

High-Level Task Force for ICPD

RIGHTS, DIGNITY & HEALTH FOR ALL

Summary - Policy Recommendations for the ICPD Beyond 2014: Sexual and Reproductive Health & Rights for All

The ICPD at Twenty – An Unfinished Agenda. The visionary and groundbreaking Programme of Action adopted by 179 governments in 1994 at the International Conference on Population and Development (ICPD), placed the human rights of women, including their reproductive rights and health, at the center of population and sustainable development. Nearly twenty years later, the urgency of fully implementing the Cairo goals still stands. The ICPD inspired policies and programmes in many countries that have improved millions of lives, but critical gaps remain. Sexual and reproductive health problems continue to needlessly affect the lives of millions, with the gravest costs and consequences falling on women and adolescent girls, and communities living in poverty. Although sexual and reproductive rights are human rights and fundamental freedoms that lie at the core of human dignity, they are too often neglected or trampled, or met with abuse, violence or persecution.

The Facts & Stark Realities. Every day, 800 women die due to pregnancy and childbirth-related complications. Some 222 million women in developing countries want to prevent pregnancy but are not using a modern method of contraception—contributing to 80 million unplanned pregnancies and 20 million unsafe abortions, with life-threatening consequences. One in three girls under 18 are married without their consent in low and middle-income countries. Every year, over 16 million adolescent girls give birth. Meanwhile, maternal mortality is the leading cause of death for this age group in the developing world. Every day, over 2,000 young people become infected with HIV. As many as 7 in 10 women experience physical and/or sexual violence in their lifetimes. Globally, millions face discrimination, threats and violence, merely because of aspects of their identity, such as people living with HIV or disabilities, because they are migrants, unmarried mothers, ethnic or linguistic minorities, or sex workers, or because of their sexual orientation and gender identity. Women, young people and especially marginalized groups pay the highest price for inequality—denial of their sexual and reproductive health and rights—the ability to make basic decisions about their own health, bodies, sexuality, relationships, and if and with whom to marry or have children. These abuses of fundamental human rights jeopardize not only the individuals affected, but the world's prospects for achieving social justice and sustainable development.

Key Recommendations for Action

As the international community takes stock of implementation of the ICPD Programme of Action, the High-Level Task Force for the ICPD calls for intensified political will and investments to make sexual and reproductive health and rights a reality for all, focused on four key areas of the 'unfinished Cairo agenda':

1. Respecting, protecting and fulfilling sexual and reproductive rights, by:

- **Supporting public education campaigns and community mobilization on human rights and laws related to sexual and reproductive rights** to foster understanding of human sexuality as a positive aspect of life; create cultures of acceptance, respect, non-discrimination and non-violence; eliminate gender discrimination and violence against women and girls; and engage men and boys, policy-makers and law enforcers, parliamentarians, educators and health providers, employers, the private sector and journalists, in creating an enabling environment for the equal enjoyment of these rights by all.
- **Amending or enacting laws and policies that respect and protect sexual and reproductive rights** and enable all individuals to exercise them without discrimination on any grounds, regardless of age, sex, race, ethnicity, class, caste, religious affiliation, marital status, occupation, disability, HIV status, national origin, immigration status, language, sexual orientation or gender identity, among other factors. This includes:
 - Criminalizing sexual violence and ending impunity for perpetrators;
 - Eliminating early and forced marriage and female genital mutilation within a generation;
 - Prohibiting practices that violate the reproductive rights of women and adolescent girls, such as spousal or parental consent requirements to receive health services, forced sterilization and forced abortion, or discrimination in education and employment due to pregnancy and motherhood;
 - Repealing laws that punish women and girls who have undergone illegal abortions, as well as ending their imprisonment, and revising laws and policies to make safe abortion accessible and legal;
 - Protecting the human rights of people living with HIV, and prohibiting all discrimination and violence against them;
 - Revoking laws and banning practices that criminalize consensual adult sexual behaviors and relationships, including outside of marriage, same-sex relations and in the context of voluntary sex work;
 - Guaranteeing equality before the law and non-discrimination for all people, regardless of their sexual orientation and gender identity, in the exercise of their social, cultural, economic, civil and political rights.

2. Achieving universal access to quality, comprehensive and integrated sexual and reproductive health information, education and services, by:

- **Providing an essential package of sexual and reproductive health information and services** through the primary health care system, with particular attention to access by women, adolescents and youth, while improving attention to the needs of older persons;
- **Removing barriers to access**, including restrictions based on age or marital status, or prohibitions on certain contraceptive methods, such as emergency contraception;
- **Expanding access for all women and adolescent girls to timely, humane and compassionate treatment of unsafe abortion complications and to quality safe abortion services;**
- **Ensuring equity in service access**, by providing adequate geographic availability in both urban and rural areas, and by making services free or affordable;
- **Establishing mechanisms that foster providers' compliance with human rights, ethical and professional standards**, including full disclosure of scientific information, and regulating that such information and services are made available regardless of providers' personal beliefs or conscientious objection;
- **Making sexual and reproductive health a priority of the health sector**, as an integral part of national health plans and public budgets, with clearly identifiable allocations and expenditures.

3. Ensuring universal access to comprehensive sexuality education for all young people, in and out of school, by:

- **Adopting a definition of comprehensive sexuality education**, understood as age-appropriate education about human rights, human sexuality, gender equality, relationships and sexual and reproductive health and rights through the provision of scientifically-accurate, non-judgmental information. Comprehensive sexuality education is essential for young people to be able to protect themselves from unwanted pregnancy, HIV and sexually transmitted infections, to promote values of tolerance, mutual respect and non-violence in relationships, and to plan their lives.
- **Ensuring standards for implementation of comprehensive sexuality education programmes**, both in and out of school, that include supportive policy and legal frameworks, begin at primary school age onwards, are linked to sexual and reproductive health services, and that engage parents, community, traditional and religious leaders and actively involve young people at all stages.

4. Eliminating violence against women and girls and securing universal access to critical services for all victims/survivors of gender-based violence, in particular by:

- **Ensuring that all victims/survivors of gender-based violence have immediate access to critical services**, including 24-hour hotlines; psychosocial and mental health support; treatment of injuries; post-rape care, including emergency contraception, post-exposure prophylaxis for HIV prevention and access to safe abortion services in all cases of violence, rape and incest; police protection, safe housing and shelter; documentation of cases, forensic services and legal aid; and referrals and longer-term support.
- **Systematically integrating responses to gender-based violence in all sexual and reproductive health programmes and services**, as part of a broader, multi-sectoral, coordinated response, including within maternal-child health, family planning, and HIV-related services.
- **Within the framework of strengthening legislation and enforcement to end impunity, revising laws that exonerate perpetrators of violence against women and girls**, including provisions that allow them to evade punishment if they marry the victim, or are the partners or husbands of the victims; and eliminate sexual violence from post-conflict amnesty provisions.

The High-Level Task Force for the ICPD is a group of eminent and distinguished individuals with a record of service as heads of state, ministers, parliamentarians, civil society, private sector and philanthropic leaders, co-chaired by former Presidents Joaquim Chissano of Mozambique and Tarja Halonen of Finland.

The full-length position paper can be consulted for details on actions proposed in this summary at www.ICPDtaskforce.org