I want to begin by thanking the Government of The Netherlands for its very warm hospitality; you have given a new and very special and wonderful meaning to the term “Dutch treat”!

**The Vision and the Promise**

Nineteen years ago we, the women of the world, went to Cairo in September 1994 with a **vision**. What animated us? What shaped that vision? Three things that we drew from our own experiences and lived realities, as well as a growing body of knowledge and evidence based on research. **First**, the plight of girls and women everywhere – struggling to live, give life, and sustain and nurture our families in the middle of serious poverty; often powerless or with little power or resources to change the gendered biases and inequalities that dominate their lives; coping with the violence and physical and mental harm that those biases and inequalities wreak on their lives. The World Conference on Human Rights in Vienna just a year before had finally recognized women’s rights as human rights and violence against women as a violation of those rights. **Second**, what animated us in Cairo was the peculiar paradox that human reproduction entails for women – responsibility without freedom. The unique ability of women to bear children to carry the human species forward is the source not of celebration and power, but of subordination and control. The population field is full of language about being “free and responsible” but for women, child-
bearing usually entails a huge burden of responsibility without the freedom to make sexual or reproductive choices or decisions. Third, the experience of coercion and abuse in the name of population control in many countries meant that family planning programmes had also been paradoxical, holding on the one side a very real potential to liberate, but also carrying the possibility of abuse. These experiences and more took us to Cairo with a very real vision of the need for change.

We came back from Cairo with a promise. There would be no more coercion and women’s sexual and reproductive health and other needs would come to the centre along with empowerment and autonomy. Human rights would anchor and guide approaches to population-related laws, policies and programmes. Women’s rights and human rights generally along with human development would be recognized as being at the heart of development.

**Change and Resistance**

Many things have changed in the intervening years since 1994. Importantly, language and discourse have changed almost entirely. The language of sexual and reproductive health and rights has been taken up systematically and carefully by governments and agencies at multiple levels. It has been enthusiastically adopted and adapted by people. Different groups, including among them many that have traditionally been marginalized or excluded, added nuance and brought their life experiences to bear on the promise and agenda that women and their male allies had fought for and gained at the ICPD. These included, among others, groupings of young people including adolescents, indigenous people, people with disabilities, those dominated on grounds of caste, race, ethnicity, sexual orientation, gender identity or age, rural people, migrants and sex-workers, all alive to the promise and potential for change towards greater equality and justice for all.
A second important set of changes towards fulfilling the human rights promise of ICPD has been legal. By 2011, 26 countries had removed legal restrictions on abortion in an effort to reduce the maternal deaths and damage to girls’ and women’s physical and psychological health from illegal and unsafe abortion, while only a few had made abortion laws more restrictive. The case of Ghana suggests that abortion law reform can also lead to fertility decline. Many national laws and Constitutions now prohibit discrimination on the basis of a person’s HIV status. Legal changes have been enacted in a number of countries requiring the provision of non-discriminatory reproductive and sexual health services. More and more countries are tightening their laws to effectively address violence against women, particularly sexual violence and violence by intimate partners. Some legal changes protect and promote the sexual and reproductive rights of people with disabilities as well as indigenous people. Legal recognition of the sexual and reproductive rights of adolescents and other young people has been growing. Discriminatory laws affecting sexual rights, based on sexual orientation or gender identity, such as Article 377 of the Indian Penal Code have been found by higher courts to be unconstitutional.

A third set of changes has been in the area of policies and programmes. Much of this conference has been devoted to the advances made in low- and middle-income countries, as well as the challenges that beset the possibility of sustained advances.

These challenges arise from both active resistance to progressive change and the consequences of particular strategic and policy / programme decisions. Active resistance to change has been strongest on the part of some religious groups (often spearheaded by male-dominated religious organizations) with a vested interest in the cultural, normative and real control of girls and women. Their beliefs and practices stand in opposition to many human rights principles, and most especially the principle of universality itself. Women and

men are seen as intrinsically different and this difference is dominant over human rights. There is a stark variance in world views between those who stand for the human rights of girls and women versus those who ‘essentialize’ women as mothers – all other roles and potential are viewed as subordinate to motherhood’s defining role. Women and girls have the responsibility to fulfill that role above all others but no freedom or autonomy even as they do so. It is important not to underplay these forces but also not to overemphasize them to the point of self-censorship or becoming overly defensive.

Another challenge is the fact of repeated human rights violations in programmes and services, e.g., the resurgence of coercion or abuse in family planning or other programmes, albeit under sanitized language and terminology. When this happens, poor women and girls become the objects rather than the subjects of policy. Realizing their sexual and reproductive rights becomes most difficult in such situations and can be further exacerbated by poverty, conflict, the fragility of the state’s ability to govern, or the entry of large private players with ambiguous and unclear mechanisms of accountability.

This is one reason (although not the only one) for the tendency of the sexual and reproductive health and rights agenda to slip into programmatic silos – HIV, MCH, FP – with the risk of cherry-picking issues that are politically safe and perceived to be uncontroversial. Such silos have long been challenged from an efficiency point of view. From a human rights perspective one must also ask whether they violate key principles of indivisibility, interdependence and participation.

**Moving forward**

Finally, I would like to spell out some key directions for progressive forward movement. Laws, policies and programmes affecting sexual and reproductive health and rights of
people should be firmly anchored in human rights. This means that there should be a concerted effort to:

i. remove all forms of coercion; governments should be provided guidance, support and if necessary funding to help them to do so;

ii. include the excluded and marginalized, and ensure availability, access and acceptability, with a particular focus on adolescent girls (ages 10-19) and poor women, especially those suffering from multiple and intersecting forms of inequality and deprivation;

iii. ensure that SRH programmes and services are based on quality, and provide the tools, guidance and support for governments and others to do so; and

iv. rebuild and refresh the alliances between governments / agencies and civil society organizations, especially organizations of women and young people. While such alliances may not be comfortable for either side, they can be extraordinarily fruitful if they are genuine. They can strengthen accountability for human rights together with other offices and agencies such as Gender and / or Human Rights Commissions, or Ombuds – offices. But all these mechanisms of accountability require clear mandates and terms of reference, resources, and teeth!

Together these steps can define the next phase of the ICPD agenda beyond 2014 to be in line with the commitment to human rights through equality and equity, quality and accountability that have been repeatedly called for in this conference.

Such an approach would have multiple benefits: it is rooted in human rights and human development; it could have strong synergies with other sectors and concerns such as universal health care, and could in fact show how SRHR can be a leader towards UHC; it builds on civil society strengths that are critical for progressive change; and it can provide a renewed vision for ICPD within the post 2015 development agenda through strategy, policies and practical grounding.