and Culture (UNESCO) and the United Nations Population Fund (UNFPA). Our aim was to integrate women's and human rights perspectives into mainstream population

and family planning research and programs and to engage the interest of the field's leaders in promoting our agenda through collaborative and cross-disciplinary work.¹²

Meanwhile, and just as significantly, in 1985, IWHC also began to invest in grants and professional partnerships with nascent, local women's health and rights groups in Africa, Asia and Latin America. At the UN conference in Nairobi that year, we also all witnessed the first organized, international action against abortion, contraception and women's equality mobilized under the "right to life" banner. This opened our eyes to another ominous ideology we would have to confront beyond population control.

In the 1990s, substantive investments by feminists in the conceptualization of SRHR, in global, regional and national research—and in political action—the respect of increasing numbers of mainstream actors in family planning and health and even in demography. Feminist demographers in Latin America, particularly in Mexico and Brazil, began to critique instrumental family planning policies and undertook research on women's health, contraceptive prevalence and abortion, which demonstrated the efficacy of new approaches. At the same time, with the support of key professionals inside the World Health Organization (WHO) and UNFPA who were sympathetic to our perspectives, such as Mahmoud Fathalla, Jose Barzelatto and Anibal Faundes, we began to influence the policies, programs and research agendas of central global institutions. These diverse activities all helped pave the road to the ICPD and the FWCW.

United Nations conferences in the 1990s

The population control and family planning establishment at first reacted strongly against us. Hoping to use the 1994 Cairo conference to regain support for traditional approaches

to population control and family planning, (which some believed had already been weakened ten years earlier at the UN development conference in Bucharest), many population professionals attempted to discredit all criticism with such canards as: “Women are in bed with the Vatican and against family planning.” The Holy See, opposed to family planning policies of any kind, also sought to silence feminist voices. During negotiations at Rio in 1992, the Vatican introduced a political and negotiating strategy, which not only opposed language that supported contraception and reproductive rights but also emphasized eradication of poverty and re-balancing of South-North inequalities. This approach captured the hearts and minds of Southern governments and many activists, including some feminists.

Advocates of women’s health and rights had to counter both perspectives. We contested the accusations made by the population establishment and, at the same time, revealed the regressive positions on women’s rights and autonomy that lurked beneath the Vatican’s often compelling rhetoric on poverty and inequality. We also mobilized widely to create a constructive alternative, a “feminist population policy,” which Marge Berer, now editor of the journal, *Reproductive Health Matters*, had called for at the 1990 Women’s Health conference organized by the Global Network in Manila.

After Rio, a small international group of women met in London to frame such a policy. We agreed on a core mission to promote and protect the health, sexuality and reproductive rights of women and girls. To that end we conceived a minimum package of voluntary, quality contraceptive services; safe abortion; prenatal, obstetric and postpartum care; STI and HIV prevention and treatment; and comprehensive sexuality education. Further, we called for actionable commitments to change the ways that family

planning and population funds were spent. Last but not least, we committed ourselves to forging political consensus among diverse feminist communities worldwide on a single platform, and to sustain and widen consensus in each new stage of the road to Cairo. Forging consensus on substance across our diversity, “following the money,” and sustaining our intent for a long and difficult struggle became signature principles of our strategy and also major factors in our success.

Influencing the Cairo Conference

With almost no funds, no Inter-net or even reliable mail and phone links, we circulated our brief, draft “Declaration” for comment to as many women as we could reach worldwide. We established an organizing committee, reflecting wide political, geographic and disciplinary diversity, to select 220 women from about 700 worldwide applicants for a meeting in Rio in January, 1994 to elaborate an more fulsome feminist statement.¹³ As a result of extraordinary focus and efforts to build consensus over five days, the Rio meeting yielded the “Women’s Platform for ICPD”, which IWHC published and widely disseminated on behalf of the participants.¹⁴

Simultaneously, to engage the respect and attention of mainstream actors at the UN, in foundations and among academics, we also produced a scholarly volume of essays outlining an alternative approach to population policy. With political and financial support from the Swedish International Development Cooperation Agency (SIDA), IWHC and Harvard University jointly published *Population Policies Reconsidered: Health, Empowerment and Rights*, and together launched the book in Zimbabwe in early

1994.¹⁵ The volume's seventeen essays by leading economists, health professionals, SRHR advocates and an ethicist converged in many ways with the "Women's Platform."

With platform and book in hand, we and other colleagues from around the world, turned our attention to the official UN process for Cairo.¹⁶ We participated in the UN's three "Preparatory Committee" (Prep Com) meetings, convened in New York City to negotiate a draft outcome document. We interacted extensively and intensively with governmental delegates and with UNFPA, the conference secretariat; lobbied national capitals and launched press initiative. Few of us had much direct experience in UN negotiations, and we benefitted greatly from prior work on access to UN processes by Bella Abzug and the international organization she founded, Women's Environment and Development Organization (WEDO).

Although our learning curve was extremely steep, we were fiercely determined and exercised sound common sense about strategy. Two of the most important early decisions we made were first, to focus relentlessly on negotiations over the draft outcome document, and, second, to build and continuously refine an "inside-outside" strategy through which a critical mass of allies secured positions on national delegations to Cairo, while others constituted a disciplined advocacy force of women from countries likely to be key to negotiations leading up to and at the conference itself. We secured vital access to the chairpersons of the Prep Coms and in Cairo, as well as to delegates assigned to chair the working groups tasked to resolve language disputes on such contentious issues as human rights, SRHR, abortion and adolescents. From the start, we sought official UNFPA support for our platform, but the agency's informal support only came late in the process, when Nafis Sadik, the head of UNFPA, recognized feminist advocates as

necessary allies to counter both the moral high ground claimed by the Holy See and also the Vatican's (failed) effort to co-opt the conservative Islamic states.

The web of strategic relationships we and our feminist colleagues built with key actors, our presence in every stage of negotiations and our laser-like attention to the wording of agreements (with astute judgment about whether and when to compromise or not) resulted in a final Programme of Action out of Cairo, which has since been widely described as a “paradigm shift” in population policy because of its overarching human rights frame and emphasis on the inter-connections of sexual and reproductive health, gender equality, women's empowerment and poverty reduction. A path-breaking document, the Programme defines and makes commitments on SRHR, including prohibitions on many abuses still widespread in 1994, including incentive schemes, numerical targets and forced sterilization. And it recognizes the need for access to safe abortion and for access by adolescents to SRH services and sex education, among other breakthroughs.

While Cairo secured most of the elements of the Women's Platform, some did not survive. For example, language on “sexual rights” from the original UN negotiating draft was bartered for 42 paragraphs on adolescents' health and rights, representing a vital new element in a global inter-governmental agreement. Despite losing the term “sexual rights,” we and other feminists fought for and secured language on the core content of sexual rights in paragraphs that define what constitutes “sexual and reproductive health and reproductive rights.”¹⁷

We also pledged to fight for explicit use of the term, “sexual rights,” as well as its content, and other excluded issues at the UN conference on women scheduled for 1995 in

Beijing. A core group of ICPD advocates worked together as Health, Empowerment, Rights and Accountability (HERA) to ensure that the Cairo Programme of Action was reaffirmed in Beijing and also to strengthen and augment its commitments. We employed the same strategies and some new tactics based on lessons learned in Cairo.

Among other accomplishments the Beijing Platform for Action reaffirms the Cairo Programme, and strengthens its language on safe abortion by recommending that countries review and revise punitive abortion laws. Perhaps most notably, the Beijing Platform also provides the first major intergovernmental statement of agreement on sexual rights:

The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences.¹⁸

This language was painfully negotiated over the course of the conference in a working group led by Monique Essed Fernandes, the exceptional delegate from Surinam who was also a member of HERA and by Ambassador Merwat Telawi of Egypt who chaired the decisive plenary session on this issue.

While these efforts have provided a solid foundation for all UN negotiations on sexuality and reproduction in the two decades since, Cairo and Beijing hardly provided the last word. Since 1995, determined conservative opponents have consistently opposed

efforts to realize sexual rights, provide access to safe abortion, extend services to adolescents and many other core commitments made two decades ago. And regrettably, the population and family planning establishment has all too often been willing to compromise on the most “controversial issues” in order to “protect” family planning,¹⁹ while health officials have ignored such essential elements as access to safe abortion.²⁰ Because these battles have been and will continue to be fought at the UN in New York, as well as in other UN forums, regional bodies and at the country level, SRHR activists from South and North have continued to invest in and train a new generations of activists, educate new government delegates, select and participate in key negotiating arenas and build the political will required for full implementation.²¹

The South-North fault line

At the heart of the very intense debates among feminists in the North and South that preceded Cairo was a suspicion and mistrust bred by a long history of colonial encounters and ongoing neo-colonial domination. Some feminists argued, for example, that the term, “reproductive rights”, is just a disguise for old-fashioned Malthusian population control of non-white peoples. Others believed that sexual and reproductive matters are secondary to the “more important” constraints of class structures and of North-South inequalities. It took considerable effort to convince many key leaders and women’s groups that SRHR is a core demand, central to redressing other legitimate grievances

Even as the SRHR agenda has been more widely embraced, however, the South – North fault line among UN member states on population issues continues. A core South position was first articulated at the 1974 UN World Population Conference with the anti-

Malthusian assertion: “Development is the best contraceptive.” Since then, the right to development, including its financing, has dominated South-North tensions at the UN, with increasing complexity as the global economy and global politics have been buffeted by rapid financialization, neo-liberal economic policies and rising inequality between and within countries. Today, every global issue addressed by the UN—trade, investment, finance, conflict and security, climate change, human rights—is seen through a South-North lens. This situation sometimes causes acute astigmatism as new economic powers and poles of capital accumulation, for instance Brazil, Russia, India, China and South Africa (BRICS), have gained prominence. Further, the Group of 77, long the South voice in UN negotiations, remains a powerful force despite the enormous diversity among its constituent countries.

SRHR negotiations are increasingly held hostage to the resolution of these larger debates. In the five, ten and twenty-year reviews of Cairo and Beijing, for example, the Group of 77 challenged the ICPD agreements, yielding to the demands of member states with conservative positions on women’s rights, gender equality and SRHR. An eminently sensible solution was proposed during the 1999 ICPD review by a group of South countries that called themselves Some Latin American and Caribbean Countries (SLACC). SLACC argued, successfully in that case, that the Group of 77’s *raison d’être* was and should remain the articulation of a Southern position on economic issues. But, on matters of SRHR, gender equality and human rights, the member states of the Group of 77 should be free to articulate their own national positions.

While Group of 77 members took independent positions on SRHR in 1999, continuing South-North tensions make this less possible today. As global inequality has

increased, Northern intransigence on issues such as development finance (including overseas development assistance (ODA) funds) is a permanent trigger for Group of 77 solidarity. Nowhere has this been more evident than in the ongoing battles over the post-2015 development agenda. The South-North economic divide provides ample grist to the mill of those aiming to drive the Group of 77 position on SRHR to its lowest common denominator.

At the same time, the North has also faced diverse perspectives as governments and alliances among countries change. For instance, in the European Union a small group of countries (Ireland, Poland and Malta) have exerted a backward force on SRHR issues such as access to safe abortion. In other parts of the North and the South, countries where evangelical Christian Churches are strong have formed alliances with countries influenced by the Roman Catholic Church hierarchy and with conservative Muslim states to oppose SRHR.

All of this adds up to an extremely complex environment for advocacy today. Feminist activists have had to become increasingly adept at influencing both their own governments and the broader UN process just to protect the agreements we have.

The conceptual and political challenges of sexuality

Sexuality entered the ICPD debates through two distinctive pathways. In the late 1980s, in the context of the emerging HIV and AIDS epidemic, staff of the WHO defined sexual health by drawing on the definition of health in the WHO constitution. This language was included, along with “sexual rights”, in the draft negotiating text at the start of the Cairo Conference and was strongly supported by many Northern countries and feminist

advocates, among others. While feminist advocates promoted attention to sexual violence and STIs, not a few proponents of sexual rights were concerned at least as much with sexual freedom and pleasure.²² Thus, Cairo opened a window towards the large vista of sexuality, even though the term “sexual rights” did not survive the real politics of negotiation.²³

Although the Beijing battles on sexual orientation and sexual rights were even fiercer than those in Cairo, and the terms “sexual rights” and “sexual orientation” were excluded in the end, the BPFA, as mentioned above, included the content of women’s sexual rights for the first time, and in subsequent UN forums the first sentence of that paragraph has been extended to men and adolescents.²⁴ The hetero-normative nature of the paragraph was, however, criticized by gay activists and also lesbians, who, in Gloria Careaga’s analysis, pursued human rights and sexual orientation in Beijing in a well-planned assault on the disciplinary edifice of population, heterosexuality and procreation that continues today.²⁵

In 2003, with support from many activists including feminists, Brazil tabled a resolution on sexual orientation and human rights at the UN Commission on Human Rights. It was not voted on, however, because Brazil retreated under the pressure of its Islamic trade partners.²⁶ Activists and some governments have, nonetheless, refused to let the issue die. In December 2006, at the UN Human Rights Council (the Council), which replaced the UN Commission on Human Rights, Norway presented a declaration on human rights, sexual orientation and gender. In March 2007, the “Yogyakarta Principles for the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity” was also launched at the Council. In 2011 and 2014, two

groundbreaking resolutions on sexual orientation and gender identity were also voted on and approved there.²⁷

Further, since Cairo the concept of sexual rights has been taken up by many communities: lesbians, gays, trans-people, the HIV and AIDS movement, including UNAIDS, and even sex workers. For instance, in 2006 the Latin American Network of Sex Workers, RETRASEX, adopted sexual rights as one of its guiding principles and their representatives participated in the First Latin American Conference on Population and Development, an intergovernmental meeting to mark the 20th anniversary of Cairo. Despite these expanding constituencies, work to secure comprehensive recognition of sexual rights, including sexual orientation and gender identity, still faces conceptual and political challenges. Conceptually, the developments described above destabilize the heterosexual gender binary that has informed, and still informs, many feminists' views on sexuality. Politically, the construction of coalitions around sexual rights requires that identity politics, and related competition for resources and "victimization," be named and overcome, and that sharp differences of views, on sex work, for example, be faced and processed. This is more easily said than done and is, by no means, yet done.

Politically, global arenas are fraught with unresolved conflicts and fault lines on sexuality. For example, in most global debates, states and sometimes activists define sexual rights as addressing only LGBT rights or sexual orientation and gender identity, ignoring key dimensions of sexual rights, such as gender based sexual violence, harmful practices that compromise the sexual lives of girls, women and intersex children or even human rights violations experienced by HIV positive persons and sex workers. Recently, some North and South states have supported LGBT rights to project an image of

liberalism and “modernity”, but have done so to the detriment of their previous commitments to abortion rights and progressive views on sex work. This worrying tendency is not always understood and contested by LGBT groups, and many feminists still resist a fulsome definition of sexual rights beyond heterosexuality and sexual behaviors they see as socially and politically acceptable. This hydraulic politics of global sexual rights debates weakens our ability to sustain a comprehensive definition and application of sexual rights against fierce attacks by conservative forces and dogmatic religious actors, among others.

Conclusion

Intense and sustained follow up has been and is still required to ensure that global actors and national governments protect, advance and implement the commitments they made in Cairo and Beijing. Since the late 1990s, most of the global intergovernmental negotiations on these issues have been held at the UN in New York, notably in the Commission on Population and Development and the Commission on the Status of Women, and in Geneva at the Human Rights Council. This means that most delegation positions are driven by UN politics and generalist diplomats rather than by health, gender and rights professionals. Thanks importantly to feminist advocates and our government allies, we have experienced no major SRHR losses since 1994, but opportunities to advance commitments and implementation have been thwarted by UN politics and conservatism, among other factors, and increasingly, even reaffirmation of existing commitments has been threatened.²⁸

Feminist advocacy must increasingly cope with shifting sexual and reproductive rights politics, both south and north of the Equator, which is affected by the growth of conservatism, in particular religious dogmatism; by persistent inequalities; and, almost everywhere, by assaults on, and failure to fulfill, human rights standards broadly speaking. Among NGOs many important would-be friends of SRHR in the population and family planning communities remain committed to vertical contraception programs, to old indicators and to renewed emphasis on commodities, neglecting desperately needed improvements in the quality of services—even vertical contraceptive services—to meet human rights standards and the needs of users, especially adolescents.²⁹

As indicated above, opponents of SRHR have gained political weight. The alliance between the Holy See and the Arab group has recently co-opted Sub Saharan Africa. Latin American countries, strongly supportive of the Cairo agenda in regional negotiations, nonetheless have compromised SRHR in their global negotiating positions.³⁰ Asian countries have no common SRHR position except, when necessary, the lowest common denominator driven by a few very conservative countries and the wider Group of 77 agenda. The Europe group is also, as noted, hamstrung on key SRHR issues, and the US position, influential in most negotiations, varies widely according to who occupies the White House. Further, SRHR politics, still affected by old North-South tensions, are now also affected by the BRICS as they become global players.³¹ Given this complex environment, some governments that have supported SRHR are beginning to suggest avoiding SRHR issues, unless heavily pressed by feminists both at the UN and in their capitals.

Dealing with these politics and covering the multiple UN forums stretches the feminist SRHR movement to its human and financial limits and has also required modified strategies, particularly in the last decade. The international feminist SRHR movement has grown in numbers and skill in virtually all countries, thanks in part to professional partnerships and advocacy for their funding by transnational feminist networks and organization. Using the Internet for consultations with these and other feminists world-wide, democratically constituted international feminist groups, and now youth activists as well, prepare SRHR negotiating positions for each UN negotiation. With this substantive foundation, relatively small numbers of well-trained and coordinated activists, physically present in each UN forum, have influenced SRHR negotiations using the proven tactics of educating, lobbying and providing language and strategic support to government delegations.

In addition, SRHR activists work increasingly through new and broader alliances. For example, the “women’s major group”, which encompasses feminist activists from all sectors, has strongly supported SRHR in the post-2015 agenda process. The group does preparatory work through the Internet, effectively divides labor among advocacy groups for the actual negotiations, and keeps everyone informed worldwide at the level needed for continuous advocacy in New York and in capitals. Sustaining this feminist advocacy is undoubtedly essential to secure a central role for SRHR in the post-2015 agenda so that the gaps in the content and implementation of Cairo’s and subsequent SRHR agreements can be closed.

Despite the challenges, we dare to say that the most important legacy of Cairo and Beijing is the political imagination that created and helped win the outcome agreements.

That imagination continues to inspire new generations of feminist SRHR advocates to use their own creativity and energy to resist, to keep fighting and to establish and sustain old and new virtuous connections within and outside institutions and across movements. These advocates at national, regional and global levels, will be instrumental in work to secure a post-2015 agenda that protects and fulfills human rights standards, specify actions to implement SRHR agreements, requires accountability of all actors at all levels for implementation and widens the agreed agenda to include sexual rights, among other issues. And, if the post-2015 agenda falls short, they will hold the world accountable, while identifying ways to move forward, as earlier generations have done.

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² Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York: Simon and Schuster, 1992).

³ Adrienne Germain and Jane Ordway, “Population Policy and Women’s Health: Balancing the Scales,” in *Beyond the Numbers: A Reader on the Population, Consumption, and the Environment*, ed. L.A. Mazur (New York: Island Press, 1994). (Shortened version of longer article originally commissioned by and published with sponsorship of the Overseas Development Council, New York: International Women’s Health Coalition, 1989).

⁴ Adrienne Germain and Ruth Dixon-Mueller, *Four Essays on Birth Control Needs and Risks* (New York: International Women’s Health Coalition, 1993).

⁵ Adrienne Germain and Ruth Dixon-Mueller “Population Policy and Women’s Political Action in Three Developing Countries,” in *Population Policy and Women’s Rights: Transforming Reproductive Choice*, ed. Ruth Dixon-Mueller (Westport: Praeger, 1993). (Also published in shorter form in *Population and Development Review*, Supplement to Vol. 20, 1994.)

⁶ Judith Bruce, "Fundamental Elements of the Quality of Care: A Simple Framework," *Studies in Family Planning* 21 (1990): 61-91.

⁷ Gita Sen and Caren Grown, *Development, Crises and Alternative Visions: Third World Women's Perspectives* (New York: Monthly Review Press, 1987).

⁸ Lourdes Arizpe, M. Priscilla Stone and David C Major, eds., *Population and Environment: Rethinking the Debate* (Boulder: Westview Press, 1994). *See also*, Gita Sen "Creating common ground between environmentalists and women: thinking locally, acting globally?," *Ambio: a Journal of the Human Environment* XXIV (1995):1.

⁹ WHO Special Program of Research, Development and Research Training in Human Reproduction and International Women's Health Coalition, *Creating Common Ground: Report of a Meeting Between Women's Health Advocates and Scientists on Women's Perspectives on the Introduction of Fertility Regulation Technologies* (Geneva: World Health Organization, 1991).

¹⁰ Adrienne Germain, King K. Holmes, Peter Piot, and Judith N. Wasserheit, eds., *Reproductive Tract Infections: Global Impact and Priorities for Women's Reproductive Health* (New York: Plenum Press, 1992).

¹¹ Peggy Antrobus, Adrienne Germain and Sia Nowrojee, "Challenging the Culture of Silence: Building Alliances to End Reproductive Tract Infections," Report of the meeting co-sponsored with the Women and Development Unit, University of the West Indies (New York: International Women's Health Coalition, 1994).

¹² Andrea Irvin, "Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates" (New York: International Women's Health Coalition, 2004).

¹³ The organizing committee consisted of: Peggy Antrobus, University of the West Indies, Caribbean; Amparo Claro, Latin American and Caribbean Women's Health Network and Isis International; Sonia Correa, National Feminist Health and Reproductive Rights Network, Brazil; Adrienne Germain, International Women's Health Coalition; Marie Aimee Helie-Lucas, Women Living under Muslim Laws; Bene Madunagu, Women in Nigeria; Florence Manguyu, Medical Women's International Association; Alexandria Marcelo, WomanHealth, the Philippines; Rosalind Petchesky, International Reproductive Rights Research Action Group; Jacqueline Pitanguy, Citizenship, Studies, Information, Action, Brazil;

Julia Scott, National Black Women's Health Project, U.S.; Gita Sen, Development Alternatives with Women for a New Era (DAWN); Loes Keyzers, Women's Global Network for Reproductive Rights and Mona Zulficar, Women's Health Improvement Association, Egypt.

¹⁴ Claudia Garcia-Moreno, ed., "Reproductive Health and Justice: International Women's Conference for Cairo '94" (New York: International Women's Health Coalition and Citizenship, Studies, Information and Action, 1994).

¹⁵ Gita Sen, Adrienne Germain and Lincoln Chen, eds., *Population Policies Reconsidered: Health, Empowerment and Rights* (Cambridge: Harvard University Press, 1994).

¹⁶ See endnote xiii, which consists of many of those engaged. Others included Marge Berer, Rhonda Copelon, Joan Dunlop and Francis Kissling.

¹⁷ *Programme of Action adopted at the International Conference on Population and Development* (United Nations Population Fund, 2004), para. 7.2, 7.3.

¹⁸ *The Beijing Declaration and Platform for Action* (UN Department of Public Information, 1996), para. 96.

¹⁹ Ruth Dixon-Mueller and Adrienne Germain, "Reproductive Health and the Demographic Imagination," in *Women's empowerment and demographic processes: moving beyond Cairo*, eds. Harriet B. Presser and Gita Sen (Oxford, England: Oxford University Press, 2000).

²⁰ Adrienne Germain and Theresa Kim, *Expanding Access to Safe Abortion* (New York: International Women's Health Coalition, 1998).

²¹ Rounaq Jahan and Adrienne Germain, "Mobilizing support to sustain political will is the key to progress in reproductive health," *The Lancet* 364, no. 9436 (2004): 742-744.

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²⁴ Susana T. Fried and Ilana Landsberg-Lewis, “Sexual rights: from concept to strategy,” in *Women’s Human Rights Reference Guide*, ed. Kelly D. Askin and Doreen M. Koenig (New York: Transnational Press, 2001). *See also*, Paul Hunt, *Economic, social and cultural rights: the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, UN Commission on Human Rights, 2004, 60th session.

²⁵ Francoise Girard, “Negotiating sexual rights and sexual orientation at the UN” in *SexPolitics: Reports from the Front Lines*, ed. Richard Parker, Rosalind Petchesky and Robert Sember (New York: Sexuality Policy Watch, 2007).

²⁶ Magaly Pazello, “Sexual rights and trade,” *Peace Review: A Journal of Social Justice* 17, 2-3 (2005): 155-162.

²⁷ ARC International 2014, *SOGI Victory at the Human Rights Council*, <http://arc-international.net/press-2014sogires>. *See also*, Association for Women’s Rights in Development 2014, *The Right To Autonomy Over Our Bodies And Loves: The Resolution On Human Rights, Sexual Orientation And Gender Identity Furthers Dialogue*, <http://www.awid.org/News-Analysis/Friday-Files/The-Right-To-Autonomy-Over-Our-Bodies-And-Loves-The-Resolution-On-Human-Rights-Sexual-Orientation-And-Gender-Identity-Furthers-Dialogue>.

²⁸ Sonia Correa, Adrienne Germain and Rosalind Petcheskey, “Thinking Beyond ICPD + 10: Where Should Our Movement be Going?,” *Reproductive Health Matters* 13, 25 (2005): 109-19. *See also*, Gita Sen, “Neolib, Neocons and Gender Justice: Lessons from Global Negotiations,” Occasional Paper No. 9 (Geneva: UN Research Institute for Social Development, 2005).

²⁹ Jane Cottingham, Adrienne Germain and Paul Hunt, “Using Human Rights to Meet the Unmet need for Family Planning,” *The Lancet* 30, no, 9837 (2012): 172-80. *See information on the Family Planning 2020 (FP2020) partnership at* <http://www.familyplanning2020.org>. *See also*, Gita Sen, “Integrating Family Planning with Sexual and Reproductive Rights: the Past as Prologue?,” *Studies in Family Planning* 41, no. 2 (2010): 143-46.

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³¹ Sonia Corrêa, “Emerging Powers: Can it be that Sexuality and Human Rights is a lateral issue?” *SUR International Journal on Human Rights* 11, no. 20 (2014).